



Housing with Supports

A housing model for older people

**Report from Dublin City Age Friendly Programme's Housing
Working Group**

September 2016



“But I would like an opportunity to live in my place, with my books and music, with people I like and some whom I love - who will know when to talk and when to stay quiet. I would like that place to be where I can be myself, I would like that place designed to be a gathering place and a place of contentment and a place of aloneness. A place where I can be as independent as I can be and dependent when I have to be.”

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Executive Summary.

This report is the result of the Dublin City Age Friendly Programme's Housing Working Group's (HWG) intense work in the first half of 2016. It is in line with the Age Friendly Ireland Programme embedded in every local authority in Ireland. It also reflects housing for older people as a crucial priority in many of the local authority's strategies.

On the 7th October 2015 a housing summit brought together key senior staff across Dublin City responsible for housing and care of older people with the single aim to agree an outline of what an innovative housing scheme for older people should be and to develop a prototype project for Dublin with the potential for national significance. This led to the establishment of the Dublin City Housing Working Group. Its Methodology included mapping, sites visits, literature review and workshops with older people in Dublin and staff who work with older people in the community.

The mapping exercise of existing social housing schemes for older people in Dublin against essential services has been completed. Over the last 6 months the members of the group have visited 8 different schemes to learn from them. In line with the site visits the group also examined publications and reviews carried out on housing and supports for older people in Ireland and other jurisdictions. The interplay between appropriate housing design, suitable community location and the availability of supports was recognised to be the key determinant of quality of life for older people. Supports will be given through five levels. The five levels are based on housing and facilities management as well as social and care supports. This proposed pilot project will be independently evaluated over time.

The HWG's strength derives from the active collaboration of decision-makers representing all the major stakeholders who interact with older people in the provision of services and supports on a daily basis. The views of the older people and staff that we met in the focus groups has been central to the overall process and many of their ideas has influenced the range of recommendations that are being put forward within this report. The seamless partnership between the main actors will allow for an enabling environment and will have services that are tailored to the changing needs of older people. It is also building on the work of many local authorities that have informally worked on an integrated approach to housing for the older person, together with the work of Approved Housing Bodies (AHB) who have achieved so much already in developing, managing and providing housing with supports, in the absence of an appropriately developed framework.

The HWG with the assistance of DCC have identified a site for a demonstration project in Inchicore. It is extremely well placed to meet most, if not all, of the recommendations within this report. It is on 0.8 hectares and is located next to an existing housing development for family housing and a HSE health centre which includes a Primary Health Care Centre. It is within easy reach of the village of Inchicore.

Considering this backdrop, the "Housing with Support demonstration project" will consist of approximately 50/60 units (70% x 1 bedroom and 30% x 2 bedroom units). The project will strive to incorporate universal design principles and age friendly design recommendations which allows for the adaptability of the home over the life-course.

This report documents the findings, the process followed and recommendations of the HWG and is fully endorsed by the entire membership of the group.

Recommendations from Housing Working Group are:

- Recommendation 1:** The findings and recommendations from AFI's 'Housing for Older People: Future Perspectives' to be taken into consideration in the design and development of a Dublin 'Housing with Support' prototype project.
- Recommendation 2:** The issues recorded in the report from the two workshops carried out in Dublin with older people and staff to be used to inform the physical and supports design of such a prototype project.
- Recommendation 3:** Dublin City Council to provide a site for the development of the 'Housing with Support' prototype project. This will be cognisant of the mapping exercise and key principles listed above.
- Recommendation 4:** The Department of Health and Department of Housing, Planning, Community and Local Authority will jointly consider how best to collaborate on the resourcing of the 'Housing with Supports' demonstration project and its optimal successful implementation.
- Recommendation 5:** The prototype project should comprise of approximately 50/60 units of housing with a mix of 70% 1 bedroom units and 30% 2 bedroom units.
- Recommendation 6:** An evaluation process be built into the prototype pilot project.
- Recommendation 7:** The design and unit size will strive to adopt a universal design approach that allows for the adaptability of the home over a life course. Guidelines produced by the Centre for Excellence in Universal Design (CEUD) – 'Universal Design Guidelines' to be used as a reference point in the design with appropriate costs factored into the funding allocation.
- Recommendation 8:** The design of the building to allow for assistive technology to be used in the delivery of supports, as and when the support needs of the older person requires it. E.g. 1) Broadband and Cat 6 cabling is used, 2) the physical infrastructure of ceilings allows for hoist tracking to be installed if it is required at a further date in an older person's tenancy.
- Recommendation 9:** At a minimum, emergency call systems and energy monitoring devices are installed in every home.
- Recommendation 10:** The HSE have written in its intention to support financially the Dublin City HWG Housing with Support pilot project within their 2016 Operational Plan. Such commitment to be carried over to further Operational Plans to enable this prototype project to come to fruition.
- Recommendation 11:** A Steering Group is set up out of the HWG to oversee the progression and delivery of the prototype project while in pilot stage. The Steering Group will work to develop a "Framework Toolkit" to provide a means by which the prototype model can be used by housing and support providers in the public and private sectors across Ireland.

Recommendation 12: An Expression of Interest (EoI) will be sought to identify an AHB to develop and run the prototype project. The EoI will have regard to the new Communications Development Protocol that has been developed and will be led by DCC Housing and Community Department.

Recommendation 13: At any one time the pilot project will house a mix of people with various support needs. It is envisaged that that split will be: 60% low to medium support needs, requiring level 2 & 3 supports only; 40% with medium to high support needs requiring levels 4 & 5 supports. This will be approached in a flexible manner in dialogue with the older person and the relevant agencies

Recommendation 14: The pilot project will have a brief for community development with respect to older people living within the project and within a defined area of the development. Within the first year of the life of the scheme an Age Friendly Towns programme will be introduced in the area.

Recommendation 15: A referrals board is established which will work with the AHB to set the allocations model and oversee the referrals process into the scheme.

The HWG recognise that while developed primarily for social housing for older people in Dublin City, the “housing with supports” prototype as outlined in this report could have potential for adaptability and replicability in large rural towns and also in small conurbations (pop circa 1000) across the country and in other housing types, both new build and refurbishment, for the public and private sectors.

The HWG are delighted to share these findings and recommendations. The older person is at the centre of the deliberations which underpinned the process. This report asks that the recommendations be translated into the practical result of housing with support - meeting the needs and personal choices of older people in Dublin and across Ireland.

Introduction - Rational

The projected doubling of the over-65 population, and the quadrupling of the over-80 population, by 2045 makes planning for the future housing needs of older people a matter of critical importance.

Most of us want to stay in our own homes as we grow older. Many homes are unsuitable for reasons of poor quality, inaccessibility, isolation etc. There are insufficient community-based supports for older people, so that the system is often slanted towards residential care. Inevitably, many older people, who could be supported to live in the community, find themselves in expensive, and unwanted, residential settings. A particular challenge many of the older population face is either they qualify under social housing or fall just outside it and do not have access to the required funds to transition from their current accommodation.

At the same time, there is growing political and fiscal pressure to find sustainable approaches to both housing and support for older people. Residential care is not older people's first choice and can be expensive. There is an urgent need to identify sustainable models of "housing with supports" which can offer older people the benefits of living in their own home, while providing economies of scale which enable the provision of supports and facilities, flexibly and cost-effectively. Such sustainable models will bring value for money through economies of scale for older citizens and in the long run the public purse.

1. Dublin City Age Friendly Programme and Housing Working Group

Dublin City Age Friendly Programme is part of the national Age Friendly Cities and Counties Programme in Ireland. This national Programme is Ireland's adaptation of the World Health Organization's (WHO) Age Friendly Cities and Communities model established in 2007. The national Programme is coordinated by Age Friendly Ireland, which was established in January 2014 as an intermediary organization.

The Dublin City Age Friendly Programme was established in 2013 with the formation of the Dublin City Age Friendly Alliance (see appendix 1 for full membership) and it launched its Age Friendly Strategy in October 2014. Following the WHO's domains the Dublin City Strategy aims to respond to what older people highlighted during consultation (2013) as to what they felt was required to make Dublin a better place in which to live and to grow old in. One of the actions that was adopted as part of the Strategy was that *"Dublin City Council's Housing Department will work with the public, private and voluntary sectors to facilitate, design and deliver a range of homes for older people that enable them to remain in their homes for longer"*. On the 7th October 2015 a housing summit was held. The housing summit brought together key senior staff across Dublin City responsible for housing and care of older people with the single aim of agreeing an outline of what a prototype for an innovative housing scheme for older people should include and to develop a pilot scheme for Dublin. The summit provided a platform to agree a housing prototype based on the concept of 'Housing with Support', which would cover a range of areas, from the physical environment to social, care and community supports.

One of the significant outcomes of the Dublin City Housing Summit was the establishment of the Dublin City Housing Working Group (HWG). The HWG comprises senior personnel from Dublin City Council (DCC), the Health Services Executive (HSE), the Department of Health (DoH), the Department of Housing, Planning and Local Government (DHPLG), Age Friendly Ireland (AFI), the Irish Council for Social Housing (ICSH), Alone and others (see Appendix 1 for full membership). The HWG gave itself around six months from the end of 2015 to develop a prototype of "housing with supports" for older people. The HWG was serviced and coordinated by Mr Patrick Doherty, AFI and Niall Mooney, DCC Age Friendly Office.

This report documents the findings, the process followed and the recommendations of the HWG and has the complete agreement of the membership of the group. This collaborative, cross-sectoral and cross-department working group recognises the need for a joined-up approach to address the critical issue of creating housing choice for the changing demographic, one that will require housing, social and care supports to be incorporated into any single scheme.

2. HWG Methodology

The work of the HWG focused on identifying good practice nationally and internationally and a review of relevant literature and reports on the area of housing and supports for older people here in Ireland and also in the UK was undertaken. Methodologies included mapping, site visits, literature review and workshops with older people here in Dublin and staff who work with older people in the community.

a. Meetings

The HWG held its first meeting on the 18th December 2015 and has met 6 times over a 6-month period. The Group is chaired by and independent chair, Mr Maurice O’Connell appointed by Mr Brendan Kenny, Deputy Chief Executive Dublin City Council.

b. Mapping

One of the starting points of the HWG was to carry out a mapping exercise of existing social housing schemes for older people in Dublin against essential services (see appendix 2 – components of mapping). The maps were produced by HSE Health Atlas with data of housing schemes supplied by DCC Housing Department and the Irish Council for Social Housing (ICSH). This mapping information is the first time that this range of information has been collated and produced in this way and will be refined and built upon for future planning. The maps also show the concentration of people over 65 years and between 45 and 54 years of age by electoral district. This latter cohort is particularly important for all service providers when planning for future services. This same mapping process is being replicated across the other three County Dublin local authority areas (Dún Laoghaire-Rathdown, Fingal and South Dublin County Council).

c. Site visits – using experiences from other schemes in Dublin and Ireland

Over the last 6 months the members of the group have visited 8 different schemes to see them in operation and to identify what they felt worked well (best practice) and what the challenges were from the perspective of their physical design and support structures. The HWG have also taken the advice of its members regarding the invaluable experience of other AHBs working in this area this has also influenced this report.

The schemes that the HWG visited were;

- ALONE – Support Coordination – Dublin
- St Benedict’s, St Vincent de Paul – Housing Scheme for older people – Fingal
- Great North Haven – The Netwell Centre and Cluid Housing Association Housing scheme for older people – Co Louth
- McAuley Place – Nas na Riogh Housing Association, Housing Scheme for older People – Co Kildare
- Greendale – DCC Housing for older people under refurbishment – Dublin City
- Clareville Court – DCC Housing Scheme for Older People and Day Centre, Glasnevin – Dublin City
- Merville Court - DCC Housing Scheme for Older People – Dublin City
- McKee Court - DCC Housing Scheme for Older People – Dublin City

These site visits have been critically important in assisting the HWG to shape its recommendations as

to what should be included in the pilot scheme of housing with support in Dublin City. The HWG are very appreciative of the time and hospitality of the staff and volunteers in the various schemes that it visited.

d. Literature review and consideration – ‘We were not starting from scratch’

In line with the site visits the group considered findings and learnings included in publications and reviews carried out on the topic of housing and supports for older people.

The key reports considered were

- Housing for Older People: Future Perspectives – AFI 2016
- A Home for Life, the housing and supports needs of Cluid’s Older Tenants – October 2015
- The future housing and support needs of older people in Northern Ireland – Chris Paris (Emeritus Professor of Housing, University of Ulster) – a report to the Northern Ireland Housing Executive - November 2010
- What is Extra Care Housing? Housing LIN resources and fact sheets – UK
- Strategic Housing for Older People: Housing LIN - UK

Many of these publications and resources have been helpful in steering the HWG in how to shape a ‘Housing with Support’ prototype which we are recommending to be developed initially here in Dublin but one that will have replicability for other cities and towns throughout Ireland. This has enabled the group to make a number of recommendations.

Recommendation 1: The findings and recommendations from AFI’s ‘Housing for Older People: Future Perspectives’ to be taken into consideration in the design and development of a Dublin ‘Housing with Support’ prototype project.

e. Workshops with Older People and Staff working with Older People

Core to the ethos of the Age Friendly programme here in Ireland and also that of the reform of local government as laid out within Putting People First is allowing the voice of the older person (the citizen) shape what services are being developed. As part of the Dublin City Age Friendly Housing Working Group two workshops were held on the 13th and 17th June 2016

The purpose of the workshops was:

- To gather the views of older people as to what they feel is needed in an appropriate model of supported housing that will best enable them to remain in their homes and communities for as long as possible.
- To gather the views and experiences from staff (DCC, HSE and NGOs) as to what they feel would enable older people to remain living in their own homes and communities for as long as possible.

The full report from the two workshops is attached with this report. The voice of the older person as well as the staff are echoed and covered in the range of recommendations within this report and should be considered when designing a project brief for any such prototype project from design through to service delivery. (See Appendix 3: the two workshops report)

Recommendation 2: The issues and suggestions recorded in the report from the two workshops carried out in Dublin with older people and staff to be used to inform the physical and supports design of such a prototype project.

3. The basis of the “Housing with Supports” concept

“Housing with Supports” is based on the core concepts of:

- **Lifetime adaptable housing**, which is universally designed to require the minimum of later adaptation, and easily adaptable to meet changing needs if necessary, thus delaying or removing the need to move to residential care.
- **Ageing in place**, which underpins contemporary thinking on ageing, enabling people to stay in their own homes and communities.
- **Autonomy of housing and supports**, older people who move into the ‘Housing with Support’ project will be given a Tenancy Agreement and will have ultimate autonomy of what supports are provided to them. Tenants will have exclusive possession of their home (their own front door and power over access to their homes). The tenancies will be subject to conditions as laid out in the Residential Tenancies (Amendment) Act 2015. To this extent this pilot scheme and any future schemes that are developed using an agreed framework will not be considered as a designated centre as per the Health Act 2007.

The interplay between appropriate housing design, suitable location and the availability of supports is recognised to be the key determinant of quality of life for older people. **With the right tailored supports in the right setting, older people can become more independent, not less, as they age.**

4. Demand for Housing – known and expressed

The housing needs of older persons are often under-represented in the Housing Needs Assessment / housing waiting lists. Often older people do not see that their housing need can be met through social housing and are often not aware that they would qualify for social housing.

The 2011 Census recorded that 113,671 people were over the age of 55 in Dublin City and of these 66,490 were over the age of 65.

DCC Housing Waiting List

Combined Housing and Transfer Waiting Lists for over 55s in DCC as of August 2016 (see appendix 4 for breakdown of DCC Housing and Transfer Waiting lists)

| | |
|--|-------------|
| Combined Housing waiting list | 1309 |
| Combined Transfer waiting list | 833 |
| Combined Housing Waiting List and Priority List | 2142 |

Health and Positive Ageing Initiatives (HaPAI)

In the recent Healthy and Positive Ageing Initiative (HaPAI) survey, administered in partnership with the national Age Friendly Cities and Counties Programme, 500 adults aged 55+ across Dublin City were asked questions about housing problems, housing supports they need, and their attitude to future housing options. Results are presented for two different age groups (55-69 and 70+) and for the total sample. Gender differences were not observed in the results, with the exception of problems with housing upkeep. Gender differences are therefore presented for this issue only.

A total of 62.9% of the sample were aged 55-69 and 37.1% were aged 70+. The majority (61.5%) reported living in the city suburb, 25.9% lived in the inner city, 10.5% live in a town (with a population of 1500+) and 2.1% reported living in a village. Almost all (96.4%) currently live in a house and 3.6% live in a flat, apartment or bedsit. Almost all (91.7%) respondents have lived in their current home for 10 years or more. A total of 20% aged 55-69 and 38.7% aged 70+ live alone. More than 3 out of 4 respondents (87%) like living in their neighbourhood “a lot”. (Appendix 5, the HaPAI Survey)

Attitude to Future Housing Options - Survey Question

If your home was no longer suitable for you (or your spouse), for example if you were unable to climb stairs or you needed additional support in the home, how do you feel about any of the following possibilities?

| Housing Option | Response | Location | Age 55-69 | Age 70+ | Total |
|--|-------------------------------|----------------|-----------|---------|-------|
| Adapting your current house to your needs | Negative | Dublin City | 3.7 | 6.2 | 4.6 |
| | | Other counties | 11.3 | 12.1 | 11.6 |
| | Neither negative nor positive | Dublin City | 9.0 | 4.4 | 7.3 |
| | | Other counties | 12 | 11 | 11.6 |
| | Positive | Dublin City | 87.3 | 89.3 | 88.1 |
| | | Other counties | 76.7 | 77 | 76.8 |
| Moving to an adapted type of housing | Negative | Dublin City | 60.0 | 78.1 | 66.7 |
| | | Other counties | 51.5 | 62.2 | 55.7 |
| | Neither negative nor positive | Dublin City | 12.2 | 7.8 | 10.6 |
| | | Other counties | 13.5 | 11.7 | 12.8 |
| | Positive | Dublin City | 27.8 | 14.2 | 22.7 |
| | | Other Counties | 35 | 26 | 31.5 |
| Moving in with your children | Negative | Dublin City | 70.2 | 86.7 | 76.4 |
| | | Other counties | 66.2 | 67.1 | 66.6 |
| | Neither negative nor positive | Dublin City | 12.2 | 7.0 | 10.3 |
| | | Other counties | 17.1 | 15.7 | 16.6 |
| | Positive | Dublin City | 17.5 | 6.3 | 13.3 |
| | | Other counties | 16.7 | 17.1 | 16.9 |
| | | | | 88.6 | 79.9 |

5. Dublin City Age Friendly ‘Housing with Supports’ prototype proposal

The Dublin City Age Friendly Housing Working Group recommend that capital funding from the DHPCLG and revenue funding from the HSE is secured to develop a pilot ‘housing with support’ prototype project for Older People in Dublin. This pilot is important because it has brought key stakeholders together to develop a framework from the outset for a prototype of Housing with Support that serves older people better.

In brief the pilot scheme will;

- **comprise a site of 50/60 self-contained units**
- **be a mix of one- and two-bedroom units**, for single people and couples, on a greenfield/brownfield site
- **Accommodate** a mix of people with varying support needs
- **Have a team of support staff based onsite**
- **Provide outreach services** for people within a defined catchment area of scheme and act as a resource for local community development

Recommendation 3: Dublin City Council to provide a site for the development of the ‘Housing with Support’ prototype project. This will be cognisant of the mapping exercise and key principles listed above.

The Housing Working Group has considered evidence from other jurisdictions and within Ireland, that a 'housing with support' model can provide 'value for money' through economies of scale that supports the business case for both capital and revenue investment. The Housing with Support prototype should consist of approximately 50/60 units (70% x 1 bedroom and 30% x 2 bedroom units).

As part of the pilot scheme a formal evaluation will be undertaken to provide evidence based data to support the business case for replicating the 'housing with support' model in Dublin to other parts of Ireland going forward. (See section 19)

Recommendation 4: The Department of Health and Department of Housing, Planning, Community and Local Authority will jointly consider how best to collaborate on the resourcing of the 'Housing with Supports' demonstration project and its optimal successful implementation.

Recommendation 5: The prototype project should comprise of approximately 50/60 units of housing with a mix of 70% 1 bedroom units and 30% 2 bedroom units.

Recommendation 6: An evaluation process should be built into the prototype project.

6. Site identification – the use of relevant development principles;

In line with the recommendations from AFI's 'Housing for Older People – Future Perspectives' the following four factors have been used in the identification of a site for the 'Housing with Supports' demonstration project. These recommendations will assist in promoting the concept of 'sustainable communities' which will support older people to live independently for as long as they wish to;

- (i) **Location:** the site will be in walkable proximity to public and other essential services, recreation and amenities so that older people may use them more readily. Where an available site is not adjacent to essential health services consideration will be made to providing space for outreach services to be provided onsite.
- (ii) **Place-making:** The design will support the creation of an attractive place to live and will be sensitive to the local context and urban form of the area. An appropriate blend of attractive, well designed and located housing which will be well integrated with essential services will enable older people to support healthy lifestyles, encourage more active lives and reduce the risk of loneliness and social isolation.
- (iii) **Reuse of land:** For the purpose of this development a brown field site is more likely to be used and it is believed will promote the development of sustainable communities.
- (iv) **Socially and environmentally appropriate:** the development will incorporate a mix of dwelling type, size to meet the needs of older people

DCC have identified a site for the prototype project subject to ratification. It has been visited by a number of the working group and is extremely well placed to meet most, if not all, of the recommendations within this report. It is located centrally within a very settled community and has access to shops, transport, medical infrastructure and an opportunity to be within an intergenerational setting which will enhance integration. (see appendix 6, Plans for 1b) Located in Inchicore, Dublin 8, the proposed site is on .8 hectares and is located next to an existing housing development for family housing provided by an AHB and a HSE Health Centre which includes a Primary Health Care Centre. It is within easy reach of the village of Inchicore and is close to a wide range of essential services (see appendix 7 - table of services and approximate distances from site).

Within the areas around the proposed site, using data from the HWG mapping exercise, (8 Electoral Districts that stretch from the CIE Works in the west to the Suir Road in the east and from Con Colbert Road in the north to the Davitt Road in the south) the 2011 Census indicated that there are 5,389 people in total over the age of 55 living in the Inchicore area, 2,291 between the ages of 55 – 65 and 3,198 above the age 65.

7. Incorporation of Universal Design Principles and Age Friendly Design Recommendations;

The project will strive to incorporate universal design principles and age friendly design recommendations which allows for the adaptability of the home over the life-course. Universally designed, lifetime adaptable housing will support a more seamless and cost effective introduction of changes to the house (e.g. tracking for hoists and easy access to all facilities, including bathrooms and kitchens, by wheelchair users) where necessary, thereby delaying and often removing the need for older people to move to residential care.

Examples and dimensions that the building specifications will incorporate:

- independent use of all facilities, including bathrooms and kitchens, by wheelchair users
- The design of the infrastructure will facilitate future support requirements of tenants such as, ability to support hoists mechanisms if and when required by individual care plans as they develop, e.g. hoists
- lifts with adequate space for a stretcher
- bedroom sizes that can facilitate the use of bariatric hospital bed
- The inclusion of assistive technology to support tenants in everyday living

The use of age friendly development recommendations along with universal design principles and recommendations will:

- Promote active and healthy living for older tenants and thus improving their quality of life
- Encourage tenants to be outdoors and thus maintain health
- Increase opportunities for socialisation and thus reduce the risk of isolation and loneliness
- Offer people, where relevant, to consider downsizing and moving from their current location

Recommendation 7: The design and unit size will strive to adopt a universal design approach that allows for the adaptability of the home over a life course. Guidelines produced by the Centre for Excellence in Universal Design (CEUD) – ‘Universal Design Guidelines’ to be used as a reference point in the design with appropriate costs factored into the funding allocation.

8. Assistive ‘SMART Technologies’

Cat 6 cabling, broadband access and telecare will be installed throughout the project in homes and communal areas. These relevant assistive, ‘smart’ technologies will help older people to live independently for longer in the scheme in a non-invasive environment.

Recommendation 8: The design of the building to allow for assistive SMART Technologies to be used in the delivery of supports, as and when the support needs of the older person requires it. E.g. 1) Broadband and Cat 6 cabling is used, 2) the physical infrastructure of ceilings allows for hoist tracking to be installed if it is required at a further date in an older person’s tenancy.

Recommendation 9: At a minimum, ‘emergency call’ systems and ‘energy monitoring’ devices are installed in every home.

9. Strategic partnership - a new way of working – Sustainability and Transferability

A core strength of the HWG and this new approach to the model of “Housing with Support” for older people is a join-up approach between the DOH and DHPCLG at a national level and the HSE, LA and service provider at a local level. This approach, the HWG strongly believes will support the effective implementation of national strategies and programmes such as the Housing Action Plan 2016, the Social Housing Strategy 2020, National housing Strategy for People with a Disability 2011-2016, Healthy Ireland (2013), and the National Positive Ageing Strategy (2013).

To realise the development of a new model of housing for Ireland, it is strongly felt by the HWG, in particular the representatives from both Government Departments, that both should work collaboratively and to support each other in securing both capital and revenue funding.

This seamless partnership between the main actors will allow for an enabling environment and will have services that can be tailored to the changing needs of older people.

The prototype model will be a partnership between:

- DCC, which will
 - provide a site for the pilot housing scheme
 - support a submission to the DHPLG for capital funding
- HSE, which will provide adequate annual revenue funding for the care element of the onsite support team
- Approved Housing Body who will design, build and manage the housing scheme

The scheme will be delivered by an appointed Approved Housing Body having regard to the Communications Development Protocol between Local Authorities and AHBs. It will be funded using capital funding from the Department of Housing, Planning and Local Government specifically earmarked for this pilot project. This process will be overseen by a Steering Group to be established by the key stakeholders.

In brief, expressions of interest will be sought by AHBs detailing approach to the following;

- Housing design approach along with capital costs – the built environment
- Long term management and maintenance costs
- Support services along with revenue costs
- Timeline for project development and completion.

The “Housing with Support” Steering Group will comprise of the members from the following agencies who will appoint an independent Chair to oversee the next phase of the process.

- Local authority (DCC)
- HSE
- DHPCLG
- DoH
- AFI

The Steering group will be charged with developing a new “Framework Toolkit / Manual” that will enable the concept of “Housing with Support” to be useful to others in the public and private sectors across Ireland and the effective embedding of this joined up collaboration at local levels. The framework toolkit will cover areas such as commissioning process, capital and revenue funding, allocation protocols, and how the schemes will be measured. It will also provide guidance on how this can support schemes of differing sizes.

Recommendation 10: The HSE have written in its intention to support financially the Dublin City HWG Housing with Support pilot project within their 2016 Operational Plan. Such commitment to be carried over to further Operational Plans to enable this prototype project to come to fruition.

Recommendation 11: A Steering Group is set up out of the HWG to oversee the progression and delivery of the prototype project while in pilot stage. The Steering Group will work to develop a “Framework Toolkit” to provide a means by which the prototype model can be used by housing and support providers in the public and private sectors across Ireland.

Recommendation 12: An Expression of Interest (EoI) will be sought to identify an AHB to develop and run the prototype project. The EoI will have regard to the new Communications Development Protocol that has been developed and will be led by DCC Housing and Community Department.

10. Tenancy and service charges

Each older person who moves into the project will be given a tenancy from the AHB and will be subject to a rental charge agreed and set by the AHB in consultation with the Local Authority.

The rental charge will cover essential housing and maintenance costs. Service charges will vary according to the required support package (see section 13 below).

11. ‘Housing with Support’ levels of support

Supports will be given through 5 levels of supports. The five levels are based around, housing and facilities management, social and care supports.

Level 1 will form part of the tenancy agreement and will be automatic to all tenants. Tenants will have a choice of four other levels of support. These will be optional; none will be imposed. Support will be offered using an ethos of ‘empowerment’ ensuring that older people are encouraged and empowered to retain and remain independent for as long as possible. The table below outlines in brief the five levels of support and how each level of support will be funded;

Levels of support table

| Level number | Detail in brief | Funding source |
|--------------|--|----------------|
| Level 1 | Housing management and tenancy support, provided for all tenants: housing management, facilities management and emergency response | Rental charge |
| Level 2 | Covers minimal social and care support, with some practical support: information service, daily check or call, | Rental charge |

| | | |
|---------|--|----------------|
| Level 3 | Provides assistance in daily living: help with housework, shopping, laundry, preparation of meals, some support in personal care, medication reminders plus linking in with other social and health care providers | Service Charge |
| Level 4 | Provide personal care: such as washing, showering, going to the toilet, getting in and out of bed | SLA with HSE |
| Level 5 | Level 5: as above, with additional supports provided by the HSE or other care providers, not by onsite staff. | SLA with HSE |

At any given time, there will be a mix of tenants with varying support needs. Support interventions, coupled with the enabling environment will result in greater independence and a subsequent lessening of need among some tenants. This will be reflected in the allocations process for the scheme, (see section 15 & 16)

Recommendation 13: At any one time the pilot project will house a mix of people with various support needs. It is envisaged that that split will be: 60% low - medium support needs, requiring level 2 & 3 supports only: 40% with medium to high support needs requiring levels 4 & 5 supports. This will be approached in a flexible manner in dialogue with the older person and the relevant agencies

(**) It should be noted that the HWG recognise that not all of the medium to higher support needs may come from the DCC Housing list but that the allocations policy developed for the project should give higher priority for those people on the DCC housing and transfer waiting list who have a medical priority scoring.

12. Staffing

The support services will be delivered by a specialist provider and will include:

- Staff onsite presence 24 hours a day:
 - Housing and facilities management support during the day
 - Social and Care supports during day
 - A degree of security and emergency presence overnight

13. Community activity and community development

Social activities and other interventions will be part of the strategy of maintaining and enhancing dignity and independence. It is also important that we encourage the richness of intergenerational exchange and facilitate the learning from each generation's experience. Such activities can be seen as low-level support interventions which increase health and quality of life. A community facility, provided onsite, will be the hub of this activity, not only for the residents of the scheme but for the wider community adjacent to the scheme.

Depending on the proximity of the site to local health care providers, it may be desirable to include health care facilities onsite.

Though it is accepted that the housing units' costs will be covered under DHPCLG capital funding schemes, a co funding approach may be required between the DHPLG and DoH to cover the costs of communal and community spaces such as training rooms, day care if included, health care rooms, community rooms.

Recommendation 14: The pilot project will have a brief for community development with respect to older people living within the project and within a defined area of the development. Within the first year of the life of the scheme an Age Friendly Towns programme will be introduced in the area.

14. Definition of Older Person

An older person for the purpose of Housing with Support are generally persons of 55 years of age or over, however the Housing with Support scheme will also consider the following under the definition.

- Couples where one person is aged 55 or over and the other is 50 or over.
- Single persons aged 50 or over where priority for such accommodation is awarded on medical and/or exceptional social grounds.

15. Eligibility for the Scheme

For the prototype scheme:

- **Basic referral criteria:** (as per definition – adapted from DCC Housing Allocations Scheme 2013)
 - Single people and couples over the age of 55
 - Couples where one person is aged 55 or over and the other is 50 or over
 - Where older person due to medical and/or exceptional social grounds requires specialist adapted housing
 - Living in DCC catchment area
- **Additional referral criteria:**
 - On the local authority housing list with an identified housing need or qualify under DCC Housing Allocations Scheme 2013*
 - Inter- transfers as per DCC Housing Allocation Scheme 2013*
 - In private accommodation and qualify for social housing
 - Owners of private dwellings in the administrative area of DCC who are over 55 and who find their existing dwelling too large for their needs
 - Be at risk of moving to residential care within one year if current level of support is not increased
 - Required housing adaptations are unfeasible in their current home.
 - People who have been placed in nursing home care due to absence of choice but who could live successfully in housing with support.

() For the purpose of this project persons who have moved into social housing within the last 2 years **will be** considered where there have been medical and/or exceptional social grounds in an individual's life which means they can no longer live independently in their current accommodation without supports.*

16. Referral and application process

A referrals board comprising representatives of some or all of DCC, HSE, AHB and a care and support provider, will develop an appropriate allocations and referrals process. The housing provider will ensure that allocation and referrals process is transparent and is sensitive to the DCC Housing Allocation Policy 2013 and the HSE's Single Assessment Tool (SAT).

Recommendation 15: A referrals board is established that will work with the AHB to set the allocations model and oversee the referrals process into the scheme. The voice of Older People

17. The voice of Older People

As part of the process in developing the proposed prototype a series of workshops were held with Older People and Staff from Dublin City Council (Housing and Community Departments) HSE and NGOs. The views shared by these two groups will be taken into consideration when a detailed brief is being developed and will form part of the basis for 'Expressions of Interest' / 'design brief' to be addressed by the developing housing body, see recommendation 2 and appendix 3.

18. Evaluation

It is proposed that the prototype project be independently evaluated. This evaluation process will work closely with the pilot phase to carry out a comprehensive mining of data and programme evaluation specific to the requirements of the key funders, DHPCLG and HSE.

The independent evaluator will be equipped with the necessary skills and supports to analyse large scale datasets and assess new data alongside existing normative data from programmes such as TILDA and HaPAI. The evaluator will work with the housing and supports provider and key partners such as the HSE and Local Authority to identify and measure against agreed specific metrics that will profile the effectiveness of the pilot in relation to socio-demographics, physical, mental and cognitive health, social participation, quality of life, physical activity, economic and transport patterns.

The cost of the evaluation will be built into the scheme costs and will assist the DHPCLG and DoH in assessing its significance and adaptability nationwide. See recommendation 6.

19. Costings

As part of the joint department collaborative approach a joint submission will be submitted for funding at both the capital and revenue stages.

a. Capital Costs

This pilot scheme meets one of the DHPCLG priority groups – The Older Person - and will provide a blue print for further collaboration between DHPCLG and DOH in Dublin and the rest of the country. We therefore recommend that adequate capital funding is ring-fenced for development of this pilot scheme which would take account of the principles and specifications of the scheme that go beyond current funding schemes to deliver housing for older persons.

It should be noted that the project is not intended to provide residential or nursing home care. Independent living is at the core of its ethos and this will be reflected in its design and service delivery.

b. Revenue costs

The ongoing annual revenue cost of the project will be covered through a mix of funding, namely; rental income, service charges (Level 3 supports) funding from the HSE under Service Level Agreement (Level 4 & 5 supports) and other funding yet to be identified. A detailed revenue budget will form part of the proposal submitted by the AHB to the key funders such as the HSE with support from the DHPCLG.

Conclusion

The challenge to respond to the creation of socially engaged communities for older people is being met by the coming together of motivated members of this HWG to join their skills, insights and expertise across different sectors to produce this report on “housing with support.” It begins to create a space where the person and the design is at one with their surroundings. The preparation of housing with the right kind of support and care will meet the needs of a person experiencing frailty. Delivering housing and social care assessments in a person focused way that captures the process of enablement and hope.

“Someone will come along and assess me, they then will tick five or six things that define me as frail - things affecting my heart, mind, mobility, my breathing, my appetite and my memory - they will have this assessment that will tell them I need to be protected, avoid risk, kept an eye on. But I would like an opportunity to live in my place, with my books and music, with people I like and some whom I love - who will know when to talk and when to stay quiet. I would like that place to be where I can be myself, I would like that place designed to be a gathering place and a place of contentment and a place of aloneness. A place where I can be as independent as I can be and dependent when I have to be.”

This report relies on the expertise of the members of the working group, the experience of older people and is influenced by the work of Age Friendly Ireland’s submission to the Housing Action Plan 2016 and the work already done by AHBs. This prototype is endeavouring to create places of belonging, homes where all of human interaction takes place. Home for life where the various ways the older person is supported are crucial to kind of design that is created. This is the beginning of a process that is open to be influenced by the personal experience of older people.

Pat Doherty

Dublin City Age Friendly Programme’s, Housing Working Group

September 2016

Appendices

Dublin City Age Friendly Alliance

| | |
|-----------------------|---|
| Jane Williams | Independent Chair |
| Eugene Bent | Director – Member Development Dublin Chamber of Commerce |
| Conor Hickey | Director Crosscare |
| Brendan Kenny | Dublin City Council Acting Chief Executive |
| Prof Rose Anne Kenny | Head of Department of Medical Gerontology Trinity College Dublin |
| Prof. Brian MacCraith | President Dublin City University |
| Hugh O Connor | CEO Age Friendly Ireland |
| Martina Queally | Chief Officer HSE Community Healthcare Organisation, Area 6 |
| Mr John Twomey | Deputy Commissioner An Garda Siochána |

Housing Working Group membership

| | |
|-------------------|--|
| Maurice O Connell | Independent Chair |
| Pat Doherty | Age Friendly Ireland |
| Oonagh Ryan | Age Friendly Ireland / OPRAH |
| Barry Quinlan | Department of Environment, Community and Local Government. |
| Barry Murphy | Department of Health |
| Niall Money | Dublin City Council, Age Friendly Programme Office / Social Inclusion |
| Celine Reilly | Dublin City Council, Housing |
| Samantha Rayner | HSE, Social Care Division |
| Anne Kearney | HSE Community Healthcare Organisation, Area 7 |
| Mary Walshe | HSE Community Healthcare Organisation Area 9 |
| Caren Gallagher | Irish Council for Social Housing |
| Sean Moynihan | NGO - ALONE |

Below is a list of items that are included in the mapping exercise in Dublin City.

| Item |
|--|
| Housing location maps |
| <ul style="list-style-type: none"> • Local Authority Housing older people schemes |
| <ul style="list-style-type: none"> • AHB housing older people schemes |
| <ul style="list-style-type: none"> • Health Care centres (not PHC) |
| <ul style="list-style-type: none"> • Primary Health Care Centres |
| <ul style="list-style-type: none"> • GPs |
| <ul style="list-style-type: none"> • GP Out-of-hours service |
| <ul style="list-style-type: none"> • Hospitals |
| <ul style="list-style-type: none"> • Nursing Homes (public) |
| <ul style="list-style-type: none"> • Nursing Homes (Private) |
| <ul style="list-style-type: none"> • Gardaí Stations |
| <ul style="list-style-type: none"> • Post Offices |
| <ul style="list-style-type: none"> • Planned Health facilities to be opened or built in next year – 2 years |
| Heat Maps Age |
| <ul style="list-style-type: none"> • 55 – 65 |
| <ul style="list-style-type: none"> • 65+ |



**‘Housing with support’
Workshops
Older People & Housing and Healthcare Staff**

Introduction

As part of the Dublin City Age Friendly Housing Working Group (HWG) two workshops were held on the 13th and 17th June 2016

The purpose of the workshops were

1. To gather the views of older people as to what they feel is needed in an appropriate model of supported housing that will best enable them to remain in their homes for as long as possible.
2. To gather the views and experiences from staff (DCC, HSE and NGOs) as to what they feel would enable older people to remain living in their own homes in the community for as long as possible.

The workshops concentrated on the following four broad areas;

- I. ***The housing Unit*** – what should be included in the design (their homes)
- II. ***The immediate environment outside their homes*** – internal and external communal / circulation areas
- III. ***Assisted technology*** – the role and potential for assisted technology
- IV. ***Social and care support needs*** – what supports are needed

The views from older people and staff who attended the two workshops will be used in a report to be submitted to Department of Environment, the Department of Health, Dublin City Council and the HSE. It will also form part of an ‘Expression of Interest’ document to be issued to interested housing bodies for the development of a detailed submission for funding both capital and revenue.

In total 41 staff and 30 older people attended the workshop (see appendix 1).

Older People’s views in brief

Older people strongly welcomed the aspirations of the HWG. Their views are recorded in this document below. There was a general sense amongst the older people that the term ‘sheltered housing’ held negative connotations for them and would like to see another term developed to address this negative image.

They stressed the importance of social and care supports in their lives, being appreciative of the value of support staff, Housing Liaison Officers – DCC, and the social care supports provided by Alone, RHD and others. These supports are not required all the time but should be available for older people as their needs increase.

Staff views in brief

Staff from all organisations saw the potential new prototype as a positive step and welcomed the chance to contribute. They felt that a scheme of between 30 – 40 units would work better though they understood that in the first instance the scheme might be larger to justify economies of scale

The issue of age range was raised with the DCC Senior citizens age limit 55 years + (On medical priority can be reduced to 50 years). Staff felt there was a big age difference between a 50 year old and 80 year old and this



1) What older people said.

What 3- 4 things would help you remain staying in your community for longer?

The list below covers the main feedback that was recorded as what the older participants felt would make a positive difference for them to remain living independently in their homes and community.

- Access to a second bedroom, if sick or a shared unit on the complex for overnights.
- Lifts where accommodation is on multiple floors
- Larger living spaces to allow for a wheelchair
- Storage space to allow for wheelchair/frames etc.
- Accommodation that is adaptable to meet our needs and that is adapted in a timely fashion
- Good connectivity – broadband, phone lines and Internet
- Access to good transport links (bus or rail) near accommodation.
- Closer to shops (a good choice of shops), post office, banks, GPs
- Access to assistance with housework when I cannot manage it anymore
- Support and information when needed. Assistance in filling out forms especially from utility providers
- Access to maintenance and odd jobs around the house and garden
- Camaraderie with peers and neighbours
- Health supports, when and if needed

What's good about where you live, that helps you stay independent – what's important to you

Location?

Location was an important factor for older participants. In one of the schemes that people where from, they had everything required within a short walking distance. Others had to walk long distance to services as well as encounter steps to get into services.

People felt it should be near the following

- Shops, - getting out to the shops and meeting people is very important to them.
- Post office
- Church, is vital for them and where they live now.
- Transport options
- Community and family was also indicated as been most important.

Community integration

Been integrated with the wider community is important. Not having homes in gated communities or away from shops and the community

Housing - Their home

Participants felt that internally their homes should be of level access, larger rooms, with plenty of storage, floor boards and tiles in kitchen and bathroom, no open fires or storage heaters. For some people their current accommodation was not ideal as they are living in bedsits with very little space

They felt the following should be considered;

- Housing on ground floor or have access to a lift if on multiple floors.
- A kitchen with a view – not facing other apartments.
- Furnished/unfurnished - should have the choice
- Kitchen with space for dining, oven at a higher height. Also need space in kitchen to sit down to monitor cooking. In some cases kitchens are purely a workspace which can presents a fire hazard, if they are forced to sit in a separate room while waiting for cooking to complete.
- Positioning of kitchen closer to front door than the living space could trap residents in the housing unit if a kitchen fire occurred as some units do not have back door exits.
- Living room, separate to kitchen / dining room that is large enough for pull down bed to accommodate family or carers if living in a one bedroom unit.
- Bathroom should be of a wet room construction
- Private outdoor space – that is of low maintenance

Communal facilities

- Access to a community area and activity rooms for services – PHN, chiropody, hairdresser, activities, meals, reading/quiet room

sense of community

- One person talked about creating a community feeling and gave an example of where one of his neighbours had died and he only found out 2 weeks later. He would have liked to have paid his respects to the man.

Safety and security

Participants felt that safety and security was very important in the design and location of a scheme. All participants think that feeling safe allows them to live better lives. Consideration should be given to the following

- Good neighbours and family supports
- Good relationships with support staff – one person in a wheelchair talked about his home

help who goes for beyond her role in helping out and involves her family, if this was not the case his life would be a lot more difficult and lonely

- Knowing there is someone there to call for if you need help - an on-site presence,
- Security CCTV is important
- Gates,
- Security chain and latches for windows and doors, spy hole/intercom
- Having an alarm

Assisted Technology

- Technology needs to be extremely user-friendly & training must be provided as some of the group were unfamiliar with technology and were sceptical about its ability to assist.

External environment

All participants recognised the value of external spaces and when well designed would enable activities to happen, meeting other people and lent to the overall aesthetics of the place giving a pride to there they live;

- Having a garden was seen as been positive. It is however difficult to maintain a garden. One participant got rid of the grass as it's easier. Looking at something outside flowers is nice
- All agreed having an outdoor space was good for a person and their health. Gardens with raised beds and seating dispersed throughout, so they can garden themselves and rest outdoors
- Issues around footpaths (a lot of them are broken and dangerous) and dog faeces was frequently raised
- There were mixed views around the scheme been gated or not, the wish to reduce the instances of anti-social behaviour happening on site.
- External painting should be every 5 years not 7 as per DCC policy.
- Maintenance and odd jobs service available

Age mix within the housing scheme

Mixing with other age groups is important. We all enjoy spending time with younger people. In one centre there is a crèche onsite. However care needs to be given when allocating people to schemes so that there is not a huge over concentration of complex needs in any one scheme and that staff have the required support skills to support complex needs.

It was raised by some that a wide mix of ages can lead to challenges as the needs and requirements of a 55 year old are very different to those of an 85 year old. It needs to recognise that the service is not one where 'one size fits all'.

Age of older people goes from 55 – up to 104 years old. Older People are very diverse

Supports-are they important? What extra supports would help you as you get older?

All participants said that 'supports' are essential for them and saw this more and more important as they age. They felt more community involvement is very important, this should be supported and facilitated. Participants did not want things **done for** them but that they should be made available when and if needed.

The participant described services they use as:

- Day Centres,
- Doctor and Public Health Nurse,
- Meals on Wheels
- Family supports
- Local Centre for Independent Living
- Local services and organisations

Information

The participants raised concerns about how to get information about services, feeling in general such information is not readily available, 'you have to ask a lot to find out about what you can get'.

Older people find out about services they use from their local church, hospitals, and friends. Some people felt that community supports have decreased over the years, some faculties being utilised and other not.

Day Centres

The majority of the participants attend a day centre and they all love going to them. They really enjoy the interaction, the friends they meet there and in general they are good fun. It's a huge support to them and the staff are very helpful and knowledgeable. They do exercises here and get a lovely hot meal for only €5. Some felt that some older people may be too proud to look for and use day centres.

Health care supports

Older people felt access to good health supports is important;

- Extra care support when needed
- Home helps
- Doctors
- Other health care professionals (OT, PH PHN etc.)

Some of the people had little concern for current or future care supports needs. None of the group envisioned a time when they might require medium level 'medical care' supports. Participants were critical of the HSE's focus on medical efficiency and bureaucracy and the lack of 'compassion' on the part of medical services.

Weekend shortfall in service provision

A lot of the participants highlighted that a lot of services (e.g. Meals on Wheels) are only available Mon – Fri. What happens to people over their weekends? These services should be available 24/7.

Family supports

Some older people said that their family supports were very important. For others where there was no family this was not the case and they had limited supports outside of formal supports.

Older people felt the following should be included in a scheme design supports wise;

- Call system (24/7 response)
- Regular check in calls -
- Someone available who can signpost them to services
- Onsite at set periods to assist in signposting
- Access to maintenance for small jobs, a person on site would be helpful to assist with bins, gardens etc.
- Meals on wheels
- A range of activities in complex
- Linking into other services / activities in area
- Linking into relevant professionals in area (PHN / OT / PT)
- Assist in accessing HCP / MH
- Ensure getting entitlements and benefits
- Assist in financials
- Home Helps cleaning services (option rather than mandatory)
- Near local bus or access to community bus
- Assistance with shopping
- Laundry – option of assistance given with laundry whether in individual homes or in a communal area.
- Access to independent home care packages if required for tenants
- Help with getting up and into bed, with washing and other things they find harder as they age.
- Assisted technology only if needed

Biggest concerns about how suitable your home is at the moment to meet your needs as you get older

Concerns now and into the future

Many of the participants biggest concerns lay in how suitable their homes were if their health and mobility decreased. As with most older people in Ireland they want to remain living in their homes and their communities. However they acknowledge that their ability will decline and they want places and supports in place to counter this. Some of the comments and suggestions were

- Accessibility within their homes - No access to a lift – only stairs – this will become more of an issue as we age. If stairs / steps can a ramp be installed.
- Accessibility in local environment – a good age friendly public realm is essential allowing for people to get out and about – pathing, routes to shops etc.
- Currently too far away from services, if mobility deteriorates
- Hard to get assistance to help with domestic work
- Limited space for wheelchair/frame
- No room to have someone stay over if I am sick
- Been able to open windows
- Having enough storage downstairs
- One participant is a full time carer. So has an accessible bathroom but worried about her daughter who has special needs.
- Having a ramp installed to front door
- Security – low walls, need external lights
- A lot of the participants use a mobile phone with no interest in the internet
- Cost of heating and cost of living – e.g. the cost of broadband and internet is prohibitive.
- Maintenance and cost of repairs – many older people living on their own feel that they are ripped off by builders and maintenance people and find it hard to stand up for themselves. One female home owner had a bad experience with trades' people and found care and repair staff. They found it expensive at €10 an hour, due to her houses disrepair, inability to pay and poor workmanship they felt disadvantaged by owning a home. She also felt less secure in her home, this was at odds with the rest of the group
- Isolation and loneliness even when being in a community setting – need supports in scheme and community to feel part of it.
- Adaptability of homes going into the future as needs increase
- Staff awareness of disability awareness needs is important
- Antisocial behaviour – drug dealing, fear of strangers
- Dampness and darkness are issues in some existing older peoples accommodation



2) What staff said

Location requirements?

It was agreed on the following as prerequisites with regards 'location', for a successful 'Housing with Support' model of housing that will promote independence and the chances of older people remaining to live independently in their communities as long as possible

Location of housing schemes needs to be near the following:

- Services that are used on a weekly basis - staff defined them as;
 - Retail outlets - Shops, Chemists,
 - Essential services – Post Office
 - Primary health services – GPs, PHC Centres, PCT
 - Social – Pub,
 - Spiritual, - Churches
- Community, family and friends
- Transport routes: schemes should be located with easy access to main transport routes that enable older people to get out and about, in particular
 - Get to hospitals / health clinics for appointments.
 - Getting into main urban town centres
- Other
 - Churches and other religious centres
 - Pubs and other community and social centres

It was further felt that housing schemes should not be located near or under the following circumstances

- Near schools
- On top of steep hills
- On busy roads

Safety was a big concern raised by people though there was mixed views on whether the schemes should be gated or not gated

Physical Layout requirements?

Housing units (homes):

It was felt the universal design guidelines were very good and should be used as a minimum standard. Homes should be fully accessible and should be built with the capacity to upgrade or make changes as needs of older person increase.

The design should incorporate the following;

- Ground floor if possible but where two or more floors are used then lifts (the number of lifts used should be considered in terms of density of build) that can accommodate for stretchers is essential.
- Doors throughout should not be too heavy and have handles that are easy to use and push button controls available for wheelchair users.
- Windows should also be easy to open and close with easy access to handles.
- Corridors should be wide enough to allow for wheelchair and movement of large furniture.
- Kitchens should be easy to access and wheelchair friendly and non-slip flooring. They should include the following;
 - height adjustable counters with plenty of counter space
 - easy open presses / drawers (not too deep)
 - washing machine and dryer
 - Plenty of storage
- Dining area – this can be incorporated into the kitchen area but should be separate from sitting room / living room.
 - Dining chairs easy to push under table
 - Room for wheelchair access around table and under table.
- Bedrooms should be of a good size that are adequate to accommodate a double bed or two single ones (one being a bariatric bed) and still have adequate room for wheelchair manoeuvring. Rooms should also accommodate the following;
 - Non slip flooring
 - Easy access to switches, sockets and TV point
 - Ensuite or have the bathroom near.
 - Ceilings should be strong enough to facilitate hoist tracking being installed when and if needed in future.

Some of the groups felt that there is a need for 2 bedrooms or at least a sitting room with a space for a good fold down bed for carers (formal and informal) who may need to stay overnight as care needs increase in a one bedroom home.

- Bathroom should be of a wet room construction. The construction should allow for the facility for grab rails (fluted design) to be installed at a later date where not required initially. In addition;
 - Flooring should be tiled not lino
 - Space for shower seat
 - Shower thermostat
- Living and sitting room space is essential. Where possible the living rooms space should be separate to the kitchen dining area, especially in one bedroom homes. This rooms should allow for space to:
 - A space for people to be able to bring some of their own personal belongings.
 - Higher level seating
 - Space for wheelchair and other seating
- A space for scooters with docking station for charging. This can either be internal or external (if the latter a covered area - see below under external areas section) but if within homes then this could be incorporated within a wide hallway.
- Key safes should be installed outside doors to homes, for carers and family to get access in case of emergency or for staff to get access.

- Storage is very important – particularly if occupants are moving from bigger houses.
- Energy efficiency measures should be incorporated into the design to allow for cheaper bills - solar panels and easy to use control panels. The use of a 'one switch' as you exit the accommodation was also suggested though this should exclude appliances such as fridges and freezers
- Universal design – electrics and heating - sockets, lighting, door saddles and underfloor heating should be included in buildings. Communal heating works better, some people under-heat their homes unless the heating is communal.
- Decoration, facilities should be put in place that allows for homes to be regularly redecorated. A pay-in scheme where people can contribute over a number of years towards decoration.

External areas:

Common areas were raised as being important in the design. These should be within internal building communal spaces as well as external garden / courtyard spaces. The layout of the housing should be cognisant of light and it was suggested that the scheme be designed in a semi-circle so you can see each other's doors.

- Internal circulation spaces should include the following;
 - Wide corridors
 - Handrails
 - No or minimal steps
 - Community spaces / services should be built into the design to accommodate the following;
 - Community room – meals activities, exercises, community groups
 - Library (tenants leave books)
 - Space for people to get together and socialise, chat (this is critical to address isolation and loneliness.
 - Training space – computers and other technology, arts and crafts and lifelong learning education.
 - Kitchenette area – independent use for tea/coffee
 - Nurse / GP consultation room that also accommodates visits from other healthcare professionals such as Chiropodist, etc.
 - Hairdresser
- External spaces were seen as being important for aesthetics and for encouraging people to get outside and active. Tenants should have scope, and be encouraged, to be involved in the management and development of the external areas. The following should be considered in the design;
 - Raised bed for garden (flowers and veg)
 - Seating areas / adapted raised seating and at regular intervals
 - Low maintenance private outdoor spaces
 - No trees (leaves can cause falls and slips) and the wrong trees' roots also can in long term cause surface areas to lift / buckle.
 - Each home where possible should have a private garden space. Tenants should have individual choice as to whether private outdoor spaces should have grass or not
- Parking spaces to allow for people who still drive as well for family visiting and for services coming in to assist in everyday living
- Campus type facilities – highlighted as a good example. Where people can live on site and progress if an illness takes hold e.g. dementia. Other participants expressed concerns about optics of this and of the residents being cut off from society and community
- The question of gated schemes was raised and there were seen to be as many minuses to pluses in their use
- If docking space not possible within homes then space such as lock ups down stairs where motorised scooters could be parked and charged to save space up stairs

It was also advised that when the scheme is being developed the access to services in the surrounding areas should be assessed and recommendations made as to improvements to assist older people when out and about in the public realm. A number of tools and guidance have been developed by Age Friendly Ireland and NDA (Walkability Audits) and 'Being Friendly in the Public Realm'. This will address items such as dips in the paths for wheelchairs, traffic lights should be put in etc.

Support requirements?

Social and care supports were felt as being essential in a new model of housing by staff from all agencies. It was stressed that these supports need to be consistent and clear. Many shared the opinion that the development of a pilot model that would bring together housing and social and care funding would be very beneficial for all. A new housing model where supports were coordinated and provided onsite would address many issues such as

- Reduced home care packages in the community,
- Reduced scope in what supports can be provided,
- Time allocation been driven by rostering challenges of supporting people living in diverse settings.
- Lack of continuity of care provision – people receiving support from multiple carers and providers,
- Challenges in recruiting carers

The ethos of the scheme needs to be one where we are encouraging people to get out and about and to keep involved in their community and involved in local services. Care needs to be taken that people don't become dependent on the supports before they are needed. Choice should always be paramount.

Supports should incorporate the following;

- All tenants should be given a tenancy that lays out what services they get within rental charge and what additional services are available to add onto support package if their needs increase – individual choice is essential here.
- Regular check in calls - this could either be onsite at regular times or 24/7 preferable
- There was a strong feeling that a 24/7 presence was desirable as this would cater for 24/7 emergencies – falls, sudden health deterioration etc.
- Signposting people to mainstream and other services both in the scheme and within the wider community / area – e.g. health (PCT, PHCC, OT, PT) social (day care, active retirement groups etc.). Accessibility of information or lack of it is often an issue, particularly for people who may not have used the public system/Council/Health before. How do they find out who tells them. A signposting service would address this
- Care supports normally delivered by Home care packages should be part of support levels, however additional supports from Enhanced HC Packages should be available where care needs are higher than the scheme can cater for with in-house team.
- Supports need to be flexible – being delivered when older people want and need them rather than being dictated by HH rostering
- Support in cleaning and maintaining homes though this was felt should be optional rather than mandatory – people could buy in support as part of support levels offered
- Visits from GP and other health care professionals to be incorporated especially for those tenants who have reduced mobility.
- Close links with hospitals, in cases where tenants are hospitalised, to ensure that when being discharged that scheme is informed of discharge plan.
- Need to encourage and facilitate family involvement – be careful that family take on responsibility for supports and don't see it as the sole responsibility of the service provider. 'out of sight out of mind'
- Access to maintenance services for small jobs as physical ability declines
- Meals on wheels or an in-house catering facility – café, restaurant etc. If part of the service provided then design and delivery should be one where it is not seen as a negative feeding into stigma associated with receiving meals and stereotypes with old age
- There was mixed view on the provision of communal Laundry rooms. For some it was a good idea but felt that a policy is needed around use of the laundry room, to avoid abuse, Pay a token amount like the prescription. Others felt that older people should have the facilities

themselves in homes and supported to do so if and when frailty increases.

- Option of communal eating or collect meal and bring it back to the apartment.
- Activities in complex
- Support in accessing and getting entitlements and benefits
- Financial advice
- Assistance with shopping
- Laundry – option of assistance given with laundry whether in individual homes or in a communal area.
- A quiet space to meet their spiritual needs, especially if they develop or have mobility needs
- Community awareness raising – the scheme should work with local services and business to be responsive to the needs of older people living there and in the wider community.
- Establish links with local pharmacy in order to delivery medication.

Tenant mix - Homelessness is a massive issue – the participants have been told to prioritise people with severe addictions. This is having a detrimental effect of housing schemes where a large number of older people with complex support needs are being housed in older people's schemes leading to other tenants having fears about safety and anti-social behaviours. Schemes need to be able to support people with complex needs but a good mix is essential – should not be a dumping ground.

Also allocation needs to be mindful of cultural and gender mix of tenants. One contributor had an example of a development with 29 male tenants and one woman, which has problems and is poorly kept.

Technology requirements?

Assisted technology was seen by most staff as been a positive addition to housing for older people, however we need to make sure it is relevant and that tenants are able and educated in how to use it. It was felt that the scheme should have broadband as a core element in its design.

Some of the examples of technology that could be used where;

- Basic technology - easy to use, such as pendant alarms, mobiles. Many schemes use this already e.g. McKee Court and very successfully. Easy to overcome negative perceptions in older people of how to use and benefits.
- Dementia friendly assisted technology – door sensors, watch for tracking wondering etc.
- Fobs on door – accurate type of devises (tremors)
- CCTV in internal and external communal areas for security
- Sensors – light, falls, doors and windows etc.
- Automotive technology, allowing people to adjust temp, open windows from chair where mobility is limited

The consensus seemed to be technology can be great but it is critical that we get that balance right between using technologies as a tool but mindful in retaining human interaction. Some users have psychological needs and enjoy talking to people. If use properly it can assist scheme in spotting changes in life of older person and assist in directing the person support and care plan.

Peoples (staff and older people) use of technology is increasing. There is need for training on the use of assisted technology in order to ensure that the most is made of it by older people and that staff can use it to assist in support and care plans.

Broadband – most participants felt that tenants should pay for it themselves if they want it. From their experience most of their users do not use the internet.

Tenancy Management issues

One some of the tables staff shared the following issues, in particular with regards to DCC housing and tenancies

- Relook at the model of 40 years ago, it would work if people were obliged to mind their flats
- Downstairs flats are not available, so if people develop mobility problems, instead of being able to get a transfer easily they have to go back on the list
 - DCC allocation methods should prioritise existing tenants needing accessible flats, either with lifts or a flat at ground level.
 - Allocation model, where people could trade in their house for an accessible flat is gone and should be reinstated
- Bedsits, people should get priority for move locally, if tenants are a long time in a bedsit, they should be allowed a flat before new tenants get one.
- Tenants in a new property are not allowed move for two years, this is hard on people if their new home is no longer suitable due to sudden change in their abilities.
- People should be responsible for their own units, not just depending on the HSE / DCC for repair and upkeep – take responsibility of their home
- Too lenient on bad tenants – need to be proactive in managing tenants who are not abiding by tenancy.

Examples of existing schemes in Dublin

- Heskin Court, is excellent and has all a lot of good feature that support older people in living independently, but with limited supports.
- Ballygall is managed by Fold, Very big apartments, where two apartments were knocked into one in a refurbishment project. The women like them but the men say they are too big.
 - They miss being visited as they used to be, even one visit a week helps
 - They are lonely, the day centre is smaller and they are not introduced to new people.
 - They are angry that they are only contacted with their bills for rent.
 - Not welcome in the day room.
- Ballybough, need green space in the current development, raised beds for gardening work well
- NCR development, - no communal space and much less sense of community
- Outdoor gyms work well in Shankill and Sandymount, brings people in from the outside to use the equipment or to take part in community events.

Older people workshop

| | |
|---------------------------------------|-----------|
| Dublin City Council's housing tenants | 11 |
| Approved Housing Body | 14 |
| Owner occupied homes | 5 |
| | |
| Total | 30 |

Staff work shop

| | |
|--|-----------|
| Dublin City Council's housing, welfare and community teams | 16 |
| HSE older people services, community PCT staff, OTs etc. | 14 |
| Alone | 5 |
| Royal Hospital Donnybrook | 3 |
| AFI | 4 |
| | |
| Total | 42 |

Appendix 4 - DCC Housing and Transfer waiting list August 2016

Housing Waiting list figures by Band Category as of August 2016

| | |
|--|-------------|
| Housing Waiting List | |
| Band 2 Housing Older | 385 |
| Band 3 Housing Older | 857 |
| Total Band 2 and 3 grand total | 1242 |
| | |
| Housing Waiting List | |
| Housing Medical Priority | 45 |
| Housing Welfare Priority | 22 |
| Total Medical and welfare Priority grand total | 67 |
| | |
| Combined Housing Waiting List and Priority List | 1309 |

Transfer Waiting list figures by Band Category as of April 2016

| | |
|---|------------|
| Transfer Waiting List | |
| Band 2 transfer Older | 327 |
| Band 3 transfer Older | 446 |
| Total Band 2 and 3 grand total | 773 |
| | |
| Transfer Waiting List | |
| Transfer Medical Priority | 38 |
| Transfer Welfare Priority | 22 |
| Total Medical and welfare Priority grand total | 60 |
| | |
| Combined Transfer Waiting List and Priority List | 833 |

Combined Housing and Transfer Waiting Lists for over 55s DCC as of April 2016

| | |
|--|-------------|
| Combined Housing waiting list | 1309 |
| Combined Transfer waiting list | 833 |
| | |
| Combined Housing Waiting List and Priority List | 2142 |



| | | | | | | |
|----------|-----------|--|---------------------|--------------------------------------|--|--|
| PHASE 1a | 75 units | SOCIAL 65 no. units (apartments) | AFFORDABLE 0 no. | SOCIAL 10 no. Houses | Child Care Facility, Estate Office & Toddler & School Age Playground | 20 no. overground car park spaces 49 no. car park spaces at basement level |
| PHASE 1b | 52 units | SOCIAL 52 no. units (Senior Citizen's Apartments) | AFFORDABLE 0 no. | SOCIAL and/or AFFORDABLE 0 no. | Community Facility | 50 no. overground car park spaces |
| Total | 127 units | 117 no. units | 0 no. units | 10 no. Houses | | 119 no. car park spaces |

Appendix 6 - Table of Services and approximate distance from the site in Inchicore

| Table of services and approximate distances from site | Distance (kms) |
|---|-----------------------|
| Health Services | |
| Primary health Care Centre | 0.06 |
| Community Health Centre (same as above) | 0.06 |
| GP's (GP's in Primary Care Centre) | 0.06 |
| Pharmacy | 0.49 |
| St James Hospital (LUAS line runs to the hospital) | 1.3 |
| Shopping district (Inchicore Village) | |
| Eurospar, Tesco | 0.41 |
| Butchers | 0.50 |
| Post Office (Eurospar) | 0.41 |
| ATM (Eurospar) | 0.41 |
| Community services/ Other | |
| Community Centre (St Michaels Parish Community Centre, Bulfin Road) | 0.18 |
| Hairdressers | 0.20 |
| St Michaels RC Church | 0.18 |
| Garda Station (Kilmainham) | 1.2 |
| Pubs | 0.41 |
| Transport | |
| Buses, Emmet Road - buses | 0.33 |
| LUAS (Golden Bridge) | 0.35 |

Age Friendly Cities and Counties Survey (2016): Dublin City Housing Prepared by the Healthy and Positive Ageing Initiative (HaPAI), July 2016

Overview

The following tables describe the responses of adults aged 55+ in Dublin City to questions about housing problems, housing supports they need, and their attitude to future housing options, which were asked as part of the Age-friendly Cities and Counties Survey (AFCC) in 2015-2016. Results are presented for two different age groups (55-69 and 70+) and for the total sample. Gender differences were not observed in the results, with the exception of problems with housing upkeep. Gender differences are presented for this issue only.

About the survey

The target population for this survey included all community-dwelling members of the population aged 55 and older in Dublin City. This sample did not include people aged 55 and older who were in long-term care or living in an institution at the time of survey. A multistage random-route sampling strategy was used to generate a sample of this population. A total of 502 interviews were conducted in Dublin City in 2016. Each participant completed a structured Computer-Assisted Personal Interview (CAPI) in their own home with a trained interviewer from Amárach Research. The response rate was 50.4%. Response rates typically vary among different groups within a given population such as different age groups or levels of education. This variation can lead to biased estimates when reporting results. This analysis included the application of sample weights which corresponded to the number of people in the population of Dublin City that were represented by each survey participant. Weights which were applied to the survey sample were estimated using the Census (2011). The characteristics compared were age, gender, educational attainment (primary/secondary/third level) and marital status (married/not married).

Results

A total of 62.9% of the sample were aged 55-69 and 37.1% were aged 70+. The majority (61.5%) reported living in the city suburb, 25.9% lived in the inner city, 10.5% live in a town (with a population of 1500+) and 2.1% reported living in a village. Almost all (96.4%) currently live in a house and 3.6% live in a flat, apartment or bedsit. Almost all (91.7%) respondents have lived in their current home for 10 years or more. A total of 20% aged 55-69 and 38.7% aged 70+ live alone. More than 3 out of 4 respondents (87%) like living in their neighbourhood “a lot”.

Table 1: Housing Problems

| Housing Problem | Detail | Age 55-69 | Age 70+ | Total |
|--|---|------------------|----------------|--------------|
| Conditions | Rot in windows doors or floors | 4.7 | 3.5 | 4.3 |
| | Damp or leaks in walls or roof | 11.2 | 1.9 | 7.8 |
| | Shortage of space | 6.3 | 1.5 | 4.6 |
| | Home too big for current needs | 5.9 | 6.1 | 6.0 |
| Facilities | Lack of indoor flushing toilet | 2.1 | 0.9 | 1.7 |
| | Lack of a bath or shower | 0.5 | 1.4 | 0.8 |
| | Lack of downstairs toilet/bathroom facilities | 14.0 | 4.7 | 10.6 |
| | Lack of place to sit outside (e.g. garden balcony terrace) | 11.1 | 6.9 | 9.6 |
| Upkeep | Difficulties with carrying out maintenance or upkeep yourself | 14.9 | 14.7 | 14.8 |
| | Difficulties with cost of upkeep | 16.7 | 15.4 | 16.3 |
| | | Male | Female | Total |
| | Difficulties with carrying out maintenance or upkeep yourself | 8.0 | 20.5 | 14.8 |
| | Difficulties with cost of upkeep | 10.5 | 21.1 | 16.3 |
| | | Age 55-69 | Age 70+ | Total |
| Heating | Unable to keep home adequately warm in the last 12 months | 8.3 | 8.7 | 8.4 |
| | Had to go without heating during the last 12 months through lack of money | 5.9 | 5.3 | 5.7 |
| Source: Age-friendly Cities and County Survey (2016). Prepared by the Healthy and Positive Ageing Initiative (HaPAI). Note: Dublin City Sample n=502. Data is weighted (by age, gender, education and marital status) to the Census (2011) | | | | |

Table 2: Housing Support - Dublin City

| Housing Support | Response | Age 55-69 | Age 70+ | Total |
|--|------------|-------------|---------------|--------------|
| Would like financial assistance with bills/upkeep for housing | Yes | 35.6 | 38.8 | 36.8 |
| | No | 59.0 | 55.1 | 57.5 |
| | Don't know | 5.5 | 6.1 | 5.7 |
| Would like financial assistance for adaptations or physical improvements to house | Yes | 30.2 | 17.6 | 25.5 |
| | No | 63.9 | 75.7 | 68.4 |
| | Don't know | 5.9 | 6.7 | 6.2 |
| Would like non-financial help with housing maintenance | Yes | 31.1 | 28.8 | 30.2 |
| | No | 64.1 | 66.2 | 64.9 |
| | Don't know | 4.8 | 5.0 | 4.9 |
| | | Male | Female | Total |
| Would like non-financial help with housing maintenance | Yes | 22.6 | 36.7 | 30.2 |
| | No | 72.9 | 58.1 | 64.9 |
| | Don't know | 4.5 | 5.2 | 4.9 |
| Source: Age-friendly Cities and County Survey (2016). Prepared by the Healthy and Positive Ageing Initiative (HaPAI). Note: Dublin City Sample n=502. Data is weighted (by age, gender, education and marital status) to the Census (2011) | | | | |
| Other Counties | | | | |
| Housing Support | Response | Age 55-69 | Age 70+ | Total |
| Would like financial assistance with bills/upkeep for housing | Yes | 34.5 | 34.8 | 34.6 |
| | No | 59.7 | 59.4 | 59.6 |
| | Don't know | 5.7 | 5.8 | 5.8 |
| Would like financial assistance for adaptations or physical improvements to house | Yes | 38.8 | 41.5 | 39.9 |
| | No | 55.9 | 52.4 | 54.5 |
| | Don't know | 5.3 | 6.1 | 5.6 |
| Would like non-financial help with housing maintenance | Yes | 35.1 | 38.8 | 36.5 |
| | No | 58.6 | 54.7 | 57.1 |
| | Don't know | 6.4 | 6.5 | 6.4 |
| Source: Age-friendly Cities and County Survey (2016). Prepared by the Healthy and Positive Ageing Initiative (HaPAI). Note: Dublin City Sample n=502. Data is weighted (by age, gender, education and marital status) to the Census (2011) | | | | |

Table 3: Attitude to Future Housing Options - Survey Question

If your home was no longer suitable for you (or your spouse), for example if you were unable to climb stairs or you needed additional support in the home, how do you feel about any of the following possibilities?

| Housing Option | Response | Location | Age 55-69 | Age 70+ | Total |
|--|-------------------------------|----------------|-----------|---------|-------|
| Adapting your current house to your needs | Negative | Dublin City | 3.7 | 6.2 | 4.6 |
| | | Other counties | 11.3 | 12.1 | 11.6 |
| | Neither negative nor positive | Dublin City | 9.0 | 4.4 | 7.3 |
| | | Other counties | 12 | 11 | 11.6 |
| | Positive | Dublin City | 87.3 | 89.3 | 88.1 |
| Other counties | | 76.7 | 77 | 76.8 | |
| Moving to an adapted type of housing | Negative | Dublin City | 60.0 | 78.1 | 66.7 |
| | | Other counties | 51.5 | 62.2 | 55.7 |
| | Neither negative nor positive | Dublin City | 12.2 | 7.8 | 10.6 |
| | | Other counties | 13.5 | 11.7 | 12.8 |
| | Positive | Dublin City | 27.8 | 14.2 | 22.7 |
| Other Counties | | 35 | 26 | 31.5 | |
| Moving in with your children | Negative | Dublin City | 70.2 | 86.7 | 76.4 |
| | | Other counties | 66.2 | 67.1 | 66.6 |
| | Neither negative nor positive | Dublin City | 12.2 | 7.0 | 10.3 |
| | | Other counties | 17.1 | 15.7 | 16.6 |
| | Positive | Dublin City | 17.5 | 6.3 | 13.3 |
| Other counties | | 16.7 | 17.1 | 16.9 | |
| Living together with a few other older people | Negative | Dublin City | 74.8 | 88.6 | 79.9 |
| | | Other counties | 59.7 | 66.4 | 62.3 |
| | Neither negative nor positive | Dublin City | 16.3 | 5.9 | 12.4 |
| | | Other counties | 14.6 | 11.6 | 13.4 |
| | Positive | Dublin City | 9.0 | 5.5 | 7.7 |
| Other counties | | 25.6 | 22 | 24.2 | |
| Moving to a nursing home | Negative | Dublin City | 74.0 | 87.7 | 79.1 |
| | | Other counties | 77.8 | 81.3 | 79.2 |
| | Neither negative nor positive | Dublin City | 15.5 | 7.7 | 12.6 |
| | | Other counties | 11.3 | 8.5 | 10.2 |
| | Positive | Dublin City | 10.5 | 4.6 | 8.3 |
| Other counties | | 10.9 | 10.2 | 10.6 | |
| Moving in with a relative (not your children) | Negative | Dublin City | 77.6 | 91.2 | 82.6 |
| | | Other counties | 79.4 | 84.1 | 81.2 |
| | Neither negative nor positive | Dublin City | 14.2 | 4.9 | 10.8 |
| | | Other counties | 10.7 | 9.1 | 10.1 |
| | Positive | Dublin City | 8.3 | 3.9 | 6.7 |
| Other counties | | 9.9 | 6.8 | 8.7 | |

Source: Age-friendly Cities and County Survey (2016). Prepared by the Healthy and Positive Ageing Initiative (HaPAI). **Note:** Dublin City Sample n=502. Data is weighted (by age, gender, education and marital status) to the Census (2011)

Organisational Logos for Housing Working Group Members



Helping older people in need