



Irish Council
for Social Housing

**An Overlooked Option in Caring for
the Elderly**

**A report on sheltered and group housing
provided by housing associations in Ireland**

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An Overlooked Option in Caring for the Elderly: A report on sheltered and group housing provided by housing associations in Ireland

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Irish Council for Social Housing

The Irish Council for Social Housing is the National representative organisation for non-profit/voluntary and other social housing organisations. The main objectives of the ICSH are:

- Promotion of non-profit / voluntary housing for the relief of housing need and homelessness
- Acting as a representative body for affiliated members
- Facilitating the exchange of information amongst members in relation to planning, provision and management of social housing
- Provision of information, advice, guidance, education, training and research.
- The ICSH seek to support and promote professional standards in housing management and provision.

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Foreword

It is generally recognised that housing and care options for the elderly in Ireland are limited. Certainly in recent years there has been a preoccupation on viewing nursing and residential care as the primary options for the elderly. Unfortunately this has occurred at the expense of any real debate on the role of intermediate housing and care solutions such as sheltered housing.

This study by the Irish Council for Social Housing (ICSH) comprises analysis of both group housing schemes for relatively active elderly as well as sheltered housing for those older people who require more intensive care and supports to assist them to live independently. Sheltered housing offers security and flexible support to older people with an increasing diverse range of housing and care needs. Housing associations have developed over 7000 homes for the elderly over the last 20 years with half of these managed as sheltered housing.

Both group housing schemes and sheltered housing are part of the ‘assisted independent living’ options for the elderly and are essential elements in the continuum of care for older people. Indeed these assisted independent living options can be easily applied to other special needs groups such as the homeless and people with disabilities who equally require housing and care options to assist them lead independent lives.

While group and sheltered housing have been developed in many locations throughout the country, this has largely been achieved in the absence of any integrated housing and care policy. Indeed the single biggest factor that has hindered the further development of sheltered housing in Ireland is the absence of a defined revenue funding scheme towards the on-site and support costs incurred by housing associations in managing sheltered housing projects.

However, it is recognised a breakthrough did occur in 2005 when the Department of Health and Children allocated, through the Health Service Executive, for the first time a small amount of revenue funding towards on-site cost in sheltered housing. In the past revenue funding was provided in a piecemeal manner through ad hoc arrangements cobbled together with individual health board officials which was no basis for long-term planning. However, this new funding arrangement needs to be built upon to support existing sheltered housing schemes as well as those schemes that are now in planning by housing associations.

Considering recent concerns about how the future costs of long-term care is to be financed, sheltered and group housing provide both a community response whilst representing value for money. Both of these housing and care options make a major contribution towards improving choice and independence for older people in our society at a time when an increasing number of older people will need to have their housing and care needs met.

The provision of group and sheltered housing for the elderly is not a complicated concept to understand, however it does involve two areas of policy, that is, the provision of housing and the delivery of care. Whilst housing associations have used a significant amount of their own resources towards the development of new housing projects for the elderly, the provision of capital funding by the Department of the Environment Heritage and Local Government has been a significant factor in the creation of sheltered housing. The delivery of care element in sheltered housing has been largely overlooked.

Assisted independent living options such as sheltered housing should now be seen as essential elements of a community care policy for the elderly and viewed as a more mainstream and normal solution as is the case in most other EU member states.

Sheltered and group housing schemes for the elderly are not the panacea to solving all the housing and care needs for the elderly but they do represent a tried and tested solution which allows elderly people to remain in their community longer, avoids older people being forced to move to institutions prematurely and can be supported at relatively little cost to the taxpayer compared to other care options.

There are serious decisions to now be faced up to by policy makers in delivering future housing and care solutions especially in a context where the number of elderly households is going to significantly rise in the next 20 years. Housing associations in Ireland can and are willing to commit themselves to playing their part, however this commitment needs to be matched by a Government commitment to adequately support the on-going care costs in sheltered housing as well as putting in place a proper policy framework to allow it to develop. Elderly people deserve housing options in their community and should not be forced to live in institutions.

Fred Stephens
Irish Council for Social Housing President

Acknowledgments

The Irish Council for Social Housing would like to extend special thanks to their members for taking the time to complete the survey questionnaire. Their experiences and input contributed immensely to this publication. Thanks and appreciation are also due to those who took part in telephone interviews and in-depth discussions.

Many people particularly the Management Board of the ICSH and members of the Sub Committees generously gave their time to read and comment on drafts of this report and their help and input are very much appreciated.

Executive Summary

The vast majority of elderly people in Ireland can and do live independently. Whilst the majority of older people in Ireland live in and own their own home. For those who do not own their own home, they are accommodated in the private rented sector, the social housing sector (local authorities and the voluntary and co-operative sectors), and in the long-stay care sector.

Voluntary housing associations have emerged, in a complementary role to local authorities, to provide housing for those who cannot meet their own accommodation needs. Housing associations are non-profit organisations established to relieve housing need and are Approved Bodies under legislation (Section 6 of the 1992 Housing Act). Many housing associations established in Ireland are set up to deal with local housing needs in their area such as their village, parish or town. There are some housing associations that operate on a countywide level and a small number that have a national remit. It is a common feature for housing associations to emerge from existing voluntary or social service organisations, for example, many housing associations that provide housing for the elderly evolved from existing organisations such as Care of the Aged Committees.

This research report aims to undertake a comprehensive examination of the provision of sheltered housing for elderly people in Ireland by housing associations.

This report surveyed 79 housing associations providing housing for the elderly revealing 3,165 units of accommodation in either low support group housing or high support sheltered housing.

The report found that a wide variety of care and support services are a significant feature of sheltered housing and group housing for the elderly. Up to twenty-two different activity and support services were identified as being provided by housing associations for their elderly tenants.

The report also identified 84 housing associations that have plans to develop elderly schemes, which will provide 2,413 units of accommodation. It is expected that these would make a significant impact on the housing need of the elderly if they reach completion.

In addition to the survey questionnaire, the ICSH also contacted a number of key stakeholders working in the statutory and voluntary sector to undertake semi-structured interviews. The interviews were based on an interview guideline structured around a number of themes including obstacles to development of sheltered housing, government policy and funding, the continuum of care and the way forward. The findings from these interviews and feedback from the questionnaires form the basis of the conclusions and recommendations in Chapter Seven.

The development of sheltered housing for the elderly has had some significant difficulties. While capital funding has been made available, the co-ordination with the health authorities has been less clear. Many housing associations that develop either sheltered housing or group housing with visiting support for the elderly encounter financial difficulties in relation to the revenue funding required for operational costs. Of the 79 organisations surveyed who provide housing for the elderly, 31 declared to be in receipt of statutory revenue funding. This highlights a wide gap where organisations that do not receive statutory funding, but provide additional care to their tenants, resort to areas such as fundraising in order to finance these services.

The report is broken down into seven chapters. The context of the social housing movement, in particular housing for the elderly, is examined in Chapter Two. The growth of the voluntary housing sector and government policies that aided this growth are documented. Additional services that are offered by housing associations to their tenants are also examined.

Government policy in relation to sheltered housing is assessed in Chapter Three in terms of its overall framework of services for older people. Past and current policies and practice in relation to accommodation and care options for older people in Ireland are reviewed.

The primary data collated from ICSH member organisations is examined in Chapter Four. Information on the types and level of housing units available, the level of support that is offered to tenants, the level and type of additional services available in the housing schemes as well as the amount of funding the housing associations receive is documented and analysed in this chapter. Trends are examined within Health Board areas¹ in relation to financing sheltered housing provided by housing associations.

Chapter Five examines the types and numbers of proposed developments from voluntary housing associations in relation to meeting the needs of elderly individuals in their community and concentrates on schemes that are in development as well as those at very early planning stages. From the data it will be possible to chart potential growth for the provision of housing for the elderly by housing associations in the coming years and view the role they intend to play in providing both low support and sheltered housing for the elderly.

Funding available for both low support and sheltered housing projects for the elderly provided by housing associations is specifically looked at in Chapter Six. It examines the different types of funding that housing associations can avail of for both capital and revenue financing. This chapter documents current problems and financial issues that housing associations are facing in terms of funding their housing and non-housing services.

1. The data was collated before the 2004 restructure of the Health Boards which then became the Health Service Executive.

Chapter Seven considers the position of sheltered housing for older people and the extent to which it can meet the care and accommodation needs of a growing section of the population. A number of recommendations are made in order to enhance the future of sheltered housing schemes provided by housing associations in Ireland.

Recommendations

Policy Issues

- Sheltered housing should be available for elderly as a first choice alternative accommodation for those who are no longer able to live at home. Therefore the Government should commit to increasing the supply in local communities in line with local demand, thereby making it a mainstream response to the housing and care needs of the elderly.
- **The national housing needs assessment carried out every three years by local authorities should include both the housing and care needs of the elderly.**
- **A national framework establishing** the role, management and delivery of sheltered housing should be developed by organisations involved in housing, health and those representing older people. This could establish a national ten-year plan for accommodation and care services for the elderly to ensure there are countywide adequate and consistent services. A national planning unit should be established across the Department of the Environment, Heritage and Local Government and the Department of Health and Children in relation to the implementation.
- It should be acknowledged by government that sheltered housing is an appropriate and cost effective sector where community care services can be delivered to tenants and other vulnerable people.

Financial and Operational Issues

- A defined / ring fenced revenue funding scheme for the on-site care and support costs incurred in sheltered housing projects should be introduced for existing and new projects. It has been estimated that this would cost approximately €2.5m per annum to introduce. (This is based on the average cost per unit of supporting an elderly person in a group housing scheme managed by a housing association with visiting support. This was in the region of €50 per week and full sheltered housing with 24hour on-site and care costs in the region of €100 per week). This figure is also based on 2004 calculations and there are a number of sheltered housing schemes coming on stream in 2005/2006.

- The communal facilities and day care centres in sheltered housing projects should be seen not just as a service for tenants but also as a resource for the local community. The grant for communal facilities should be increased from its current level of €5,800 per unit to at least €8,000 per unit to reflect increased building costs.
- Policies and procedures in the management of sheltered housing should be enhanced with training available for on-site managerial and on-site support staff. This is to ensure that continued high standards are achieved in the management of sheltered housing projects.
- Clear co-ordination in planning and delivery of sheltered housing between local authorities and the Health Service Executive (HSE) should be introduced in respect of new and existing schemes.

Defined Revenue Funding

- In terms of eligibility the defined funding scheme should be limited only to approved housing bodies (non-profit housing associations approved under section 6 of the 1992 Housing Act by the Minister of the Environment, Heritage and Local Government).
- The revenue funding scheme in future should be clearly more defined by the HSE that it is for the onsite support and care costs in housing projects for the elderly managed by approved housing bodies (housing associations).
- It is essential that there is someone within each HSE region appointed to act as the dedicated official for this revenue funding scheme. This staff member can report to the HSE and Department of Health and Children which would both facilitate proper planning with local authorities and approved housing bodies.

Chapter One: Principles and Context

1.1 Introduction

For the majority of older people in Ireland their housing needs are met through owner occupation. However, whilst the majority of older people live in and own their own home, this does not describe the full picture of accommodation for the elderly. For those that do not own their own home, they are accommodated in the private rented sector, the social housing sector (local authorities and the voluntary and co-operative sectors), and in the long-stay care sector (this includes a significant number of elderly persons in institutional care including county homes and hospitals).

Sheltered housing has been the subject of much discussion in terms of the potential contribution that it can make in meeting the housing and care needs of older people in a community setting. The purpose of this report is to provide more detailed information, than has been available to date, on sheltered housing provided by housing associations. It is also intended to examine the current and future provision of housing for the elderly and to what extent sheltered housing can play a role in meeting the accommodation and care needs of older people.

The report will examine the *current* and *future* provision of housing for the elderly by housing associations. Through providing baseline data on the current level and nature of both low support and sheltered housing services, as well as information on the future development of such services, a clear picture can be formed of the provision of housing for the elderly by housing associations. It is hoped that such information will contribute to the ongoing debate about the future care and accommodation of older people. It is not intended to be an exhaustive study on care and accommodation for older people but rather to contribute to that policy arena by providing further insights into the sheltered housing service provided by housing associations.

1.2 Context and Background

Voluntary housing associations have emerged, in a complementary role to local authorities, to provide housing for those who cannot meet their own accommodation needs. Housing associations are non-profit organisations established to relieve housing need and are Approved Bodies under legislation (Section 6 of the 1992 Housing Act). Many housing associations established in Ireland are set up to deal with local housing needs in their area such as their village, parish or town. There are some housing associations that operate on a countywide level and a small number that have a national remit. It is a common feature for housing associations to emerge from existing voluntary or social service organisations for example, many housing associations that provide housing for the elderly evolved from existing organisations such as Care of the Aged Committees.

Housing associations provide a wide range of housing for families and special needs groups such as the elderly. As well as providing units of accommodation, many housing associations also provide additional non-housing services to their tenants

and this is a significant feature of sheltered housing.

Housing associations have emerged since the end of the 19th century and to date there are approximately 330² associations in the State providing accommodation for families and special needs groups. Currently housing associations manage around 17,500 units of accommodation³. Output from the voluntary and co-operative housing sectors continues to grow every year with 1,607 units of accommodation completed in 2004⁴. In 2004 housing associations were providing one in four of all new social rented housing⁵.

The Irish Council for Social Housing (ICSH) is the national federation of housing associations and other non-profit housing organisations in Ireland. Of the 240 ICSH affiliated members in 2003, 127 provide and manage services for the elderly. It is estimated that in 2003 there were approximately 7,000 housing units for the elderly around the country provided by housing associations⁶. These include both low support and sheltered housing. Low support housing refers to small group schemes, usually consisting of around 10 units, for relatively active older people, with a limited number of additional services and staff. Sheltered housing can be described as a type of supportive housing service for persons who are too frail or vulnerable to remain in their own homes but who do not need hospitalisation⁷. Sheltered housing schemes provide a high level of support to tenants with a wide degree of on-site facilities, alarms and care staff.

In Ireland the number of older people are continuing to rise. In 1996 nearly 414,000 people were over the age of 65 and in 2002 this has increased to over 436,000⁸. From 2000 – 2010 the numbers of older people over the age of 65 is expected to increase by 17%⁹. Older people are today living longer than twenty years ago, from 1980 to 2002 the life expectancy has increased from 70 to 74 for males and from 75 to 79 for females¹⁰. There are growing concerns as to where the increasing numbers of older people in our society will live and how many of them will require long term care.

The rising housing output from the voluntary and co-operative housing sectors and the growth in the provision of housing for the elderly are set to continue under the National Development Plan (NDP). As such it is timely to examine the existing and planned housing measures for older people by housing associations and to illustrate recommendations for how challenges and constraints in providing elderly accommodation can be overcome.

2. Mullins et al: 2003: 64

3. ICSH calculations

4. DoEHLG: 2004

5. Ibid

6. ICSH calculations

7. NCAOP: 2001a

8. Central Statistics Office: 2004a: Census Data 2002

9. Eurostat: 2003

10. Ibid

1.3 Definitions

Older people in Ireland are accommodated in a number of different housing and long stay care schemes, including private nursing homes, Health Board geriatric hospitals and other institutions, boarding out schemes, and voluntary sheltered housing

Nursing Homes

The two types of nursing homes currently available for older people are voluntary and private homes. The most common provision of long stay care is through private nursing homes and in 2001 the National Council for Ageing and Older People (NCAOP) found that 14,000 private nursing home beds were provided in Ireland¹¹. All nursing homes must be registered with the relevant Health Service Executive area and certain standards have to be maintained. Residents in nursing homes can apply for a subvention to assist towards the costs of nursing home accommodation and care, and they are generally more independent than residents in long stay hospitals.

Health Board Geriatric Hospitals and Welfare Homes

Geriatric Homes and Hospitals, or 'County Homes' as they are better known, emerged in the 1950's and 1960's where the dependent older and destitute were accommodated. The schemes tend to be large in size with institutions having, on average, 130 long stay beds¹². Health Board welfare homes were first encouraged in 1968 and were intended to provide an alternative to the county homes. The homes were for older persons on low incomes, those who lived in isolation and dependent elderly. Welfare homes are smaller in size and scale and in 1996 just over 1,000 long stay beds were available in such homes¹³.

Health Board Community Hospitals

Long stay beds are also available in local community hospitals managed by the Health Service Executive. From 1988 community hospitals have increased in number and in 1996 over 2,000 long stay beds were available¹⁴.

Boarding Out Scheme

This scheme is available when an elderly person, who may be no longer able to remain at home but does not require long term nursing, becomes part of a family setting. This option is generally seen as more appropriate to rural rather than urban areas, particularly where there may be no access to sheltered housing. Under the Health (Nursing Homes) Act (1990) boarding out is distinguished from Nursing Homes and subject to statutory regulation.

Sheltered Housing

Sheltered housing for older people can be interpreted differently in terms of the level of support it offers to tenants and its place in the continuum of care for older people.

11. NCAOP: 2001b

12. NCAOP: 2001b

13. Ibid

14. Ibid

In 1989 the NCAOP defined sheltered housing as, “*differentiated from more typical housing in the sense that it not merely meets a housing need but provides grouped housing with a range of support services ... sheltered housing is defined by the presence of a resident warden and the provision of an alarm/alert system for each resident or tenant*”¹⁵.

In the UK sheltered housing is described as “*Specially designed accommodation available for rent or sale mainly for older people*”¹⁶. Services available in sheltered housing projects in the UK usually consist of communal facilities including lounge, laundry, garden and guest rooms, security and safety features such as a warden or resident manager and 24-hour emergency assistance through each unit being connected to a call centre¹⁷.

The ICSH define sheltered housing as schemes with on site communal facilities for assisted independent living. Sheltered housing schemes usually have an on-site warden, may include care supports such as the provision of meals and assistance with personal hygiene, and on site facilities can include recreation areas, alarm systems, and a laundry.

1.4 Purpose of the Report

This report aims to examine the provision of sheltered housing for elderly people in Ireland by housing associations. The specific aims include:

- Establish specific data on sheltered housing schemes managed by housing associations in Ireland.
- Establish the potential for the expansion of the sheltered housing sector, including the extent of current proposed new developments.
- Examine the financial framework for the development and management of sheltered housing schemes and identify any significant issues or block-ages.

1.5 Methodology

A variety of information sources were used in gathering data for the report. These included both primary and secondary data sources and qualitative and quantitative research methods.

Due to the dearth of baseline data available on the extent of sheltered housing a key research tool used for the collection of primary data was a questionnaire survey of housing associations providing or planning housing services for the elderly. This research method yielded both qualitative and quantitative information for analysis. A survey questionnaire was sent to all ICSH affiliated members providing housing services for elderly people and a response rate of 70% was achieved. Organisations that did not return a completed survey were subsequently contacted and a telephone survey was conducted.

15. O’Connor et al: 1989: 7-8

16. ERoSH: 2004

17. Ibid

The key pieces of information sought included the number of units of accommodation currently provided by housing associations for the elderly and the number of units that are due to be completed over the coming years. Also the level and types of housing and additional non-housing services the housing associations provide, if they receive any statutory revenue funding from the State for providing these services, information relating to their future developments and general comments.

In addition to the survey questionnaire, the ICSH also contacted a number of key stakeholders working in the statutory and voluntary sector to undertake semi-structured interviews. The interviews were based on an interview guideline structured around a number of themes including obstacles to development of sheltered housing, government policy and funding, the continuum of care and the way forward.

The semi-structured nature of the interviews allowed the team to engage in dialogue with the interviewees, and to probe, clarify and question what they considered to be important issues. This method allowed exploration and discussion of issues in a manner that would not have been possible using solely structured methods of data collection. The findings from these interviews and feedback from the questionnaires form the basis of the conclusions and recommendations in Chapter Seven.

1.6 Structure of Report

The report is broken down into seven chapters. The context of the social housing movement, in particular housing for the elderly, is examined in Chapter Two. The growth of the voluntary housing sector and government policies that aided this growth are documented. Additional services that are offered by housing associations to their tenants are also examined.

Government policy in relation to sheltered housing is assessed in Chapter Three in terms of its overall framework of services for older people. Past and current policies and practice in relation to accommodation and care options for older people in Ireland are also reviewed.

The primary data collated from ICSH member organisations is examined in Chapter Four. Information on the types and level of housing units available, the level of support that is offered to tenants, the level and type of additional services available in the housing schemes as well as the amount of funding the housing associations receive is documented and analysed in this chapter. Trends are examined within Health Board areas in relation to financing sheltered housing provided by housing associations.

Chapter Five examines the types and numbers of proposed developments from voluntary housing associations in relation to meeting the needs of elderly individuals in their community and concentrates on schemes that are in development as well as those at very early planning stages. From the data it will be possible to chart poten-

-tial growth for the provision of housing for the elderly by housing associations in the coming years and view the role they intend to play in providing both low support and sheltered housing for the elderly.

Funding available for both low support and sheltered housing projects for the elderly provided by housing associations is specifically looked at in Chapter Six. It examines the different types of funding that housing associations can avail of for both capital and revenue financing. This chapter documents current problems and financial issues that housing associations are facing in terms of funding their housing and non-housing services.

Chapter Seven considers the position of sheltered housing for older people and the extent to which it can meet the care and accommodation needs of a growing section of the population. A number of recommendations are made in order to enhance the future of sheltered housing schemes provided by housing associations in Ireland.

In appendix one housing associations are profiled in detail, documenting their history, why they were established and the level of housing and support they provide. The purpose of this is to demonstrate the activities of sheltered housing schemes and the impact that they make in the provision of care and accommodation for older people. The survey questionnaire sent out to housing associations is set out in appendix two.

Chapter Two: Social Housing in Ireland and the Provision of Housing for the Elderly

2.1 Introduction

This chapter provides the context of the social housing sector in particular housing for the elderly through sheltered housing. The growth of the voluntary housing sector and government policies that aided this growth are documented and additional services offered by housing associations to their tenants are examined.

Fahy defines social housing as: *'rental accommodation constructed with State subsidy where allocation of dwellings is somehow linked to social need and where the landlord usually has a non-profit status or is a State agency'*¹⁸.

Social housing is provided for those in our society who cannot meet their own accommodation needs and in 2002 this equated to 48,413 households¹⁹. The social housing sector is comprised of three components: local authorities, voluntary housing associations and the co-operative housing movement.

This stock of social housing equates to less than 10% of all housing in the State. The trend in the proportion of private and public social housing dwellings under development is set to continue. For example, in 2003 91% of all housing built was private dwellings while the remainder were built for social housing, 6.5% were provided by local authorities and 2.5% by the voluntary and co-operative sector²⁰.

Social housing in Ireland comes under the remit of the Department of the Environment, Heritage and Local Government (DoEHLG). In terms of housing the DoEHLG is primarily responsible for *'the formulation and implementation of policy and for the preparation of legislation in relation to housing'* with the overall aim of housing policy to *'enable every household to have available an affordable dwelling of good quality, suited to its needs, in a good environment and as far as possible at the tenure of its choice'*²¹.

2.2 Local Authority Housing Provision

The provision of social housing in the State has traditionally been within the remit of local authorities. However the voluntary and co-operative housing sectors have emerged to complement the role of the local authorities in providing housing for low-income families, people with disabilities, homeless persons and most predominantly the elderly.

Local authorities provide mainly general needs family housing and in 2003 managed around 105,000 units of accommodation. They have an executive responsibility

18. Fahy: 1999: 16

19. DoEHLG: 2002a

20. DoEHLG: 2003

21. <http://www.environ.ie/>

-ty in relation to implementing the housing policies and are the largest providers of social housing in the State. They also play an important enabling role in housing by housing associations through the administration of capital funding, scheme approval and planning powers.

2.3 Housing Needs Assessment

Local authorities administer waiting lists and assessments and use the Housing Needs Assessment to assess housing need. This is a statutory assessment that is carried out by local authorities on a triennial basis in order to establish total housing need in the country. The Assessment is used for planning future provision of social housing to meet the requirements of those in housing need. The Housing Needs Assessment can be viewed as limited due to a number of reasons, firstly it is only carried out every three years and only those individuals who complete local authority housing applications forms are included on the list.

In the most recent Housing Needs Assessment in 2002 it was calculated that 3,215 elderly individuals were in need of social housing²². A number of commentators working in the sector argue that this figure does not reflect the true level of demand for social housing from the elderly and that demand at local level outstrips demand on local authority waiting lists.

2.4 Voluntary Housing in Ireland

The provision of voluntary housing dates back to the end of the 19th century when a number of organisations delivered philanthropic housing services. These philanthropic organisations began to provide housing in the 1870's, thirty years before the local authorities started to build large quantities of social housing²³. One of the largest and oldest social housing providers, The Iveagh Trust, was established in 1903 to provide housing for the working classes and today provides rental housing and related services to families, homeless men and the elderly in the Greater Dublin area.

Throughout the country housing associations evolve by providing local housing to those in need in the local area. Many housing associations were, and still are, established through existing local organisations linked with a particular care need and this has gradually led to a housing function when the need arose. The majority of housing associations established in this way provide small numbers of housing, usually for the elderly, and are often entirely managed through voluntary activity²⁴.

By 1998 there were in excess of 350 approved housing bodies listed by the DoEHLG, however only in the region of 120 were actively providing housing and other related services²⁵. At the end of 2001 just over 300 housing associations were actively providing housing and non housing services, of which over half (56%)

22. DoEHLG: 2002a

23. Brooke: 2001: 5

24. Brooke: 2001: 6

25. Williamson: 2000: 642

provided less than 10 units of accommodation, five associations provided more than 250 units of accommodation and 48% of the housing associations provided housing for the elderly, the largest category of client group catered for²⁶.

The sectors provide housing for families as well as special needs groups, such as the elderly, and at the end of 2003 managed around 16,000 units of accommodation. In 2004 this figure increased to 17,500²⁷. As housing associations are approved bodies under the 1992 Housing Act they can avail of capital funding schemes for building new social housing. Administered through the local authorities, housing associations can use two capital funding schemes to draw down capital funding up to 95% is available under the Capital Assistance Scheme and up to 100% under the Capital Loan and Subsidy Scheme. The two capital funding schemes are discussed in more detail further in this chapter.

As well as providing housing for those who cannot meet their own housing needs a significant feature of voluntary housing is that housing associations also offer additional services including social activities, group meals, welfare advice, communal facilities and many other non-housing services.

2.5 Government Policies for Voluntary Housing Provision

Until the 1980's the voluntary and co-operative housing sectors had received very little support and encouragement through public policy²⁸. However, since then the Government has produced a number of policy documents to address the rising level of social housing need and new approaches for delivering social housing.

The 1990's saw a marked diversification in social housing policies by the Government. 'A Plan for Social Housing' (1991), examined new ways of delivering social housing and called for a stronger role for the voluntary and co-operative housing sectors in providing housing. The plan also placed an onus on local authorities for improved housing planning and management as well as playing a more enabling role in the provision of housing.

The second policy statement by Government, 'Social Housing – The Way Ahead', (1995), sought a further expansion of housing services provided by local authorities. The policy document followed on from the 1991 statement and reiterated support for the continued development of the voluntary and co-operative housing sectors.

Further reports on housing commissioned by the Government include three Bacon reports between 1998 and 2000 with the second and third reports making recommendations relating to social housing. The second report 'The Housing Market: An Economic Review and Assessment' (1999), called on the Government to seek proposals from the voluntary and co-operative housing sectors on the expansion of its role in housing provision. After the third Bacon report, the Government produced

26. Rhodes: 2001: 8-10

27. DoEHLG: 1991 & DoEHLG Housing Statistics Bulletins

28. Mullins et al: 2003: 37

‘Action on Housing’ (2000), which recommended measures to increase all housing supply including social housing in order to meet demand.

These Government policy statements have paved the way for the increased role for the voluntary and co-operative sectors with the introduction of the new capital funding streams for the provision of social rented accommodation and the development of a more stable framework for housing associations to provide accommodation to those in housing need.

2.6 Growth and Development of the Voluntary and Co-operative Housing Sectors

The voluntary and co-operative housing sectors have had periods of decline and expansion over the last 100 years. Research has found that 9% of housing associations in the State were established before 1920 and 4% between 1920 and 1960²⁹.

In the 1980’s the sectors began to develop again in response to the establishment of capital funding schemes, provided by the DoEHLG, for the building of new social housing by housing associations.

The Capital Assistance Scheme (CAS), established in 1984, provided funding for approved housing bodies to deliver housing in the form of one and two person units generally for special needs groups, such as the elderly. The first year of the new funding scheme saw the provision of social housing by the voluntary and co-operative housing sectors increase dramatically from 36 units in 1984 to 100 units in 1985. In 2003 1,018 units of accommodation were provided under this funding scheme for special needs groups including the elderly, people with disabilities and the homeless and between 1984 and 2003, 8,768 units were built under the CAS³⁰.

The Capital Loan and Subsidy Scheme (CLSS), formerly the Rental Loan and Subsidy Scheme, was introduced in 1991 through ‘A Plan for Social Housing’ to provide capital funding for providing housing for low-income families. In 1992, the first year of its implementation, 141 units of accommodation were completed by housing associations and from 1992 to 2003, 4,562 units of accommodation were completed under the CLSS by housing associations.

The output from the voluntary and co-operative housing sectors increased steadily from 100 units in 1985 to 890 units in 1993. However due to the lack of increase from the Government in the capital funding limits and the increase in building costs faced by housing associations, the sector’s output started to decline rapidly with the output of 1,011 in 1995 falling by more than 50% to 485 in 1998³¹. At the end of 1997 the capital funding limits were eventually increased to reflect the costs that housing associations were facing when developing new social housing. With the increase in the funding limits the sector’s output began to increase again from 485

29. Mullins et al: 2003: 36

30. DoEHLG: 2003

31. DoEHLG: 1995a & 1998

units in 1998 to 1,617 in 2003³². Within this period voluntary housing associations expanded housing services to the elderly and while it is noted that some fluctuation in output had occurred by the end of the decade a significant sector for the elderly had emerged.

Provision for the growth of the voluntary and co-operative housing sectors was documented in the National Development Plan (NDP). The NDP is a strategic framework which sets out an investment plan for various economic and social infrastructure programmes and over a seven year period (2000-2006) the NDP will invest nearly €57bn into areas such as improving infrastructure and promoting social inclusion³³.

Under the social housing objectives the NDP announced a move to increase the output from the voluntary and co-operative housing sectors to 4,000 housing units per annum by 2006, an increase of over 70% on the 2003 output. Of this figure, 2,000 units are earmarked for special needs housing schemes of which a significant amount would be for the elderly. In order for the targets to be met housing associations have had to dramatically increase their level of starts each year.

By 2003 the voluntary sector was well on its way to meeting the targets of the NDP, in the first four years of the Plan the voluntary and co-operative housing sectors provided 5,181³⁴ units of accommodation, which equates to 94% of the NDP targets set. Of this 53% are for special needs housing. It is unlikely that the targets for 2004-2006 will be met as the required capital funding may not be made available despite housing associations increasing their capacity from 2000-2003 to gear up for significantly increased building programmes.

2.7 Voluntary Housing for the Elderly

The provision of housing for the elderly has been a significant feature of voluntary housing activity particularly since the 1960's. At that time community based care of the aged and social service committees began to be more widely formed in response to the housing needs of the elderly. There are also a small number of older charitable trusts and other voluntary bodies dating further back that are involved in the provision of high support sheltered housing services for elderly persons.

Since the 1980's there has been considerable expansion of non-profit/voluntary housing activity which has been underpinned by State financial aid. In 1984 the voluntary and co-operative sectors had a total stock of 1,850 rental dwellings of which nearly two thirds were specifically for the elderly³⁵.

Housing associations have played an important role in pioneering many new types of accommodation for special needs groups such as the elderly³⁶. The variety of

32. DoEHLG: 1998 & 2003

33. NDP: 2002

34. DoEHLG: 2003

35. Mullins: 2003: 36

36. Williamson: 2000: 641

housing services provided by housing associations for the elderly include both low support housing and high support sheltered housing.

When considering assisted independent living within the voluntary and co-operative sectors, sheltered housing is one feature of a two dimensional approach than can contribute to the continuum of care. Group housing with visiting support is also a core element of housing and support provision for the elderly. The ICSH have developed definitions for both types of schemes as outlined below.

Most voluntary housing projects for the elderly take the form of small group schemes for occupation by relatively active older persons, the dwellings usually consist of self-contained units in a single story building. The tenants are encouraged to live independently and a limited range of additional services are made available. Generally **Group Housing Schemes** consist of 1-2 person dwellings for housing, or re-housing, relatively active persons, with 5-15 units in scale:

- the dwelling may be self-contained single story terrace type or apartment
- there may be visiting support services, meals-on-wheels etc
- the housing project may be situated near a day-centre, or other communal facilities
- additional dwellings and communal facilities may be built in stages depending on the size of the site
- tenants pay rent to the housing association towards the management and maintenance costs
- tenants have tenancy agreements with the housing association.

Some larger sheltered housing projects with on-site staff and support services have also been provided or existing projects have been extended. Sheltered housing, commonly known as assisted independent living, is provided for frail elderly who are less able to live independently and require assistance with a range of day-to-day tasks but who do not require full nursing care.

Sheltered Housing comprising group schemes of dwellings with on-site communal facilities for ‘assisted independent living’:

- the dwellings may be of a 1-2 person type in a suitably designed group scheme of houses or apartments, and/or buildings suitable for conversion
- the project includes on-site facilities such as a catering kitchen for preparing congregate/group meals, dining/recreation areas, laundry and alarm system
- there is usually an on-site warden welfare/caretaker person with suitable accommodation
- care supports may include the provision of meals and assistance with cleaning, hygiene, bathing etc., requiring extra care staff employed for

- this purpose subject to financial budgets
- the economically viable size for this type of sheltered housing project may be 30+ dwelling units.

The need for more supportive housing of this type for assisted independent living is likely to increase as the number of older people in the population is growing, particularly those over the age of 75 years. In 2002 over 11% of the population were aged over 65 with 2.6% over 80 years, by 2020 this is expected to grow to 15.2% over 65 years and 3% over 80 years. Although most elderly people live out their lives in their existing dwellings the availability of sheltered housing prevents some elderly persons who have difficulty coping on their own moving into institutional / nursing home care or community hospitals prematurely.

Under the terms of the capital funding scheme, the Capital Assistance Scheme (CAS), is the scheme under which most housing for the elderly is constructed. The terms of this capital funding scheme state that housing associations should allocate to elderly persons on a local authority waiting list, other elderly persons in the locality who are in need of suitable accommodation, and returning emigrants under the Safe Home Programme. Under the CAS 75% of the allocations are made to persons who are either on the local authority waiting list or eligible to be placed on the list, of which 25% of this figure can be allocated to persons under the Safe Home Programme³⁷. The remaining 25% of the units can be rented to older persons in the local community who are living in sub standard housing or who are in isolated areas.

2.8 Non-Housing Services provided by Housing Associations

One of the major features of voluntary housing for the elderly is the wide range of non-housing services provided. These additional services can be categorised into social and recreational, assistance to maintain the tenancy and also care services for the tenants. Social and recreational services bring the housing associations' tenants and the elderly from the local community together to relieve loneliness and isolation among older people and usually include social events such as bingo, outings and visits, television rooms etc. Services that meet the needs of the elderly tenants and help maintain the tenancies include meals on wheels, laundry services, provision of house and personal alarms etc. Care services that can be available to tenants in sheltered housing services include home help, visiting public health nurses and doctors, chiropody, physiotherapy, and other medical services as required. Housing associations also provide information and advice to tenants in relation to claiming benefits and other entitlements from statutory bodies. The level and type of services, when available, depend on the housing scheme and vary between group schemes and sheltered housing schemes for frail elderly who require more assistance.

37. The Safe Home programme assists elderly Irish emigrants who wish to return to Ireland but lack the resources to do so.

2.9 Conclusion

This chapter provides a background to social housing in Ireland and sets the context for the report. The DoEHLG has the overall responsibility of social housing in the State and local authorities are the main providers of housing for those in housing need. Housing associations can avail of up to 95% or 100% capital funding for providing social housing and in 2004 they managed approximately 17,500 units of accommodation, mainly for special needs groups such as the elderly.

Sheltered housing for older people in our society has emerged since the 1960's and is increasing, particularly high support sheltered housing. The two main types of housing provided by housing associations for the elderly consist of group schemes with visiting support and sheltered housing and both have a valuable role to play in the continuum of care in Ireland.

A significant feature of voluntary housing is the additional non-housing services that housing associations offer their tenants. Sheltered housing offers a high level of support to their tenants with a high degree of additional services as well as secure accommodation. The provision of sheltered housing and the additional services it prevents many older people from moving into nursing home/institutional care prematurely.

Chapter Three: Accommodation and Care Options for Older People: Policy and Practice in Ireland

3.1 Introduction

This chapter looks at the development of sheltered housing in the overall context of the housing and care framework for older people in Ireland. The development of accommodation and care services has taken place largely in a piecemeal fashion, in response to the care needs of the elderly, through various policy initiatives established by Government.

One of the most striking features of the Irish system is the lack of coherence around policies for the elderly. While much has been achieved for the elderly, it is still the case that somewhat greater co-ordination of policies is required at both Ministerial and Departmental level. This is most clearly illustrated in the marked delineation between housing and care policy formulation which has led to an uncoordinated response to the needs of older people.

3.2 Demographic Trends and Elder Care

This study into sheltered housing comes at a time when there is increased focus on the future provision of public services for the elderly. Population growth and increasing age profiles have become increasingly relevant issues, particularly in relation to public policy and future planning.

Ireland, while somewhat behind our European counterparts, will in the near future become an ageing population. In 2002, 434,000 people were aged 65 and over with projections to 2025 putting this figure at 790,000 and at 1.274m by 2050³⁸ which means that as a percentage of the population the over 65's will increase from 11% to 28%. Improvements in health, medicine, hygiene and lifestyles have led to longer life expectancy than ever before. Indeed, current life expectancy at retirement for males now stands at 83 years and 87 years for females³⁹.

As well as an ageing population, the proportion of older elderly (i.e. those over 75) will increase, in addition, the number of elderly persons over the age of 80 living alone will increase to 38% by 2010⁴⁰. It is expected that these population changes will have a significant impact on the delivery of services to the elderly in future years as it is among the older elderly that more significant health and care services are generally required.

Most elderly people can cope independently in the community with only about 5%

38. NCAOP: 2003

39. Ibid.

40. Eurostat: 2003

needing institutional care. The impact of future population trends on this remains an issue for policy makers however the fact that there will be more elderly and more older elderly will undoubtedly have an impact. In addition, current care in the community to a large degree relies on family care and the reduction in informal or family caring due to greater participation rates in the workforce will impact on how and where older people are cared for in the future.

3.3 Current Housing and Care Provision

The current framework of accommodation options for older people in Ireland consists of owner-occupation, local authority housing, private rented sector, voluntary housing sector, long-stay care and sheltered housing. The majority of older people reflect the national trend towards owner-occupation.

Home ownership

The majority of older people in Ireland are owner-occupiers. The 2002 Census found that 86% of households of people aged over 65 years own their own home (75% of households over 65 years own their homes without a mortgage). Given this high proportion of owner-occupation, it has been a policy objective to enable people to remain in their own homes for as long as they desire and are able to do so.

However, while the elderly are likely to be owner occupiers it is also the case that they are more likely to live in housing that is older and of a poorer standard. Housing standards for older people have improved over the years in terms of quality for example in 1977 only two-thirds of older people lived in a house with an indoor toilet; and by 1998 this figure increased to almost 95%⁴¹.

Despite this improvement, housing deprivation remains a feature for older people particularly in terms of inadequate heating, damp, leaks and rotten windows and doors. Poor location, access to services, transport and isolation in rural areas for older people are issues of particular concern. While older people who own their own homes outright may have a valuable asset, at the same time they may be experiencing housing deprivation. There are serious policy implications arising out of this situation⁴².

The dominance of owner occupation as the main type of tenure for older people coupled with the policy objective of enabling older people to remain independent in their own homes for as long as possible has inevitably led to programmes to support this accommodation option.

The programmes tend to focus on improving the physical quality of older peoples' homes and therefore prolonging their suitability. These include the Home Improvement Grant, the Essential Repairs Grant and Special Housing Aid for the Elderly. The Home Help Scheme has also played a fundamental role in maintaining older people in their own homes.

41. Fahy: 2001: 19

42. Ibid.

Local authority provision for the elderly

Local authorities have responded to the housing needs of the elderly through the provision of specially built homes sometimes in the form of sheltered housing schemes. The latest 2002 Census revealed 14,839 households over the age of 65 years rented from a local authority which equates to 5.5% of elderly households.

The social housing stock of Dublin City Council consists of three types of dwellings – standard houses, flats and apartments and specifically designed senior citizen dwellings, which usually accommodate a single person or couple. In 2001, senior citizen specific accommodation accounted for 13.1% of all Dublin City Council households. The Community Development section of Dublin City Council manages the accommodation for senior citizens in over 60 sheltered housing schemes and within these schemes each home has an alarm system with a 24 hour response. Most schemes have a common room where meals and social activities are provided by a voluntary committee and community wardens visit each scheme regularly to assist the tenants and voluntary committees.

Another example of local authority response to the elderly is the ‘empty nester scheme’ whereby elderly people living in owner-occupied housing can sell their homes to the local authority in return for a unit in a sheltered housing scheme and a proportion of the value of their home. This is often a favourable option to older people whose homes have become too large for them and who would not normally qualify for housing from the local authority.

The exact proportion of homes built by local authorities specifically for the elderly varies and depends on the individual local authority. In the 1968 Care of the Aged report it was recommended that a minimum of 10% of all new local authority dwellings should be allocated to elderly persons.

Private rented accommodation

The private rented sector has played a role in providing accommodation for elderly people who are not owner occupiers or living in social housing with a small number of older Irish people live in privately rented accommodation. The 2002 Census revealed that 2.6% of elderly households living in private rented dwellings (6,987 households) and a further 6,940 households over 65 years occupy their dwellings free of rent.

Voluntary housing associations

Voluntary housing in Ireland dates back to the nineteenth century. Housing for the elderly has long been a feature of this type of housing provision, indeed, a report on housing for the elderly published in 1985 estimated that out of a total of 1,850 rental dwellings provided by voluntary housing associations approximately 1,200 were for the elderly⁴³. In 1984 the Department of the Environment, Heritage and Local Government introduced capital funding for housing associations which had a dramatic impact on the growth of voluntary housing provision particularly on social

43. National Council for the Aged: 1985

housing for the elderly. It is now estimated that voluntary housing associations provide in excess of 7,000 units of accommodation for the elderly⁴⁴ and the benefit of this is that the housing stock is young with the majority built since the mid-1980's.

Long-Stay Care

The accommodation of elderly people in long stay care takes the form of Health Board geriatric homes/hospital beds voluntary homes/hospitals private nursing homes hospital beds Health Board welfare homes and other institutions such as psychiatric hospitals.

It is estimated that only 5% of older people are in long stay care and that there may be approximately another 1% in acute hospitals at any one time. In one report it was found that people aged 65 and over occupy 46% of acute hospitals beds⁴⁵.

The number of long stay beds in welfare homes fell from 1,589 beds in 1988 to 1,025 in 1996⁴⁶ indicating a move away from this form of provision. There were approximately 1,600 people aged 65 or over resident in psychiatric hospitals and units in 2001⁴⁷.

An expenditure review of the Nursing Home Subvention Scheme was undertaken by Professor Eamon O'Shea of NUI Galway. The review was timely for a number of reasons including increasing costs each year and the concerns held by Health Boards about the 'demand led' nature of the scheme.

The review is an excellent source of information on the number and profile of long-stay beds in Ireland. The long-stay sector is comprised of mainly long-stay beds but also includes respite beds, assessment beds, convalescent beds, and beds occupied by people under the age of 65. The research found that the private nursing home sector has increased in significance and now accounts for 50% of all long-stay beds in the country.

According to O'Shea's report there are 24,052 beds for older people in long-stay facilities as follows:

- 11,415 beds (47%) are in Health Board facilities (mostly extended care beds, welfare homes, District hospitals etc.)
- 6,196 beds in private homes (including some voluntary nursing homes) in receipt of public subvention
- 4,775 beds in private and voluntary homes that are not in receipt of support from the Health Board
- 1,700 (7%) respite and convalescent
- 1,281 'contract beds' – i.e. beds in private sector contracted by Health Boards for eligible older people
- 551 long-stay beds for the elderly mentally infirm.

44. ICSH calculations: 2004

45. Mangan: 2003: 9

46. Ibid: 35

47. Ibid: 35

Currently 47% of long-stay beds are located in the public sector, 33% of beds are subvented beds in the private sector, and the remaining 20% of beds are private non-subvented beds.

O'Shea found a number of problems with the operation of the Nursing Home Subvention Scheme. These included:

- Bias in the scheme toward residential rather than community care forces older people to opt for private nursing home care.
- 16% of people in public long-stay care are there for social reasons.
- While the scheme facilitated the expansion of long stay care facilities it is operated in a differential manner throughout the country.

Although there is a clear need for adequate numbers of nursing home beds for those older people with higher dependency levels, there is also a great need to develop the community care sector to its full potential to prevent low dependency elderly moving into nursing homes prematurely.

Sheltered housing

Sheltered housing in Ireland can be dated from the 1960's when a number of schemes were developed by local authorities and voluntary housing associations. It has continued to develop since then in both sectors and there has been some ambiguity as to the primary role of sheltered housing and whether it is a medical service or a housing service. The development of sheltered housing has been ad-hoc in nature as there is no statutory provision or guidelines relating to it.

It has been argued that the lack of a statutory entitlement to social care services has led to a bias towards institutional care where older people can apply for a subvention towards long stay care in a nursing home. This inherent bias contradicts the stated policy of supporting people in their own homes and communities.

'In the shadow of medically oriented services, social models of care have failed to develop. For example, residential care is almost exclusively confined to nursing models of care, and nursing models of care tend to treat residents as passive recipients of services and do little to facilitate activity or participation. In the area of sheltered or supported accommodation, Ireland has been very unimaginative. There is little available on the care spectrum between the two extremes: living at home and receiving few or no support services and full-time residential care on a nursing model'⁴⁸.

While sheltered housing has certainly developed over the last 20 years, some would argue that it has not reached its full potential. As can be seen in Chapter Four the provision of sheltered housing by housing associations is inconsistent between counties, with some well served and others with little provision or none at all.

This issue was highlighted in 1989 by the National Council for the Aged when they

48. Convery: 2001: 29

recommended *‘that local authorities and Health Boards should jointly ensure that the option of sheltered housing is available to those who choose it. In general sheltered housing should be considered the next choice before opting for institutional care’*⁴⁹.

It went further in recommending a *‘phased expansion of the supply of sheltered housing units be provided, via statutory, voluntary or private means, so that by the year 2000 the minimum norm of 25 units per 1,000 is reached if not exceeded’*⁵⁰. Only a fraction of the sheltered housing units were produced.

While the housing stock has expanded enormously since the 1990’s there has not been a proportional expansion of sheltered housing stock to reflect that. The growth of the sheltered housing sector is below that of other accommodation provision in Ireland.

The report also found that one of the *‘most frequently noted concerns was with funding of running costs with voluntary organisations’*⁵¹. The majority of funding received was in the form of deficit funding from Health Boards which have no clearly defined role in the development or delivery of sheltered housing services and this issue remains a problem today for housing associations involved in the provision of sheltered housing services. While capital funding is made available from the Department of the Environment, Heritage and Local Government, revenue funding for the care costs is still provided on an ad-hoc basis. This lack of co-ordination between housing and health policies leaves a gap which sheltered housing programmes struggle to fill.

The Mercer report (2002) examining the future financing of long-term care concluded that *“sheltered housing – or ‘assisted living facilities’ – has the potential to bridge the gap between living independently at home and residential care. This is an area that requires further development in Ireland, as does community care”*⁵². However it also identified the *“absence of a funding scheme for ongoing care and management costs represents a serious threat to the continued viability of many existing voluntary sector sheltered housing projects as well as being a disincentive to further activity in this area”*⁵³.

The voluntary housing sector is also examining other models of developing sheltered housing for elderly. At the time of writing an equity sharing model for the elderly is at an early stage of consideration which would allow tenants to buy up to 50% of the unit thereby raising capital and giving the tenants an equity stake.

While there have been problems around co-ordination and revenue funding, the

49. O’Connor et al: 1989

50. Ibid.

51. O’Connor et al: 1989

52. Department of Social & Family Affairs: 2002: 4

53. Ibid: 45

sheltered housing sector has developed since the 1960's. In relation to housing associations, the ICSH survey found that there were 1,049 units of sheltered housing provided by housing associations and a further 1,826 units in low support group schemes for the elderly⁵⁴.

3.4 Housing and Care Policies for the Elderly

There have been a number of significant policy statements in relation to housing and care of the elderly with some of the more relevant ones discussed in this chapter. State policy on long-term care of the elderly was most clearly articulated in the Years Ahead report (1988) which in some ways still remains a relevant statement of the Government's policy preferences and the guiding influence on the development of services for older people.

The four main principles of the Years Ahead report were:

- To maintain older people in dignity and independence at home in accordance with the wishes of older people as expressed in many research studies
- To restore independence at home to older people who become ill or dependent
- To encourage and support the care of older people in their own community by family, neighbours and voluntary bodies in every way possible.
- To provide a high quality of hospital and residential care for older people when they can no longer be maintained in dignity and independence at home

A major review of the implementation of the report was published in 1997 by the National Council for Ageing and Older People (NCAOP) and it found that while the Years Ahead report was "*influential and based on sound principles, it is no longer an adequate blueprint for the development of services for older people*"⁵⁵. The NCAOP recommended that a new strategy be developed on health and social care services for older people that would look at guiding principles rather than day-to-day details.

The 1997 review of the Years Ahead report was particularly concerned about the extent to which home and community care recommendations had not been implemented. Some of the recommendations contained within the report were surpassed by policy developments such as the 1994 Health Strategy 'Shaping a Healthier Future'. Most significantly, the 1990 Health (Nursing Homes) Act had a significant impact on the development of long-stay care and resulted in the promotion of private nursing homes due the availability of tax incentives.

The 1988 Years Ahead report outlined detailed recommendations on sheltered housing. **The main emphasis in the report was to enable elderly people to stay in their own homes but where this was no longer possible sheltered housing should be the first choice.**

There was also an emphasis on co-ordination between Health Boards and local authorities in meeting the housing needs of elderly however this aim of the report was never fully pursued or achieved.

3.5 Shift in Focus

Since the 1990 Health (Nursing Homes) Act some would argue there has been a shift towards nursing rather than community care. *'Most of the recent growth in long stay places is in the private sector and recent initiatives in relation to taxation and Public Private Partnership arrangements suggest that the official policy favours private provision'*⁵⁶.

The policy of favouring private provision over public provision of long stay care has never been articulated but it has been pursued, both by the provision of nursing homes subventions, by tax relief for the capital financing of private nursing homes and by extending the tax relief on fees paid to private nursing homes. It is clear that the provision of nursing home subventions has led to a major increase in this sector⁵⁷. In a recent review of the sector it was discovered that the number of long-stay public beds has increased only slightly in the 1990's, whereas the number of private beds increased significantly during the same period⁵⁸.

In this review it was argued that part of the problem is the over-professionalisation of care structures whereby solutions to the needs of older people are seen more in medical and nursing terms than in overall social care terms⁵⁹. This would reflect the overall problem with services for the elderly which can be fragmented and lack focus or co-ordination for example one element of a service can be pursued (e.g. medical) without due regard to other aspects (e.g. community care).

In its review of the Years Ahead report the NCAOP recommended that the only way to ensure that core services were implemented to a satisfactory level was through legislation underpinning their delivery. The non-statutory status of the Years Ahead report meant that agencies such as Health Boards and local authorities were not compelled to implement recommendations but rather were responsible for provision of services on a discretionary basis.

On foot of the review the NCAOP recommended that a new strategy be drawn up which *'should specify the desired mix between traditional long-stay accommodation and alternative community accommodation such as sheltered housing'*⁶⁰. It included the provision of sheltered housing as one of the core services that should be designated under legislation with appropriate statutory funding.

56. Mangan: 2003: 3

57. Ibid:19

58. O'Shea: 2002

59. O'Shea: 2002:109

60. Ruddle et al: 1997: 8

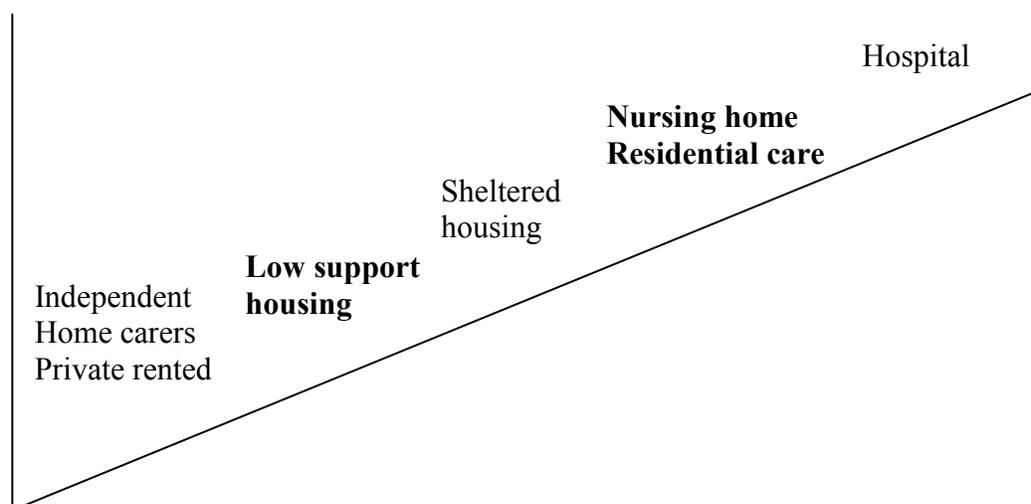
3.6 Continuum of Care

Government policy, as outlined above, has traditionally been to assist elderly people to live in their own home as long as possible, often with assistance from friends and families. When it is no longer feasible to live at home the only option for many elderly is to move directly to a nursing home. In considering a continuum of care spectrum in Ireland, there has been little discussion on the need for intermediate housing and care solutions for elderly people. Both sheltered housing and group housing with visiting support are key options that can contribute to the continuum of care in Ireland and widen housing and care choices open to the elderly.

Housing, care and support services are distinct elements which enable elderly people to live assisted independent lives. However both sheltered housing and group housing with visiting support frequently straddle this housing-care divide and break down barriers to allow the housing and care needs of the tenants to be met within their schemes.

The role of sheltered housing and its potential to make a major contribution to the continuum of care in Ireland has yet to be recognised. Figure 3.1 illustrates where group and sheltered housing schemes are on the continuum of care spectrum as intermediate housing and care solutions.

Figure 3.1: The continuum of care spectrum incorporating intermediate community care solutions



The two options extend the care continuum providing elderly people with a range of choices for the future. With the absence of such choices, elderly people will continue to enter nursing homes prematurely to avail of on-site nursing care on a 24-hour basis whether they need it or not.

In the UK, this care continuum has developed over time offering older people various care options ahead of nursing care including sheltered and retirement housing, extra care sheltered housing and intermediate care. In order to develop a comprehensive continuum of care in Ireland for the elderly, sheltered housing should be mainstreamed as a housing and care option.

3.7 Conclusion

Sheltered housing is a vital component of a comprehensive housing policy for the elderly. While policy objectives seek to support older people in their homes for as long as possible, it is understood that there needs to be a continuum of accommodation and care options that meet the needs of older people. As most elderly people are owner-occupiers it is desirable to promote policies that sustain people in their own homes and communities but it is the stages beyond this that need careful consideration.

A number of reports and reviews have made recommendations on the integration of sheltered housing into the continuum of care options available for older people.

The Mercer report (2002) recommended that a subvention be available for home care as an alternative to the subvention for residential care. The report envisaged that the amount of the community-based subvention would be scaled on the basis of the assessed level of dependency and a subvention should also be payable to individuals who are resident in assisted living facilities. The report recommends linking housing needs to care provision:

- Department of Environment, Heritage and Local Government legislating for planning regulations to promote assisted living accommodation
- Department of Finance providing a system of tax credits to building developers who meet specified criteria in relation to assisted living accommodation
- Department of Health and Children and Social and Family Affairs financing and /or providing the required health care and social services needed to enable the assisted-living programme to operate⁶¹.

In his review of the Nursing Home Subvention Scheme, Dr Eamon O'Shea recommended the development of a social economy offering services to the elderly in the community which would prevent admission to nursing homes as a policy option.

It is a recommendation of the NCAOP that sheltered housing should be an option to all older people before institutional care is considered. It noted concern at the increase in the private nursing home sector and the associated higher costs this brings. The NCAOP urged that more resources be targeted at sheltered housing to meet the long-term care needs of older people in the community and that this sector be developed immediately.

The extent to which long stay care in Ireland is an issue is changing significantly due to the heightened awareness of the increasing proportion of the population over 65 and the extent to which that will grow in the short to medium term.

This chapter has identified a fragmentation in the planning and delivery of care and accommodation services for older people. The lack of co-ordination between local authorities and Health Boards represents a major weakness in the development of sheltered housing services. What is required is a framework under which they work together in assessing the health, welfare and housing needs of older people.

While the sheltered housing sector has developed over the last 20 years it is clear that a number of policy issues need to be resolved in order to assist it to grow in the coming years to meet the needs of an older ageing population.

Chapter Four: Current Housing Schemes for the Elderly Managed by Voluntary Housing Associations

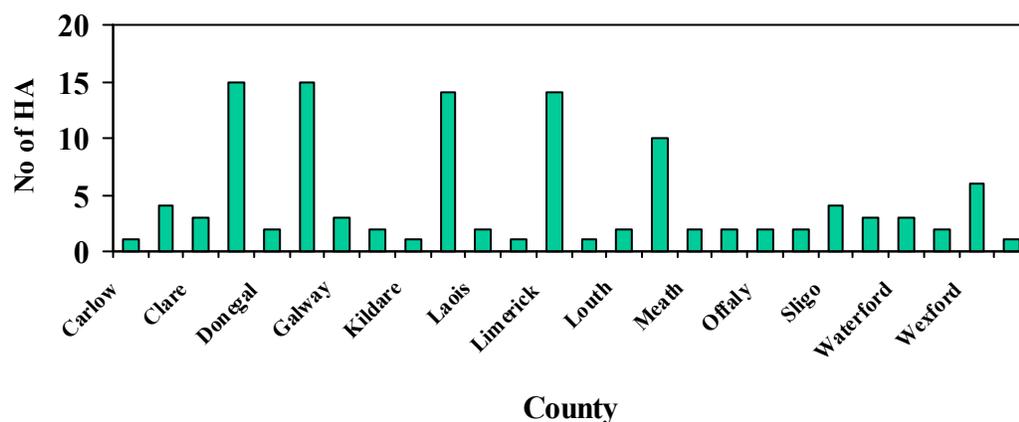
4.1 Introduction

This chapter of the research examines the primary data collected from ICSH member organisations that currently provide housing for the elderly in Ireland. The data was collected using a combination of questionnaires and telephone surveys conducted over October and November 2003. A total of 125 organisations completed a survey and of those, 79 housing associations had completed schemes for the elderly in operation.

4.2 Data Analysis

This section presents findings from the survey questionnaire with particular reference to number and location of housing associations managing housing for the elderly and the range of non-housing services reported to be provided by these housing associations. Figure 4.1 below illustrates where these housing associations are located throughout the country.

Figure 4.1: Housing Associations Currently Managing Housing for the Elderly by County



The collated data showed that the 79 housing associations provide a total of 3,165 units of accommodation for elderly people, however, it is understood that this figure is an under representation of the actual numbers of units of accommodation provided by housing associations for older people in Ireland. This is due to a number of factors, e.g., in some housing association schemes elderly housing is mixed with housing units for other categories such as people with disabilities or families, and therefore are not included in the elderly category in terms of the survey.

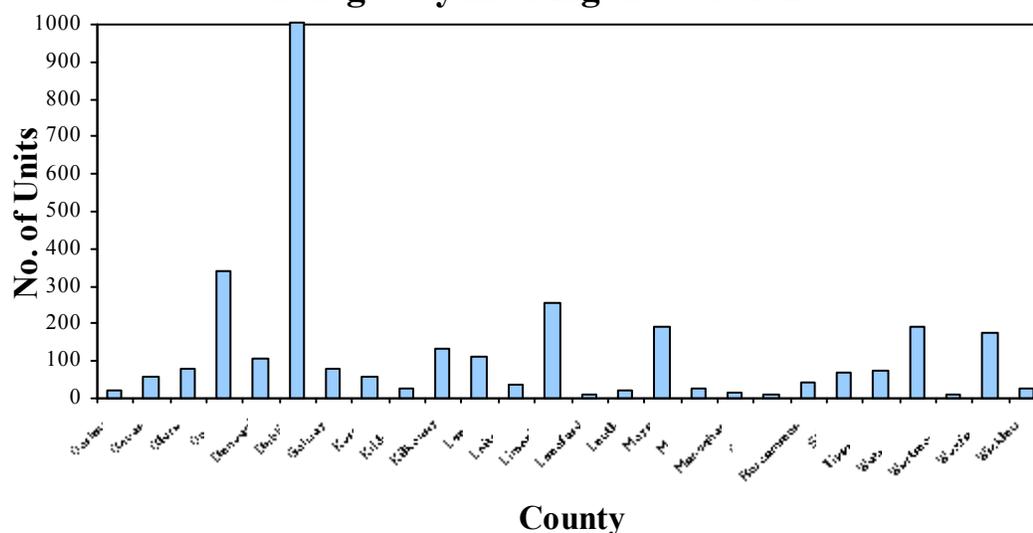
For example, the Society of St. Vincent de Paul outlined that they had 633 units of accommodation in housing schemes that are specifically for elderly persons, which are included in the survey. However they also have a number of schemes throughout the country that incorporate housing for the elderly as well as families, homeless persons, lone parents and disabled persons, which are not included in this survey as they are mixed schemes and the numbers of units specifically for the elderly could not be specified. This means that there could in fact be an additional 295 units provided by the Society of St. Vincent de Paul for elderly persons if they were needed in the specific housing schemes⁶².

Of the units discussed above the 79 providers of 3,165 units of accommodation for older people, are members of the Irish Council for Social Housing. Other organisations providing housing for the elderly who are non-members are outside the scope of this report.

It is thought that the amount of housing for the elderly has increased over the last two decades. A previous study carried out by the National Council for Ageing and Older People (NCAOP) in 1989 on sheltered housing in Ireland found 666 units of sheltered housing provided by voluntary organisations. Considering the survey findings, this is an increase of five times the amount of housing for the elderly by voluntary organisations over 15 years.

Figure 4.2 below shows where the 3,165 units of elderly accommodation provided by housing associations are located throughout the country.

**Figure 4.2: Location of Elderly Units by County
Managed by Housing Associations**



62. SVP: 2002: 28-36

The elderly housing units provided in Dublin, Cork, Limerick and Mayo make up 57% of the total provided throughout the country and there are five counties with less than 20 units of accommodation for the elderly which include Louth, (19), Monaghan, (14), Offaly, (13), Westmeath, (10), and Longford (9).

One would expect that Dublin would have the highest number of units, even though it does not have the highest number of housing associations that provide social housing for the elderly. Limerick (city and county) has the highest number of housing associations providing social housing for the elderly and has the third highest number of units of accommodation with 253.

There could be a number of reasons to explain the variation in the level of housing provision for the elderly between counties. It is thought that in counties where there is a high level of voluntary activity by organisations working with the elderly this can lead to the emergence of housing provision where there is a need identified. Also access to sites and the level of encouragement and facilitation by local authorities has an impact on voluntary housing output and it has also been noted anecdotally that where there is voluntary activity in one part of a county it can have a 'domino effect' on the level of and conditions of housing for the elderly throughout the county. The greater the number of projects developed does not necessarily mean there will be a greater number of units available as in rural areas the project size can be quite small whereas in urban areas projects tend to be larger.

4.3 Type of Housing Service

There are two types of housing service provision for the elderly – group housing and sheltered housing – which the 3,165 units of accommodation provided by housing associations break down into. Housing provision for the elderly can vary depending on the additional services and facilities offered on a scheme. For the purpose of categorising the units between the two types of schemes we have used the ICSH definitions of sheltered housing and group homes which were outlined in Chapter Two⁶³.

The level and consistency of these additional supports can vary between sheltered housing schemes for the elderly with over 33% (1,049) of the units were found to have a high level of support and are classified as sheltered housing. As defined in previous chapters, in order to constitute sheltered housing the schemes should have a number of significant services including on-site facilities and communal areas, on-site staff such as a warden, and the provision of care supports such as providing meals or assistance with personal hygiene.

A total of 58% of the units, (1,826), were described as having a low level of support for their tenants and therefore represented group schemes for the elderly. In group schemes the individuals should be able to live independently and care for themselves with the minimum level of assistance and elderly tenants may have support services such as a visiting public health nurse. Additionally the scheme may be

63. See Chapter Two

situated near a day centre or have some other communal facility for the tenants. Again the level of support services offered by housing associations to tenants in a group scheme vary throughout the country.

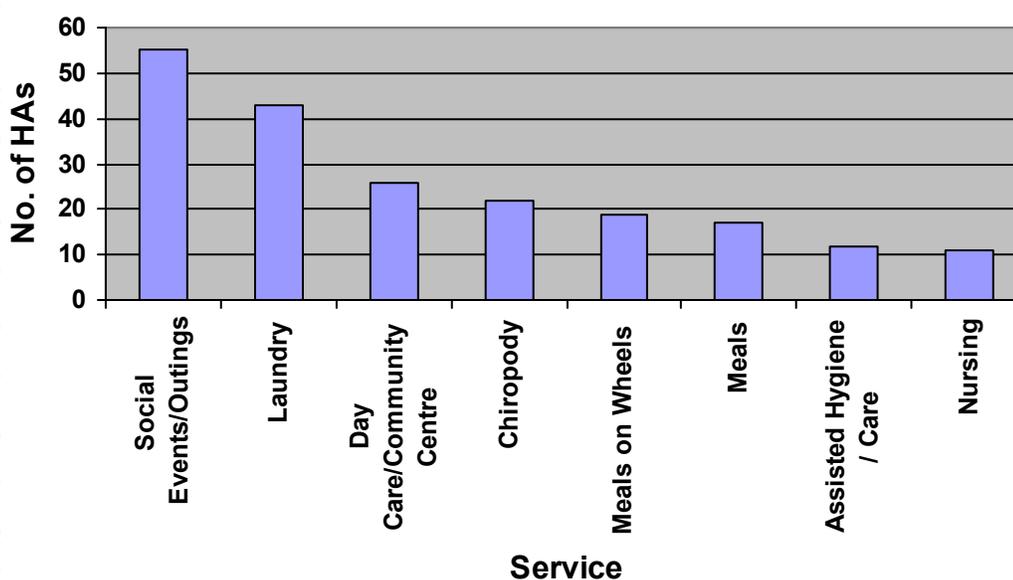
Nearly 9% of the units provided by housing associations for elderly tenants provide a level of support somewhere between independent living and sheltered housing. The housing associations in question did not specify the additional services they provide and therefore could not be categorised into group schemes with visiting support or sheltered housing.

4.4 Non-Housing Services

The data demonstrated that a range of non-housing services are provided by housing associations at a variety of levels. Non-housing services relate to different supports and facilities available to tenants above and beyond social housing provision and a total of 22 types of services additional to housing were identified as part of the care activities provided by housing associations. Of the 22 services, eight proved more common and were offered in a number of the schemes.

Figure 4.4 below illustrates the eight main services and the number of housing associations that offer these services to their elderly tenants.

Figure 4.3: Main Non-Housing Services and No. of Housing Associations that Offer Them



Other non-housing services offered include hairdressing, library, physiotherapy, cleaning, communal areas other than a day care/community centre, warden/caretaker, exercise classes, computer training, counselling, assistance with social

service applications, home help/assistance with housekeeping, art classes, music and dance classes, doctor on site, gardener, guest rooms on site, health classes and a bus service.

From the survey the non-housing services that are more commonly found in sheltered housing schemes rather than group schemes include assistance with hygiene and care, assistance with cleaning and housekeeping, a warden or caretaker, additional communal facilities (other than a day care centre), and a Doctor.

Eleven housing associations specified that they did not offer any additional services to their tenants however the tenants were able to avail of services provided by other organisations in the locality including day centres, meals on wheels and some social events. The majority of housing associations whose tenants availed of services by other organisation provided a group scheme to their tenants.

The majority of sheltered housing schemes offer a range of services to their tenants and for this reason sheltered housing offers many benefits to older people including:

- Secure and good quality housing
- Helps to reduce isolation and loneliness
- A range of services from care and support to leisure activities
- On-site staffing to assist elderly and frail tenants
- Cost effective with economic rents paid by tenants
- Projects located in local community.

4.5 Revenue Funding Issues for Elderly Housing Schemes

Housing associations were surveyed on their statutory sources of revenue funding and whether they were in receipt of statutory revenue funding to assist them in their provision of housing and additional services for their elderly tenants.

Housing associations in receipt of statutory funding tend to receive it under Section 65 of the 1953 Health Act, however some of the funding may have been received through other streams such as job initiative funding for staff members. Section 65 is funding made available from the Health Board to voluntary and community organisations *'that provide similar or ancillary services to those provided by the Health Board'*⁶⁴. Section 65 relates to the welfare, care and support elements of sheltered housing rather than the housing service itself and is usually provided for additional services that housing associations offer, for example, on-site staff, meals on wheels, social events etc.

Problems have been identified with the administration and capacity of Section 65 funding for housing associations whereby as Health Boards have discretion in where and when Section 65 funding is provided this can often be characterised by its uncertainty, ad hoc nature and late payments⁶⁵.

64. Health Act 1953: Section 65

65. <http://www.cidb.ie/>

From the 79 organisations providing housing for the elderly only 31 declared to be in receipt of statutory revenue funding. Those 31 housing associations provide a total of 841 units of accommodation and received a total of €663,997 in 2003. It is expected that other organisations do receive some form of statutory revenue funding but have not documented it on the completed surveys or declared amounts received.

The housing associations that received funding stated that it was made available for a range of services they provided including staff and care workers salaries, funding for the day centre, subsidies for the provision of meals, providing entertainment and activities for the tenants and the general maintenance and day-to-day running of the schemes.

The table on page 44 provides a breakdown of how much finance was made available per Health Board area, the number of units it covers and whether the units are sheltered housing or group schemes. The table also shows the numbers and percentage of units of accommodation for the elderly that do not receive any revenue funding from the State.

Over 70% of the units of accommodation that are provided for the elderly by housing associations surveyed receive no statutory revenue funding.

According to the survey out of 17 housing associations in the Southern Health Board area which covers counties Cork and Kerry, only eight declared to be in receipt of statutory revenue funding. The funding totalling €214,920 was provided for 197 units of accommodation, of which 170 are sheltered housing and 27 group schemes. In this Health Board area nine housing associations offering a total of 199 units of accommodation do not receive any statutory funding.

In the Eastern Regional Health Board, covering Dublin, Kildare and Wicklow, five organisations with 356 units received a total of €118,915, leaving 12 organisations with no funding support according to the survey. Four of the five organisations that received funding in this area were based in Dublin and 146 of the units were sheltered housing and 210 groups schemes for the elderly. The survey found that in this Health Board area there are currently 702 units of accommodation for the elderly that receive no revenue funding from any statutory body.

The survey results illustrate housing associations in the South Eastern Health Board area, covering Carlow, Kilkenny, Tipperary, Waterford and Wexford, receive a total of €96,862 of statutory revenue funding for a total of 74 units of accommodation for the elderly, 58 sheltered units and 16 group scheme units. This funding covers fewer than half the units provided in the Health Board area.

The Western, Mid Western, and the North Eastern Health Boards all contributed between €60,000 - €80,000 to housing associations who provide housing services for the elderly in their area. The funding covered a total of 190 units of accommodation in this area, which meant that over 75% of the housing associations units did

not receive any funding for the additional services that are provided.

Results showed that in the North Western Health Board area, over 95% of the units received no statutory revenue funding, only nine units out of 212 receive funding for the additional services that are provided, these services include day centres, the provision of meals, social events and outings, exercise classes and a laundry service.

Table 4.1: Statutory Revenue Funding made Available per Health Board Area According to Survey Results

Health Board Area	Total Statutory Funding received by HAs	No of HAs in area	No of HAs that receive funding	No of units that receive statutory funding
Eastern Regional Health Authority	€118,915	17	5	356
Midland	€9,000	7	1	15
Mid Western	€64,500	18	5	95
North Eastern	€60,000	7	2	18
North Western	€20,600	7	2	9
South Eastern	€96,862	26	4	74
Southern	€214,920	17	8	197
Western	€79,200	15	4	77
TOTAL	€663,997		31	841

Health Board Area	No. of Sheltered Units that receive funding & amount	No. of Group Scheme Units that receive funding & amount	No of Units that do not receive funding	% of units that do not receive funding
Eastern Regional Health Authority	146 - €92,000	210 - €26,915	702	66.4%
Midland		15 - €9,000	127	89.4%
Mid Western		95 - €64,500	278	74.5%
North Eastern	18 - €60,000		99	84.6%
North Western	7 - €19,000	2 - €1,600	203	95.8%
South Eastern	58 - €85,129	16 - €11,733	474	86.5%
Southern	170 - €199,245	27 - €15,675	199	50.3%
Western	25 - €24,108	52 - €55,092	242	75.9%
TOTAL	424 - €479,482	417 - €184,515	2,324	73.4%

The survey found that in the Midland Health Board area a total of 142 units of the accommodation that is currently provided for the elderly in the area do not receive any funding. This is almost 90% of the total number of elderly units that is provided in Laois, Longford, Offaly and Westmeath.

This information relates only to those organisations that completed surveys and declared through self reporting to be in receipt of funding and furnished the amount received in 2003. Organisations that did not provide information on their statutory revenue funding are not included in this section.

Funding for Elderly Group Schemes

Of the 841 units of accommodation that receive statutory revenue funding for providing additional services 417 units, 50%, can be described as being in group schemes that provide a low level of support to their tenants. Funding towards the different types of services include the day care centre, meals on wheels, activities in centre, renting facilities for activities, some nursing support, meal subsidies and a Christmas party. The 417 units of low support for the elderly receive a total of €184,515 for the additional services they provide, this broadly breaks down to €442 per unit per annum which is €37 per month.

Funding for Sheltered Housing Schemes

A total of 424 units, 50%, from housing associations that receive statutory revenue funding provide a high level of support and can be described as sheltered housing. These organisations receive a total of €479,482 for the following services: management and care staff, operating costs of centres, care cover including a nurse unit manager and care assistant, salaries for care staff and key workers and specialist equipment. The most common service that statutory revenue funding is received for in sheltered housing is for providing salaries for staff including nursing and care staff. Per unit per annum the total available on a very broad term is €1,130, €94 per month, this reflects the higher degree of services that are available in sheltered housing schemes compared to group schemes for the elderly.

4.6 Sheltered Housing

From the data provided by housing associations throughout the country it is clear to see the extent and nature of sheltered housing schemes for the elderly. Over 30% of all housing schemes for the elderly provided by housing associations can be described as sheltered housing as they are specifically designed to provide a high level of assistance to their tenants and have facilities such as on-site support. This equates to 1,049 units of sheltered accommodation for the elderly.

These sheltered housing units provided by housing associations can be found in most counties, the majority of them are based in Dublin (440 units), Laois (95 units), Cork (208 units) and Kilkenny (47 units). Counties Cavan, Kerry, Tipperary, Wexford and Wicklow have between 20 and 45 units of sheltered accommodation and counties Donegal, Galway, Longford, Mayo, Monaghan and Sligo have below 20 units of sheltered housing units provided by housing associations.

As sheltered housing is characterised by its higher level of care and support, the provision of additional services to tenants is a strong feature. These additional services include staff such as wardens and support staff, on site communal facilities or day care centres, and the provision of meals and other support measures.

Out of 1,049 sheltered housing units, just 40% (424 units) were identified in the survey as receiving any form of statutory revenue funding. This is usually for providing staff and managing the day care centres. For those housing associations who do receive statutory revenue funding they receive an average of €1,130 per unit for the additional services provided. However a total of 625 sheltered housing units receive no statutory revenue funding for the additional services provided and the housing associations rely on their own financial means.

4.7 Conclusion

From the data collected it is clear that the number of housing associations providing housing for the elderly varies by county and there are more social housing units provided for the elderly in some counties than in others, with the main clusters found in Dublin, Cork, Limerick and Mayo. A proportion of the housing associations that provide housing for the elderly also provide a wide range of services for their tenants and the availability of additional services for elderly tenants also varies significantly with some organisations providing little or no additional services while others provide a wider variety of services. The most common of these services include social events and outings, a laundry service, day centres and communal centres, chiropody and the provision of meals or meals on wheels.

Revenue funding for housing associations that provide additional services varies between sheltered housing and group schemes and also between Health Board areas. From the chapter it has been established that of the sheltered housing schemes providing additional facilities and services to their tenants, including on site services and staff, only 39% of the housing associations receive statutory revenue funding for the provision of the services. **Of all the units that were reported on in the survey, a total of 73% do not receive revenue funding.** This points to gaps in revenue provision, problems in accessing funding, the potential difficulties for housing organisations at a local level and the general ad hoc nature to revenue funding for services provided to the elderly by housing associations. Where a small level of funding is provided it appears to be from a general allocation and therefore has to compete with other services for the elderly.

Chapter Five: Proposed Future Housing Schemes by Voluntary Housing Associations for the Elderly in Ireland

5.1 Introduction

This chapter examines the types and numbers of proposed developments from voluntary housing associations in relation to meeting the needs of elderly individuals in their community and concentrates on schemes that are in development as well as at very early planning stages. It is possible to chart the potential growth for the provision of housing for the elderly by housing associations in the coming years and view the role they intend to play in providing both low support and sheltered housing for the elderly.

Of the 125 organisations that returned completed surveys 84 housing associations have plans to develop elderly housing schemes, which will provide 2,413 units of accommodation. The schemes proposed range in size from one unit to over 100 units.

Figure 5.1: No. of Units Planned or Proposed by Housing Associations

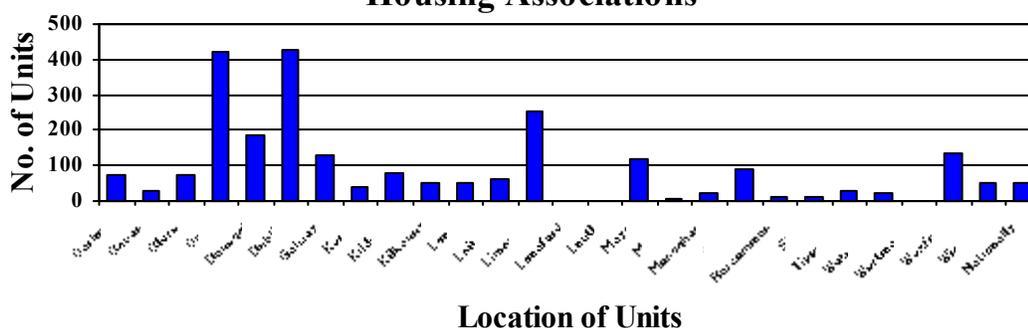


Figure 5.1 above shows where the proposed units of accommodation will be located with the majority of the proposed housing schemes for the elderly in Dublin and Cork, with 18% and 17% of the total respectively, followed by 10% located in Limerick. Therefore in the counties with the most units of existing accommodation (i.e. Dublin, Limerick and Cork) high levels of output are planned over the coming years which demonstrates a high level of demand for elderly housing provision in these counties. There are some counties where housing associations have no planned housing units for the elderly including Longford, Louth and Westmeath and as seen in the previous chapter these counties do not have a high level of existing housing for the elderly provided by housing associations.

This data shows that housing associations intend, in the coming years, to make a considerable contribution to the housing needs of the elderly throughout the country. If the units planned are developed this will represent an increase of over 30% on already existing units of accommodation for the elderly in the coming years.

5.2 Housing Needs Among the Elderly

The 2002 Housing Needs Assessment calculated that there were a total of 3,215 elderly individuals in need of housing⁶⁷ however it is commonly accepted by policy makers and practitioners that special needs groups, especially the elderly, often do not present to the local authority when in need of housing.

It is often the case that elderly people do not apply to their local authority for reasons such as lack of awareness, fear or stigma such as the 'proud poor', instead elderly people will turn to their local community for assistance with their housing need. In practice elderly persons in need of housing are identified and often come through different channels other than local authority waiting lists. Elderly people may not apply as they may not see local authority housing meeting their need and are often not clear or are not made aware that the waiting list is a 'gateway' to be assessed by other providers such as the voluntary and co-operative sector. Voluntary organisations working with the elderly will often identify and respond to housing need and often operate waiting lists which demonstrate a more detailed local housing need and present this to the local authority prior to planning a project.

In some counties housing associations have no firm plans to develop housing for the elderly in the near future and one reason for the lack of developments may be the lack of demand for elderly housing, i.e. in Louth and Longford the housing needs assessment has found that the needs of the elderly is well below 50 individuals.

It is also clear that some counties will have a higher level of output than the assessment deems necessary, this can be attributed to the fact that there are more elderly people in need of housing than documented in the assessment for the reasons already outlined. Before a housing project is planned a needs assessment is carried out at a local level and often elderly persons in need tend to come from isolated areas, sub standard dwellings or are vacating a private rented dwelling where they have a lack of security.

5.3 Development of Planned Elderly Housing

The 2,625 units of planned dwellings are at various stages of the development process. The different stages include the planning and design stage, seeking or purchasing land, applying for planning permission, applying for capital funding, tendering and finally the on-site construction stage.

67. DoEHLG: 2002a

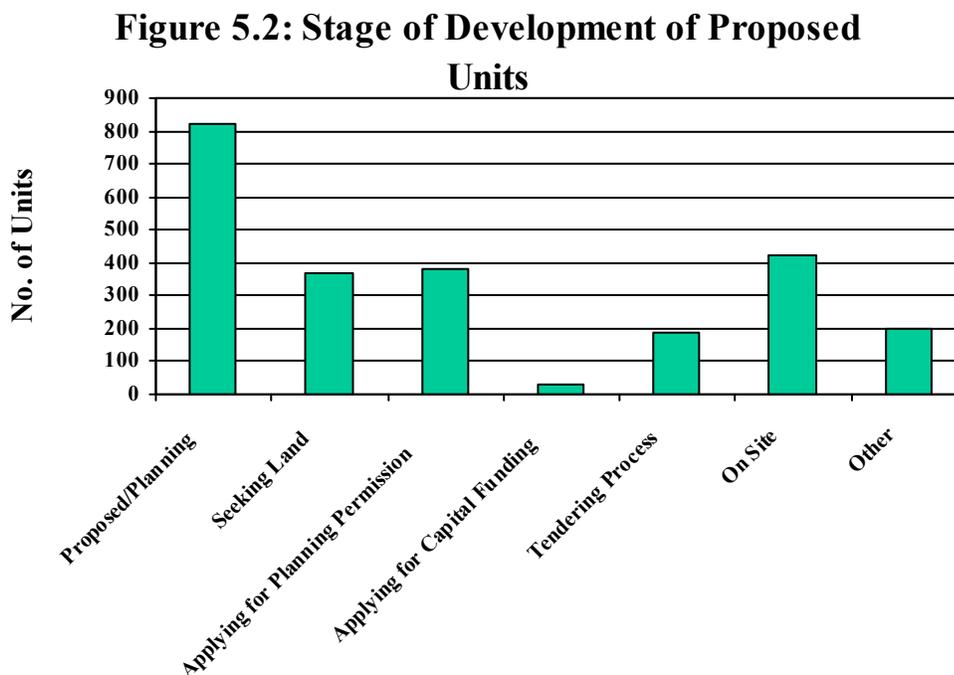
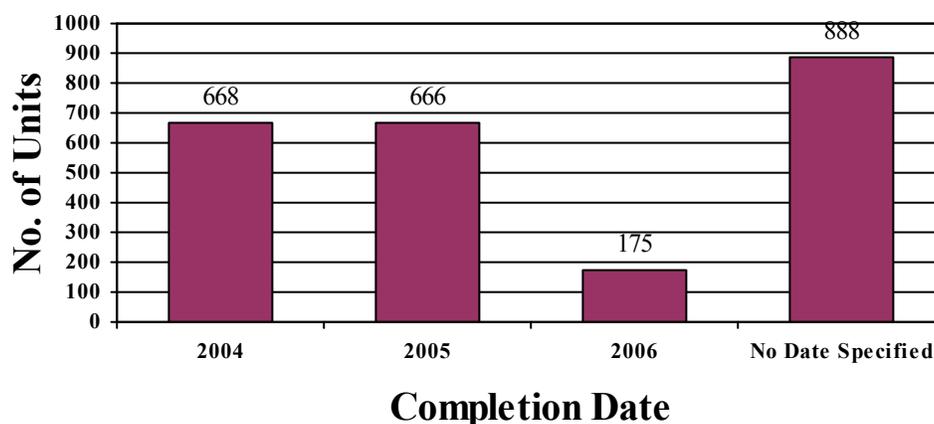


Figure 5.2 shows that of the planned housing units throughout the country, just over 800 of them are in the early planning stages, over 300 units of the proposed accommodation is at applying for planning permission stage and over 400 are on site constructing the units. It is not possible to determine the level of service that will be available to tenants in the schemes, and therefore if they will be sheltered housing or group schemes.

Of the 800 units in early planning stages it is not known how many will be developed due to a number of reasons the most significant being the availability of revenue funding for the on-going costs of managing the scheme.

Figure 5.3 shows the estimated completion year for the proposed units with over 1,500 units estimated to be completed by 2006. A large percentage of the proposed units did not specify a completion date for their projects which means that there will be a further 888 units of accommodation for the elderly completed in the coming years assuming that all the units make it to completion and dependent on whether funding is available.

Figure 5.3: Completion Date for Planned Units



From the data it is clear to see the housing associations dwellings for the elderly that will come on stream by 2006 have the potential to make a significant impact on the housing needs of the elderly throughout the country.

5.4 Funding for Proposed Elderly Housing

The main concerns from housing associations that have units planned relate to funding the on-going costs. Many of the housing associations stated that in order to manage and maintain the housing and additional services adequately they would be relying on rents and local fundraising.

Only a few of the organisations mentioned that they would apply for funding from the Health Board which could mean one of two things either housing associations are not fully aware of what funding is available to them from the Health Board in terms of Section 65, or due to the ad hoc and undefined nature of Section 65 funding housing associations have no confidence or guarantee of receiving any revenue funding from the statutory bodies for their social housing developments.

The Department of the Environment, Heritage and Local Government are trying to overcome this discrepancy by ensuring that housing associations that have plans to develop housing schemes for the elderly, with a high level of additional support planned, have agreements with the Health Service Executive for revenue funding in place before the scheme is sanctioned.

5.5 Obstacles to Growth

Among the housing associations that have no plans for further developments financial reasons was one of the most prominent given. A number of organisations specified the burden of debt from previous schemes as a reason for not developing while others stated that there was *'a lack of support from statutory agencies and a lack of*

voluntary workers'.

Other reasons cited lack of land, the need for the dwellings in the local area, the need to develop a day care centre or communal centre for their existing tenants before they established any further units of accommodation, also the association's intention to complete their first scheme and to gain some experience before starting another development; and the need for a younger management board to start a new development.

5.6 Conclusion

Based on the survey there appears to be significant plans for developing housing services for the elderly in the coming years. A rolling programme of this nature would be required to meet the housing needs of the elderly. The major concerns and constraints on planning and developing appears to be over revenue funding.

Even though there are a significant number of dwellings for the elderly that are planned to be completed in the coming years by voluntary housing associations, it could be argued that there would be more if housing associations could be certain that the development would not lead them into significant financial debt due to the lack of revenue funding that is required for the additional care and support services that they provide.

Chapter Six: Analysis of Existing Funding for Sheltered Housing Schemes Managed by Voluntary Housing Associations

6.1 Introduction

This chapter analyses the funding available for sheltered housing schemes for the elderly that are developed and managed by housing associations. It will examine:

- Capital funding available for the building of sheltered housing schemes
- Revenue funding for the management and maintenance costs
- Revenue funding for the care and support costs

The former Minister of State for Older People, Mr Ivor Callely, T.D, stated that in 2003 a total of €23.6 million in additional revenue funding was allocated for services to older people. This funding allocated was earmarked for various services including home help, nursing home subventions, support for carers, and support for the voluntary organisations providing services including day care centres. It is unclear if this level of funding includes financial provision through Section 65 funding made towards voluntary organisations for providing services to older people. He also stated that in 2003 almost €110 million was allocated to the Nursing Home Subvention Scheme, with a total of 7,580 individuals in receipt of the scheme (over €14,000 per person)⁶⁸. The National Development Plan 2001-2006 allocated €253 million to be made available for capital funding over the course of the plan for services for older people⁶⁹ and the Government's policy is to keep people living in their own homes for as long as possible as this is the choice of many older people themselves.

In order to assist those older persons who may be in significant poverty, housing associations offer housing and additional services to older people who are in housing need. From the survey conducted housing associations operate elderly housing schemes all over the country and manage over 3,000 units of accommodation⁷⁰ and it is estimated that housing associations provide in excess of 7,000 units of accommodation in total for the elderly.

This chapter will examine how housing associations finance their housing schemes for the elderly including both capital funding for the building of the units and additional facilities and the revenue funding for the day-to-day management of the scheme.

68. Seanad Debate: 15th April 2003

69. Dáil Debate: 3rd February 2004

70. See Chapter Four

Capital funding relates to the finance made available towards the construction costs of building and developing housing schemes. This form of funding is once-off and relates only to the actual construction costs of the property. **Revenue funding** relates to the ongoing yearly costs associated with projects which are up and running.

6.2 Capital Funding

Approved housing bodies can avail of capital funding from the Department of the Environment, Heritage and Local Government (DoEHLG) for the provision of rental accommodation to those in housing need. The scheme that is most commonly used for funding the capital costs of special needs housing projects, such as housing for the elderly is the Capital Assistance Scheme. The total capital funding that can be obtained can cover up to 95% of the cost of building the dwellings.

The capital funding schemes are paid in the form of a thirty year annuity mortgage from the local authority to the approved housing body. The loan repayments and interest charges are waived as long as the housing body complies with the terms and conditions of the mortgage agreement and these conditions include that 75% of the lettings have to be allocated to eligible persons at reasonable rents.

Funding for the provision of accommodation for caretakers or welfare staff can be included in the capital assistance sought, however, the DoEHLG specifically state that, '*the Capital Assistance Scheme is not intended for the provision of nursing home or similar accommodation where residents would require extensive medical, nursing or institutional type care*'⁷¹.

Housing projects that do intend to have a high ratio of carers should have the agreement of the relevant health authority for shared funding for the housing project and the services provided before plans are finalised and funding sought.

Capital funding for additional communal facilities, such as building a day care centre, can also be sought from the DoEHLG under the National Lottery Act 1986. The DoEHLG state that as well as the provision of day centres other facilities that can be funded under the communal facilities grant can include communal dining and kitchen areas, recreation and activity rooms, laundries, treatment/therapy rooms or '*other such facilities reasonably required to improve the occupants living conditions*'⁷². The last occasion that the capital funding schemes and the communal facilities grant were increased was in 2002 which is particularly problematic for housing associations planning a capital assistance scheme where the shortfalls have to be raised by the organisation.

71. DoEHLG: 2002: 36

72. Ibid: 51

6.3 Revenue Funding

The housing management costs in housing schemes for the elderly are managed and administered by the voluntary housing body operating the project and the running costs are usually met by the rental income collected by the housing association and any revenue funding they may receive from statutory bodies.

The normal running costs for an elderly housing scheme include the administration and management of the housing project, i.e. setting and collecting rents from tenants, operating and managing waiting lists if necessary and the day-to-day organising of the housing scheme. The maintenance of the housing scheme is also managed by the housing association including employing appropriate contractors to carry out maintenance work on the dwellings and operating a sinking fund for the cyclical maintenance and refurbishment of the dwellings. Other financial concerns that housing associations manage include the cost of insurance of the housing schemes and additional facilities and also managing staff costs.

Additional care and support costs are currently provided on an ad-hoc basis and funded by a combination of fundraising by the housing association and financial contributions made by the Health Boards.

In Chapter Four it was established, through results from the survey, that housing associations offer a wide range of additional non-housing services to their elderly tenants and this is a prominent feature of the voluntary housing movement. The main types of services include organising social events, providing services such as a laundry, managing a day centre or other communal facility, providing meals and some medical assistance including chiropody or visiting nursing care.

Housing associations have to control the financial aspect of managing and administering these additional services and ensuring that they have adequate revenue streams in place to offer the services to their tenants. It is advised that housing associations that do provide additional services should charge the tenants for these services separately to the rent charged.

6.4 Housing Management Costs

Rents are the main form of income for the majority of housing associations and under the Capital Assistance Scheme housing associations can set their rents at a level that will cover the management and maintenance of the housing project. The DoEHLG state that the rents set under the Capital Assistance Scheme should be reasonable having regard to the tenant's income and also to the expenditure of the housing association in terms of ongoing management costs⁷³.

As stated earlier any additional services and facilities should be charged for separately from the rent by housing associations to clearly define the amount of rent charged and the cost of the additional services. The DoEHLG state that, '*the rent*

73. DoEHLG: 2002: 72

*applies only to the letting and occupancy of the dwelling unit itself*⁷⁴.

Elderly tenants living in units built under the Capital Assistance Scheme by housing associations may be eligible to receive rent supplement from their local Health Service Executive region. This payment towards the rent of eligible tenants is subject to a maximum of €50 per week for a single person and €55 per week for two or more persons. Under this scheme tenants make a minimum contribution of €13.25 per week. These payments were increased from €40 and €45 respectively in July 2005 which was the first increase since 2002.

This allows housing associations to charge economic rents to cover the real costs of managing and maintaining the property without the tenant paying more than they can afford.

6.5 Staffing Arrangements

The level of staff that is required for a sheltered housing project varies depending on the needs of the tenants and the services provided. In a sheltered housing scheme there would usually be a caretaker or warden on-site at least five days a week and nursing staff and doctors visiting the tenants on a regular basis or when needed. Many of the smaller housing associations around the country who provide group schemes for independent living and have small numbers of housing units for the elderly often have no staff, only visiting public health nurses, doctors and chiropodists. In many instances these housing associations rely on the voluntary nature of the management board and local community to provide any additional services.

The Community Employment scheme, managed by FÁS Training and Employment Authority, provides work for unemployed persons to work in their local community and many housing associations and other voluntary organisations avail of this scheme as it provides their organisations with the personnel required to deliver the schemes.

6.6 Fundraising

Fundraising is a widely used form of revenue funding for voluntary housing associations by the management board and voluntary staff of the association. The level and amount of fundraising undertaken by voluntary housing associations depends on the additional services they intend to offer and also the financial shortfalls they incur in the management and maintenance of the dwellings as well as the 5% capital shortfall.

It can be argued that housing associations undertake more fundraising at the start of a housing project in order to get it up and running and then smaller amounts of fundraising for different management or maintenance costs throughout the life of the project.

74. Ibid

Some housing associations are fortunate to receive private funds in the form of donations which can be in the form of both financial assistance and also land or buildings, and usually come from the local parish, religious orders and other bodies. In terms of fundraising the availability of a site or other such donation will ensure that the housing association will be able to use the finance fundraised for other costs, such as revenue costs, when the housing scheme is in operation.

6.7 Care and On-site Support Costs

There is a grant available to meet the revenue costs of providing onsite support and care services from health authorities in the form of Section 65 Funding. Section 65 funding comes under the Health Act 1953, it states:

S. 65. A health authority may, with the approval of the Minister, give assistance in any one or more of the following ways to any body which provides or proposes to provide a service similar or ancillary to a service which the health authority may provide:

By contributing to the expenses incurred by the body

By supplying to the body fuel, light, food water or other commodity

By permitting the use of the body the premises maintained by the health authority and, where requisite, executing alterations and repairs to and supplying furniture and fittings for such premises

By providing premises (with all requisite furniture and fittings) for use by the body⁷⁵.

In short this enables the appropriate Health Board to provide financial assistance to voluntary and community organisations providing services which are ‘similar or ancillary’ to services the Health Board can offer. This was the first public subsidy housing associations were able to apply for and it allowed Health Boards to contribute to expenses incurred in providing additional services including supplying food and fuel and to maintain and repair premises⁷⁶.

However, there has never been a guide developed to support the distribution of this form of financial assistance to voluntary housing bodies and therefore Section 65 funding is characterised by its ad-hoc nature, late payments and high levels of uncertainty as to if the body will actually receive any funding. Mullins found that, ‘*in practice take up of this permissive subsidy was fairly low*’⁷⁷.

A number of housing associations depend on Section 65 funding to provide their additional services however due to the unreliability and ad hoc nature many associations face financial difficulty as they can not rely on the funding or indeed receiving the full amount they apply for.

From the results of the survey outlined in chapter four it became evident that only

75. Health Act 1953, Section 65

76. Mullins et al: 2003: 37

77. Ibid

33 housing associations in the country that provide housing and other services for the elderly declared to be in receipt of statutory revenue funding from the State. It was stated that the funding was mainly used for providing staff and other services such as providing meals and social events.

One example of a housing associations experience with Section 65 funding includes a housing association in Dublin that provides sheltered housing with a high level of support and provides daily meals for their tenants. The revenue funding they receive from the Health Board covers only a small percentage of the cost of providing the meal and the association has had to make up the financial shortfall through other means. Due to the financial hardship incurred in providing the services they cannot provide meals to all their tenants in the housing schemes and they also cannot introduce additional services that are needed because there is no secure way to fund them.

For housing associations another problem that can be accountable to inadequate State revenue funding is that some associations make up the shortfall for the additional services by deducting it from other budgets such as maintenance. This then means that housing associations have inadequate funds for the proper maintenance of the dwellings including funding such as sinking funds for the cyclical maintenance of the dwellings. This form of cross-subsidisation is against the principle of good housing management but is a last resort for associations in the absence of revenue funding for care costs.

The DoEHLG require that prior to sanction of capital funding any housing project that includes a large level of on-site care and support services to tenants should seek and obtain the support of their Health Board⁷⁸. This proviso is intended to prevent a scenario where housing associations build housing projects with significant associated care costs for which they do not have the support of the Health Service Executive for the revenue funding of additional services and staff which would be required.

6.8 Current Situation and Future Considerations

In June 2004, a consultation document prepared by the Department of Social and Family Affairs set out the terms of reference for the examination of the future financing of long term care in Ireland⁷⁹. Reference is made to the recommendations made by the Mercer report which stated the scope for the development of assisted-living facilities as an intermediate form of care.

The Government established a high level group to examine the recommendations from the Mercer report on the Future Financing of Long Term Care and the O'Shea report on Nursing Home Subventions. At the time of writing this high level group are due to report to the Minister for Health and Minister for Social and Family Affairs.

78. DoEHLG: 2002: 36

79. DSCFA: 2004: 12

In 2004, subsequent to discussions between officials for the elderly in the Department of Health and Children, the DoEHLG and the ICSH, the Department of Health and Children agreed to make an allocation to the Health Service Executive for social housing.

The budget made available for 2005 is €428,000 and while it is a major breakthrough to have revenue funding allocated for sheltered housing, the small size of the allocation means that its impact is very much limited as the demand from housing associations would far exceed the funding available.

The allocations are set out below and are based on old area health boards and the Eastern Regional Health Authority.

Eastern Regional Health Authority	€125,000
Midlands Health Board	€25,000
Mid Western Health Board	€40,000
North Eastern Health Board	€35,000
North Western Health Board	€30,000
South Eastern Health Board	€45,000
Southern Health Board	€64,000
Western Health Board	€64,000
Total	€428,000

The ICSH have recommended that funding is prioritised to approved housing bodies who are providing on-site care and support services in their sheltered housing projects and who had a financial shortfall in running services in 2005. Clarity is also required in the future as the Department of Health circular specified that the funding was allocated *'towards the provision of medical cover for sheltered housing schemes for older people'*.

6.9 Proposals for the administration of the Defined Revenue Funding Scheme

It is essential that a proper, transparent mechanism is put in place to administer the defined revenue funding scheme for on-site costs. This would be through the HSE and co-ordinated with the DoEHLG.

Funding allocations

It is essential, in the future, that allocations by the Department of Health and Children/HSE are based on where the housing projects for the elderly managed by housing associations are located. In some HSE areas there are significantly more projects and therefore funding allocations based on the percentage of elderly in a HSE area is not suitable and does not necessarily reflect where sheltered housing projects for the elderly are located.

Use and definition of the scheme

The defined revenue funding scheme in future should be more clearly defined by the HSE highlighting that it is specifically for the onsite support and care costs in housing projects for the elderly managed by approved housing bodies (housing associations). Examples of what constitutes on-site and support costs should be provided by the Department of Health and Children/HSE to each HSE region to ensure consistency across HSE regions.

Designated official in each HSE region

It is essential that there is someone within each HSE region appointed to act as the dedicated official for this revenue funding scheme. This staff member can report to the HSE and Department of Health and Children which would both facilitate proper planning and co-ordination with local authorities and approved housing bodies.

The implementation of the measures above would have a considerable beneficial impact for approved housing bodies in managing sheltered housing projects and providing on-site supports for the elderly in 2006.

An important objective is that there is a greater synchronization in the sanctioning of capital funding from the DoEHLG and revenue funding by the HSE to avoid the situation of a sheltered housing project being built with no revenue funding available to provide on-site support where relevant.

6.10 Conclusion

This chapter examined the existing revenue and capital funding sources available to housing associations for the provision of housing and additional services for older people. Revenue funding is mainly made available through rental income for elderly housing schemes. Other sources of revenue funding can include statutory revenue funding in the form of Section 65 grants, charitable donations and fund raising.

Capital funding for the provision of housing units for the elderly is mainly provided through the Capital Assistance Scheme, administered by the DoEHLG and up to 95% can be made available. Capital funding for building communal facilities can be made available through lottery funding administered by the DoEHLG.

From previous chapters in the report it was established, through the survey, that few housing associations, which provide housing for the elderly, declare to be in receipt of statutory revenue funding. This can lead to housing associations not being able to offer the additional care services that their tenants want or need.

For those elderly persons who want to remain in their own home there are a number of initiatives for improving the state of their dwellings. The Special Housing Aid for the Elderly and the Essential Repairs Grant both carry out repairs to elderly people's homes to make them habitable, including the provision of water, sanitary and heating facilities. Also the Community Support for Older People Scheme provides

financial assistance to voluntary and community bodies to improve the security of older person's dwellings.

Chapter Seven: Conclusions and Recommendations

7.1 Overview and Findings

This report has set out to examine sheltered housing for the elderly provided by voluntary housing associations in Ireland. The report found that sheltered housing has developed significantly since the 1960's when it first emerged in Ireland. Housing associations were providing little in the way of sheltered housing until the 1980's when a shift in policy brought about more advantageous conditions under which sheltered housing could be developed. The shift in Government policy heralded a new financial era through the introduction of capital funding for non-profit housing associations. For the first time it was possible for organisations in the community throughout Ireland to plan and develop housing projects for the elderly in the local areas and by 2003 over 7,000 units were developed for elderly who were in need of social housing.

This report surveyed 79 housing associations providing housing for the elderly revealing 3,165 units of accommodation in either low support group housing or high support sheltered housing. This demonstrates the positive impact that changes in policy have had in enabling housing projects to develop accommodation for the elderly.

The report also found that a wide variety of care and support services are a significant feature of sheltered housing and group housing for the elderly. Up to 22 different activity and support services were identified as being provided by housing associations for their elderly tenants.

The report also identified 84 housing associations that have plans to develop elderly schemes, which will provide 2,413 units of accommodation and it is expected that these would make a significant impact on the housing need of the elderly if they reach completion.

The development of sheltered housing has had some significant difficulties. While capital funding has been made available, co-ordination with the health authorities has been less clear, resulting in many housing associations that develop either sheltered housing or group housing for the elderly encountering financial difficulties in relation to the revenue funding required for operational costs. Of the 79 organisations surveyed who provide housing for the elderly 31 declared to be in receipt of statutory revenue funding indicating a wide gap where organisations that do not receive statutory funding, but provide additional care to their tenants, resort to methods such as fundraising in order to fund these services.

While it is clear that sheltered housing has developed, this has been in the absence of any formal integrated policy on sheltered housing. Significant difficulties with funding and the lack of a clear role for the Health Board, in relation to planning and

development of sheltered housing and indeed low support housing, casts a shadow over the future development of such schemes and the continued provision of services in existing schemes. Unless the fragmentation between housing and health can be overcome in relation to housing for the elderly the sheltered housing sector will continue to fall short of its potential.

In the context of Ireland's ageing population a greater number of older elderly will emerge who are capable of living independently, with some assistance, but do not require a nursing home and availability of sheltered housing will be an important option for older people who are no longer able to remain in their own homes.

Recent concerns into the future financing of long term care point to the need for community care to assist those not able to stay in their own homes but do not need institutional nursing care. As argued by various commentators sheltered housing provides a community response while representing good value for money. The already costly Nursing Home Subvention scheme (€110m in 2003) will become increasingly expensive in the years ahead unless an adequate alternative such as sheltered housing is developed. It is estimated that revenue costs for sheltered housing would be between €2-3m.

It has long been recognised that a continuum of care, which meets the housing and support needs of elderly, should be implemented and a clearly defined role with adequate resources for sheltered housing is necessary to provide part of that continuum.

7.2 Recommendations - A new framework for sheltered housing in Ireland

Following analysis of information from both the survey questionnaire and the semi structured interviews a number of issues were raised highlighting the serious challenges facing the future development of sheltered housing. The recommendations below represent key policy, financial and operational issues that need to be addressed in order to facilitate the future development of sheltered housing in Ireland.

7.3 Policy Issues

- Sheltered housing should be available for the elderly as a first choice alternative accommodation for those who are no longer able to live at home. Therefore the Government should commit to increasing the supply in local communities in line with local demand, thereby making it a mainstream response to the housing and care needs of the elderly.
- The national housing needs assessment carried out every three years by local authorities should include both the housing and care needs of the elderly.

- A national framework establishing the role, management and delivery of sheltered housing should be developed by organisations involved in housing, health and those representing older people. This could establish a national ten-year plan for accommodation and care services for the elderly to ensure there are countywide adequate and consistent services. A national planning unit should be established across the Department of the Environment, Heritage and Local Government and the Department of Health and Children in relation to the implementation.
- It should be acknowledged by government that sheltered housing is an appropriate and cost effective sector where community care services can be delivered to tenants and other vulnerable people.

7.4 Financial and Operational Issues

- A defined / ring fenced revenue funding scheme for the on-site care and support costs incurred in sheltered housing projects should be introduced for existing and new projects. It has been estimated that this would cost approximately €2.5m per annum to introduce. (This is based on the average cost per unit of supporting an elderly person in a group housing scheme managed by a housing association with visiting support. This was in the region of €50 per week and full sheltered housing with 24hour on-site and care costs was in the region of €100 per week). This figure is also based on 2004 calculations and there are a number of sheltered housing schemes coming on stream in 2005/2006.
- The communal facilities and day care centres in sheltered housing projects should be seen not just as a service for tenants but also as a resource for the local community. The grant for communal facilities should be increased from its current level of €5,800 per unit to at least €8,000 per unit to reflect building costs.
- Policies and procedures in the management of sheltered housing should be enhanced with training available for on site managerial and on site support staff. This is to ensure that continued high standards are achieved in the management of sheltered housing projects.
- Clear co-ordination in planning and delivery of sheltered housing between local authorities and the Health Service Executive should be introduced in respect of new and existing schemes.

7.5 Defined Revenue Funding

- In terms of eligibility the funding scheme should be limited only to approved housing bodies (non-profit housing associations approved under section 6 of the 1992 Housing Act by the Minister of the Environment,

Heritage and Local Government).

- The defined revenue funding scheme in future should be more clearly defined by the HSE that it is specifically for the on-site support and care costs in housing projects for the elderly managed by approved housing bodies (housing associations).
- It is essential that there is someone within each HSE region appointed to act as the dedicated official for this revenue funding scheme. This staff member can report to the HSE and Department of Health and Children which would both facilitate proper planning and co-ordination with local authorities and approved housing bodies.

Appendix One: Profile of Housing Associations Providing Social Housing for Elderly Persons

This appendix examines three housing associations that provide units of accommodation for the elderly. The housing associations range in terms of the size of their schemes and the total numbers of units they manage, through to the number of staff they have and the additional services that they offer their tenants

The three housing associations profiled include:

Sue Ryder Foundation, Co. Laois. This organisation is one of the largest housing associations that provide dwellings for the elderly and have many schemes throughout the country.

Carnew Community Care, Wicklow. A relatively small housing association with a total of 28 units of accommodation currently managed.

Dublin Central Mission manages over 80 units of accommodation based in Dublin.

All three are examples of sheltered housing schemes and each would have different levels of care and support services offered to tenants in addition to the housing service.

Sue Ryder Foundation

The Sue Ryder Foundation in Ireland is the largest national housing association that provides high support sheltered housing for the elderly. Throughout the country they manage a total of 219 units of accommodation and within the coming years they plan to develop a further 287 units of accommodation. The table below shows the location of the 219 units of accommodation.

Sue Ryder Foundation Housing Schemes

Location	No. of Units
Ballyroan, Co. Laois	25 Units
Owning, Co. Kilkenny	25 Units
Dalkey, Co. Dublin	54 Units
Holycross, Co. Tipperary	40 Units
Kilminchy, Co. Laois	75 Units

The first tenant in a Sue Ryder House was welcomed in autumn, 1981. The aim of the Foundation is the *'enhancement of life for people, our community-based, non-profit housing developments are designed especially to promote independent living, in security, peace and comfort, without pressures but maintaining dignity which adds not just years to life, but life to those years as well'*.

The tenants in the Sue Ryder Foundation schemes are aged over 65 years, and all tenants have to be independent and active. The average age of the tenants in the different schemes is mid 1970s, however in Dalkey, Co Dublin, the average age is higher at over 80 years.

Additional Non-Housing Services

There are a number of additional services that are provided in the five housing schemes. In each scheme meals are provided for two reasons, firstly to assist tenants by providing nutritious meals and secondly to serve as a social occasion for the tenants to meet. Each scheme has a supervisor on call 24 hours a day. Other services that are available in all or some of the housing schemes include alarm systems, day centre/communal area, communal activities, laundry, hairdresser, visiting chiropodist, nursing service and a visiting doctor.

The communal areas take the form of either a day room as part of the complex or a separately built centre on-site where the tenants gather for meals and social events.

Revenue Funding

The Sue Ryder Foundation in Ireland has 305 voluntary staff members, and 93 paid staff (full time and part time).

Each of the housing schemes has good links and relationships with local organisations. The schemes in Ballyroan and Kilminchey have links with active retirement groups in the local areas and the Kilminchey scheme is located beside a nursing home where there is a good relationship between the two organisations, however there are no defined links regarding entitlement of the housing associations tenants to places in the nursing home.

Fundraising is essential for the revenue funding to provide for the operating costs in each of the schemes. In order to help with the financial constraints of providing housing for the elderly the Sue Ryder Foundation has opened many shops and restaurants throughout the country, these are both a means of fund raising and also for providing commodities for individuals on restricted incomes. The Sue Ryder Foundation have established 18 shops and one restaurant and the finances raised through these means help to go towards some capital expenditure and also subventions for some tenants.

The Sue Ryder Foundation does not receive any statutory revenue funding for their 219 units of elderly accommodation, i.e. Section 65 funding from the Health Boards. The organisation has to rely on the rents they receive from their tenants and the income from the shops to fund the management and maintenance of the housing units and the additional services.

The Sue Ryder Foundation relies on the combination of rents charged to tenants, significant fundraising and service charges paid by tenants for financing the additional support services.

Carnew Community Care

Carnew Community Care is a relatively small, local community based housing association that provides housing units for the elderly in Carnew, Co. Wicklow. They manage a total of 28 housing units on one scheme that was built in three phases (22 single and 6 double units). Phase one saw the completion of 8 units of accommodation and was officially opened in 1987, phase two completed a further 8 units and was opened in 1990 and the final stage saw the development of 12 units and was officially opened in 1998. Carnew Community Care's housing scheme can be described as a group scheme as there is a low level of care and support available to the tenants.

Carnew Community Care was established in early 1984 when the idea of providing facilities for the large number of elderly people by the local community area was put forward by Fr. Seamus O'Byrne. In 1984 a management board was elected and Carnew Community Care was set up.

The aims of Carnew Community Care are *'to provide housing units for elderly people, with great emphasis placed on encouraging tenants to maintain their independence whilst providing the services to meet their needs. Also to provide Day Care facilities for both the tenants of the houses and the elderly living in the surrounding area.'*

Tenants in the housing scheme operated by the association are over the age of 65 and should be independent and active. The age limit can be flexible if persons of a younger age are in housing need and require sheltered housing services. In September 2003 the age profile of the tenants comprised of:

- 7% between 55-60 years
- 61% between 60 – 80 years
- 32% tenants over the age of 80.

Additional Non-Housing Services

Tenants can receive additional support services which are available from a separate but linked day centre that was built and opened in 1990. The day centre was built under the Community Youth Training Programme operated by FÁS.

The day centre has become the focal point for the wider community and provides a range of services and facilities for elderly persons from the surrounding community. Together with the tenants of the housing scheme a total of 504 clients avail of the services in the day centre, these additional clients come from the surrounding area in County Wicklow. Due to increasing demand an extension to the day centre was constructed recently.

The services that are available in the Centre to the tenants of the scheme as well as the wider elderly population include a variety of support and care services such as:

- A four course meal provided daily as well as meals on wheels

- Full-time nurse, 9am – 5pm Monday to Friday, on-call staff at weekends and day respite care
- Laundry
- Physiotherapy and chiropody room
- Alarm systems
- Hairdressing salon
- Bathroom with invalid facilities including Parker Bath
- Clothes shop
- Outings are organised regularly and there is a weekly social afternoon and a weekly mass
- To facilitate groups such as Friends of Newcastle, Sunbeam House flexi group, Alzheimer day respite
- Home First Project – this project is aimed at keeping the older person healthy, active and involves intergenerational horse riding, old time dancing, computers.

Revenue Funding

Carnew Community Care employ staff through the Community Employment Initiative. A total of 16 people work in the running of the day centre with great emphasis on training and development of their skills. Further staff include 12 voluntary members, 4 full time staff and 2 part time staff. The Sisters of the Daughters of Charity have also played a significant part since the beginning of the project, and have been involved in all areas of the work of Carnew Community Care.

Carnew Community Care receives statutory funding for the additional services they offer. This funding is for all the services that are provided through the day centre available to all 504 elderly persons in the surrounding area not just Carnew Community Care tenants. The majority of the funding covers staff costs including clerical staff, nurse's assistant, cook and physiotherapist. The statutory funding is supplemented by ongoing fundraising to meet the demands of their services.

They plan to develop and expand their additional services that are offered to the tenants. Sr. Claire Stakelum of Carnew Community Care explained that *“our stock of 28 houses is nearly always occupied and we have a short waiting list. The main growth area is with the services, a further extension to the day centre has commenced”*.

Dublin Central Mission

Dublin Central Mission is a large housing association based in Dublin which provides 81 units of social housing for the elderly, located in two housing schemes in 'Margaretholme' in Sandymount, Co. Dublin and 'Alt an Óir' in Glengary, Co. Dublin.

Dublin Central Mission was founded in 1893 as the social arm of the Methodist Church in Dublin. The aim of Dublin Central Mission is *'to make their autumn years of their residents truly golden by building well designed modern houses and retaining them according to peoples financial or social needs, we provide in the complexes security and a special atmosphere of unobtrusive support'*.

The Dublin Central Mission schemes are intended for people over the age of 65, irrespective of their creed or denomination, who are active and independent to a certain degree. In September 2003 the age profile of the tenants was:

- 13% between the ages of 65-75
- 67% between the ages of 75-85
- 20% over the age of 85.

The average age of the tenants in the two schemes is approximately 83 years with a few tenants over 90 years old.

Additional Non-Housing Services

The support offered on site is described as 'enhanced support'. Both schemes have 24-hour unobtrusive care support for the tenants with on-site staff who are responsible for the daily running of the scheme

The housing association offers a wide range of services to their tenants including a daily four course mid day meal seven days a week, 24 hour unobtrusive care and an emergency on-call system, helping tenants with dressing, shopping, making beds and laundry during short term illness. Other additional facilities and services provided in the housing schemes include a communal area, a Community Health Nurse, assistance with forms and making hospital/doctor appointments, a visiting hairdresser and chiropodist, a visiting library, and an on-site shop (Ailt an Óir only).

Funding

In September 2003 Dublin Central Mission had 23 staff members, including 5 administrative / maintenance staff, 8 staff in Margaretholme and 10 in Ailt an Oir.

The total State funding received by the Dublin Central Mission in 2003 amounted to approximately €38,000. There were two elements to this funding.

- (a) a contribution of €1.27 towards the cost of each meal served to the tenants, and
- (b) a reduced Supplementary Welfare Allowance granted in respect of a minority of the tenants.

The remaining cost of providing the services which amounted to €675,000 in 2003 was financed by tenants' contribution and fundraising activities.

Dublin Central Mission has established firm links with local services for the older person and has the support of the Community Health Nurse and the local GP. In 1998 Mount Tabor Care Centre and Nursing Home was opened in Sandymount and there is an agreement with the nursing home that 15 beds are available for the tenants of the sheltered housing schemes if they are vacant when needed.

Dublin Central Mission has at present no plans for any further developments of sheltered housing. According to Mr David Lee *'our present units are currently operating at a loss, until this deficit is eliminated or reduced significantly no further developments will be considered'*. He also stated that unless state bodies increase revenue funding made available to their organisation they will be forced to reduce the services and level of support currently offered to their tenants.

Dublin Central Mission has expressed further concerns about their future. One of their main worries is the attitude of statutory bodies towards their services. 'Aside from the funding issue the other area of concern for us is the lack of appreciation of the role of sheltered housing, particularly within the hospitals and health bodies,' explained Mr Lee. *"This manifests itself in the manner that hospitalised residents are released back to the sheltered housing without prior warning or consultation, even though the residents may be dependent on others for support"* he concluded.

Appendix Two: Questionnaire

ICSH SURVEY ON SHELTERED HOUSING SCHEMES 2003

Name of Organisation:

Contact Person:

Contact Phone Number:

1. How many units of elderly / sheltered accommodation do you provide, where are they located and what level of care is provided?

Note: Location = County

Level of Care = **High** (Assisted independent living, have onsite staff like wardens and

caretakers and extra support services)

Low (Housing for active elderly, with limited support services, limited or visiting staffing required)

No. of Units: _____ Location: _____ Level of Care: _____

No. of Units: _____ Location: _____ Level of Care: _____

No. of Units: _____ Location: _____ Level of Care: _____

2. What additional services do you offer in your housing schemes?

(i.e. day centres, assistance with hygiene and care, meals on wheels, laundry service, chiropodist, social events and outings)

3. Do you receive any statutory revenue funding for the units?

i.e. section 65 Funding made available from the Health Board

Yes / No (Please circle) Amount:

What is the funding received for?

4. Have you any plans for developing further units of sheltered / elderly accommodation in the future?

Yes / No (Please circle)

If yes

How many units of accommodation are you proposing to develop? _____

Where will the proposed scheme be located? (County) _____

What stage of the development process are the units currently at?

What is the proposed completion date for the units?

Is there Capital Funding in place for the project? _____ Yes / No

Where will the revenue funding for the project come from?

If No

Is there any specific reason why you are not proposing to develop any more elderly / sheltered units?

5. Do you have any further comments?

Please return booking form by Fax: 01

6610320

Thank you for your time and co-operation
in filling in this survey.

If you have any queries please
contact Carmel Malone, Projects Officer



**Irish Council
for Social Housing**

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