NATIONAL COUNCIL FOR THE AGED

SHELTERED HOUSING IN IRELAND:
ITS ROLE AND CONTRIBUTION IN THE CARE OF THE ELDERLY
The National Council for the Aged was established by the Minister for Health in June 1981. The terms of reference of the Council are:

"To advise the Minister for Health on all aspects of the welfare of the aged, either on its own initiative or at the request of the Minister, and in particular

on methods of ensuring co-ordination between public bodies at national and local level in the planning and provision of services for the elderly,

on ways of meeting the needs of the most vulnerable elderly,

on ways of encouraging positive attitudes to life after 65 years and the process of ageing,

on ways of encouraging greater participation by elderly people in the life of the community,

on models of good practice in the care of the elderly

and

on research required to plan and develop appropriate services for the elderly."

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SHELTERED HOUSING IN IRELAND:
ITS ROLE AND CONTRIBUTION IN THE CARE OF THE ELDERLY

By
Joyce O'Connor
Helen Ruddle
and
Marie O'Gallagher

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for

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Suitable housing is a critical factor in enabling elderly people to live independent lives in the community for as long as possible. The National Council for the Aged has sought over the years to promote the importance of the concept of independent living for elderly people either in their original homes or in suitably adapted accommodation. Sheltered housing — which we define as grouped housing with on-site communal facilities and the back-up services of a warden and alarm systems — is one of the most significant developments in the fostering of continued independent living among the frail or vulnerable elderly and is an essential component of a comprehensive housing policy for the elderly. The present study was designed to quantify the existing need and provision of sheltered housing as well as to assess the quality of life of tenants who live in such accommodation in the Republic of Ireland. Broadly, the study provides a quantitative analysis based on surveys of both the providers and the tenants of such housing schemes.

The findings of the study serve to highlight a range of matters pertinent to the future development and expansion of sheltered housing. The Council hopes that the study will play a constructive part in the policy making process at both central and local government level and that it will be of assistance to all providers of sheltered housing schemes at local level. The Council, in its preface to the study, offers a number of comments and recommendations on aspects that it considers should be to the forefront for policy makers.

The Council wishes to thank the authors of the report. Professor Joyce O'Connor, Dr. Helen Ruddle and Ms Marie O'Gallagher for their pioneering work. To them chiefly and the Social Research Centre staff at the N.I.H.E. in Limerick, goes the credit for the analysis that follows. Special thanks are due to those providers of sheltered housing and the many tenants who generously gave their time and without whose cooperation and goodwill this study would not have been possible.

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L J Tuomey
Chairman
National Council for the Aged

April. 1989
Comments and Recommendations
By the National Council for the Aged

1. Introduction

The provision of housing, and in particular sheltered housing, for elderly people in the Republic represents an important challenge to policy makers and providers at local and national level. The elderly population is not alone increasing in absolute and proportional terms but is, thanks to improved social and medical intervention, living longer.

Associated with this increased longevity are the trends towards urbanisation and the breakdown of extended family networks and traditional community ties. Consequently, more and more elderly people are expected to be living alone in the foreseeable future. The 1986 census indicated that some 21 per cent of all people over 65 were living alone as compared with 18 per cent in 1981.

At the same time as traditional supportive networks are giving way to more isolated household units generally, thinking in medical circles and among providers of psychiatric, geriatric and medical care has been changing. The tendency is for less emphasis on institutional or long-stay hospital care and a shifting of responsibility on to community care. This tendency is partly, if not primarily, based on the belief that individuals will retain more freedom, independence and dignity the longer they remain in their own home.

Housing provision is itself an important facet in the preventive health care and community care of the elderly population. By definition older people are more vulnerable to the effects of poor housing. They frequently live in the oldest accommodation often without adequate sanitary or bathing facilities. Sometimes this is compounded by circumstances such as isolation, lower levels of physical mobility or the absence of transport or a telephone.

Housing provision for the elderly must be developed in the context of community care. It is a concern not merely of the housing authorities but also of the health services and caring organisations in the voluntary sector. Moreover, it is not merely the provision of housing units that is at issue but the proper provision of community care services. Such services range from medical or hospital care through community nursing, paramedical services, domiciliary support and meals services to visitation and surveillance. Depending on the type of housing chosen by an elderly
person the availability of such services will be organised in different ways.

It is against this general background that a realisation of the need for sheltered housing emerged in many developed countries since the Second World War. For, despite the aspiration to remain in one's own dwelling this is not always possible for social or medical reasons or due to high cost of maintenance, repair or heating of a house that is too large or too old. Yet by no means all those elderly people who cannot remain in their old homes require institutional care. Sheltered housing, which the Council defines as grouped housing with on-site communal facilities and the back-up services of a warden and alarms, is internationally recognised as a choice that should be widely available to elderly people since it is a suitable means of providing community care on a long-term basis. In the Republic of Ireland recognition of the need for sheltered housing appears to have come later than in Britain. While a considerable amount of sheltered housing was built in the latter by the 1960s, the bulk of new units in the Republic dates from 1976 and later.

2. Housing Policy Context

A review of the present provision and experience of tenants in sheltered housing in Ireland is timely not merely for the above reasons but in view of the changes that have taken place in the economy and in policy making circles in the 1980s. The role of sheltered housing must be assessed against the background of housing policy in general and more specifically in relation to the housing of elderly people. Adequate and appropriate housing is the first line of community care. In this context, the factors that should be borne in mind include the introduction of the Housing Act, 1988, the reduction of local authority housing provision in the last few years, and the growth of voluntary housing (and the fostering of this development through Department of the Environment capital assistance).

Of particular significance is the need to address the specific housing needs of the elderly population in a rational and informed way. This is necessary and has direct implications for the correct targeting of sheltered housing units. If, for instance, elderly people are given assistance in improving, maintaining or adapting their own homes for their later years many may not need to move into new accommodation or, in some cases, residential care. Secondly, if enough non-sheltered housing is
provided for elderly people who simply wish to be re-housed it will be
easier to make sheltered housing available to those who need it most.

The Council agrees with the recently published report of the Working
Party on Services for the Elderly. *The Years Ahead,* which recommends
a more rational approach to the housing requirements of elderly people.
In this context three broad areas need to be addressed: the assessment
of the overall housing needs of elderly people: the provision of financial
support for repairs, maintenance and adaptation of existing dwellings,
and provision of specially designed units for elderly people.

There is continued sustained demand for special housing units as
evidenced by the waiting lists for new dwellings for old age pensioners.
This has been highlighted by the Working Party Report. *The Council
recommends that the future provision of accommodation for elderly-
people be based on a factual survey by housing authorities of housing
needs among the elderly, taking into account the special difficulties of
those on low incomes, or in substandard privately rented accommodation.
This is in line with the recommendation of the Working Party Report.*

In relation to the maintenance of elderly people in their own dwellings
the Council agrees with the conclusions of the Working Party Report
and recommends that existing ad hoc schemes — specifically the Essential
Repairs Grants Scheme and the Task Force on Special Housing Aid for
the Elderly — should be replaced by a comprehensive and flexible scheme
for maintenance, repair and adaptation of housing for elderly people
organised by local authorities either directly or by providing a grant.

Often, for medical, social or cost reasons, it is not feasible to keep
elderly people in their own home or in ordinary or adapted local authority
housing. *The Council recommends 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.*

### 3. Sheltered Housing: Provision and Targetting

The National Council for the Aged believes that sheltered housing is an
essential component of a comprehensive housing policy for the elderly.
Sheltered housing is 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 — ideally of mobility standard,
with a warden service. In this sense the target population for sheltered
housing is elderly people who due to frailty, infirmities or general
vulnerability require the presence of unobtrusive but reliable support and back-up resources. Such elderly people who are not in need of hospitalisation deserve the option of maintaining the maximum level of freedom and dignified independence in their later years.

Beyond this it is to be expected that many elderly people would opt for sheltered housing where, for example, their existing accommodation is unsuitable or where they would like, in later years, to have the services associated with sheltered schemes.

Conventionally, sheltered housing is defined by the presence of a resident warden — or in some instances a mobile warden serving more than one group, and the provision of an alarm/alert system for each resident or tenant. Between different schemes there are varieties of size, location, design, on-site facilities, proximity to public services and provision of domiciliary medical and paramedical and nursing back-up services.

The present study adopts a broader definition of sheltered housing by including within its compass those schemes in the Republic which have alarm systems but no resident warden. This broadens the scope of the study significantly, though at the expense of some loss of comparability with international studies. It identifies 117 schemes with 3,504 units fitting this definition.

Demand for sheltered housing is very difficult to estimate. The authors point out that there are currently in excess of 1,000 people on waiting lists. In Britain and Northern Ireland with a more restrictive definition of sheltered housing it has been estimated by government departments responsible that between 25 and 50 units per 1,000 elderly people would be the minimum requirement for overall provision. In Irish terms that would, on the basis of the 1986 census, translate into a target of at least 9,500 and up to 19,000 units. Even allowing for the broader definition adopted in the present study, therefore, the present national provision falls considerably far short of the recommended minimum.

The Council therefore recommends that 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.

Targetting of the correct sector of the population is as important as estimating the necessary level of provision. In principle sheltered housing is distinguished by the attraction of warden security and varying degrees of support in addition to its purely housing function. The present survey
reveals that in very few cases did respondents highlight the presence of a warden as a motivating factor in moving into sheltered housing.

Poor housing conditions is the single most recurrent reason for moving, cited by 30 per cent of respondents, while the attraction of additional security or the presence of health problems were each cited by only 11 per cent of respondents. This seems to suggest that sheltered housing in the Republic is not being targeted at those elderly people who most need the special attractions it offers but rather at a more general category of elderly people many of whom might be satisfied in 'special' or more typical housing. Additionally, it must be stressed, this implies that some categories of elderly people who stand to benefit most from sheltered housing may be denied the opportunity to avail of it.

In relation to targeting, the Council agrees with the authors in calling for a more formalised but not inflexible set of criteria to be developed as the basis for allocating units. Also, information and advisory services on all the options for each applicant should be provided either by the providers themselves or by area based community information centres.

The Council recommends that the criteria for the allocation of sheltered housing units should take into account not only the housing and family circumstances of applicants but also their physical and mental health. In making allocation decisions it is essential to adopt a multidisciplinary approach drawing on the expertise of medical, nursing, social work and housing personnel.

Since some elderly people may choose to live in sheltered housing in anticipation of future care needs they should not be obliged to meet overly rigid criteria. However, if such a demand is identified it follows that the housing and health authorities must further provide for an expansion of sheltered housing with its attendant facilities and services.

In matching facilities and applicants some account should be taken of the existing mix in a scheme by means of consultations with wardens. On this basis providers can better guarantee the targeting of sheltered housing towards those who need it most.

4. The Role of Sheltered Housing in a Continuum of Care

Sheltered housing is both more than a housing service for elderly people and less than institutional care. Indeed, some authorities prefer the term 'grouped housing' to sheltered housing because the latter might define an over-protective atmosphere.\(^2\) The Council takes the view however that sheltered housing is distinguished from grouped housing by the
availability of on-site facilities such as common dining or lounge areas, shared laundry facilities and the presence of a warden and alarm service. The main purpose of such on-site services is to provide a supportive setting for independent living while ensuring the right to privacy in a normal community atmosphere. Some on-site services, such as day rooms, can provide a focus for contact with elderly people and others in the outside community. This separates the concept of sheltered housing from that of a welfare home. However, while a sheltered housing scheme typically stops short of having permanent nursing facilities on-site, it is vital that a range of services are provided through the health board community care programme as the need arises. Thus, sheltered housing should be understood as forming part of a continuum of care to the elderly.

Additionally, sheltered schemes can prove to be ideal locations for activity orientated day centres benefitting tenants and elderly people in the surrounding community. The Council recommends that the health boards liaise with providers of sheltered housing with a view to the provision of more sheltered housing based day centres.

The present study reveals that some 70 per cent of tenants can be expected to live out their lives in sheltered housing. Smaller proportions regrettably may need to go into institutional care at some point or move in with relatives if they become incapacitated. Thus, for the majority, sheltered housing is not a stage but a home for life.

Within schemes there appears to be a range of people with varying levels of limited mobility or frailty. A majority of tenants interviewed experienced some form of ongoing ailment, more usually circulatory or bone related. Most had seen a doctor within the preceding 6 months and about half tended to see the doctor monthly or more. A small but significant minority had some problems with mobility or self care tasks. A larger grouping, as much as a quarter of all tenants, needed assistance with domestic tasks, cooking and shopping. About half of tenants had difficulties with foot care.

These findings highlight the need for ongoing community health services and domiciliary supports to people in sheltered housing. The special need for chiropody services has to be stressed.

Tenants in schemes with wardens reported a wide range of contact levels with the warden service, varying from daily contact in 50 per cent of cases to less than weekly contact in the case of 25 per cent. This perhaps reflects the mix of tenants in schemes and their variable need for contact and support.
The variation in mobility, health and frailty, and in the level of contact with wardens is understandable. At different stages tenants can be expected to require more help, especially as they become older. The on-site services and staff and the community care services from outside are intended to meet such needs as they arise without leading to institutionalisation. The presence of a majority of tenants who are reasonably mobile and independent has to be seen therefore in a long-term perspective.

The provision of sheltered housing in future decades needs to be conceived in a way that anticipates demographic changes and the long-term needs of tenants. Greater numbers of people will require this type of accommodation. In time the average age of the population residing within existing schemes will tend to rise. Taking into account these factors and the inevitability of more frequent temporary illnesses of older people it is difficult to avoid the conclusion that some sheltered housing at least will need to have additional facilities — in some cases a sick bay or nursing care unit.

The main emphasis, however, should be placed on the provision of sufficient public health nursing services to tenants in their own house or flat within the scheme and adequate short stay facilities in hospitals for assessment and rehabilitation. In this respect the Council notes the comments of the Working Party on Services for the Elderly on the inadequacy of the existing ratio of community nurses to population. The Council re-iterates the Working Party's recommendation that the home nursing service be expanded to deal with often longer-term illnesses of elderly people not dealt with by hospital admission.

In the final analysis, although sheltered housing is a home for life for the majority of tenants, a minority, perhaps a quarter of all tenants, will eventually require some form of constant care. It is essential that sufficient resources in the form of hospitals and nursing homes or boarding out facilities are provided by the health authorities to care for those tenants who become too dependent or incapacitated to cope with life in sheltered housing.

The Council recommends the development of existing geriatric hospital/homes, long stay district hospitals and welfare homes as Community Hospitals offering a wide range of short stay and long-term care services to elderly persons. This should be done along the lines set out by the Working Party Report on Services for the Elderly.
5. Size, Location and Design of Sheltered Housing

It is difficult to recommend an ideal size for sheltered housing schemes. Rural schemes tend to be smaller while the economics of providing a warden service suggests a minimum of 20 units. Schemes which have in excess of 50 are thought by some authorities to be ill-advised. They can lead to excessive demands on wardens, necessitating additional staff and consequently leading to institutionalisation.

Location of sheltered housing should be governed by the needs of older people to remain relatively near their present community, not too far from relatives and close to various services. Location imposes constraints on the size and facilities of a scheme as well as on the cost-effective provision of warden services. Where this is the case and a regular warden service is not possible, as in rural areas and some small schemes in towns, the Council takes the view that the providing body must ensure that regular surveillance and emergency back-up is given by other means (see Section 6 below).

The final decision about size and location must be made with reference to local need and circumstances as determined through consultations between sheltered housing providers, local and health authorities and other voluntary bodies concerned with the elderly (see Section 8 below on co-ordination).

Sheltered housing should be designed with a view to facilitating the maximum mobility and independence of the elderly tenant. Specific features of ideal design are listed in Chapter 11 of this study. The issue of good design has also been addressed by the Welfare Section of Dublin Corporation in its brochure "Housing for Senior Citizens".

However, the study reveals that features which should be standard — central heating with an additional option of traditional solid fuel fireplaces, rails on stairs, aisles or in bathrooms — are absent in many instances. The survey reveals in the region of one-third of tenants with some level of dependency.

This has to be viewed dynamically. As a sheltered home is intended as a home for life, each unit should be designed to cope with some anticipated deterioration in mobility and health. Therefore the Council recommends that all units be brought up to mobility standard, with allowance for special needs in exceptional cases. Grab rails should be fitted in bathrooms and other areas in the unit where necessary.

Mobility considerations imply a preference for single storeyed schemes. But this is not always possible or essential. III the case of two
or more storeyed buildings the Council recommends that providers pay particular attention to the allocation of ground floor flats to those tenants who cannot manage stairs. Where there are a number of such tenants involved some additional consideration should be given to the feasibility of providing a lift.

6. The Warden Service, Alarms and Support Committees

The provision of a warden service has long been regarded as a central feature differentiating sheltered housing from other types of living. The present study bears out this view.

The role of the warden is best understood in the light of the objectives of sheltered housing, namely a home for life for elderly people who require unobtrusive support in maintaining as much independence as possible for as long as possible. Thus, the warden is often thought of as catalyst and facilitator rather than an institutional figure. Wardens do not dictate the routine of elderly tenants but provide active "good neighbour" services as personnel who "oil the works" and provide support, as demand varies, from one tenant to another. Not a nurse, the warden is there in order to provide some back-up support, security and emergency help. In keeping with this concept it is important that the warden is sufficiently known to the tenants and accessible, if required, on a daily basis. Providers should ensure that this principle is upheld and that, even with the introduction of community wardens who move from one scheme to another, local on-site warden services continue to be provided. This need is acknowledged in principle by the Welfare Section of Dublin Corporation.\(^5\) The Council recommends that the Co-ordinators of Services for the Elderly and the District Teams (See Section 8) should, in consultation with the providers of sheltered housing, ensure that specific wardens are assigned to particular schemes or specified groups of tenants.

The training of wardens is important in order that they understand the nature of their role. Most providing bodies select wardens for personal qualities deemed appropriate rather than any specific medical or nursing qualification. Wardens are expected to have a good basic education, commitment, patience and motivation. The Council therefore recommends that particular attention be given to the provision of initial and in-service training and advice for wardens. In addition, there should
be a close definition of the duties of the warden and appropriate working and holiday conditions.

The Council recommends the Departments of Health and the Environment, when issuing guidelines on standards and the responsibilities of agencies involved in sheltered housing provision, should include a list of the contents of training required for wardens and should specify who will be responsible for training.

Changes in the age profile of elderly tenants and the attendant rise in frailty or dependency can stretch the warden’s duties in a quasi-nursing direction. This should be anticipated in training and reviewed from time to time in seminars and in-service training courses. It is not advisable that wardens evolve into a nursing type service. In the first instance the health board should be alerted to provide adequate domiciliary and public health nursing support for more frail tenants. It is important to properly consult with wardens when providers are allocating new tenancies. By having the proper mix of more and less independent tenants the objective of sheltered housing can best be realised.

Wardens should have the backup support of a supervisor. While supervision and immediate support and advice to wardens is the responsibility of providers, wardens should also have direct lines of contact with personnel responsible for the co-ordination of services for the elderly. In the first instance this means the District Liaison Nurse and District Team (see Section 8).

New technology in the form of alarm systems has become a regular feature of sheltered housing schemes. The advent of alarms poses opportunities to improve and extend the objectives of sheltered housing by enabling wardens to provide genuine 24 hour cover for tenants. As yet it is unclear what the ideal system should be. However, the Council recommends that alarms be speech based and that a base for alarm calls be available on a 24 hour a day basis. If possible providers should seek to provide tenants with portable alarm triggers in view of the obvious limitations of fixed switches.

Alarms also allow for the possibility of maintaining a network of communication in schemes where there is no resident warden. The Council, however, has serious reservations about any idea of substituting alarms for a regular warden service. In the case of mobile wardens covering more than one scheme, such as the Community Wardens envisaged by Dublin Corporation, alarms are absolutely essential. Likewise, where schemes exist that are not provided with wardens (e.g. due to size) alarms as specified above are vital. Where the warden service is
confined to working hours, tenants should at all other times be able to make contact by speech-based alarms with other back-up personnel appointed by the providers.

Where schemes exist that have no warden service the Council recommends that to merit the description of "sheltered" they ought, at the very-least, to be covered by a voluntary or community support committee which provides a warden-type support service, particularly daily visitation and an emergency on-call service. Suitable alarms or new telecommunications technology should be provided for such support committees. Suitable training should be provided for volunteers.

A possibility worth further exploration is the provision of warden type services to elderly people living independently in their own home or in more typical rented local authority housing. Such a warden service could extend the notion of sheltered housing. In this context alarms could provide additional back-up to such wardens. The provision of such a service could provide an additional outlet for wardens in small sheltered housing schemes and make the service more cost-effective.

7. Financing Sheltered Housing

The financing of sheltered housing is reasonably unproblematic in the statutory sector since the funds are necessarily supplied by the providers. The voluntary sector, which is increasingly active in providing sheltered housing, necessarily draws funding from both statutory sources and fund raising activities. Finally, rental charges contribute towards some of the day-to-day costs of sheltered housing.

In the Report of the Working Party on Services for the Elderly it is recommended that under the existing Department of the Environment scheme to assist in the provision of voluntary sheltered housing the capital loan assistance should be raised to 95 per cent. The Council calls for the implementation of this recommendation.

At present the provision of communal on-site facilities by voluntary organisations receives no direct assistance from statutory sources. The Council calls for implementation of the recommendation of the Working Party on Services for the Elderly calling for health board provision of community day centres, where appropriate, in sheltered housing schemes. In the case of the provision of other communal on-site facilities the Council recommends that the Department of the Environment Capital Assistance Scheme should be extended to help voluntary organisations with building costs.
The Council, in line with the recommendations of the Working Party, calls on the Department of the Environment to offer some financial support to voluntary housing associations towards the cost of maintenance in sheltered housing schemes.

8. Co-ordination of Sheltered Housing Provision

The recent Report of the Working Party on Services for the Elderly placed a central emphasis on the co-ordination of services for the elderly. Such co-ordination was outlined on the principle of a comprehensive set of supports based on areas or districts of 25,000 to 30,000 people. Such districts would have an average 2,500 to 3,000 elderly people and would require an average of 75 units of sheltered housing each.

In order to provide the required level of sheltered housing units, — and, more importantly, to provide sheltered housing as an integral part of a community care service — the Council recommends that the Working Party recommendations on District Teams and District Liaison Nurses be implemented. This requires agreement between local authorities, providers of sheltered housing in the voluntary sector, the managers of community care programmes in each community care area, social service councils and other voluntary bodies in each district. The full benefits of sheltered housing can only be realised in districts where such district teams work together to identify the elderly in need and to mobilise appropriate services for various voluntary and statutory sources.

To make co-ordination operate successfully at district level it is essential that the focus on co-ordination of services for the elderly is actively taken up at the central government level, particularly between the Department of Health and the Department of the Environment. This is especially crucial in the development of sheltered housing which, by definition, involves the co-ordination of housing and community care services.

The Council recommends that the Departments of Health and Environment should issue joint guidelines on sheltered housing standards and on how health boards, local authorities and voluntary bodies should coordinate their efforts to ensure the provision of sheltered housing with adequate and appropriate services in each local area. These guidelines should outline the division of responsibilities between co-operating statutory and voluntary bodies. These guidelines should refer specifically to the funding of capital, maintenance and running costs, and warden services, and address the question of apportioning such costs between
different Departments, health boards, local authorities and voluntary agencies.

In view of the growing involvement of voluntary housing bodies in the provision of sheltered housing it is essential that their efforts be integrated in a planned way into a comprehensive community care service. The Council calls for implementation of the recommendation contained in The Years Ahead for the appointment of Co-ordinators of Services for the Elderly among whose responsibilities would be the co-ordination of voluntary sheltered housing provision in respective community care areas.

9. Summary of Recommendations

Recommendations on Housing Provision and Maintenance

1. Future housing provision for elderly people should be based on a factual survey of housing needs by the housing authority in line with the recommendations of The Years Ahead.

2. Existing schemes such as the Essential Repairs Grants Scheme and the Task Force on Special Housing Aid for the Elderly should be replaced by a comprehensive and flexible maintenance, repair and adaptation scheme for the elderly organised directly or grant aided by local authorities.

Sheltered Housing Provision and Allocation

3. Local authorities and health boards should jointly ensure that adequate provision of sheltered housing is available for elderly people as the first choice when existing accommodation is unsuitable for repair or adaptation.

4. The supply of sheltered housing should be expanded in a phased way, via statutory and voluntary or private means, so that by the year 2000 the minimum norm of 25 units per 1,000 elderly people is reached.

5. The criteria for the allocation of sheltered housing units should take into account not only the housing and family circumstances of the applicants but also their physical and mental health.
Health Services

6. The recommendations of the Working Party on Services for the Elderly concerning an expansion of the home nursing services should be implemented by health boards.

7. The health boards should liaise with providers of sheltered housing in order to provide sheltered housing based day centres.

8. The recommendations contained in *The Years Ahead* concerning the development of community hospitals with a range of short stay and long-term care services should be implemented by health boards.

Design

9. All units should be brought up to mobility standard with grab rails in appropriate areas.

10. In two or more storeyed buildings providers should ensure the availability of ground floor flats or lifts to facilitate frail tenants who cannot climb stairs.

Warden Service and Alarms

11. Co-ordinators of Services for the Elderly and District Teams should, in consultation with providers, ensure that the warden service is organised so as to have a specific warden responsible for a specific scheme or group of tenants.

12. Initial and in-service training should be given to wardens and their duties and responsibilities should be set out clearly.

13. The Departments of Health and the Environment should include in guidelines on standards and responsibilities of providers of sheltered housing a statement of the contents of the training requirement for wardens and whose responsibility training should be.

14. Alarm systems should be speech-based and connected to a manned base 24 hours a day and, if feasible, operated using a portable trigger.
15. Schemes without a regular warden service should be provided with alarms and a support service provided by voluntary community support communities.

Financing Sheltered Housing

16. The recommendation of the Working Party on services for the Elderly that Capital Loan Assistance from the Department of the Environment be raised to 95 per cent should be implemented.

17. The Department of the Environment Capital Assistance Scheme should be amended to help voluntary providers build on-site communal facilities.

18. The recommendation in *The Years Ahead* that the Department of the Environment provide support to voluntary organisations towards the maintenance of sheltered housing should be implemented.

Co-ordination

19. District Teams and District Liaison Nurses, as outlined in the Working Party Report, should be established in order to co-ordinate sheltered housing provision with other necessary community care services in districts of 25 to 30 thousand people.

20. The appointment of Co-ordinators of Services for the Elderly in each community care area, as outlined in *The Years Ahead*, should be implemented.

Joint Departmental Guidelines

21. The Departments of Health and the Environment should issue joint guidelines on sheltered housing standards and how health boards, local authorities and voluntary bodies should co-ordinate efforts in the provision of sheltered housing, outlining the respective responsibilities of each.
References

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None of the above mentioned is responsible for the final manuscript: any errors or omissions are the sole responsibility of the authors.
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CHAPTER ONE

Introduction

This report presents a profile of sheltered housing for the elderly in Ireland. As used in the report, the term sheltered housing refers to accommodation which has a resident warden and/or which has an alarm system fitted to each dwelling and where occupancy is restricted mainly to elderly persons. Sheltered housing represents one stage on a continuum of care options available to the elderly in Ireland, ranging from alterations or modifications to existing homes, to special small-unit housing, to long-stay care facilities. While special housing for the elderly involves different types of accommodation, the focus of the study is, however, solely on sheltered housing. The study on which the report is based investigates the level of provision of sheltered housing and assesses its role and the nature of its contribution within the general context of care of the elderly. The study involves three different but interrelated phases of research: a census of the extent and type of sheltered housing provided in Ireland; an exploration of the perceptions of various service-providers from voluntary and statutory bodies involved in the area; and an exploration of the views and experiences of the elderly people who live in this kind of housing.

Context of the Study

In Ireland, as in other European countries, there has been a steady increase in the size of the elderly population or those aged 65 years and over. Population projections for the period 1981 to 2006 predict a seven per cent increase among those over 65 years of age and, more significantly, a 20 per cent increase among the so called "old elderly" or those over 75 years\(^1\). It is among this latter group that significant levels of functional impairment become evident and it is this group also who use a disproportionate amount of services. Not only are more people living into old age but there is an increasing tendency for these elderly
people to be living alone. Between 1971 and 1981 there was a dramatic increase (57%) in the number of elderly persons living alone and a growth of 31 per cent is projected for the period up to 2006. The 1986 census figures indicate that, at present, 21 per cent of elderly persons are living alone compared with 18 per cent in 1981.

There are significant implications for future policy in relation to the elderly in these population projections which predict a much higher demand for services enabling old people to continue living in the community and at the same time a decrease in the family support base that might provide such services.

**Community Care of the Elderly**

The dominant popular image of old age is one of inevitable physical decline, deterioration of mental faculties and increasing dependency. The evidence from research, however, is that the vast majority of the elderly, even in advanced old age, can function independently in the community with about five per cent needing to be accommodated in institutions of one type or another. Current policy with respect to care of the elderly is guided by the concept of community care. Community care is based on the objective of avoiding institutionalisation and maintaining elderly people as functionally active members of the community for as long as possible. In practice, care in the community essentially means care by family with female relatives in particular bearing the major brunt of providing the care and support that enables elderly people remain in their home environment. Various social changes have, however, decreased the amount of family support potentially available to elderly persons; these factors include a decline in family size, an increase in the number of women working outside the home and greater mobility leading to greater geographical distance. There is also the fact that widowed and unmarried women form an increasing proportion of the elderly population and these people are deprived of the first line of family support which is that of a spouse. In order to prevent unnecessary institutionalisation, it cannot be assumed in the future that the same level of family support will continue to be available and statutory and voluntary support services will need to be provided more and more.

**Continuum of Care Options**

Elderly people do not of course form a homogeneous group and their needs are as diverse as those of any other age-group in the population.
In order to establish an adequate system of provision for the elderly, this diversity of needs has to be recognised and a continuum of care planned which makes available a variety of options. Basically, the range of housing and care options needed can be incorporated into five different types of accommodation. In some cases, the needs of the elderly persons concerned may be best met through enabling them to stay put in their own homes, in conventional housing. Staying-put, which is the first stage in the continuum of care options, is not a simple or easy solution and its successful implementation relies on the existence and application of schemes for physical improvements or adaptations to the home of the elderly person, along with a range of domiciliary services to enable continued independent living and financial assistance in the form of grant aid. For some elderly people, staying-put is not a viable option and their needs require special small unit housing which facilitates mobility and perhaps provides additional support through an alarm system or through a community warden. Those elderly people beginning to experience difficulties in coping by themselves may need sheltered accommodation with an on-site warden, communal facilities and an alarm system. Residential homes for the elderly represent the fourth stage in the continuum of care and serve the needs of the very frail or functionally disabled elderly. The final stage of the continuum is the hospital or geriatric ward which caters for those elderly who may not be suitable for care in a residential home.

In some cases, enabling the elderly person to remain in the community may primarily involve health services whereas in other cases it may be social, financial or housing services that need to be at the forefront. While particular services may be at the forefront at different times it is not possible, however, to neatly categorise the needs of the elderly into separate compartments to be met by one body or agency on its own. Accordingly, there needs to be co-ordination of effort between the Departments of Health and Environment at a national level and between local authorities and Health Boards at a regional level. Enabling the elderly person to remain in the community, moreover, requires a combined and co-ordinated effort not only from statutory bodies but also from family and voluntary bodies.

A Local Approach to Community Care

Despite policy emphasis on community care there has, however, been a general lack of the necessary planning and funding which would enable
such care to be put into practice effectively. The National Council for the Aged has pointed out that structures need to be established which will facilitate effective co-ordination and joint planning among those involved in care of the elderly including health and housing authorities, hospital and community care programmes and the statutory and voluntary sectors. It is the view of the Council that in planning for the care of the elderly the focus is best placed on the local level where it would become a local responsibility, susceptible to local response and local decisions and funded accordingly. The negative effects of centralisation of planning and decision-making have been noted by researchers such as Commins who questions the effectiveness of 'sectorally based' and 'vertically organised' structures of government departments and agencies and by Barrington who argues that growing centralisation has been accompanied by mismanagement and inefficiency. Placing the emphasis on a local rather than a centralised approach is regarded as being more likely to provide efficient services because it is based on local knowledge and established local links and because it recognises and capitalises on local variations and local resources.

Significance of Housing in Community Care

Since the ability of the elderly person to maintain independent living is very much influenced by housing circumstances, appropriate housing forms a centrally important link in the provision of community care. Clearly, poor housing exacerbates the problems which arise through handicap and decreasing functional ability. In addition to its physical importance, poor housing may also have significant psychological and social implications for the elderly. Since declining mobility is a frequent concomitant of increasing age, many elderly people spend a great deal of time in their own home and its condition is likely to affect their psychological as well as their physical well-being. Moreover, because of decreasing mobility, home is necessarily where most of the elderly person's socialising and entertaining must take place. However, research shows that the housing of the elderly tends to be older than that occupied by younger generations and often is in poor condition being characterised by difficult outside access, awkward staircases, inadequate heating and insulation and poorly designed kitchens and bathrooms. Even with respect to basic amenities such as piped water supply, internal toilet and bath or shower, elderly households are considerably less well equipped than are those of other groups in the population.
Housing Strategies for the Elderly in Ireland

In European countries and in the US an attempt has been made to acknowledge and to cater for the diverse housing needs of the elderly population and, accordingly, a variety of strategies have been developed. These strategies include house-sharing, leasehold schemes, mortgage annuity schemes as well as a variety of special housing schemes. However, Irish policy on housing for the elderly has, to date, focused primarily on home-improvement and special housing schemes. The Care of the Aged Report, published in 1968 recommended that "where old people wish to remain in their houses and their existing accommodation can be adapted or repaired or reconstructed with the aid of the State and local authority grants to meet their needs adequately for their lifetime, this should be done." The 1988 Report of the Working Party on Services for the Elderly — The Years Ahead — also recommends that 'the main emphasis in housing policy for the elderly should be to enable elderly people to choose between adapting their homes to the increasing disabilities of old age or to move to accommodation which is more suited to their needs." The 1988 Report, however, also recommends the exploration of other strategies such as mortgage annuity schemes; the transferring of elderly people's homes to local authorities in exchange for more suitable accommodation or for repairs and adaptations to their current homes; and arrangements for sharing of accommodation which is too large for elderly owners on their own.

Schemes for Improvements, Repairs and Adaptations

Since 1982, a Task Force on Special Housing Aid for the Elderly has been in operation whose function is to determine annual financial allocations to the Health Boards to carry out improvements to the living conditions of old people living alone in unsanitary or unfit accommodation at no cost to the occupiers themselves. The Task Force operates under the aegis of the Department of the Environment and comprises representatives from the Departments of the Environment and Health and from local authorities and voluntary bodies. The scheme of special housing aid to the elderly is administered through the Health Boards. Since the scheme was established, 10,000 elderly households have been assisted in carrying out improvements. Expenditure on the scheme in 1987 was £1.5 million. The main difficulties with the scheme
are the length of the waiting lists for repairs in many Health Boards and the limited nature of the resources for the scheme.

Apart from the Task Force on Special Housing Aid for the Elderly, there are two other grant schemes which can be availed of by the elderly for adaptations and repairs to their homes. In rural areas, local authorities operate an Essential Repairs Grant Scheme. Under this scheme limited repairs may be carried out to make the house habitable so that the householders can remain in their own homes instead of being accommodated elsewhere. A local authority may recoup half of the grant from the Department of the Environment to a maximum limit of £600 in any one case. The House Improvement Grant for Disabled Persons provides financial aid for the construction of an extra room or other structural change which is necessary for the accommodation of a disabled person. In the case of local authority tenants, the approved cost of the improvements may be met in full while in other cases the grant covers up to two-thirds of the cost. The maximum amount payable to owner occupiers under this scheme is £5,000.

It is pointed out in *The Years Ahead* that the Task Force on Special Housing Aid for the Elderly, the Essential Repairs Grant Scheme and the House Improvement Grant for Disabled Persons represent ad hoc responses to the needs of the elderly in poor accommodation and, as a result, they are often inadequate to meet existing needs. The Report recommends that such ad hoc responses be replaced by a 'comprehensive and flexible repairs and adaptations scheme for the elderly and disabled which local authorities could administer either by the provision of a grant or by organising the work on behalf of the elderly person".

**Policy on Provision of Housing for the Elderly**

In addition to home improvements, both the *Care of the Aged Report* and *The Years Ahead* also made recommendations on the provision of special housing for the elderly. The main channels through which housing accommodation is currently provided for the elderly are the local authority housing construction programme and the scheme of financial assistance to voluntary housing organisations. The provision of dwellings for elderly persons in need of housing and who cannot provide it from their own resources is a fundamental part of local authority housing policy. Guidelines from the Department of the Environment issued in 1970 recommended that in the measurement of housing needs in their areas local authorities should give special attention to the needs of elderly
people. The *Care of the Aged Report* had previously recommended that each local authority reserve for allocation to elderly persons a minimum of 10 per cent of all dwellings provided. However, the adequacy of this quota is called into question by recent statistics on the local authority housing programme. For example, since 1982 the number of approved applicants on waiting lists for local authority housing has fallen by 38 per cent while the number of applicants for elderly persons dwellings has decreased by 22 per cent. The number of dwellings provided between 1984 and 1987 fell by 49 per cent while the estimated number of houses to be completed in 1988 (1,600) is less than half the number built in the previous year. The capital allocation for local authority housing has fallen from a high of £214 million in 1984 to £86 million in 1987 and to £50 million in 1988. Most of the 1988 allocation was for completion of construction. It is argued in *The Years Ahead* that, given the projected increase in elderly households and the much reduced level of the local authority building programme, the needs of the elderly can no longer be met by a target of 10 per cent of new local authority accommodation. Accordingly, the Report recommends that, ‘in future, housing provision for the elderly be based on the factual assessment of need carried out by housing authorities’\(^{14}\). The Housing Act, 1988 ensures that certain categories of housing need, including the elderly among others, are specifically recognised and provided for in the planning, provision and allocation of local authority housing. According to this Act each local authority is obliged to make an estimate of its existing and prospective housing requirements and to carry out assessments of the housing needs of particular groups such as the elderly.

**Financial Assistance to Voluntary Housing Sector**

Apart from local authority provision, voluntary bodies can play a significant role in providing a diversity of housing solutions to cater for the varying needs of the elderly\(^{15}\). In recognition of the potential of voluntary housing, the Department of the Environment initiated a scheme in 1984 which provides loan finance and a subsidy towards loan charges for the provision of accommodation to elderly persons eligible for local authority housing or institutional care at public expense. Under this scheme, a local authority may make a grant to an approved non-profit or voluntary body to meet 80 per cent of the cost of an eligible project up to a maximum equivalent of £20,000 for each unit provided, on condition that at least 75 per cent of the units are allocated to elderly persons
or others who could not reasonably be expected to secure adequate accommodation from their own resources. In 1987 a sum of two and a half million pounds was allocated for the scheme. The projected allocation for 1988 amounts to five million pounds of which one million is part of a special allocation designed to encourage greater provision of accommodation for the homeless. In 1988 the capital assistance limit for housing by approved voluntary bodies was increased to 95 per cent in the case of homeless people but the 80 per cent limit still applies in the case of elderly people.

### Provision of Housing for the Elderly in Ireland

The current stock of local authority housing for the elderly and disabled amounts to approximately 12,000 units (Table 1.1).

Over the period 1972-1981, on average, just over 11 per cent of all local authority housing provision had been in the form of housing units for the elderly and disabled. The total number of dwellings provided by the housing authorities for this group over the period 1981-1987 was 5,154; a figure which represents 13 percent of the 39,672 houses provided altogether. Since 1984, however, there has been a consistent upward trend in the percentage of dwellings provided for the elderly and disabled: the figure for 1987 being 19 percent (Table 1.1).

### Different Housing Types Provided for the Elderly

Within the local authority provision for the elderly and disabled different types of housing are provided. The elderly person may, for example, be placed in a house or flat in a conventional local authority scheme. In cases where it is unlikely that there will be a continuing need for the dwelling beyond the lifetime of the particular applicant, the elderly person may be placed in a demountable, chalet-type unit. Demountables are, however, a declining feature of local authority housing: in 1981 and 1982 over 100 demountables were provided but the number has been decreasing over the years from 85 in 1985 to 42 and 38 — for all categories of housing need — in 1986 and 1987 respectively. In The Years Ahead it is argued that demountable dwellings generally do not provide an adequate standard of accommodation and that repairing the person's home or placement in alternative accommodation are better options.

Apart from conventional flats or houses and demountables, elderly
Table 1.1: Number of Housing Units for the Elderly and Disabled Provided by Local Authorities in the Period 1972-1987*

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Number of Housing Units Provided</th>
<th>Number of Housing Units for the Elderly and Disabled</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1972</td>
<td>5,902</td>
<td>590</td>
<td>10.0</td>
</tr>
<tr>
<td>1973</td>
<td>6,072</td>
<td>600</td>
<td>9.9</td>
</tr>
<tr>
<td>1974</td>
<td>6,746</td>
<td>670</td>
<td>9.9</td>
</tr>
<tr>
<td>1975</td>
<td>8,794</td>
<td>875</td>
<td>9.9</td>
</tr>
<tr>
<td>1976</td>
<td>7,263</td>
<td>763</td>
<td>10.5</td>
</tr>
<tr>
<td>1977</td>
<td>6,333</td>
<td>893</td>
<td>14.1</td>
</tr>
<tr>
<td>1978</td>
<td>6,073</td>
<td>925</td>
<td>15.2</td>
</tr>
<tr>
<td>1979</td>
<td>6,214</td>
<td>681</td>
<td>11.0</td>
</tr>
<tr>
<td>1980</td>
<td>5,984</td>
<td>625</td>
<td>10.4</td>
</tr>
<tr>
<td>1981</td>
<td>5,681</td>
<td>631</td>
<td>11.1</td>
</tr>
<tr>
<td>1982</td>
<td>5,686</td>
<td>550</td>
<td>9.7</td>
</tr>
<tr>
<td>1983</td>
<td>6,190</td>
<td>609</td>
<td>9.8</td>
</tr>
<tr>
<td>1984</td>
<td>7,002</td>
<td>1,013</td>
<td>14.5</td>
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<tr>
<td>1985</td>
<td>6,523</td>
<td>944</td>
<td>14.5</td>
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<tr>
<td>1986</td>
<td>5,516</td>
<td>830</td>
<td>15.0</td>
</tr>
<tr>
<td>1987</td>
<td>3,074</td>
<td>577</td>
<td>18.8</td>
</tr>
<tr>
<td>Total</td>
<td>99,053</td>
<td>11,776</td>
<td></td>
</tr>
</tbody>
</table>

*Source: Department of the Environment.

people may be placed by local authorities in 'special' housing. Special housing for the elderly can range from small, purpose-built accommodation without support services to sheltered housing which does involve additional support.

**Characteristics of Sheltered Housing**

The origin of the term 'sheltered housing' is uncertain. It has been suggested that it may be traced to a statement in a British Ministry of Health Housing Manual (1944) in which reference was made to the appropriate siting of housing for elderly persons: 'All dwellings for old people should be sited within easy distance of churches and shops... To assist in keeping the dwelling warm, a sheltered site should be chosen'. Nowadays, however, the term 'sheltered' is taken to imply not so much protection from the perils of the weather but rather protection from difficulties which impede independent living through provision of specially designed and located dwellings.

The characteristics of sheltered housing have by no means been precisely defined and there are different interpretations of what constitutes this particular type of accommodation. In common usage, the
term is employed to describe a whole family of different housing types. The typical sheltered housing scheme comprises independent flats or bungalows which are specially built to facilitate mobility and allow independent living. The scheme often incorporates communal spaces. Each housing unit is connected by an alarm or intercom system to nearby help which is usually — but not always — a resident warden or the scheme manager. Support services are made available to the elderly tenants as required and may be provided by on-site staff or by agencies external to the scheme. According to Butler and his co-workers, the essential elements which distinguish sheltered housing from other types of special housing are as follows: there is a resident warden; there is an alarm system fitted to each dwelling; and the occupancy of dwellings is restricted to elderly persons. However, some schemes commonly known as sheltered housing provide support through, for example, a voluntary committee or peripatetic warden rather than through a resident warden or alarm system. Age Concern in their report on sheltered housing adopt a wider definition than that of Butler and his co-workers in order to take account of 'the variety of relationships and practices which exist but do not fall neatly into this definition'. In their report, Age Concern use the term sheltered housing to refer to 'independent housing (which may or may not be specially designed exclusively for old people) with formal support (which may or may not be a warden service and an alarm system)'. Implementation of this basic concept of sheltered housing varies so that the many different types of sheltered accommodation provided constitute a continuum of supportive environments. This continuum ranges from accommodation that is close to conventional housing, at one end of the scale, to accommodation that approaches institutional care at the other extreme.

Types of Sheltered Housing

Heumann and Boldy have drawn up a framework for describing the diversity of types and functions evident within sheltered housing. These authors have identified three key variables which can greatly alter the character of the sheltered housing scheme. These variables are: the amount of on-site support provided, the extent of private or communal living arrangements and the overall size of the scheme. Different kinds of sheltered housing schemes may be identified by referring to their placement along each of the three continua of support provision, privacy and size.
The privacy continuum may vary from conventional bungalows with no common rooms at the most private end to schemes where only the bed/sitting rooms are private and all other rooms are communal. Some elderly people may find communal living difficult and stressful while for others it may be an escape from boredom and isolation.

With respect to the size continuum, schemes may vary from being very small, consisting of one to ten units, to being very large with a 100 or more units. While the small scheme has the advantage of blending easily with the local neighbourhood, the larger scheme will have a greater tenant range. Very large schemes may pose difficulties in that communal living will be more complex and group support and identity may be harder to establish. National policy in Britain recommends that 30 is the most units with which the warden should have to cope. However, much larger schemes are common in other European countries and in the US.

The provision of support continuum ranges from the sheltered housing scheme with no on-site support to the scheme where there is a complete on-site service of meals, housekeeping and nursing staff. The more on-site services are provided for the tenants — communal meals, social activities, nursing, housekeeping — the more "service rich" the scheme is considered to be. Basically, two groups may be distinguished: "minimal service' and 'service rich' sheltered housing. In the US and in Europe sheltered housing described as minimal service provides no resident support staff. In England, however, all categories of sheltered housing have a resident warden and the term minimal service applies to schemes where the warden is the only on-site support person. Even in minimal service schemes, the elderly tenants can happily live out their lives provided that family support is available and statutory back-up services are well developed and efficient. Such schemes are, in fact, often considered to have an advantage over service-rich schemes in that the absence of on-site staff may keep the tenants more active, more independent, and socially engaged. There is, of course, also a place for service-rich schemes which may be particularly beneficial for elderly persons who are very frail or disabled or who are coming from residential care.

Definition of Sheltered Housing Employed in Study

For the purposes of the present study, sheltered housing is defined as those schemes where the occupancy of dwellings is mainly restricted to elderly persons and the scheme has a resident warden and/or an alarm.
system connected to each dwelling. While this definition is based on the defining characteristics specified by Butler and his co-workers in England, it is broader in scope so that it incorporates "minimal service" schemes as this term is used in the US and in Europe, i.e., the scheme has no resident support staff. In Ireland, in practice, the term is used loosely to distinguish different types of housing which are not simply old people's dwellings but provide some kind of extra support. A wide definition of sheltered housing was employed to take account of these varieties of housing for the elderly. Sheltered housing schemes outside of Britain do not necessarily provide a resident warden who has responsibility for overseeing the welfare of the tenants and may simply provide just a phone or alarm system. While this use of the term sheltered housing suits the purposes of the present study, its shortcomings are acknowledged in that the significant role of the warden is not highlighted and comparisons with some of the literature from Britain are more difficult.

Provision of Sheltered Housing for the Elderly in Ireland

In the general provision for the special housing needs of the elderly, the Care of the Aged Report drew attention to the desirability of concentrating on some form of sheltered housing with dwelling units grouped in a small complex served by the necessary basic community facilities. A circular issued in 1973 by the Department of Local Government to housing authorities recommends a planned programme for providing schemes of sheltered housing in towns and villages and demountable dwellings in remoter areas, and a formal system of community care and support for the elderly or disabled when they are re-housed. The circular indicated that the planning of such schemes should involve close liaison with the Health and Social Welfare services so that the necessary support services are provided and also that the capital costs should be shared between housing and health authorities.

The Years Ahead report reaffirms the important place of sheltered housing in the provision for the elderly and recommends that "where it is not feasible to maintain elderly persons in their own house or in ordinary local authority housing, sheltered housing should be considered as the first choice." In order to ensure the continuing independence of the elderly tenants of sheltered housing, the report further recommends that there should be close liaison with the Health Board in the planning
of such schemes and the Board should provide domiciliary services and, where appropriate, day care centres.

In recent years, private developers have begun to show an interest in providing sheltered housing for the elderly and a small number of schemes are now in operation. There has also been collaboration between housing authorities, health boards and voluntary organisations in the provision of sheltered housing in various parts of the country.

Despite repeated declarations on the importance of sheltered housing, there is, however, very little information available on the overall number of schemes in existence and on their nature and characteristics. In addition to basic data on level of provision, the National Council for the Aged point to the need for information related to questions on the proper objectives of sheltered housing, on its appropriate client-group, on its effectiveness in preventing institutionalisation and maintaining independence and on a variety of management issues.

It is concerns such as these that have given rise to the present study. Information is vital to enable an assessment to be made of the role and contribution of sheltered housing in the overall context of community care for the elderly.

**Aims of the Study**

In Ireland, as in other countries, the provision of sheltered housing is considered to be very important in the care of the elderly in the community. This housing strategy is being recommended for a number of social and practical reasons including the need to prevent unnecessary institutionalisation, the desire to avoid social isolation and the need to provide appropriate accommodation for the growing number of elderly in the population. However, there is a paucity of information on the overall extent of provision and on the effectiveness and benefits of this type of housing strategy. This study is undertaken as a contribution to the advancement of knowledge and understanding of this area of care for the elderly. The study details the level of provision of this type of housing for the elderly in Ireland; it highlights the perceptions, assumptions and objectives of those who advocate or provide sheltered housing and it explores the quality of life experienced by the elderly tenants of sheltered accommodation. By highlighting some of the essential issues, both from the point of view of the elderly people themselves and from the point of view of provision and management, the study aims
to provide policy makers, service providers and voluntary organisations with the information necessary to critically assess the role and contribution of sheltered housing in the care of the elderly.

Objectives of the Study

The specific objectives of the study are:

• to provide a detailed profile of current sheltered housing provision in Ireland in terms of the number of schemes in existence, their size, age, type, location, nature (voluntary, statutory, private), regional variation, and the facilities and services they provide.

• to establish a profile of the elderly people who live in selected sheltered housing in terms of age, sex, health, marital status, financial circumstances and housing history.

• to provide an understanding of the quality of life in sheltered housing by describing the experiences and perceptions of elderly people living in sheltered schemes.

• to describe the perceptions of different service-providers from the voluntary and statutory sectors involved in sheltered housing and to examine their assumptions and objectives.

• to establish the level of satisfaction among elderly people with the facilities and services provided in sheltered schemes.

• to examine the selection process for placement in schemes.

• to examine the role of wardens in sheltered housing schemes.

• to investigate the role of alarm systems in sheltered housing schemes.

RESEARCH DESIGN AND METHODOLOGY

Aspects of Investigation

In order to fulfil the objectives outlined above the study involves three separate but interrelated and complementary aspects of investigation:

• census of provision of all sheltered accommodation by statutory, voluntary and private commercial bodies.

• in-depth interviews with key service-providers* in the area of sheltered housing.

*The term service-providers is used collectively to refer to the group of different professional, statutory and voluntary providers of services, to the elderly interviewed in the study.
• in-depth interviews with tenants* of sheltered housing

Arising from the absence of substantive information both on the level of provision of sheltered housing in Ireland and on the characteristics of the schemes in existence, the census has a fact-finding purpose and adopts a quantitative approach. The second aspect of investigation is concerned with an evaluation of sheltered housing from the viewpoint of key service-providers involved in the area who might be expected to have expert knowledge of the field. A qualitative approach is adopted to explore the views, attitudes and experiences of these service-providers. The focus of the third aspect of investigation is on the evaluation of sheltered housing by the tenants themselves. A mixture of quantitative and qualitative methods is used to determine the characteristics of the tenants, their perceptions of the services and facilities offered and the quality of life in sheltered accommodation as they experience it.

Planning and Time Sequence of Research

The research for the different aspects of the study was conducted in a number of stages as outlined in Figure 1.1. The preliminary phase involved a detailed review of the literature, discussions with the National Council for the Aged and consultations with personnel from various bodies connected with the provision of housing for the elderly. The main study was preceded by pilot tests to evaluate the comprehensiveness and usefulness of the different research instruments. An outline of the main stages of research is given below.

*The term "tenant" is specifically used in the report in preference to "resident". This is so because of the important implication that the elderly person who is a tenant also has "tenant's rights". In addition, the term "tenant" avoids any possible confusion which might arise with the use of the word "resident" which is also often used to describe elderly people requiring a high degree of care in long-stay facilities.
### Figure 1.1

#### Planning and Time Sequence of Research

<table>
<thead>
<tr>
<th>Stage</th>
<th>Purpose</th>
<th>Time</th>
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<tbody>
<tr>
<td>Planning and Organisation involving:</td>
<td>To explore the conceptual arena</td>
<td>December 1987-February 1988</td>
</tr>
<tr>
<td>Literature Review</td>
<td>To define the focus and objectives of the study</td>
<td></td>
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<tr>
<td>Discussions with National Council for the Aged</td>
<td>To facilitate the development of the research instruments</td>
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<tr>
<td>Consultations with personnel</td>
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<td>from voluntary and statutory bodies</td>
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<tr>
<td>connected with housing for the elderly</td>
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<tr>
<td>Discussions with statistician</td>
<td></td>
<td></td>
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<tr>
<td>Development of Research Instruments</td>
<td>Formulate the themes to be covered in the research. Design appropriate questionnaires for:</td>
<td>January 1988</td>
</tr>
<tr>
<td></td>
<td>• census of provision of sheltered housing</td>
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<tr>
<td></td>
<td>• exploration of perceptions of service-providers connected with sheltered housing</td>
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<td></td>
<td>• exploration of experiences and perceptions of tenants of sheltered housing</td>
<td></td>
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<tr>
<td>Pilot Questionnaires and Pre-tests</td>
<td>To test adequacy and accuracy of questionnaire and interview schedules</td>
<td>February 1988</td>
</tr>
<tr>
<td></td>
<td>To identify any methodological or organisational difficulties</td>
<td></td>
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<tr>
<td>Fieldwork Organisation and Interviewer Training</td>
<td>To inform the relevant officers of Local Authorities and Health Boards of the study and to seek their co-operation. To ensure high quality of data obtained. To familiarise interviewers with the objectives, content and context of the study</td>
<td>February 1988</td>
</tr>
<tr>
<td>Stage</td>
<td>Purpose</td>
<td>Time</td>
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<td>-------------------------------------------------------------------------</td>
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<tr>
<td>Fieldwork</td>
<td>To collect information for census of sheltered housing.</td>
<td>March 1988</td>
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<tr>
<td></td>
<td>To collect information on experiences and perceptions of sheltered housing among service providers and among tenants</td>
<td>June 1988</td>
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<tr>
<td>Data Preparation</td>
<td>To transcribe taped interviews.</td>
<td>April 1988</td>
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<tr>
<td></td>
<td>To code pre-coded and open-ended questions.</td>
<td>July 1988</td>
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<td></td>
<td>To prepare data for computer analysis.</td>
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<td></td>
<td>To input data onto computer.</td>
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<td></td>
<td>To check data</td>
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<tr>
<td>Data Analysis</td>
<td>Tabulation of the data</td>
<td>July 1988</td>
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<td></td>
<td>Preliminary analysis.</td>
<td>August 1988</td>
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<td></td>
<td>frequency counts</td>
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<td>Data Reduction</td>
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<tr>
<td></td>
<td>Data analysis</td>
<td></td>
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<tr>
<td>Final Report</td>
<td>To communicate the findings and conclusions of the study.</td>
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**Census of Extent and Nature of Provision**

A number of sources were employed to compile a list of voluntary, private commercial and statutory bodies providing sheltered housing. In the case of Local Authorities, a series of telephone calls to housing officers established which authorities provide this kind of accommodation. Each Health Board in the country was also contacted by letter. In the case of voluntary bodies, those providing sheltered housing were initially identified through a list supplied by the Department of the Environment of all organisations approved for funding through the Loan and Subsidy Scheme up to the year 1986. This list was checked and updated through consultations with experts in the voluntary housing sector. Each voluntary, private commercial and statutory body identified through initial telephone calls, letters or consultations as providing sheltered housing was requested to complete a census form giving details of the extent and characteristics of the accommodation provided. The self-administered census form was structured and pre-coded. Details of the design are provided in Appendix Two. An outline of the main themes covered is given below:
• Number of sheltered schemes provided
• Type of accommodation provided within schemes
• Year of construction of scheme
• Number of tenants
• Location of scheme
• Facilities and services provided
• Warden: duties, responsibilities, training, qualifications, working conditions
• Nature of alarm system
• Allocation policies
• Financial arrangements for funding of scheme
• Plans for future provision of sheltered housing

A covering letter (see Appendix Two) accompanied each census form outlining the purpose of the study, the value of the individual's cooperation and the importance of completing the form by the specified date. Participants were assured of the confidentiality of all information received. Completed census forms were returned by post to the Social Research Centre where they were checked for accuracy and completeness. Where completed forms had not been returned by the specified date, letters of reminder were sent. These were followed, where necessary, by telephone calls. All organisations contacted agreed to take part in the study.

**In-depth Interview with Service-Providers**

A total of 18 interviews, of approximately one hour duration, were conducted with service-providers. Those interviewed were chosen for their direct involvement or special interest in relation to different aspects of housing for the elderly. The group composition is as follows:

- architects (2)
- doctors (2)
- nurses (3)
- wardens (3)
- administrators from Department of the Environment and Local Authorities (4)

"Details of the design of the Interview Schedule are given in Appendix Two."
individuals with special interest and expertise in the area of housing (2)
representatives of voluntary bodies (2)

The inclusion of individuals from both the policy-making area and the area of day-to-day management enables a broad-ranging picture of sheltered housing to be obtained. The interview followed a structured format of questions organised to resemble a conversation with a purpose. Each interview was recorded on tape and covered the following topics:

- Housing options required to meet the needs of the elderly
- Essential components of sheltered housing
- Objectives of sheltered housing
- Role of sheltered housing in the overall care of the elderly
- Satisfaction with current level of provision
- Benefits and drawbacks of sheltered housing
- Allocation Policies
- Screening of functional ability of tenants
- Services and facilities provided in sheltered housing
- Essential support services required
- Importance of communal facilities
- Important design features of sheltered housing
- The role of the warden
- The role of alarm system
- Arrangements for financing of sheltered housing

**In-depth Interview with Tenantst**

A total of 100 interviews were carried out with tenants of different types of sheltered housing schemes. The group of tenants interviewed was selected in the following manner. First, six schemes were picked to represent city, town and rural areas. Since Dublin provides the majority of sheltered accommodation, four of the schemes chosen were in this area. Two of these Dublin schemes were picked at random from among those schemes having both a warden and an alarm system while the second two were chosen at random to represent those schemes with an alarm system only. Within each of the six selected schemes, a random

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*Details of the design of the Interview Schedule are provided in Appendix Two.*

41
sample of tenants was picked for interview. The distribution of tenants across urban and town or rural areas was 60:40. Twenty tenants were interviewed from each of the two rural and town schemes. In the Dublin area two groups of 12 tenants were interviewed in the schemes with alarm only while groups of 18 were interviewed in the two schemes with alarm and warden. In cases where the selected tenant was not contacted, due to holidays or other reasons, a substitute tenant was interviewed. Before interview, each tenant was informed of the purpose of the study and of the value of his/her contribution. The interview was carried out in private and the elderly person was assured of the confidentiality of the information received. All those contacted agreed to take part in the study.

The interview schedule followed a structured format and contained both pre-coded and open-ended questions. The following topics were covered.

- Daily routine
- Pastimes and hobbies
- Involvement in paid or voluntary work
- Best and worst aspects of life in sheltered accommodation
- Housing history
- Satisfaction with present home in terms of design, space, layout
- Perceptions and use of communal facilities
- Perceptions and use of statutory back-up services
- Perceptions and experiences of the warden
- Perceptions and use of alarm system
- Social contact with family, friends and other tenants
- Participation in social activities
- Experience of move from previous home
- Views on planning for old age
- Demographic and other factual details
- Health and functional ability
- Overall needs and concerns

**Fieldwork Training and Organisational Arrangements**

Five experienced interviewers were employed to collect the required information from the service-providers and the tenants. These interviewers were chosen not just for their skills and ability but also for their empathy and sensitivity towards elderly people and their interest in.
enthusiasm for the job. All underwent an extensive training session to enable them to become familiar with the interview schedule, to achieve a full understanding of the project and to impart a common approach. The fieldwork was carried out over the period March to June 1988. The interviewers recorded a generally very positive response to the study and the quality of the completed interviews was high.

Data Preparation and Analysis

Returned census forms were checked for accuracy and completeness and responses were coded and prepared for computer analysis. Completed questionnaires from the tenants were checked for consistency and accuracy and open-ended questions were coded in preparation for computer analysis. Further checking of the data was conducted after input onto the computer. The reduction of the considerable amount of data was facilitated by the use of the Statistical Package for the Social Sciences (SPSSX). Transcripts were made of the taped interviews with the service-providers and content analyses were carried out on their responses to each of the topics covered.

Format of the Report

The Report is organised into 11 chapters. This Introduction has detailed the context, purpose and objectives of the study and has described its research methodology. Chapter Two provides a background to the study by presenting a review of the research related to sheltered housing carried out in Britain and other European countries and in the United States. Chapter Three presents information on current provision of sheltered housing in Ireland and describes the characteristics of the schemes in existence. The following two chapters are concerned with the experiences and perceptions of a group of different service-providers from voluntary and statutory bodies involved with sheltered housing. Chapter Four outlines the views of the service-providers on the objectives of sheltered housing and on its advantages and disadvantages. Chapter Five describes the perceptions of the service-providers on a variety of management issues including allocation policies; the role of the warden, alarm systems and of communal facilities; and current arrangements for funding of sheltered housing. The focus of Chapters Six to Nine is on the elderly tenants themselves and on their experiences and perceptions of life in a sheltered environment. A profile of tenants in terms of
demographic and socio-economic characteristics and housing history is presented in Chapter Six. Chapter Seven describes the elderly people's views on the facilities and services available to them in their sheltered schemes. Issues of health and lifestyle are presented in Chapter Eight while Chapter Nine explores their needs and concerns and overall satisfaction with life. Chapter Ten presents conclusions from the study and outlines key issues for attention. The final Chapter — Chapter Eleven — discusses policy options in relation to the care and housing needs of the elderly and puts forward certain principles which should inform policy-making in this area. Three appendices are attached: the first contains additional tables; the second provides details of the research instruments used; and the third presents the job description for community wardens drawn up by Dublin Corporation.
CHAPTER TWO

Sheltered Housing: Literature Review

Introduction

The purpose of this chapter is to provide a background to the study by reviewing some of the research on sheltered housing carried out in Britain, in other European countries and in the United States. The chapter outlines the historical development of the concept of sheltered housing. The objectives put forward for providing this kind of accommodation for elderly people and its role in the overall care of the elderly are described. The chapter highlights the advantages and problems of sheltered housing both from the point of view of the elderly tenants themselves and from the perspective of providing bodies. Issues are raised related to the management of sheltered schemes including the role of the warden and the alarm system, the provision of domiciliary services, the use of communal facilities and the allocation policies employed.

Development of Special Housing for the Elderly

Only a small minority of elderly people (approximately 59%) enter institutional care of one kind or another. In order to cater for the majority who remain in the community, two major housing strategies exist. The first strategy, involving the integration of services, grants and renovation schemes, focuses on enabling the elderly person to stay put in her/his existing home, while the second strategy involves the provision of special purpose-built small unit housing.

This latter 'special' housing is also referred to as 'planned' housing in the US. From medieval times attempts have been made to recognise the special housing needs of the elderly and to provide suitable accommodation for them. In England, this early concern for the welfare of the elderly was reflected in the Alms Houses of the Middle Ages. Other early examples of special housing for the elderly include Beguinage in
twelfth century Belgium, which were self-contained communities for the elderly within the convents of the Beguine sisters and Hofjes in Holland which comprised one-room units built around a courtyard and the Fuggerel small town settlement for retired people in Germany.*

Since the Second World War, housing policy in many European countries has encouraged the rapid expansion of special housing for the elderly and a variety of forms has been developed. These different forms of special housing may be conceptualised as variations on a continuum which ranges from one extreme where housing objectives are of paramount importance to another extreme where social welfare objectives are of primary concern. The 'housing end' of the continuum is exemplified by small unit accommodation which, while it may not be built specifically for elderly persons, does nevertheless lend itself to that purpose by virtue of appropriate design or location. In Scotland, for example, all new housing is built to 'mobility standards' permitting the access of a wheel-chair — a design feature which makes the dwelling suitable for a future elderly occupant.

Many local authorities in England have built small unit housing with the elderly specifically in mind while others retain the ground floors of all tower blocks of flats for occupation by the elderly or handicapped. An example of special housing at the social welfare end of the continuum is the kind of development referred to as 'congregate' housing in the US or 'very sheltered' housing in England. In this kind of housing, in addition to small-unit dwellings, a meals service is also provided along with a variety of communal facilities and nursing and sick-bay services. In Europe, many of the schemes at this end of the continuum are large in size and physically linked to either hospital or nursing home facilities. Somewhere between these two ends of the continuum is the kind of special housing known as sheltered housing.

**OBJECTIVES OF SHELTERED HOUSING**

**Provision of Appropriate Housing**

Among many proponents of sheltered housing, the primary objective is the provision of accommodation appropriate to the needs of elderly persons. Numerous surveys in Ireland, Britain and other European countries and in the US have shown that older people often live in the poorest accommodation available in these countries. Accommodation of the elderly frequently lacks basic amenities such as indoor lavatory.
running water, and bath or shower. Poor housing clearly exacerbates the difficulties of the elderly and, accordingly, the primary objective of sheltered housing is sometimes viewed as an attempt to improve housing conditions. It has been suggested that the need to improve housing quality and standards among elderly persons could be met through home improvement schemes or placement in better quality accommodation and does not necessarily require 'special* housing.

However, the provision of sheltered housing rather than just high-quality accommodation per se reflects an acknowledgement that elderly persons have special housing needs above and beyond those of other age groups. For example, the increased possibility of physical disability among older people points to the need for specially designed houses which will enable them to maintain independent living despite physical limitations and infirmities. Apart from their special physical needs, elderly persons are also considered to require easy-to-manage, compact accommodation which is economical in terms of heating and maintenance. In this context, Butler and his co-workers introduce a cautionary note. While acknowledging that the elderly do have housing needs, these authors suggest caution in how these needs are defined, by whom and how they are responded to. Elderly people do not constitute a homogeneous group but rather each will have her/his own particular needs arising from individual life-histories.

Prevention of Institutionalisation

Apart from catering for a housing need, another frequently voiced argument in favour of sheltered housing is that by accommodating elderly persons in purpose-built dwellings, with the security of a warden and alarm system, independent living may be maintained for longer and institutionalisation delayed or prevented completely. The current emphasis on community care springs from deep dissatisfaction with institutional care and a growing awareness of the deleterious effects of what is referred to as institutional neurosis.

Institutional care is appropriate for very ill elderly persons where skilled nursing care is required. However, numerous studies from Britain and the US indicate that there are many in institutions who could live in the community if suitable housing with appropriate support services were provided: the estimates vary from 12 per cent to 60 per cent with about 30 per cent being the most frequent estimate. As early as 1962, Peter Townsend in his influential work on residential care — *The Last
Refuge — pointed out that the majority of the elderly were capable of living in their own homes in the community provided they were given the support of domiciliary services. Many elderly enter long-stay care not because of infirmity but because of non-health related factors such as poverty, poor housing or social isolation. In institutions, all daily living services and many personal care services are provided and daily activities are routinised and dictated, to a large extent, by staff. Accordingly, their environment is not conducive to maintenance of functional independence among able elderly residents. Moving to institutional care means not only relinquishing independence but also involves relinquishing many personal possessions and accepting a reduction in life space and privacy.

In addition to the possibility of premature loss of many social and self-care functions, institutional care has the added disadvantage of being financially costly. Research in the US indicates that sheltered housing is about 40 per cent cheaper per month than intermediate nursing care accommodation, mainly because of the presence of medical care staff and equipment in the nursing home. Studies from Britain on the comparative costs of sheltered housing and 'old age homes' — which have less expensive nursing services on site than nursing homes but do provide meals, personal care services and housekeeping — show a smaller margin of cost difference. One study found that sheltered housing had an average margin of cost advantage of £3-£4 per week in domiciliary service costs compared to such service costs in homes. However, Plank's research indicated that if persons with similar levels of functional ability were provided with similar levels of care, then domiciliary service costs were almost equivalent for sheltered housing and old-age homes.

Those who advocate greater provision of sheltered housing rather than institutional care do in fact have some empirical evidence to support their claim that sheltered accommodation prevents institutionalisation. A study of one particular scheme in the US found that the elderly residents were less likely to enter institutional care and had significantly lower death rates than controls. Similar results have been reported by Ross in a study of a French workers' community. A study by the Anchor Housing Association in Britain also concludes that sheltered housing prevents admission to institutional care as does another British study of tenants in schemes not exclusively provided by housing associations. However, one British survey of tenants in a variety of different schemes found no evidence that sheltered housing is a prophylaxis to institutional care.
Prevention of Isolation and Loneliness

Apart from housing and health and welfare objectives, the provision of sheltered housing may also represent an attempt to combat social and psychological problems of later life such as loneliness and isolation\(^ {49} \). There is indeed evidence to suggest that elderly people do feel lonely and isolated to a greater extent than do other age-groups in society\(^ {50} \). Support for the view that sheltered housing can promote social contact comes from surveys conducted in Britain and the US which reveal a high level of contact among the tenants in sheltered schemes\(^ {51} \).

Estimates of Required Level of Provision of Sheltered Housing

Various attempts have been made to establish a yardstick or norm which would provide guidance on the amount of sheltered housing which should be provided. Townsend in 1962 had estimated that 50 units were needed per 1,000 of the elderly population\(^ {52} \). In Northern Ireland the norm is 25 units per 1,000 of the elderly population\(^ {13} \). A similar yardstick had been adopted in Scotland but has been abandoned to allow local authorities freedom to provide what housing they wish\(^ {54} \). Because the question of the level of provision required is bound up with the complex issue of who is in need of this kind of housing, a common yardstick of the number of sheltered units required is difficult to establish. There are widely differing views on the proper objectives of sheltered housing which lead to correspondingly different estimations of need. Because of these variations, care needs to be taken in comparing projections of need and yardsticks of provision from different countries.

Heumann and Boldy estimate that if the primary objective of sheltered housing is taken to be assistance with independent living among those with functional disabilities, then around 14 per cent of the non-institutionalised elderly population in the US would require this kind of accommodation\(^ {55} \). The estimate is reduced to around three or four per cent by considering only those elderly persons with functional disabilities who live alone and who do not receive visits from family or friends at least once a week. Consideration of the institutionalised elderly who could live in the community with proper housing and support and who would like to do so results in a further one or two per cent being added to the estimate of the elderly population who could benefit from sheltered housing. British researchers, who have also used the need for assistance
with independent living as a criterion for provision, have arrived at a similar estimate of need for sheltered housing (5' to b'c of the elderly population)'*. If alleviation of social deprivation — including isolation, substandard housing and poor neighbourhood — is taken as a legitimate objective of sheltered housing, then another five to 10 per cent of the elderly may be considered to need this kind of accommodation". Consideration of both functional impairment and social deprivation suggests that, overall, around 10 to 15 per cent of the elderly population could benefit from placement in sheltered housing.

These figures may be considered as being conservative: they are based on elderly persons living alone, they include a low estimate of the proportion of institutionalised elderly who could live successfully in sheltered housing, and they are based only on low income and functionally impaired or socially deprived elderly persons"'.

Application of the criteria for provision of Heumann and Boldy to the Irish context indicates that in order to cater only for elderly people with functional disability who are living alone, a total of approximately 12,000 sheltered units would be required to cater for the projected elderly population of Ireland in the year 2006. If consideration of need is to take account of social deprivation in addition to functional impairment, then around 10 per cent of the elderly population, or 39,650 people, would require accommodation in the year 2006.

The figures above are based on estimates of need and do not include those elderly people with the income and the ability to exercise choice thereby creating a demand for sheltered housing as an alternative to their current housing. With respect to the size of the market for sheltered housing for sale. Age Concern in Britain in their 1980 report assessed the demand as being around seven per cent of retired owner-occupiers at that time". More recently, Baker and Parry estimated the market at nine to 12 percent".

EVALUATION OF SHELTERED HOUSING

This section examines the literature on evaluation of the benefits of sheltered housing, primarily from the viewpoint of elderly tenants but also from the perspective of providing bodies. As an indication of elderly persons' own perceptions of their needs, the section begins with an outline of their housing preferences and reasons for moving to sheltered accommodation. The perceptions of need among the elderly themselves
are of obvious relevance since if sheltered housing does not meet these needs, then, no matter how worthwhile its objectives, it can hardly be said to be effective.

**Housing Preferences of Elderly People**

An in-depth study carried out in 1977 by Age Concern in Britain into the housing conditions of elderly owner-occupiers found that their housing is often unsatisfactory to them and unsuitable to meet the needs that their changing circumstances impose on them. A more recent survey of elderly home-owners wishing to purchase a smaller retirement home found that half of the respondents regarded their present homes as being unsatisfactory and inadequate to cope with future anticipated physical impairments. A further study by Age Concern revealed that over a quarter of retired people wished to move from their present accommodation. With respect to the type of accommodation to which they would like to move, the majority expressed a preference for either a bungalow (48%) or a flat (34%). Ideally, the elderly respondents of the study would have liked the accommodation to be scattered throughout the community rather than being concentrated in groups and would prefer that it did not require re-location outside their present neighbourhood. In addition, the study revealed that eight per cent of the respondents would like sheltered housing very much while about two-thirds said that they would never like to live in such housing. By comparison, 80 per cent said they would never like to live in a residential home. Preferences for bungalows and for housing scattered throughout the community rather than in groups have also been noted in other surveys of the elderly. While the majority of elderly people would prefer to remain in their own homes, different studies have shown varying degrees of interest in sheltered housing. In comparison to the Age Concern study where eight per cent of the elderly respondents favoured sheltered housing, a Scottish survey reported that 30 per cent of the elderly interviewed said they would like to live in a type of sheltered dwelling described for them in a short passage. A similar degree of interest (36%) in sheltered housing was found in a study of elderly people living alone in north-east England. Parry and Baker noted in their study of housing for sale to the elderly that the majority of elderly people thought that sheltered accommodation was an excellent idea and that this type of housing was ideal because it allowed for some independence with the availability of help when necessary. Studies in
the US have found that the desire for sheltered accommodation increases significantly among elderly people living in conventional housing who are older or more functionally impaired, or who live in poor housing or poor neighbourhoods.

**Reasons for Dissatisfaction with Present Homes**

Among the many reasons for dissatisfaction with their present homes, the one most frequently mentioned by elderly people is concerned with the size of the house. Over one-third in one study found their homes to be too large. In this study, also, reference was frequently made to difficulties in maintenance — for example, the upkeep of large gardens (34%) and decorating or cleaning windows (26%). In addition, the cost of services such as heating and rates were of concern to many (20%). Almost a sixth of the elderly respondents regarded the fact that the house was on more than one level as a problem and, for some, the toilet not being on the ground floor presented difficulties.

**Reasons for Moving to Sheltered Housing**

Studies exploring reasons among elderly people for moving to sheltered housing reveal how complex the situation can often be. Typically, the move is determined by a number of considerations, rather than by a single overriding factor and often the reasons are interrelated.

Butler and his co-workers, however, have distinguished three major categories of reason for movement to sheltered accommodation: health, housing and personal relations. In Butler's study health conditions, such as angina, bronchitis and arthritis, were cited by 22 per cent of the elderly respondents as a reason for moving. Similar results have been reported by Fleiss who found that 26 per cent of the sheltered tenants he surveyed had moved because of poor health or illness. Health-related reasons are much more evident among a sample of elderly persons planning to buy a retirement home; in this case almost three-quarters stated that their move was due to age related problems which had led to increased dependence on others. Factors relating to housing itself are noted frequently as reasons for moving (between 21 and 59%); either the house is too large or in poor condition or is difficult to maintain. The desire to be near family or friends is another frequent motive for moving; accounting for between 12 to 27 per cent of elderly persons in different sheltered housing schemes. The complexity of
human relations is demonstrated, however, by the fact that in one study the motivating force among five per cent of the sheltered housing tenants was to get out of a relative's home.\textsuperscript{77}

For the most part, elderly people are motivated to move in order to get away from problems connected with their previous accommodation rather than being attracted to special features available in the housing to which they have moved. In Fleiss' study, for example, just 14 per cent had moved because they wanted the security of a warden in the sheltered scheme.\textsuperscript{76} However, the 'old' elderly do seem to consider the presence of a warden as an important reason for being in sheltered housing. In a study by Baker and Parry, 26 per cent gave this as the most important motive for moving.\textsuperscript{79}

By comparison with spontaneous expressions of motives, when presented with a checklist of possible reasons for moving, 45 per cent of elderly respondents endorsed the security of a warden as an important consideration.\textsuperscript{80}

**Level of Satisfaction of Residents with Sheltered Housing**

Attempts to assess levels of satisfaction among elderly people are fraught with difficulty. Research has established that, when interviewed, the elderly tend to be less critical than younger persons and are more likely to favour the housing they know over other alternatives.\textsuperscript{81} In this light, it is then not so surprising that studies of elderly tenants of sheltered housing have found that 80 per cent or more express satisfaction with their accommodation.\textsuperscript{82} Studies in the US which have compared tenants in sheltered housing with tenants in more conventional housing for the elderly, have found that the sheltered housing tenants show greater improvement in morale and greater satisfaction with their circumstances over time.\textsuperscript{83} Likewise a comparison study in Britain of tenants in residential homes, sheltered housing and private households found tenants in sheltered schemes to be the most satisfied with their situation.\textsuperscript{84}

**Causes of Satisfaction with Sheltered Housing**

Causes of satisfaction or dissatisfaction have been explored in a number of studies. Tenants of both private, statutory and housing association schemes typically express satisfaction with the warden service. For example, in the study conducted by Butler and his co-workers only a very small number of tenants (5\%) were of the opinion that they would
like the warden to do more for them than s/he currently was doing. It should be noted, however, that studies show that while satisfaction is expressed with the services of the warden, her/his presence is not considered to be a crucial factor. Thus, one-third of elderly persons who had purchased their sheltered homes would have done so anyhow even if there had been no warden. Likewise, in another study, when tenants were asked if they thought it mattered that sometimes no warden was on duty, over half reported that in their opinion it did not. With respect to design features, it would appear that most tenants have few complaints about the design or size of their accommodation. However, in one study 21 per cent said they would have liked a larger kitchen and 10 per cent made similar remarks about their lounge area. It has been pointed out that higher standards may well be demanded by future generations of tenants and there is evidence at present that bed-sitting rooms are no longer acceptable. Overall satisfaction with accommodation may be gauged from the fact that in one study when residents of different schemes were asked 'Is there anything you do not like about living here?' 65 per cent replied 'no'.

Dissatisfaction of Elderly People with Sheltered Housing

While residents of sheltered housing typically seem satisfied with their situation, some studies have noted dissatisfaction among some. Fleiss, for example, reported that 'nearly three-quarters of owners were pleased they had moved, but almost one-fifth said they would move again in the next five years, mostly because of dissatisfaction with their scheme. The main reasons for dissatisfaction in this case were that service charges were seen as unreasonable and accountability of management to residents was felt to be inadequate. In another study of residents in different kinds of sheltered schemes, 23 per cent stated that, upon reflection, they would have preferred to remain in their former homes had certain improvements been carried out.

Perceived Advantages of Sheltered Housing

Earlier sections of this review have examined studies which provide evidence for the view that sheltered housing delays or prevents the need for institutional care, that it protects against loneliness and isolation and that it promotes social contact. In this section the emphasis is on studies
reporting the elderly residents' own views on the advantages of sheltered housing.

While housing factors play an important part in the decision of elderly people to move, once established in sheltered housing other factors more related to social and health needs seem to come into prominence. When asked what they considered to be the advantages of sheltered housing, the most common replies among a sample of elderly persons aged 75 and over were that 'help was available when needed' (34%). that it 'protected against loneliness' (20%*) and that it "provides a sense of security" (5%)*95.

In a study of elderly people who were about to buy their own sheltered homes, when the question was asked 'what do you like most about living here' four features emerged as being significant: companionship (37%), the presence of a warden (33%), the good location (32%) and 'everything' (32%)*.

While sheltered housing clearly has benefits for elderly people. Lawton makes an important point when he cautions that '........ a good housing environment cannot be expected to reconstitute every aspect of life-style and personality for every tenant. Each person comes into such housing with a long developmental history, through which many strengths and weaknesses have become relatively stable. The potential effect of improved housing must be seen as only one of many possible contributions to well-being97.

From the point of view of housing authorities, apart from the advantage of providing improved housing quality for the elderly, sheltered housing also has the advantage that it releases under-occupied housing stock for more efficient use. When children grow up and leave home, the family home can often have much more room than is required by elderly people. The advantage to the housing authority is clear from the following quote: 'when one adds to this the fact that the provision of sheltered housing is one of the most important ways by which local authorities can release under-occupied council houses, one begins to appreciate the importance of sheltered housing in the overall strategy of housing for the elderly98.

Sheltered housing has the further advantage for service providers in that, by grouping the elderly together, it rationalises the delivery of services.

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POLICY AND MANAGEMENT ISSUES RELATED TO SHELTERED HOUSING

Need for Clarification of Objectives

The expectations of sheltered housing are many and varied. The lack of clarification and definition of the role of sheltered housing poses many difficulties for efficient long-term planning of care of the elderly and is perhaps one of the most urgent issues facing those who provide and manage this kind of accommodation.

Butler and his co-workers point to the inherent tension in the provision of sheltered housing which arises from the fact that two of its major objectives may conflict with one another: the housing objective and the caring or welfare objective”. This tension also applies in the Irish context and stems from different interpretations of the role of sheltered housing by different individuals and agencies. For example, the expectations of sheltered housing by community care and hospital services personnel may be quite different to those of local authority and voluntary services personnel. Some may see sheltered housing as meeting the medical and welfare needs of elderly people whereas others may see it as catering solely for housing needs.

Basically, three interpretations of the role of sheltered housing may be identified. The first position maintains that, with extra care and medical services, sheltered housing can and should cater for most residents until death. The second position views sheltered housing as a ‘staging post’ and argues that it should be provided only for those independent persons who, apart from an occasional emergency, can cope on their own and when they can no longer do so they should be moved to a hospital or nursing home. These two positions lead to different policies: in the first case the policy would be to provide extra care facilities in the sheltered scheme and reduce the number of geriatric wards in hospitals while in the second case hospital and residential care would continue to be developed and only enough sheltered units to cater for independent elderly would be provided. The third school of thought advocates that sheltered housing without 'extra-care' facilities be provided but that residents have access to ordinary community services when needed.

Proponents of the third position argue that only a minority of residents are likely to require intensive support at any one time, and this policy...
avoids transforming the sheltered scheme into something more like a nursing facility, which is seen as a danger of schemes which provide extra-care facilities. Another major argument of this position is that it avoids the danger of creating dependency among the elderly residents of the scheme.

**Evaluation of Needs of the Elderly**

Sheltered housing is provided specifically to cater for the needs of particular target groups in the community such as handicapped persons, homeless or other socially vulnerable categories and elderly people. Two important policy issues arise in this context: who defines what the needs of these groups are and do the elderly have special housing needs above and beyond those of other age groups. Tinker points out that in order to arrive at a comprehensive assessment of need one must take account of different viewpoints: the definition of need by experts according to set criteria; the felt needs of those in receipt of the particular service in terms of their experiences and expectations; and expressed need in terms of demand for a particular service. Providers of sheltered housing have been criticised for justifying policy on the basis of needs without spelling out in detail what their definitions of need are and for making assumptions about what elderly people want. Experts' views of need may not always coincide with the 'felt' needs of the elderly. Accordingly, assumptions such as that old people need small and compact homes or that living alone implies loneliness need to be checked against what the elderly themselves say they require.

In this context it is worth noting that studies reviewed earlier indicate that what the majority of elderly people would most like is to remain in their own homes for as long as possible and thus their prime need may be for adequate income to pay for heating and maintenance. Concern has also been expressed with policies which are based on a view of elderly people as constituting a special group within society. Elderly people do not form a homogeneous group and, like any other age group in society, their needs are diverse and spring from their individual life-histories. Sheltered housing will be appropriate for some but not all elderly people. What is required is the provision of a variety of alternative forms of housing so that elderly persons are not faced with a single option but with a range of provision enabling them to choose the one best suited to their needs. Over-emphasis on sheltered housing could create a situation where isolated rural elderly are forgotten or where
other options are being ignored. Consequently, elderly being cared for by family members may not receive the support and services they require and policies enabling the elderly to maintain their own homes may be neglected. In defining any group as 'special' there is a danger of marginalising or stigmatising those involved. By responding in terms of labels there is a possibility that underlying problems may be overlooked or that general needs will not be dealt with. Copperstock emphasises this point in the following quotation: 'If we would raise the standards for all housing by facilitating the improvements of existing housing and requiring more of new constructions, then all the clamour for the special needs of the elderly would subside and disappear'. Treatment of the elderly as a special group may also serve to reinforce negative stereotypes of them as being frail and dependent and somehow as not subject to the same desires, concerns or fears as other age-groups.

Concern has also been expressed about the consequences of grouping elderly people together in special schemes. Some contend that such housing serves to segregate the elderly from the rest of the community, that it segments society and fosters stereotyping. One critic has gone so far as to describe some schemes as 'geriatric ghettos'.

Concerns such as those described above point to the need for a careful examination of pre-conceptions and assumptions and a thorough-going attempt to take all viewpoints into account in making assessments of the needs of elderly people.

The Problem of Maintaining Independence

Another concern which arises in relation to sheltered housing is connected with the issue of maintaining independence among elderly people for as long as possible. One of the main objectives of sheltered housing is the fostering of independence. However, it is feared by some critics that unless proper care is taken the opposite will be the outcome and that dependency among previously non-dependent elderly people will be created due to their over-reliance on the warden and other services. The growing development of 'very sheltered' schemes which provide extra-care services has, in particular, aroused concern that sheltered housing is beginning to resemble the institutions it was meant to replace. While in Britain very sheltered housing is the exception rather than the rule, service rich schemes are in growing demand in the US, particularly the kind that is linked to residential care. Even in more conventional
sheltered schemes there is some evidence that the supportive environment may subtly undermine independence rather than foster it.

For example, it has been found that the presence of a warden, available at the press of a button, may encourage tenants to rely on them for the resolution of even the simplest problems. Lawton suggests that in order to combat the risk of fostering dependency, while maintaining a supportive environment, special measures should be taken to facilitate continuing interchange between tenants and the outside community. In Britain, this is done to a limited extent by involving community volunteers in visiting elderly residents and opening up the communal facilities to other elderly people in the surrounding neighbourhood. The manner in which the role of the warden is defined and the kind of training s/he receives will also greatly influence the extent to which sheltered housing fosters independence.

Problems Associated with Relocation

Any move that involves a change in life-style is likely to be traumatic. Moving house has long been recognised as a source of stress and figures prominently in Dohrenwends' list of significant life events which contribute to various types of illness and psychological difficulties. Even for young and mobile people, moving home can be difficult but where the move is necessitated by advancing age and functional disability, the problems are likely to be compounded. There is evidence to suggest that relocation has a number of negative effects on the elderly such as increasing mortality, raising the incidence of depression and reducing activity levels. There is also the consideration that relocation may break the elderly person's typical patterns of social contact and may lead to the loss of her/his informal caring network.

Findings such as these underline the necessity of keeping in mind that while sheltered housing may have many benefits there may also be costs involved to the individual elderly person.

In view of the stress involved in relocation, Heumann and Boldy argue strongly against the 'conveyor-belt' policy according to which the elderly person is shifted to more and more service-rich schemes as s/he becomes increasingly more frail and functionally disabled. These authors suggest that a number of different types of sheltered housing should be provided, each representing different lifestyle choices according to their size, degree of privacy and level of provision of on-site staff and each housing a balance of active and frail residents. However, while different types
would vary in lifestyle, they would not vary in terms of the level of care and support they would provide and all would define cessation of appropriateness of sheltered housing at a similar level of functional independence. Ideally then, the elderly person would be provided with a number of options from which to make the choice that best suits her/his particular needs and then would remain in the chosen scheme until death or degree of impairment necessitated residential care²¹².

 Allocation Policies

The view held by the providing body of the objectives of sheltered housing will greatly influence the manner in which places in schemes are allocated to elderly residents. The work of Butler and his associates highlights how the confusion and differences in interpretation of the role of sheltered housing are reflected in the variety and vagueness of allocation policies of housing providers in Britain¹¹¹.

Typically, British allocation policies are based on a pair of factors: independence and need. The potential problems are obvious in attempting to implement a policy which lays down that in order to get a place in sheltered housing the elderly person must be 'in need' but must, at the same time, be independent enough to look after her/himself. The primary difficulty lies in how and by whom 'need' is defined: from one viewpoint need may be defined purely on the basis of housing factors, whereas from another viewpoint need may be defined in terms of social welfare requirements. Depending on definition of need, allocation procedures may then vary from a purely 'Settings' model based on place on a waiting list, at one end of the continuum, to a caring model at the other end. Housing authorities tend to allocate according to housing criteria whereas voluntary associations are more inclined to decide allocations on criteria related to loneliness and isolation.

Heumann and Boldy argue that one of the most important considerations in allocation policy should be to strive for a balance between frail and active tenants¹¹⁴. These authors argue that in schemes with a preponderance of frail elderly persons, tenant-initiated social activity would die out, voluntary domiciliary support by neighbours would cease, wardens would become overburdened and more and more staff would be required. In short, the schemes would begin to resemble the institutions they were meant to replace. In order to overcome the risk of schemes becoming like institutions a policy of allocation is required that ensures a proportion of active elderly persons who can maintain an
engaging, tenant-dominated environment. The research of Heumann and Boldy indicates that housing managers in Britain have been reasonably successful in retaining this balance of active and frail tenants.

Although British official public policy is based in fact on the more frail elderly being housed in increasingly more sheltered schemes, this conveyor belt approach does not appear to be happening in practice: death is the most common cause of movement out of a scheme (50\% to 60\%) with very few moving to other sheltered housing\(^{11}\).

Among the elderly, the distinction between housing and welfare needs becomes blurred in that, among this age group, housing conditions have important psychological, social and medical consequences above and beyond their purely physical importance. Accordingly, allocation to sheltered schemes might best be determined by a panel representing housing, social and medical needs which has access to vacancies in a wide range of sheltered housing types.

The Role of the Warden

The warden plays a centrally important role in sheltered housing and the manner in which the job is defined can greatly affect the atmosphere that prevails in a scheme. In British schemes the typical warden is a young to middle-aged housewife who lives with her family in a private house or flat within the scheme\(^{116}\). For many years, the role of the warden was seen primarily as that of the 'good' and 'friendly' neighbour and no special skills or training were considered to be required beyond a loving and caring nature, self-confidence and common sense. However, ideas of what constitutes a 'good' neighbour vary greatly and nowadays the role of the warden is a subject of much questioning and debate.

Basically, there are two positions on the role of the warden. The first position, typical of housing managers, argues that the warden is there to organise support services and social activities and is meant to be an advocate and friend of the tenants. The second position, usually adopted by social services and health services personnel, interprets the role of the warden as that of a provider rather than just an organiser — the warden is someone who is part of the overall care provision in the community\(^{117}\). One problem which arises in attempts to define the role of the warden is that over time the tenants of the scheme age and get 'more frail' and accordingly the responsibilities and duties of the warden may change greatly. While tenants are younger and more active, the warden may function primarily as an organiser but as tenants become...
more dependent her/his role may need to change to that of provider as well as organiser. Part of the debate on the role of the warden focuses on the question of training. At present, no professional qualifications are required although there is an increase in the number of wardens with nursing credentials\textsuperscript{10}. It is argued that, as tenants of a scheme age, the warden will have more responsibility in organising services and her/his role will become much more complex and so will require more professional training. Critics of this position fear that professional wardens, as opposed to lay wardens, may actually create dependencies thus undermining the fundamental goal of sheltered housing. There is, however, no empirical evidence to support this fear and it may be that untrained rather than trained wardens are more likely to foster dependency.

Conditions of work among wardens have also given rise to some concern. Attendance to alarm calls means that the warden could be on 24-hour call and hence the importance of scheduled time off. However, it has been found that wardens find difficulty in taking time off and housing managers have problems in arranging holiday or relief cover\textsuperscript{9}. Despite these problems, the picture which emerges from research is that of a stable workforce who stay in post for a considerable time\textsuperscript{11-12}. It should be noted, however, that there is evidence that this picture is changing and that turnover among wardens is increasing\textsuperscript{12}. This finding is of significance because of the importance of establishing a long-term relationship between the tenants of a scheme and the person who is the prime provider of on-site support.

**SUMMARY**

This chapter has provided a review of the research literature related to sheltered housing and the elderly. By detailing the issues which have been raised in other countries in relation to sheltered housing the chapter provides the context within which the results of the present study may be viewed. The essential components of sheltered housing and the objectives underlying its provision have been discussed. The advantages and disadvantages of this kind of housing have been examined and questions related to management issues have been raised. The following chapters are concerned with an examination of these issues in an Irish context.
CHAPTER THREE

Current Provision of Sheltered Housing in Ireland

Introduction

This chapter, which is based on the census phase of the study, provides information on the current extent of provision of sheltered housing for the elderly in Ireland and describes the characteristics of the schemes in existence. It also examines allocation policies, the structures for financing of the schemes and the level of co-operation that exists between different providing bodies. When the situation in Ireland was reviewed it was found that there is a lack of comprehensive census data on sheltered housing and, moreover, that the term is used to describe a wide spectrum of housing types for the elderly. For the purpose of the study, sheltered housing is defined as those schemes where the occupancy of dwellings is mainly restricted to elderly persons and the scheme has a resident warden and/or an alarm system connected to each dwelling.

Number of Sheltered Schemes Currently Provided

In Ireland, currently, there are 117 sheltered housing schemes according to the definition used in the study (Table 3.1).

<table>
<thead>
<tr>
<th>Providing Body</th>
<th>Voluntary Organisations</th>
<th>Private Commercial</th>
<th>Health Board</th>
<th>Local Authority</th>
<th>TOTAL (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Schemes</td>
<td>34</td>
<td>7</td>
<td>5</td>
<td>71</td>
<td>117</td>
</tr>
</tbody>
</table>

The majority of these schemes are provided by Local Authorities which include the Corporations, County Councils, Urban District Councils and Boroughs. Voluntary organisations play an important role providing 34
of the 117 schemes. Private commercial organisations are involved to a much lesser extent currently providing seven schemes. Five of the schemes are provided by the Health Boards. Altogether, there are seven local authorities, two Health Boards, 21 different voluntary bodies and seven private commercial organisations involved in the provision of sheltered accommodation for the elderly in Ireland.

**Total Number of Sheltered Units Provided**

Information on the number of units within a scheme was available for 110 of the 117 schemes. The total number of units provided across these schemes is 3,504 (Table 3.2) A further 332 housing units are at the tender stage of development and 1,360 are at the planning stage. Comparing the number of units planned with those currently provided, it is evident that the most extensive expansion programme is among the local authorities.

<table>
<thead>
<tr>
<th>Providing Body</th>
<th>Units Currently Provided</th>
<th>Units at Tender</th>
<th>Planned Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary Organisations</td>
<td>666</td>
<td>81</td>
<td>217</td>
</tr>
<tr>
<td>Private Commercial</td>
<td>310</td>
<td>74</td>
<td>58</td>
</tr>
<tr>
<td>Health Board</td>
<td>13</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Local Authority</td>
<td>2,515</td>
<td>177</td>
<td>1,085</td>
</tr>
<tr>
<td><strong>TOTAL (N)</strong></td>
<td><strong>3,504</strong></td>
<td><strong>332</strong></td>
<td><strong>1,360</strong></td>
</tr>
</tbody>
</table>

The number of elderly people living in the 3,504 sheltered units currently provided has to be approximated as figures were not recorded for 52 of the schemes. Among the schemes which did have this information, the 1158 units involved currently house 1,125 elderly people. Based on the assumption that the remaining 2,346 units each accommodate one person, a total of 3,471 elderly people are currently living in sheltered housing in Ireland*. Comparing this number with national figures, it emerges that sheltered housing caters for about one per cent of the total elderly population.

*While assuming that each unit houses just one person may lead to an underestimation of the numbers in sheltered housing, the extent of underestimation is likely to be small since the survey of tenants shows that 92 per cent are living on their own.
At the time of the study there were 1,093 elderly persons on waiting lists for the existing sheltered schemes which indicates that demand far outstrips present supply. According to the estimates provided by the local authorities at the time of the study, a total of 821 housing units are needed to fulfil the requirements of their 5-yearly assessments.

**Period of Construction of Sheltered Schemes**

The time span over which different schemes were built is very wide; ranging from some which were built in the 19th century to those completed in 1988 (Table A3.1). Prior to the 1960s, there was little or no sheltered housing in Ireland with just six schemes in existence; four of these being provided by voluntary bodies. In the 1960s and early 1970's, local authorities became more involved in the area providing 17 sheltered schemes. It was in this period also that the private commercial organisations built four of their current seven schemes. The majority of the sheltered schemes, however, date from the middle of the 1970s (70%). Apart from private commercial organisations, in the case of all providing bodies the highest percentage of schemes was built in the period 1980-1985 (32%) with a fall-off in building in the following years up to 1988 (16%).

**Distribution of Sheltered Housing Schemes**

The majority of the schemes currently provided are located in cities (69%) with 25 per cent located in towns and six per cent in rural areas. As shown in the map below, there are wide regional variations in provision. Much of the sheltered housing currently provided is centred in and around Dublin city, where 72 of the schemes are located. (A list of locations is given in Table A3.2). The next largest concentration of sheltered housing is in Cork city which has 11 schemes. The remaining 34 schemes are scattered throughout Ireland mainly near towns. The south and east of the country are better serviced than are the north and west. However, projected population figures for those aged 65 years and over indicate that certain areas will experience a decrease in their elderly population. These areas include Donegal, Longford and all the counties of Connaught. In comparison, it is predicted that County Dublin will experience a substantial increase in its elderly population. These projected figures will obviously influence the future planning and distribution of sheltered housing in Ireland.
CHARACTERISTICS OF EXISTING SHELTERED HOUSING SCHEMES

Within the definition of sheltered housing employed in the study there are many dimensions which distinguish different types of sheltered schemes. These dimensions include size, kind of accommodation provided, location and facilities and services provided both within and from outside the scheme. This section provides an outline of the characteristics of the schemes in existence and the facilities and services they provide. It should be borne in mind that the majority of the schemes studied are provided by local authorities and as such must be viewed in the context of the statutory or regulatory environment which governs local authority housing. For example, local authorities are required to adopt schemes of letting priorities, the letting of dwellings under a differential rents scheme is governed by regulation and design cost control procedures are laid down for the provision of local authority housing. Because of such regulations one would not expect to find the types of variance between local authority schemes that one finds between schemes provided by voluntary bodies.

Size of Schemes

In the submission to the Department of Health by The Working Party on Services for the Elderly it is suggested that, to employ a resident social support person or warden/manager, the most cost effective size of scheme is 25 to 35 units. In the present study, the average size of scheme is 33 units. However, as shown in Table 3.3, a wide variety of size exists, ranging from under 10 units to 113 units in a scheme. While the majority (69%) of schemes have 40 units or less, and 20 per cent have under 10 units, almost a quarter (23%) have 41 to 60 units. Even larger schemes of more than 60 units are evident in eight per cent of cases. With few exceptions, all of the voluntary run schemes are 40 units or less with smaller schemes of 20 units at most being the most common. More variety is evident among the local authority schemes: while almost a quarter (23%) are small with 20 units or less, the most usual size is 31 — 50 units (49%) and large schemes of more than 50 units are not uncommon (22%). With one exception, all of the rural schemes have less than 10 units. Most town schemes (66%) are also small being less than 20 units. City schemes, however, cover the whole range of sizes.
Table 3.3: Size of Schemes Provided by Different Bodies

<table>
<thead>
<tr>
<th>Number of Units</th>
<th>Voluntary Organisations</th>
<th>Private Organisations</th>
<th>Health Board</th>
<th>Local Authority</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Under 10 units</td>
<td>10</td>
<td>30.3</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>10-20 units</td>
<td>11</td>
<td>33.3</td>
<td>2</td>
<td>28.6</td>
<td>1</td>
</tr>
<tr>
<td>21-30 units</td>
<td>6</td>
<td>18.2</td>
<td>1</td>
<td>14.3</td>
<td>0</td>
</tr>
<tr>
<td>31-40 units</td>
<td>4</td>
<td>12.1</td>
<td>1</td>
<td>14.3</td>
<td>0</td>
</tr>
<tr>
<td>41-50 units</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>51-60 units</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>14.3</td>
<td>0</td>
</tr>
<tr>
<td>61-70 units</td>
<td>1</td>
<td>3.0</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>71-80 units</td>
<td>1</td>
<td>3.0</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>113 units</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>14.3</td>
<td>0</td>
</tr>
<tr>
<td>Total(N)</td>
<td>33</td>
<td>100.0</td>
<td>7</td>
<td>100.0</td>
<td>1</td>
</tr>
</tbody>
</table>

Kind of Accommodation Provided

Sheltered schemes vary greatly in the nature of the accommodation which they provide. Types range from conventionally designed self-contained dwellings with no common rooms to a sheltered design where all rooms are communal except for private bedrooms. Even though the full range of types exists in Ireland, overall the majority (64%) of schemes consist of one-bedroomed flats with communal lounge dining room and laundry (Table 3.4). This type of accommodation is by far the most prevalent among local authority schemes with 88 per cent of their units being of this kind. Much more variety is evident among the schemes provided by other bodies. Bedsitters are often provided by voluntary (20%) and private commercial organisations (24%) but no accommodation of this type is provided by local authorities. One-bedroomed flats with no common rooms are also frequently provided by voluntary and private commercial bodies (13%) but are not provided at all by local authorities. Most schemes (80%) are single-storeyed.

Location

Another dimension of sheltered housing and one of great importance to the elderly person is the location of the scheme. As already described, most schemes are sited in cities or towns. In over half (58%) of cases the schemes are situated on the outskirts of the towns and cities, with
Table 3.4: Number of Units in Different Types of Accommodation

<table>
<thead>
<tr>
<th>Type of Accommodation</th>
<th>Voluntary Organisation</th>
<th>Private Commercial</th>
<th>Health Board</th>
<th>Local Authority</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Individual housing with private entry (bungalows, maisonettes, terraced houses) and with no common rooms</td>
<td>1150</td>
<td>22.5</td>
<td>46</td>
<td>14.8</td>
<td>0</td>
</tr>
<tr>
<td>Individual housing with private entry and with common rooms</td>
<td>57</td>
<td>8.6</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>One-bedroomed flats with no common rooms</td>
<td>89</td>
<td>13.4</td>
<td>41</td>
<td>13.2</td>
<td>0</td>
</tr>
<tr>
<td>One-bedroomed flats with common lounge/dining room and laundry</td>
<td>49</td>
<td>7.4</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Two-bedroomed flats with no common room</td>
<td>66</td>
<td>9.9</td>
<td>5</td>
<td>1.6</td>
<td>0</td>
</tr>
<tr>
<td>Two-bedroomed flats with common lounge/dining room and laundry</td>
<td>8</td>
<td>1.2</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Bedsitters along corridors with common lounge/dining room and laundry</td>
<td>66</td>
<td>9.9</td>
<td>55</td>
<td>17.7</td>
<td>0</td>
</tr>
<tr>
<td>Bedsitters with common kitchen and dining area as well as lounge and laundry</td>
<td>65</td>
<td>9.8</td>
<td>18</td>
<td>5.8</td>
<td>0</td>
</tr>
<tr>
<td>All rooms are communal except private bedrooms</td>
<td>0</td>
<td>0.0</td>
<td>32</td>
<td>10.3</td>
<td>0</td>
</tr>
<tr>
<td>Accommodation other than types listed</td>
<td>116</td>
<td>17.4</td>
<td>113</td>
<td>36.5</td>
<td>13</td>
</tr>
<tr>
<td>Total (N)</td>
<td>666</td>
<td>310</td>
<td>13</td>
<td>2,515</td>
<td>3,504</td>
</tr>
</tbody>
</table>
42 per cent being in central locations. The majority of schemes (62%) are described as being situated in areas of little activity even though in nearly 60 per cent of cases the area is described as having a lot of traffic. The typical environment for schemes is in an established area of mixed population. However, 24 per cent of schemes are described as being sited in areas consisting mostly of an elderly population.

While the environment surrounding the scheme and its location within a particular area of town or city is important, an even more significant feature is its distance from local facilities and amenities. Generally, the schemes studied are sited within 500 yards of local amenities. This general rule applies to the following facilities and services: bus-stop, taxi-rank, post-office, shops, chemist, G.P.s surgery, church, garda station, pub, bank and day-centre or social club.

**Facilities and Services**

The availability of facilities and services both within the schemes and in the surrounding community is of vital importance in the provision of support for the elderly tenants of sheltered housing. A common dimension of the sheltered housing schemes studied is the existence of communal rooms. Typically, the schemes provide a common laundry (68%). All of the health board schemes provide a laundry facility as do 78 per cent of the local authority schemes. By comparison, less than half of the schemes provided by voluntary (44%) and private commercial organisations (43%) provide this service.

Common dining-rooms, which are sometimes also used as lounges, are provided in 60 per cent of the schemes. Separate communal lounges are provided in over a quarter (27%) of the schemes. A small number of schemes (11%) have either a visitor's room or a hobbies room. Full-time nursing services or a sick bay are provided by a minority of schemes, but day-centre services are provided in 55 per cent of schemes. The majority of schemes do not make these communal facilities available to elderly people in the surrounding community. Among the small number of cases where facilities are made available to outsiders, the facilities most usually involved include the use of a hall or a day-centre within the scheme or the provision of meals-on-wheels.

An important factor in helping the elderly person to live an independent comfortable life is the type of heating facility provided in the scheme. In this context, it is striking that the most common type of heating is of the solid fuel or back boiler kind (60%) which might be
considered to be troublesome for elderly people. Oil fired central heating is available in 13 per cent of schemes. A further six per cent have gas central heating while electric central heating accounts for three per cent of schemes. The remaining 17 per cent have a combination of heating systems: typically involving some type of central heating — either oil, gas, solid fuel or electric — along with an electrical appliance.

With regard to the provision of services within sheltered housing, schemes vary from those providing minimal service where there is no on-site support staff, to service-rich schemes where a full range of services is provided including meals, housekeeping and help for those requiring extra care. The service provided in just over half of the schemes of the study consists of one staff person on-site along with visits by external services. In nearly a quarter of the schemes the elderly person's needs are met solely by arranged visits from personnel outside the scheme.

In recognition of the importance of social contact to elderly people, the majority (78%b) of schemes overall organise communal social activities for the tenants (Table 3.5). There are, however, differences between the providing bodies: all of the Health Board schemes and 86 per cent of local authority schemes organise social activities compared to 62 per cent and 57 per cent of voluntary and private commercial schemes respectively.

**Table 3.5: Provision of Communal Activities in Schemes Provided by Different Bodies**

<table>
<thead>
<tr>
<th>Communal Activities</th>
<th>Voluntary Organisation</th>
<th>Private Commercial</th>
<th>Health Board</th>
<th>Local Authority</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>YES</td>
<td>16</td>
<td>61.5</td>
<td>4</td>
<td>57.1</td>
<td>5</td>
</tr>
<tr>
<td>NO</td>
<td>10</td>
<td>38.5</td>
<td>3</td>
<td>42.9</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL (N)*</td>
<td>26</td>
<td>7</td>
<td>5</td>
<td>63</td>
<td>101</td>
</tr>
</tbody>
</table>

*Information not available for all schemes

**WARDEN AND ALARM SERVICES**

**Number of Schemes with Warden and/or Alarm Services**

Overall, 61 per cent of the schemes of the study provide a warden service (Table 3.6). In most cases (57%b) those schemes with a warden also have
an alarm system. While less than 60 per cent of schemes run by voluntary bodies (59%) and by local authorities (58%) have both a resident warden and an alarm system, six of the seven schemes provided by private commercial organisations have both services. Among the different providing bodies, voluntary organisations are the only ones to provide schemes which have a warden but no alarm system. Schemes located in towns and rural areas are more likely to be non-warden (81%) than warden supervised (19%). The majority (79%) of city schemes have a warden.

Overall, 96 per cent of the schemes have an alarm system. In 39 per cent of these cases there is only the alarm system with no warden: with all five of the Health Board schemes being of this nature. Many of the schemes (42%) run by local authorities also only provide an alarm system while 27 per cent of schemes run by voluntary organisations are of this type.

Table 3.6 Existence of Warden and Alarm Services in Schemes Provided by Different Bodies

<table>
<thead>
<tr>
<th>Providing Body</th>
<th>Warden and Alarm</th>
<th>Warden Only</th>
<th>Alarm Only</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Voluntary Organisations</td>
<td>20</td>
<td>58.8</td>
<td>5</td>
<td>14.7</td>
</tr>
<tr>
<td>Private Commercial</td>
<td>6</td>
<td>85.7</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Health Board</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Local Authority</td>
<td>41</td>
<td>57.7</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>67</td>
<td>57.2</td>
<td>5</td>
<td>4.2</td>
</tr>
</tbody>
</table>

Profile of Warden

The typical warden is as likely to be male (50%) as female (47%) with two schemes having both a male and a female warden. The age of the wardens ranges from 20 years to 75 years. However, 76 per cent of the wardens are over 50 years, while 15 per cent may be considered as elderly themselves being over 65 years. Of the wardens whose marital status is known, 45 per cent are single, with a further 16 per cent having been married at some time but now being widowed, separated or divorced. Twenty three per cent are currently married. Four wardens have children living with them in the scheme. The length of time for which the warden has been in the post varies from one month to 16
years. Turnover among the wardens does not appear very high with the
majority (65%) having held the position for a period of one to five years
and a further 18 per cent being in their post for six to 10 years. Thirteen
per cent have had the job of warden for over 10 years.

Hours of Work
Generally, wardens work full-time. Eleven of the wardens work between
35 to 40 hours per week while one person works over 100 hours per
week. In only a few cases do wardens work less than the typical 35-40
hour week: two wardens work 21 hours per week and one warden works
eight hours per week. With respect to time off, holidays and sick leave,
the data show that local authority schemes in the Dublin area — which
account for 40 of the 72 warden supervised schemes — have no arrange-
ments for the substitution or replacement of the warden in her/his
absence. Other schemes, however, frequently do have arrangements for
time off; the most common arrangement being shift-work. For holidays
and sick leave the organisations generally employ substitutes to ensure
the continuing presence of a warden in the scheme. In a small number
of schemes (2) the tenants are expected to take over for the warden
when s/he wants time off and in one case a fit tenant takes over when
the warden is on holidays.

Duties and Responsibilities
The main duties and responsibilities of the warden are depicted as
follows: to ensure the welfare of tenants (13), to maintain the houses,
facilities and property of the scheme (7). to manage the day-to-day
running of the scheme (7), to respond to alarm calls (5) and to take
appropriate emergency action (2). Four organisations also see the war-
den's duties as including the collection of rent (1), the dispensing of
medicines (1), the management of staff (1) and the provision of security
for the tenants (1).

Training and Qualifications
It emerges from the data obtained that frequently the wardens receive
no training nor are any qualifications required for the position. A very
small number have nursing (3) or practical experience of dealing with
elderly people (2). The majority of wardens are chosen on the basis of
personal characteristics such as the following: being caring, responsible, mature and having an understanding of the needs of the elderly. The warden service is financed by the providing body of the scheme except in a small number of cases where the service is financed in part by tenants’ rents and contributions (4) or by the letting of the hall within the scheme (1).

**Supervision and Support**

The findings show that only four schemes have no system of supervision for the wardens. The majority of wardens are supervised by a senior member(s) of the management of the providing body. In the case of one local authority the wardens are supervised by Area Community Officers. These supervisors, along with others, also provide a system of support for the wardens. Support is usually given by way of meetings or regular consultations. However, seven wardens have no support system available to them.

**Types of Alarm System Provided**

Nearly all of the alarm systems employed indicate the exact house from which the call is being made. In 56 per cent of schemes the alarm signal can be picked up only in the warden's office while in 22 per cent of cases it is possible to pick up the signal at different points around the scheme. The remaining locations mentioned were the front door of each housing unit (8), a nearby hospital (2), the garda station (1), a community nursing unit (1), a nearby convent (1) and in one scheme the signal is picked up in both the warden's office and the nurse's station. In Dublin, the alarm systems in local authority sheltered housing schemes are in the process of being changed to a centralised system whereby all alarm signals are relayed to a central Aid Centre where appropriate action is organised. At present this centralised system operates in 15 schemes. Over half (59%) of the alarm systems used in the schemes are non-speech. The majority (60%) do not allow two-way communication. A large percentage (58%) of alarms involve a bell system, while 35 per cent are telephone-based. Other types used include a radio system (3), bell and flashing light (2), bell and telephone (1), bell and radio (1), and light (1).
ALLOCATION POLICIES

The results from the census phase of the study show that many factors and many people are involved in decisions on the allocation of places in sheltered housing schemes. Variance in allocation policies and procedures is most evident among the voluntary and private commercial schemes as local authority schemes are subject to statutory regulations. The following sections examine the allocation process from the point where an elderly person obtains information on the scheme and applies for a place to the point where someone makes the decision on who gets a place.

Obtaining Information on a Scheme

The most usual way for an elderly person to find out about a scheme is to go to the providing body, be it a local authority or a voluntary committee. In a small number of cases the providing body displays notices locally informing the public about the scheme or information is made available in a local information office. In the case of six schemes, the providing organisations consider that the schemes are sufficiently well known and so information on their existence is not needed. Infrequently, an elderly person finds out about a scheme through referral, for example, by clergy or some voluntary agency.

Applying for a Place

In general, the providing bodies of sheltered housing schemes have a standard application process which most frequently involves an application form. In eight cases a written enquiry/application will suffice for consideration for a place in the scheme. In a few isolated instances applications are made through a third party such as the society of St. Vincent de Paul (2) or a GP (1). For one of the schemes the application form must be accompanied by a medical certificate.

Eligibility Preconditions

Not every elderly person is considered suitable for sheltered housing and most providing bodies have set out certain preconditions which must be met before a place in the scheme is granted. Eight of the organisations
providing sheltered housing have no eligibility pre-conditions for the prospective tenant. The type of preconditions laid down for placement in a sheltered scheme varies greatly: the most frequently mentioned one being that the elderly person must be in 'need'. Other pre-conditions include the undergoing of a medical examination to assess capability for independent living; assessment of financial state and present housing conditions; and residency in the area or at least the elderly person must be originally from the area. Five organisations state that an interview to determine suitability is a pre-condition for applying for placement in their schemes.

**Allocation Criteria**

Like eligibility preconditions, the criteria used by the organisations to determine which elderly persons are in need of sheltered housing are very varied. Each case appears to be assessed separately and individually on its own merits. However, three criteria are more frequently noted than others; these being state of health, present housing conditions and the person's 'need'. Other determining criteria are age, financial means, whether a person is living alone or is lonely, eviction, family circumstances and ability to cope. One organisation bases their decision on a person's need for sheltered housing on advice from members of the society of St. Vincent de Paul.

**Allocation Process**

Twenty per cent of schemes have no formal system for allocating places to prospective tenants. Among the others, the most common allocation process employed is a points system (58%) whereby an elderly person scores points for each of the preconditions and criteria laid down by the providing body. A waiting list is then compiled based on these points. Local authorities are required by statute to adopt such schemes of letting priorities. Simple order on a waiting list or a priority scheme is the allocation process preferred in eight per cent of sheltered housing schemes. A small group of schemes (59c) have a system of allocation which involves balancing frail tenants with more active elderly people.

In schemes run by local authorities, the decision on the allocation of places is typically made by the housing department. In all but one case, the decision is made in consultation with the welfare officer, the housing officer and the County Manager. Among the majority of voluntary and
private commercial bodies the decision is made by a scheme committee. However, five voluntary bodies make their decision after consulting local authority housing officers or personnel of the Health Board. In one scheme it is the warden who decides on the allocation of places.

**Policy on Changing Circumstances of the Elderly Person**

With two exceptions, providing bodies have established policy on what should happen where changes occur in the medical or psychological state of the tenant. In nearly all cases, the tenant's circumstances are informally monitored by the providing organisations on an on-going basis. Typically, where changing circumstances are noted, the tenant is assessed and alternative arrangements made if necessary. Frequently, decisions on the most suitable accommodation for the elderly person are based on medical advice. Alternative arrangements are usually necessary as schemes do not normally provide the full nursing services necessary for long-term care. However, five schemes do try to care for the elderly person for as long as possible. In one scheme, if it appears that the deterioration in circumstances is temporary, the tenant's fiat is held for him/her to return to.

**Movement Out of Sheltered Schemes**

In most cases, providing bodies reserve the right to remove an elderly person from a sheltered housing scheme against their will if the need arises. A small number (6) of organisations indicate that the elderly person would not be removed against their will and another organisation will only do so if the family of the elderly person agree to it. The circumstances under which an elderly person would be removed are varied; the main ones being onset of dependency (11), breach of tenancy agreement (9), and illness (8). Misbehaviour or creating a nuisance to other tenants constitute cause for removal among seven of the providing bodies. Other circumstances leading to removal include physical disability (2), psychological problems (1), and "exceptional" circumstances (1).

Just over half of the schemes involved in the study (70) had records of the number of tenants who had died or left sheltered housing for different reasons within the 12 months prior to investigation. It was found that among these schemes a total of 74 elderly persons had died within the previous year. Movement out of sheltered housing schemes
for reasons other than death occurred much less frequently (30 persons). Eighteen elderly people had moved to nursing homes while five had moved to long-stay hospitals. Five more tenants had gone to live with relations and two tenants had moved back to conventional flats or houses. None of the tenants had moved to other sheltered housing schemes.

FINANCE

This next section examines financial aspects of sheltered housing. It investigates the cost of running and maintaining the schemes and describes how these costs are covered and how the capital costs are financed. Costs to tenants are also explored. In discussing the financing of sheltered housing a distinction has to be made between schemes run by voluntary bodies, by private commercial organisations and by local authorities as each of these three types of providing body has very different financial arrangements. An important issue which arises in investigating the financial aspects of sheltered housing is that of account or record keeping. Because of failure to keep records it was often difficult to obtain precise information on costs and incompleteness of data was frequently encountered. Local authorities in some cases could provide aggregate costs but costs for individual schemes were not available.

Financing of Capital Costs

The means of financing the capital costs of sheltered housing are very different according to the providing body involved. In the case of schemes provided by local authorities, 100 per cent of the capital costs involved are financed through public funds. Private commercial organisations are operated specifically to be financially self-reliant. In the case of voluntary organisations, the Loan and Subsidy/Capital Assistance scheme of the Department of the Environment covers 80 per cent of capital costs and the balance has to be financed through other means. With respect to the voluntary schemes of the present study, in 71 per cent of cases the scheme of assistance of the Department of the Environment was used to cover 80 per cent of capital costs. The remaining 20 per cent was financed using a variety of means: the most frequently noted sources being voluntary contributions and fundraising. Three voluntary bodies have used money from the sale of land to cover capital costs while others have used trust funds (2) or bank loans (1). Elderly people themselves
are also sometimes involved in the financing of capital costs. In one case interest-free loans were obtained from tenants in the scheme while in another scheme the providing body availed of the elderly person's housing grant. Rents in one scheme are used to cover capital costs.

Capital costs noted range enormously from £4,000 to £1,250,000. These figures, however, have to be placed in the context of the wide differences occurring in the period of construction of different schemes, variations in land and labour costs and differences in size and design of schemes.

**Maintenance and Running Costs**

The haphazard nature of record-keeping and the lack of proper accounting practices are evident from the finding that 47 per cent of schemes which provided information on costs had no records of maintenance costs while 44 per cent had no records of running costs. While all of the Health Board and private commercial schemes which provided information on costs were able to specify the amounts involved in maintenance, just 64 per cent of voluntary schemes and even fewer (41%) of the local authority schemes were able to do so. With respect to running costs, most voluntary (90%) and all of the Health Board schemes specified the amounts involved but 25 per cent of private commercial schemes and 58 per cent of local authority schemes were unable to do so. Among two per cent of schemes it is noted that there are no maintenance costs and a substantial 10 per cent indicate that they have no running costs. Over the year 1986/87 maintenance costs recorded ranged from under £1,000 in nine per cent of cases to over £15,000 in 14 per cent of schemes; with costs as high as £96,000 and £117,000 being recorded in two instances. However, 27 per cent of schemes had incurred maintenance costs of £5,000 or less. In the voluntary schemes, maintenance costs typically did not exceed £5,000 (40%) whereas just 16 per cent of local authority schemes incurred costs at this end of the scale. In two of the four private commercial schemes, for which information was available, costs exceeded £15,000 for the year.

With respect to the running costs recorded by the different schemes in the year 1986/87, a much wider range is evident. In some schemes (6%) — all run by local authorities — running costs for the year were under £1,000 whereas in other cases (6%) running costs amounted to £20,000 or more; the highest figure recorded being £270,000. While 38 per cent of voluntary run schemes and 50 per cent of those run by private
commercial groups incurred running costs in excess of £10,000 just five
per cent of local authority schemes recorded running costs of this amount.
In the case of the two Health Board schemes for which information was
available, running costs were in the region of £7,600 — £10,000. With
respect to the financing of on-going costs, very different arrangements
exist among the different providing bodies. Information on this aspect
of the financing of sheltered housing was available from two of the
seven local authorities involved in the study: in one instance the annual
estimates provision covers on-going costs while in the other case it was
indicated that no arrangement exists for these costs. Private commercial
bodies use rents to cover their running costs. The situation in relation
to on-going costs among voluntary organisations is much more varied
and haphazard. The most frequently noted primary source of finance is
rental income which was noted by 11 of the 21 voluntary organisations
involved in the study. Five voluntary bodies rely primarily on Health
Board Grants and two rely primarily on voluntary contributions. Typ-
ically, however, voluntary organisations use a combination of methods
to meet their costs.

**Costs to Tenants**

All seven of the local authorities of the study base the rent charged to
the elderly tenant on a differential rent scheme. While local authorities
are obliged by statute to adopt such a scheme, the differential rent
system is also the method most frequently used by voluntary bodies
(55%) and by private commercial organisations (43%) to determine the
size of rent charged. One of the two Health Boards providing sheltered
housing also adopts this scheme while the other charges a flat rate rent.
Over a quarter (29%) of the private commercial groups in the study base
their rents on running costs. This method is also used by voluntary bodies
but to a much less frequent extent (10%). Some voluntary (15%) and
private commercial bodies (14%) charge a flat rate rent. In one case the
private body involved adopts a flat rate but will reduce the rent if they
find the elderly person is unable to pay. One voluntary organisation has
a system whereby the tenants pay a once-off sum on entry into the scheme.

Since it was anticipated that the amount of rent paid by tenants would
vary not only between schemes but also within schemes, information
was obtained on the maximum and minimum rents paid in each scheme.
The maximum weekly rent charged varies greatly from £3 in one instance
to over £15 in 24 per cent of cases with a rent of £150 being charged in
one instance (Table A3.3). In most cases (76%), however, maximum rents are £15 or less. In most local authority schemes (80%) the maximum rent charged ranges between £11 and £15. The highest amount charged in a local authority scheme is £30. By comparison, £45 is the maximum rent in most Health Board Schemes (80%). Greater variance is evident among both the voluntary and the private commercial schemes. While 61 per cent of voluntary schemes charge a maximum rent which is less than £15. 13 per cent charge between £15 and £20 and there are schemes where rents amount to £60, £75 and £97. Private commercial schemes show the greatest range from £5 in one instance, to between £15 and £25 in two cases and to £150 in one scheme; this last sum being the highest charged among all the providing bodies.

Minimum rents also have a wide range from 25p to £45 per week; the majority (69%). however are £3 or less (Table A3.4). Almost all (92%) local authority schemes charge a minimum rent of £2 and in no case does it exceed £4. Health Board Schemes also show consistency in the minimum rent charged but the amount is much higher being £30 in 80 per cent of cases. Wide variation in minimum rent charged is evident among both the voluntary and the private commercial schemes. While 41 per cent of voluntary schemes charge £3 or less, over a quarter (28%) charge between £5 and £10, 24 per cent charge up to £20 and in two cases the charge is £40 or more; this being the highest minimum rent of any of the schemes. Minimum rents among private commercial schemes range from £5 in one scheme, to between £8 and £10 in two schemes, up to a maximum of £28.

In general, tenants have no charges to pay other than their rent. Of the 17 per cent who pay other charges, the most common cost is for meals-on-wheels (5). Other costs include service charges (4), water charges (3), refuse charges (1) and, in one case, the tenants hand over the first voucher of their free fuel allowance (1). A small number of tenants have private telephones which are paid for by themselves.

Co-operation Between Different Bodies Involved in Sheltered Housing

There has been much discussion on the need for and benefit of co-operation between voluntary and statutory bodies involved in the same or complementary kind of work. Apart from the input of local authorities into voluntary sector sheltered housing, the results of the census phase of the study show that the Health Boards are the most frequent source
of assistance to providing bodies. In 78 per cent of schemes there is some kind of input by a Health Board. Health Board input into sheltered schemes provided by other bodies typically involves grants and financial aid or the provision of services of public health nurses. Other types of help given include the provision of home helps, the provision of meals or cooking utensils and the answering of alarm calls. In one case the Health Board's input involves having representatives on the council of the sheltered housing scheme.

In comparison to the assistance provided by the Health Boards, far fewer of the schemes (21%) benefit from input from other statutory or voluntary organisations. The kind of co-operation that exists between providing bodies and statutory or voluntary bodies other than Health Boards is very varied and specific to the organisations involved. For example, in two cases a statutory body decides on the allocation of places provided by another organisation while in another scheme visitation is provided by an outside body. Local corporation grants are obtained by one providing body to help with financial costs. Many of the remaining providing organisations who indicate that other bodies have an involvement in the scheme do not specify the type of help given but note instead the particular organisation providing the help. The organisations mentioned include the society of St. Vincent de Paul. Social Services Committee. Charity Committees and Dublin Call and Care Services.

SUMMARY

Provision and Distribution

According to the definition used in the study, there are currently 117 sheltered housing schemes in Ireland; 71 of which are run by local authorities. 34 by voluntary bodies, seven by private commercial organisations and the remaining five by Health Boards. The schemes involve a total of 3.504 individual units housing approximately 3.471 elderly persons. While there are 332 housing units at tender stage and 1,360 at planning stage, there are 1,093 persons currently on waiting lists for sheltered housing. Most (69%) sheltered housing is located in cities, with 25 per cent in towns and six per cent in rural areas. Seventy-two of the 117 schemes are centred around Dublin. The next largest concentration of schemes is in Cork city with 11 schemes.
Characteristics of the Schemes in Existence

The majority (69%) of sheltered schemes have 40 units or less, with 20 per cent having under 10 units. One-bedroomed flats with communal lounge/dining room and laundry represent the most common type of sheltered accommodation. Generally, sheltered housing is sited within 500 yards of local amenities such as shops, post office, GPs surgery, and church. Typically, schemes provide a common laundry (68%) and a common dining room (60%). Over half (55%) provide day-care services. The most common type of heating is solid fuel central heating (60%).

Warden and Alarm Services

Sixty-one per cent of sheltered schemes have a resident warden. Wardens are as likely to be male (50%) as female (47%) but tend to be over 50 years old. While the majority (65%) of wardens have held their position for less than five years, 31 per cent have had the job for six years or more. Typically the wardens work full-time. Many schemes, particularly local authority schemes in Dublin, do not have any arrangements for substitution during holidays, sick-leave or time-off (40).

The most frequently noted duties of the warden include the following: to ensure the welfare of the tenants (13). to maintain the houses, facilities and property of the scheme (7). to look after the day-to-day running of the scheme (7) and to respond to alarm calls (5). Frequently the wardens receive no training nor are any qualifications required for the position: the wardens are chosen solely on their personal characteristics.

Almost all (96%) sheltered housing schemes have an alarm system. The typical system is a bell-system (58%); being non-speech (59%) and not allowing two-way communication (60%). Thirty-five per cent of systems are telephone-based.

Allocation

Most usually, allocation is decided on the basis of an application form. The allocation criteria used vary among providing bodies: the most common ones being health, present housing conditions and "need". In over half (58%) of the cases a points system is used for allocation. However, 20 per cent have no formal system.

Among the 60 per cent of schemes which had kept records on move-
ment out of sheltered housing within the 12 months prior to the study, it emerges that 74 tenants have died, 18 have moved to nursing homes, five are in long-stay hospitals, a further five have gone to live with relations and two tenants have moved back to conventional flats or houses.

**Finance**

The majority (719c) of the schemes provided by voluntary organisations were assisted with capital costs by the Loan and Subsidy/Capital Assistance Scheme. Nearly half (479c) of the schemes have no records of maintenance costs and 40 per cent have no records of running costs. In 1986/87, the maintenance costs recorded varied from £1,000 to over £15,000, but 27 per cent had a maintenance cost of £5,000 or less. In the same year, running costs varied from £1,000 to over £20,000. While 25 per cent of running costs were £7,500 or less, a substantial six per cent were over £20,000. The typical sources of on-going finance among voluntary organisations are rental income, voluntary contributions and government and Health Board grants. In the case of all local authority schemes, and also in the case of many voluntary (559c) and private commercial schemes (439c), rents are set using a differential rent system. In most cases (849c) rents are £15 or less and typically there is no other charge to the tenants.
CHAPTER FOUR

The Role and Effectiveness of Sheltered Housing: The Perceptions of Service-Providers

Introduction

The purpose of this chapter and the following is to evaluate sheltered housing from the viewpoint of various service-providers from voluntary and statutory bodies who have a wide-ranging knowledge of this aspect of care of the elderly. The experience and perceptions of these people add a further dimension to the evaluation of sheltered housing which the elderly tenants themselves can provide. Their accounts provide valuable information on the assumptions and objectives underlying the provision of sheltered housing and on the extent to which policy and practice coincide in this area.

The two chapters draw on data collected in a series of 18 structured interviews, the methodological aspects of which have already been described in the first chapter of the report. The group of service-providers involved includes some, from central and local government and from voluntary bodies, who are directly involved in the provision of sheltered housing and others, such as wardens, who are concerned with day-to-day administration and management. Professionals, such as doctors and public health nurses concerned with the provision of health and social services, are also included in the group as are individuals with a special interest and special expertise in relation to housing of the elderly. While the small size of the sample of service-providers involved limits the generalisability and representativeness of the views expressed, the inclusion of individuals from both the policy-making area and the area of day-to-day practice enables a broad-ranging picture to be obtained of how sheltered housing operates.

This chapter outlines the views of the service-providers on the general housing needs of the elderly and on the role of sheltered housing within
the overall provision for the care of the elderly. It describes their perceptions of the objectives underlying the provision of sheltered accommodation and of the advantages and disadvantages which this kind of housing gives rise to among both providers and tenants.

**Perceived Adequacy of Housing Provision for the Elderly**

When questioned on how adequately the housing needs of the elderly are being met in their particular areas, the most usual response among the service-providers interviewed was a muted 'quite well' rather than being very positive. While recognising the value of what is currently available, almost all of those interviewed express reservations about the housing provision for elderly people. For some, the greatest drawback is that provision for housing needs is uneven across different areas with some being less well provided for than others. Another cause of concern is that elderly people often have to wait a long time for the accommodation of their choice and it is believed that the current level of provision will be even less likely to meet the growth in demand forecast for the future. In the view of some of the service-providers, the difficulty with current provision is that the range of housing options available is limited whereas a variety of alternatives is required to cater adequately for the needs of the elderly. Some commented that while the different types of facilities provided are good in themselves, the fact that they tend to be geographically scattered makes them less effective. Concern is also expressed that elderly people are being 'pushed together' in groups of houses where they are in danger of being cut-off from the general community of the area. A further concern is that the needs of elderly people with low income but outside the social welfare system are not being fully acknowledged and provision for this group of people is seen as very poor.

**Housing Options Required**

In expressing their views on the kind of housing required to meet the needs of the elderly, those interviewed underline the importance of recognising that old people do not form a homogeneous group and that their requirements vary according to their level of independence and their personal preferences. Almost without exception, all of those interviewed indicate that, to meet their needs adequately, elderly people need a variety of housing alternatives from which to choose; ranging
from standard housing at one end of the scale to long-stay institutional care at the other extreme. According to the service-providers, the emphasis, in the first place, should be put on enabling elderly people "stay put" in their own homes with family help and support. It is pointed out that if a policy of "staying-put" is to succeed, the present situation must be remedied where those who care for the elderly at home receive no recompense for their labour and carers must be given the back-up assistance they require. Sometimes, however, staying-put is not a viable option as the elderly person may have nobody to look after her/him or may be very isolated or lonely or feel insecure or vulnerable. It is also pointed out that even where the elderly person does have a family, s/he may not necessarily want to stay with them. In these circumstances a range of different housing types needs to be provided according to the level of dependency of the elderly person. In some cases the elderly person may just require smaller housing with special fittings to continue living independently. As the elderly person becomes more frail, however, s/he may need housing that involves continuous on-going support including meals and social and welfare services — such as that provided in sheltered housing. In some cases, the level of dependency of the elderly person implies the need for long-term care in a hospital or residential home.

The comments of the service-providers suggest that the most appropriate form of housing for relatively independent elderly may be different for rural and urban areas. In urban areas the emphasis is on warden-controlled sheltered housing schemes whereas in rural areas the suggestion is that the elderly should be accommodated in special houses within general housing schemes in the local area where neighbours would look after them with the assistance of the public health nurse. There is widespread agreement among the different service-providers interviewed that sheltered housing is the option most likely to be developed in future plans for the housing of the elderly. It is pointed out, however, that there is a danger in "putting all our eggs in one basket" and that the most important issue is the development of a "multi-faceted policy" which allows for different needs.

Role of Sheltered Housing in Provision for the Elderly

In the view of those interviewed, sheltered housing plays a very important role in the overall provision for the needs of the elderly. It is primarily regarded as being of significance because it represents a 'stepping-stone'
or 'intermediary stage' for elderly people who are no longer capable of living independently in their own homes but who are not so frail or incapacitated that they need institutional care. Sheltered housing schemes are seen by many of those interviewed as being more appropriate for large urban areas rather than rural districts. It is estimated that, overall, approximately five to 10 per cent of the elderly would need this type of housing. Several of the service-providers emphasise, however, that the provision of sheltered accommodation should always be based on a thorough assessment of the actual need existing in the area. Sheltered housing must be seen as just one of different possible responses to the housing needs of the elderly and although it is clearly valuable it must not be focused on exclusively to the detriment of other options. It is pointed out, for example, that most elderly people would like to stay in their own homes for as long as possible and adequate resources should be reserved to enable them to do so. Sheltered housing cannot be expected to serve the needs of all elderly people: some note that certain elderly people 'will be more content in a small self-contained place in a normal housing scheme' while others suggest that sheltered housing may 'not be suitable for anyone over eighty". Accordingly, it is believed that sheltered housing should certainly be provided for those who need it but a careful balance needs to be maintained between it and all other options available.

**Perceived Essential Components of Sheltered Housing**

The definition of sheltered housing which emerges from the discussions with the service-providers interviewed is as follows: a complex of units specially planned or adapted where elderly people can live safely and independently with the help of back-up support. With few exceptions, the presence of a warden or supervisor is seen as being an essential component of this back-up support. It is considered very important that there should be somebody there 'to look after their needs without being too regimental', somebody 'who will always be on call'. A further very important element of back-up support, noted by practically all of the service-providers, is the provision of communal facilities. The option of having at least one communal meal is particularly beneficial in the view of many: not only does it ensure proper nutrition but it also provides an opportunity for social contact. It is emphasised, however, that tenants should always be free to choose if and when they want to avail of communal facilities. Several of those interviewed note the importance
in sheltered housing of provision of back-up welfare services through voluntary or statutory bodies. Curiously, although the formal definition of sheltered housing includes an alarm system as an essential component of this particular kind of housing, just three of the service-providers refer to this in their discussions of what this kind of accommodation entails. Moreover, where they do refer to an alarm system they suggest that this is something that 'perhaps might be involved' rather than noting it as 'essential'.

**Perceived Objectives of Sheltered Housing**

There is widespread agreement among the service-providers interviewed that the primary objective of sheltered housing is to maintain the independence of the elderly person and prevent the need for long-term institutional care. Many speak of sheltered housing in terms of ‘facilitating’ or ‘enabling’ the elderly person remain within the community setting with which they are familiar. This position is illustrated in the following comment: ‘the objective is to give old people the opportunity of maintaining their independence for as long as possible in the community in which they live — near family supports, near community supports, near services they are used to”. The provision of suitable accommodation is far less frequently noted as an objective of sheltered housing than is the maintenance of independent living. Improvement of the quality of life of the elderly person is noted by several as an objective of sheltered housing. It is seen as "promoting dignity", as providing 'comfort and care' and — very importantly — as providing security and freedom from fear. The importance of security is highlighted in the following comment: 'I'm inclined to latch onto the word "secure" because we have seen examples of the fear that old people have when we were calling on them last year . . . Sometimes we were standing on doorsteps maybe two or three minutes and all you could hear was the clank of three or four bolts being pulled back. So that's getting the message across how these people suffer from fear'. Prevention of isolation and loneliness is also noted by some as an important objective of sheltered housing.

**Extent to Which Objectives Are Being Fulfilled**

With respect to whether or not sheltered housing actually fulfils its declared objectives, only a few of those interviewed suggest that it does so
very well. Some believe that it has not yet been long enough established in Ireland to allow any definite conclusions to be drawn with regard to its effectiveness. Others are concerned that problems identified in research from Britain may also arise here unless appropriate safeguards are established; problems such as the creation of what are termed 'ghettos' of elderly people and the fostering of dependency through over-provision of on-site supervision and services. Problems particular to the Irish context are also noted as beginning to emerge: in Dublin, for example, acquiring sites is very difficult in the inner city where sheltered housing is seen as being badly needed. Another problem is that because of the shortage of sheltered schemes elderly people are applying for places many years before they actually need sheltered housing in an attempt to secure a vacancy. Concern is also expressed that "staying-put" should continue to be emphasised as a first option and — at the other end of the spectrum — that sufficient attention should be paid to the growing number of very frail elderly for whom sheltered housing would not be suitable. It is pointed out that a more "long-term and global" approach than is presently adopted is very much required.

**Perceived Benefits of Sheltered Housing**

By far the most often noted benefit of sheltered housing to the elderly person is the sense of security and safety which this type of accommodation can provide. Usually those interviewed spoke of security in terms of 'knowing that if they [the elderly tenants] need something, there is somebody there whose job it is in a way to try and meet those needs'. Some, however, spoke of stability and security not just in physical terms but also in the sense of 'security of tenure' and of 'having a house of their own'. Being able to maintain their independence is also seen as a significant benefit to the elderly person. In addition to security and independence, some of the service-providers see that sheltered housing has the advantage for the elderly person of ensuring ready access to health and welfare services and to local amenities.

Apart from its advantages for the elderly tenants, those interviewed perceive sheltered housing as also having benefits from the viewpoint of the providing body. It appears that the greatest benefit accrues to those responsible for the provision of health and welfare services rather than to those responsible for housing. For example, there is widespread agreement among the service-providers that having elderly people grouped together facilitates the effective delivery and co-ordination of
services and 'allows the caring process to work more effectively'. Several, however, also sound a note of caution with respect to the grouping together of the elderly and suggest that its disadvantages need to be carefully weighed against its advantages. Sheltered housing is also seen as preventing the need for costly hospital or long-term institutional care. Compared to effective delivery of services and prevention of hospitalisation or institutionalisation, far fewer of the service-providers indicate that sheltered accommodation has a direct advantage for housing authorities. Some do point out that re-locating the elderly person in sheltered accommodation releases larger family homes for use by younger people. A further advantage is that providing sheltered accommodation is often cheaper than attempting to maintain houses of the elderly which are in very bad repair.

Perceived Disadvantages of Sheltered Housing

Compared to the benefits it provides, the disadvantages of sheltered housing are not as immediately evident to those interviewed. In several instances, the person in question could think of no drawback that had come to his/her attention. Among those who do perceive disadvantages, the most frequently voiced concern is with the consequences of grouping a number of elderly people together in one place. There is a fear that the elderly may become isolated from the rest of the community. Several spoke of the 'problem of ending up with ghetto-type sheltered housing areas'. It is pointed out that the whole issue has not been debated of whether it is better to intermingle elderly people in normal housing estates where there is a mixed population or to house them with their own age group. According to some of the service-providers there is a danger that a situation might develop where the elderly people are being 'over-monitored' or where the warden-service begins to 'infringe on their privacy'. In the experience of some, another drawback is that elderly people often find the move to sheltered housing difficult for one reason or another. For example, tenants sometimes experience the sheltered scheme as being very quiet having been accustomed to the noise and bustle of corporation flats. In other cases the move is difficult because they have had to leave their old homes and possibly have had to give up some of their possessions. Also, 'they feel lonely away from their families' and 'visits over the years decrease'. Apart from drawbacks for the elderly tenants, there are also perceived difficulties for the providing bodies. In the view of some there is not enough consultation between, for example.
the local authorities who provide the housing and those, such as public health nurses, who look after the elderly and have direct contact with them. Neither is there enough planning — planning with respect to location of the sheltered scheme or planning with respect to what happens the elderly person when s/he can no longer manage in sheltered housing. A major problem seen as facing the providing bodies is the cost of paying for sheltered housing and the services of, for example, the warden. In the larger urban districts there is also the difficulty of finding appropriate sites in central areas.

**Satisfaction with Current Level of Provision**

With one or two exceptions, all of those interviewed are dissatisfied with the current level of provision of sheltered housing. It is pointed out again and again that there are 'simply not enough places for those who need if and that 'waiting-lists are very long'. Some spoke of a 'huge over-demand' and indicated that more has to be done to cater for 'what might be described in some ways as an explosion of need'. Particular gaps in provision are also highlighted: for example, it is noted that some parts of the country have no sheltered housing whatsoever. There is also concern that old people who own their own homes, but have low income and are outside the social welfare bracket, are poorly provided for. It is further pointed out that there is a need for private developers who would 'build a similar complex to what local authorities have done, up-market it a little bit and have it available to people who may be well pensioned, living in a good area, in reasonable set-up but have no near family'.

Not only is the current level of provision seen by most as being unsatisfactory but there is also a widespread view among the service-providers that future prospects for sheltered housing are "not very bright at the moment". Future development depends on the financial resources that are available and 'finding money is the big problem" in a period of 'cut-backs' in public spending. The future of sheltered housing is considered to be 'very difficult' because 'and is becoming so expensive' and "staffing is frightfully expensive' and the "government has so little money*. There is concern that, even at the present time, wardens are not being appointed in newly built schemes and are not being replaced when vacancies arise in existing schemes.
SUMMARY

Housing Provision for the Elderly

There is widespread concern among the service-providers interviewed that the housing needs of the elderly are not being adequately addressed: there is uneveness in provision, waiting lists are long and the range of alternatives available is too limited. A continuum of services is required which includes standard housing at one end of the scale and long-stay care facilities at the other extreme. Sheltered housing represents an intermediary stage in the continuum of services which is appropriate for those elderly who are no longer capable of living on their own but are not yet so incapacitated as to require institutional care. It is estimated that about five to 10 per cent of the elderly population would need this kind of housing.

Objectives of Sheltered Housing

One of the primary objectives of sheltered housing is to maintain independent living in the community through the provision of specially planned accommodation and back-up support. The warden service and provision of communal facilities are seen as particularly important elements of the support required.

Advantages and Disadvantages

The single most outstanding benefit of sheltered housing is that it provides security and safety for the elderly person. It is also seen as having the added advantages of facilitating the effective co-ordination and delivery of care services to the elderly, of preventing the need for early institutional care and of releasing under occupied stock for use by younger families. Disadvantages are, however, also noted with the greatest concern being that 'ghettos' of elderly people which are cut off from the community will develop. There is concern too about the trauma involved in house-moving in later life and the loneliness that can be experienced. According to those interviewed, if sheltered housing is to fulfil its objectives, greater co-ordination and planning than is currently evident must be established between the various bodies involved in different aspects of care of the elderly.
CHAPTER FIVE

Management Issues Related to Sheltered Housing: the Perceptions of Service-Providers

Introduction

The purpose of this chapter is to outline the perceptions of the service-providers interviewed on a variety of issues related to the management of sheltered housing. Who is sheltered housing for? Are there elderly people for whom sheltered housing is inappropriate? What services and facilities are essential in sheltered accommodation and what role does the warden play? This chapter explores the views of the service-providers on the answers to such questions. The chapter also outlines reactions and attitudes to current financial arrangements for the funding of sheltered schemes and explores the perceived respective roles of local authorities, health boards and voluntary bodies in the provision of this kind of housing.

Allocation Policies

The perceptions of the service-providers on the role and objectives of sheltered housing discussed in the previous chapter raise several issues in relation to allocation policies. This section explores the implications for allocation of, for example, the fact that there is a perceived lack of housing alternatives for elderly people, that maintenance of independence is viewed as a primary objective of sheltered housing and that 'supply' is not seen as meeting 'demand' in terms of the numbers on waiting lists.

As already indicated, almost all of those interviewed believe that objectives related to welfare or care needs — in terms of maintenance of independence — have precedence over housing objectives per se in the provision of sheltered accommodation. It emerges, however, that
their views on the practical criteria that should be used to determine who is in need of sheltered housing do not always reflect their beliefs about its objectives. With respect to beliefs about who should get sheltered housing, the service-providers fall into two main camps; these camps reflecting the tension noted in the literature between sheltered accommodation as a housing service and as a care service. According to the larger group, sheltered accommodation should be allocated primarily according to the twin criteria of isolation and inability to look after self. Sheltered housing is for 'those elderly people living alone who have nobody of their own to look after them'; it is 'for people living in isolated areas who can't get the support of neighbours' and who are "vulnerable to robbery and vandalism". A smaller group speak of allocation criteria in terms of straightforward housing need. According to the service-providers in this group 'availability and suitability of existing accommodation would have to be considered first of all'; "living conditions would have the priority" and sheltered housing is first and foremost 'for people who are in need of housing and can't provide it from their own resources'. In a few instances the remarks of the service-providers on the allocation criteria which should be used reflect the view that, where elderly people are concerned, it is very difficult to separate housing needs from social or welfare needs. According to these people 'each case has to be handled individually' and a holistic approach has to be adopted which does not consider either accommodation or medical or social criteria in isolation but takes account of all factors: 'living situation and environment, social circumstances, financial circumstances and medical factors'.

The literature notes that housing personnel and social services personnel often hold opposing views on appropriate allocation policies reflecting their different professional preoccupations. In this study, however, no clear professional divisions emerge between those who opt for housing criteria and those who opt for social or welfare criteria in the allocation of sheltered housing. It is interesting, for example, that it is a housing officer who strongly advocates that 'Health Board Community Care people or medical persons should have a say in allocation of local authority sheltered housing' and that "there should be greater integration between the housing authority and the health board in allocation". On the other hand, a nurse notes that sheltered accommodation is primarily "for those with bad housing".
Eligibility Criteria

While there are differences among the service-providers with respect to who should get sheltered housing, there is almost complete unanimity with regard to who should not be placed in this kind of accommodation. In discussing what conditions, if any, would rule out an elderly person as being suitable for sheltered housing almost every one of those interviewed notes inability to live independently. Sheltered housing is seen as definitely not being 'for those who are seriously ill' or 'severely debilitated', or anyone who 'would need constant supervision' or 'nursing care on a long-term basis'. The potential tenant 'must be fit*, must be 'capable of self-care', must 'be independent in the activities of daily living', must 'be able to cater for themselves'.

However, the problem of the relativistic nature of the concept of 'independence' emerges from some of the comments made. It is noted in the literature that independence, in many instances, means what people are prepared to put up with. A somewhat similar idea is evident from the comments of one doctor who points out that the criteria adopted as to who is 'independent enough' for sheltered housing will depend on the support and facilities that are available within a particular scheme. Comparison of beliefs about who should and who should not be placed in sheltered accommodation reveals much confusion in this whole area. For example, as indicated above, there are those who see sheltered housing as being for elderly people who cannot manage on their own and yet to be eligible they must be capable of independent living. On the other hand, a contradiction is also evident among those who see that sheltered housing is for elderly people with a housing need and yet believe that the only eligibility condition imposed should be ability to look after themselves.

Need for Screening of Tenants

Given their belief that sheltered housing is only for those who can manage independently' it is not surprising that almost all the service-providers interviewed indicate that potential tenants should be screened. Their position is illustrated in the following comment: 'as part of an application there should be a medical report so the corporation are aware of their capabilities. It's important not to lumber them with a problem that's not theirs at all. The report should state that the person
is suitable, is reasonably ambulant and will not require a major degree of care'. There is concern that 'wardens should not be overburdened' or required to cope with problems for which they are not trained. As one administrator points out 'it is unfair to ask the care-taker or warden to have totally immobile people, who need constant care and frequent attention, under his care'. Some of the service-providers express particular concern about having elderly people in sheltered accommodation who are displaying psychiatric symptoms. One person who had reservations about screening for independence, who 'wouldn't like to interfere too much in people's independence' and 'wouldn't carry out a too rigid check on them' yet still felt screening was important 'when it comes to the psychiatric aspect'. The following comment from a warden illustrates the concern: 'I don't know how the patients from the psychiatric hospitals are getting these flats. It must be social workers from the psychiatric hospitals are passing them on — that's my opinion. But as I say, it's o.k. to mix a few but if you get too many you'll have the other people objecting to it. Wardens are not trained to sort it out'. According to one of the administrators 'we have a number of people being moved, for efficiency sometimes, from psychiatric hospitals into these schemes. They are confused, unable to manage and make lots of problems.... We're maintaining people like that in the community who should not be in the community.... We are providing far more than we should be expected to — that's the problem'. There is also some concern that people who do not need sheltered accommodation are getting places in schemes. For example, one view is that 'it should be reserved for the older age group whereas at the moment anyone over sixty can apply'. Another comments that 'there are people in my complex who are going out to work and they are probably not old-age pensioners either' whereas sheltered housing 'should be kept especially for old-age pensioners — reasonably ambulant, frail old people that really cannot be maintained in the community'.

Perceptions of Appropriate Means of Screening

When asked who should carry out the screening, there was widespread agreement that there should be a medical input from either a doctor or public health nurse. Many stressed, however, that any screening carried out should be based on a multi-disciplinary team approach. In the words of one of those interviewed 'there is an important role there for the social worker, the nurse, the community worker, this is a multi-disciplinary
thing...the doctors may be saying this person is o.k. medically and physically but the community worker or social worker may bring in other aspects. The family relationship, the physical housing condition and so on, these would be picked up by the local visiting nurse, St. Vincent de Paul, community worker, social worker and so on'. This kind of approach is considered to be necessary so that 'you are getting a full picture and can put into context what the needs of the patient really are'. There is some concern that screening should not be too formal and that a situation should not develop whereby there are 'several fences over which an elderly person must jump before they would be accepted as being a suitable person for sheltered housing'.

Perceptions of Allocation Methods

There are two main features to the picture which emerges from discussions with the service-providers on the best method for allocating places in sheltered schemes. First, it is frequently noted that places should be allocated on the basis of 'need'. It is emphasised, however, that need must be broadly defined. In the words of one nurse 'the important thing is to have somebody — either a GP or a public health nurse — who knows the person and knows their needs, who is aware of the person's situation both environmentally and medically. You can't decide on the basis of an application form who needs it and who doesn't'. The best system is seen as the one 'where each individual is looked at and the whole background is investigated'. The points system is seen as 'reasonably good' but at present 'people are given points without enough input or appropriate input from different sources'. The points system needs to be extended to take account of all aspects of the elderly person's situation: medical, housing, physical, family, financial and social circumstances. The second important feature to emerge is that any assessment of 'need' should not rest with a single individual but should involve 'a team' or 'committee' or 'referral body' with representation from different areas. Medical input — particularly from the public health nurse — is seen as being very important in decision-making. At the end of the day, it is seen that the final decision as to who gets a place must rest with the providing body but the decision must always be informed by advice and guidance from a team of people who can assess each individual case. It is pointed out by one of the service-providers that 'if we had more resources of sheltered housing coming on stream then the whole thing would be much more open. Selection processes could
become a lot more scientific without becoming rigid’. One of the nurses suggests that because of the current scarcity of resources what has developed at present is ‘a numbers game’.

**Need For Balance Between Active And Disabled Tenants**

There is widespread agreement among the service-providers that it is desirable to have a balance between active and more functionally disabled elderly people in sheltered housing schemes. Only one of those interviewed, however, noted that allocation policies should specifically take account of this in determining which elderly people are placed in sheltered accommodation. A number of reasons are put forward to support the view that sheltered schemes should have balanced populations of elderly people. Two of the nurses interviewed believe it would "avoid ghettoising". In the words of one: 'you're trying to make it a community, a natural environment.... these houses shouldn't be seen as a ghetto just for old people.... sheltered housing shouldn't get the name of having a lot of deaths'. The most frequently noted advantage of having a balance is that the more able can help and support the less active tenants. This position is exemplified in the following comment from one of the administrators interviewed: 'It can be important in that the active people can provide a supporting role for the less active people. An elderly person may be more sensitive to the needs of another elderly person who is not as physically able as she or he is. An active elderly person may be better able to communicate just the same as children can communicate with each other'.

While there may be agreement in theory, it emerges from the discussions with the service-providers that there are many difficulties in putting into practice the ideal of having a balance between active and less active tenants. The main problem arises from the fact that sheltered housing is regarded as suitable only for those who can manage independently so there is a limit to the degree of disablement that can be accommodated. The whole question then arises as to how independence is to be measured and how it is to be determined that someone is 'too disabled' for sheltered housing. The question of resources also arises. As one service-provider indicates, whether or not you can manage to keep a balance between active and less active 'comes down to whether there are resources to provide the appropriate services to allow elderly people who are becoming senile or disabled to still maintain some level of activity'. It is also pointed out by one of those interviewed that this
whole question of balance among tenants 'requires much more study'. The comments of this service-provider indicate the importance of questioning assumptions about the benefits to the elderly person of a balanced population. 'I am conscious of having walked into lounges and seen the long line of elderly people and I'm quite clear in my mind that some of those elderly persons were much more capable and active that others. It's very hard for me to judge how debilitating it is to sit in a room as an active, elderly seventy year old with other seventy year old people who are perhaps quite senile'.

**Need for Periodic Review of Functional Ability**

With few exceptions, there is agreement among those interviewed that the functional ability of the elderly tenants of sheltered accommodation should be periodically reviewed. Some kind of periodic monitoring is necessary because of the requirement that only those who are active and able to look after themselves can be accommodated in sheltered housing. Generally, this review is seen as taking place informally rather than having the elderly person undergo a formal assessment. There is concern that the elderly people should not be made to worry and should be made to feel secure about their place in the sheltered scheme. This concern is illustrated in the following comment: "Yes. I think there should be a review. But not in any rigid situation. Not in any way that would destabilise or frighten the elderly person — I mean by having formalised interviews or anything like that'. The public health nurse and — to a lesser extent — the warden are seen as playing a very important role in monitoring the on-going position of the elderly person. According to the nurses interviewed, this kind of continual monitoring should be part of the normal service for all elderly people.

**Problem of Deterioration in Functional Ability**

Where the functional ability of the elderly tenant of a sheltered scheme deteriorates, then in the view of all of those interviewed s/he must be moved to other accommodation such as geriatric ward or welfare home or other long-stay residential care. It is seen that the decision to remove the elderly person from sheltered housing should be based on the outcome of an initial assessment-rehabilitation programme. Removal of a very disabled person is seen as necessary because sheltered housing does not have the resources to provide continuous care. One of the
service-providers expresses the problem in the following way: 'Sheltered housing is providing for active, ambulatory people. If, as they grow older, they become disabled we do not have facilities. We don't have the facilities to provide caring and nursing. It is part of the agreement. We have to be very specific on this. It can't cater for anyone else'. According to one of those interviewed 'we must be careful to acknowledge what different kinds of organisations can cope with and what they can't cope with' and 'it is true that at a certain stage sheltered housing may not be suitable any more. Because of lack of funding it may not be able to provide the kind of care needed, and it's a question then of getting the person into hospital'. There is also concern that the warden should not be asked to take on responsibilities for which s/he is not trained. As one of those interviewed points out 'in the last stages the elderly person will have to go to a nursing home, because they'll need constant attention and a warden couldn't provide that, not on a continuing basis'. Getting the functionally disabled elderly person into residential care is, however, not always easy. According to one of the service-providers we have lots of difficulties in getting the health services to accept people like that'. The shortage of such accommodation is evident from the following comment: 'I know the situation with long stay beds, especially on the south side of the city, is abominably bad'. Because of this shortage of places those in charge of sheltered housing 'may go through a period of quite considerable crisis before they have found a bed for the person'.

**Difficulties Associated with Removal from Sheltered Housing**

While acknowledging that removal to long-stay residential care is necessary for those whose ability has deteriorated, many of the service-providers express regret that this is so. According to one of the wardens interviewed: 'the elderly person will often fight going into long-term care.... because it's taking away their independence. Nobody wants to do that'. There is concern that a 'staging post' mentality should not develop whereby the elderly person is shunted from one kind of accommodation to another without due acknowledgement of the effect this is likely to have. The following comment illustrates this concern: T'm very conscious of the fact that people go in one door at a certain age and they pass through various systems and we all know what is at the end. We need to be careful that we don't create this mentality in the elderly as
well — I'm on rung three and there is actually only so many more rungs to go". One of the service-providers who is involved in the running of a sheltered scheme which has arrangements on-site for the care of tenants who become disabled, indicated that it was precisely this worry among the elderly people about having to move on that gave rise to the decision initially to provide extra-care facilities. According to this person "before I brought in the nurses, the residents saw these people being moved on or being brought to the infirmary and their one dread was what were they going to do when they needed nursing care. They hadn't got money and dreaded having to go to a very inferior nursing home with maybe four in a room, all cluttered in together, they dreaded it".

**Provision of Extra-care Facilities in Sheltered Housing**

Some of those interviewed suggested that the ideal solution to the problem of deterioration in functional ability would be to have a special care unit on the site of the sheltered scheme. This position is illustrated in the following comment: 'probably the best solution to the problem is something like the German system where they have three levels of accommodation in any particular complex. They have what they would call the active elderly, the less active and then the more inactive. They have three types of accommodation to cater for these. Something of that type would be almost the ideal solution". Many of the service-providers agree ideally with the idea of providing different levels of care within each sheltered scheme. In the view of one of those interviewed 'you must think of sheltered housing as being only short-term... you must think what to do when the residents inevitably become old and ill. There is another phase that is vitally important. You must have a follow-up .... Every sheltered housing scheme should have a next phase". Some see the provision of phases of care in sheltered schemes as being particularly pertinent in view of what one of the nurses terms 'the dwindling of long-stay facilities'. It is seen that because welfare homes are chock-a-block and full before they've even been built' some alternative provision has to be made for the elderly tenant whose functional ability has deteriorated. It is also believed that having facilities on-site when extra care is needed would alleviate worry among elderly persons about having to move on should they no longer be able to look after themselves independently. As one of the service-providers comments "the drawback [with sheltered housing] is that the elderly people realise that in another few years they just won't be able to keep that little house and what is
going to happen then”. Having a mix of facilities within the scheme could overcome this problem since, as one doctor points out, “that way you'll be leaving the patient in the same environment. If you wanted to move them from, say, an independent unit to a more dependent one, it may mean just a movement to the ground floor and that would be more acceptable to the individual”. At present, according to one of the wardens “the unfortunate thing about sheltered housing is that the day the elderly are not able to look after themselves is the day they have to leave here”. However, many of those who believe in the value of having different levels of care within schemes, also see that this could be very difficult to put into practice. Such provision would be very costly and would require much re-structuring of the present system in terms of levels and types of staffing required, in terms of supervision and in terms of facilities. At present, the required resources are simply not available and further, as one service-provider points out, “we don't have defined schemes for running costs so that you don't know how much money you're going to get if you provide a care person and a nurse. Where are you going to get the money to pay both?” As one person comments, “if the resources were there we could develop wonderful things”.

Not all of the service-providers are in favour of phases of care within schemes. According to one of the administrators interviewed: “I would see the local authority as providing a basic facility. We are a housing authority, you see. and that's important. We provide housing for people to enable them to have independent living for as long as they can in the community.... We wouldn't see ourselves as having any further responsibility”. Provision of extra care is seen by some as not being the proper function of sheltered housing: “No. we set out to provide a particular service .... to provide generalised facilities and amenities. Beyond that — caring and nursing — is for another development”. One person sees the provision of extra care as ‘going back almost to the institutionalisation of them”.

**Perceived Importance of Size of Sheltered Scheme**

All of those interviewed are agreed that the size of the sheltered scheme is a very important consideration. What constitutes the ideal size is seen to depend on the location of the scheme, on the services and facilities that are provided and on the degree of frailty of the elderly tenants. Generally speaking, a cluster of no more than six units is seen as being suitable in rural areas whereas schemes of 35 to 45 are regarded as
appropriate for urban areas. There is widespread concern that schemes 'should not be too big'. This is so for two reasons. First, it is considered important that a scheme should have a homely, personal touch. It should be small enough to allow the elderly people get to know one another and socialise easily. With a large number of units the elderly people are in danger of becoming institutionalised and there is a danger of a 'ghettoised situation' developing. A second important reason for limiting the size of the scheme is that the warden 'just couldn't cope' with large schemes of anything more than 40 units. On the other hand, it is seen that there also needs to be some minimum number of units to make the scheme viable. It is generally believed that a scheme needs to have 30 to 40 units to justify the expense of employing a warden or even a caretaker. Where a 'roving' or community warden in involved, smaller schemes of 20 or more are sufficient to cover the expense involved.

Perceived Importance of Scheme Location

The location of the sheltered scheme is considered to be important for two main reasons. First, in order to maintain the independence of the elderly persons and to enable them to partake in community life, the scheme needs to have ready access to local facilities and amenities: particularly to shops, church and post office. Location is seen as particularly important in rural areas where the local village is regarded as the obvious site. According to one of those interviewed 'these houses should be in the centre of the village or some location nearby where they would be near the things that mean so much to them. First of all. their church, secondly their post office where they can go and draw their pension and thirdly their shop where they can go and do their own shopping'. As one of the service-providers points out, in locating the scheme it is essential to bear in mind that 'you're bringing them into sheltered housing to integrate them a bit more, not isolate them'. The second important consideration in locating sheltered housing is that, in as far as possible, the elderly tenants should remain in their own community where they are close to their families and to the people they have known all their lives. This viewpoint is illustrated in the following comment: 'the people should be as close as possible to where they originated from. I mean you shouldn't take people from an inner city area and accommodate them in a housing scheme in the suburbs because if they have all their friends and social contacts back where they were they would constantly be travelling back and forth'. While there is widespread agreement among
the service-providers that elderly people should not be removed from their own area, the following comment from one of the doctors interviewed underlines the necessity of not making any assumptions about what elderly people like and want: 'I was carrying out a study with the elderly recently and where they were in the older and more dependent category, they didn't identify with the area in which they lived. The reason they offered was that the people they had known had died and they felt that a new population had come in who weren't very interested in them'.

**Perceptions of Support Services Essential to Sheltered Housing**

In their comments on the essential support services which sheltered housing should provide, the service-providers frequently make the distinction between services which are provided within the scheme and those which are provided by outside agencies. One of the most important services within the scheme is the provision of security in the form of the warden and possibly some sort of alarm system. Also important within the scheme is the provision of communal facilities for meals and social activities. With respect to those services provided from outside the sheltered scheme, regular and frequent visits from the public health nurse constitute the most frequently noted essential support. Elderly people must also have access to their own GP. A further service frequently noted as being essential is that of the chiropodist. Several of the service-providers would also like to have physiotherapists and occupational therapists readily available in sheltered housing. Where elderly tenants are beginning to find it difficult to manage their homes, provision of home-help and — to a lesser extent — meals-on-wheels is seen as important. Some of those interviewed also note the value of the contact and assistance provided by voluntary helpers. In the words of one of the service-providers: 'the warden is there, very good and everything else but you need the back-up of people to go in and visit them... Contact is vitally important for old people'.

**Satisfaction with Provision of Essential External Services**

Generally, the service-providers are satisfied with the services provided by the public health nurse and with the GP. Several, however, point out that the public health nurse is often 'pressed for time' and 'over-stretched'
because of her other responsibilities in the community and that many more are needed to provide an adequate service. Apart from the public health nurse and the GP, other back-up services important to sheltered housing tenants are often seen as greatly lacking. The lack of a chiropody service, particularly in rural areas, is noted as a source of dissatisfaction by several of the service-providers. Neither are there enough physiotherapists or occupational therapists available. Lack of financial resources is seen as the real cause of insufficient provision of back-up services. According to one of the doctors interviewed "back-up service is not what it should be. Despite protestations to the contrary, community care services are being hit by cut-backs. All the services for the elderly need to be better developed".

Importance of Communal Facilities in Sheltered Housing

Everyone of those interviewed indicated that the provision of communal facilities was a very important aspect of sheltered housing. The provision of a communal meal is seen as being of particular value but a communal lounge for social activities is also seen as being very important. Such facilities are seen as providing opportunities for the elderly people to mix together and get to know each other and thus "foster a community spirit" in the scheme. It is noted that "lack of socialisation" can become a problem among some elderly and that 'old people are inclined to withdraw a bit from society". Because of this, it is considered essential to provide facilities which will "prevent isolation, provide contact and encourage them to continue to be part of society". Communal facilities are also seen as having a practical advantage in that they ensure that the tenants are having at least one 'proper" meal each day and also in that anyone missing is readily spotted and can be checked. The following comment from one of the administrators interviewed highlights the different advantages involved: 'communal facilities are important because they give elderly people an opportunity of coming together and not just locking themselves up in their rooms. I'm thinking in particular of the communal meal, where at least once a day they will come together and if somebody is missing then there should be a question asked as to why somebody is missing. It would provide on a day-to-day basis contact with everybody in a sheltered housing scheme".

Communal facilities are not seen as having any drawbacks provided that they are not imposed on the elderly tenants. Almost all of the service-providers commented that the tenants must always have the
freedom to choose whether or not to use the facilities available. This view is illustrated in the following comment: "we are very conscious of the rights and independence of old people and of what they want. The services are there if they want them, but we never impose*.

Communal activities, if they are to be successful, must be well thought-out and properly planned. As one of the service-providers points out: 'it's not just a question of providing a huge room and throwing a carpet on it. a good deal of thought needs to be put into it. . . . What effect does it have to have everybody bunched together in one big lounge so they all sit around the walls looking at each other?' Organisation is also seen as important so that 'cliques do not develop' and staff "have to be able to handle disagreements' and ensure that 'there aren't clashes between different groups'.

All of the service-providers agree that it is a good idea to open up communal facilities to other elderly people living in the surrounding area. In this way, the tenants are in less danger of becoming cut-off and isolated. The maintenance of contact with the surrounding community is seen as creating a 'more natural environment' in the scheme and fosters community spirit. Several of the service-providers comment, however, that care should be taken not to overburden the warden and that some screening should take place of those coming into the scheme from outside.

Perceptions of the Role of the Warden

Without exception, all of the service-providers interviewed regard the warden as a very important feature of sheltered housing. The warden is seen as particularly important in city schemes but it is suggested by two of those interviewed that in rural areas it may be more beneficial and economical to have local community members rather than a warden looking after the elderly people. It is suggested by one of the administrators interviewed that it is not essential to have a resident warden, particularly in smaller schemes. A recent development is to have a community warden who could be in charge of a number of schemes.

From the comments of the service-providers on the duties and responsibilities of the warden, it appears that her/his primary function is to look after the welfare of the elderly tenants in a general way. The warden's role is 'generally to be there"; "to oversee the situation"; 'to see that the elderly people are o.k. everyday"; "to be available to help if something happens": "to be in touch on a regular daily basis'. It is seen
that ‘the warden has responsibility for surveillance at a layman’s level but does not have responsibility for medical problems. That is the function of the GP or public health nurse’. There are opposing views among the service-providers — even among the wardens themselves — with respect to how the warden should ensure that the elderly people are well. Some of those interviewed believe that the warden should visit each tenant twice each day. One of the wardens emphasises that it is important to actually see everyone, at least in the morning. More frequently, however, the service-providers emphasise the right of the elderly person to privacy and indicate that the warden’s function is to be available should someone ring their alarm but not to call on them otherwise. It is seen that the warden should be like a ‘good neighbour’ who checks that the elderly person is all right, occasionally does shopping when necessary, but is never intrusive. If an elderly person does require help, the warden’s job is to summon the appropriate assistance and to notify relatives where necessary. 

Apart from ‘overseeing’ or ‘surveillance’ functions, most of the service-providers regard the warden’s role as also involving maintenance duties. Only two of those interviewed make a distinction between a caretaker who looks after the place and a care-warden who looks after the people. All of the wardens interviewed see themselves as doing much more than generally over-seeing that the elderly people are well. Some see the warden as "manager" of the scheme — someone who takes charge of budgeting for lighting, heating and so on. One of the wardens sees herself as 'being in charge here' and as "supervising the catering and cleaning staff. Others speak of the warden in terms of 'keeping the main areas clean'; 'ensuring the ongoing maintenance of the houses'; 'getting people to fix things when necessary": and 'answering the phone and taking messages'.

**Perceptions of Necessary Qualifications**

There is widespread agreement among those interviewed that, apart from a good solid education, no particular qualifications are required for the job of warden. What is considered vital, however, is the personality of the warden. According to one of the administrators interviewed 'if you get somebody with a proper disposition, with an interest in the elderly, s/he will do the job instinctively". Several of the service-providers stress the importance of getting 'the right person" for the job. If you cannot get the ‘right person” then the scheme is better off without a warden. It
is suggested that the warden can influence the atmosphere of the entire
scheme and, accordingly, 'good screening' is needed and the person has
to be "hand-picked'. The 'right person' for the job of warden is someone
who above all else is patient. S/he also needs to be caring, compassionate,
kind, calm, understanding and must be a good listener. Some regard the
job of warden as a 'vocation' and the wardens themselves say 'you must
love your job' and 'must love elderly people'.

Perceptions of Need for Training

There is widespread agreement among the service-providers that there
should be some form of training for wardens. As one of those interviewed
points out: 'you wouldn't take up any other job without training and
you have people becoming wardens that have no training'. It is pointed
out that the question of training is the subject of much argument and is
one that requires a lot of attention. Some suggest that some kind of
nursing experience, while not essential, would be a definite asset. One
of the doctors interviewed suggests that the warden's training "should
provide an overall view of the needs of elderly people" and accordingly
would need to cover 'psychological and social aspects and have a medical
component'. On the other hand, some of those interviewed emphasise
that the warden should not be a professional — such as a nurse — and
should not have to perform nursing duties. Many of the service-providers
are vague in their comments on exactly what type of training is required
but most agree that it should be at a basic rather than professional level.
Appropriate training would involve, for example, information on the
entitlements of the elderly, record-keeping, first-aid, recognition of
symptoms of depression and other problems among the elderly. Training
should enable the warden 'to supervise without being dictatorial"; should
prepare her/him 'to enable the elderly people do things for themselves
without being rigid". It is suggested several times that perhaps the best
form of training is experience in dealing with elderly people.

Need for Support Systems for Wardens

There is a widespread view among those interviewed that the job of
the warden can be difficult and isolating and, accordingly, that the
development of support structures is an important issue. As the following
comment illustrates, some see this support mainly in terms of access to
services in the community: 'the warden should be able to contact the
doctor or nurse or guards, if need be. She or he should have the full support of all the services." For others, including two of the wardens interviewed, the most important aspect of support is that the warden should have easy and regular access to whatever body is running the scheme — whether the corporation or voluntary management committee — so that problems may be discussed. It is also considered important that guidelines should be set so that the warden knows exactly what s/he is supposed to be doing and that clear lines of decision-making are established. Several of the service-providers note the importance of organising seminars or courses where wardens can get together to discuss issues and share problems. Two of the wardens interviewed had, in fact, attended such a seminar and had found it very beneficial as is evident in the following comment: 'we had a seminar last year and it was marvellous. We discussed all our problems. It was very important for us to get together. I wish it would happen more often.'

**Need for Supervision of Warden**

Most of those interviewed indicate that there should be some form of supervision of the wardens. According to some, a specific person should be employed to keep a check on sheltered schemes. Supervision, however, is usually seen as not being very formal. In the words of one of those interviewed: 'it would be wrong to have the committee down there checking on them." The typical view is that "if things are going wrong it soon becomes evident from talking with the elderly people." It is suggested several times that an agreed complaints system should be established which both the warden and the elderly tenants understand. It is also considered important that the elderly people should be informed of the duties and responsibilities of the warden so that they do not have inappropriate expectations of her/him.

**Perceptions of Importance of Alarm System**

Although few of the service-providers specified an alarm system in discussing the essential components of sheltered housing, when asked specifically about its role in this kind of accommodation all agreed that it is very important and necessary. The alarm is important primarily because of the reassurance and sense of security it gives to the elderly tenants. The fact that they know they can contact somebody should they fall ill allows them peace of mind. The alarm is also seen as important
from the management point of view since, without it, it cannot be ensured that the elderly people are well. In the view of many of the service-providers, the only drawback to the alarm system is that it is open to inappropriate and unnecessary use. It is noteworthy, however, that each of the three wardens interviewed emphasised that, in their particular schemes, the elderly tenants never used the alarm unless really necessary. Not all alarm systems are seen as being effective. There is concern that systems involving buttons or cords are only effective to the extent that they happen to be close by whenever the elderly person experiences an emergency and are of no use should the person collapse on the floor. Several of those interviewed believe the most effective system involves attaching the alarm to the person of the tenant so that it is always accessible. The more sophisticated systems now available are regarded as being very effective in theory but account has to be taken of the fact that elderly people are often wary or anxious of "unknown gadgets" and need to be taught and encouraged in their use. Whatever system is employed, it is considered essential that there be somebody there whose job it is to respond to alarm calls. Several of the service-providers express grave reservations about the kind of alarm which emits a noise or flashing light but where nobody in particular is designated to respond.

Financial Arrangements for Funding of Sheltered Housing

Among those service-providers who felt competent to comment on financial arrangements for the funding of sheltered housing, the most frequently noted concern was with funding of running costs among voluntary organisations. The scheme in existence for funding capital costs among voluntary bodies is seen as being 'a step in the right direction' although some would see that the amount provided is not adequate. The primary concern is that no defined scheme exists to meet ongoing running costs. At present, voluntary bodies depend on grants from the Health Boards to cover deficits arising at the end of the year. The role of the Health Board is, however, not clearly specified and, moreover, cut-backs often mean that funds are not available for running costs. It is seen that the complexity of the service offered by sheltered housing requires that much effort needs to be devoted to the development of an ongoing financial support system. Two main kinds of running cost may be distinguished: maintenance and care, welfare and staffing costs. It is suggested that support for maintenance should properly be the function
of local authorities and of the Department of the Environment whereas the Health Boards are the appropriate source of funding for care and welfare costs. The current lack of a defined system for running costs means that 'management by crisis' operates and the financial planning that is crucial for voluntary bodies cannot take place.

SUMMARY

Allocation Policies and Procedures

There are two positions among those interviewed with respect to who should get sheltered housing; the larger group arguing that it should be allocated according to the twin criteria of isolation and ability to look after oneself and the second group suggesting that allocation be based on straightforward housing need. The present points system of allocation is regarded as being reasonably good but in need of modification to take account of all aspects of the elderly person's life: medical, housing, physical, family, financial and social circumstances. Whatever the basis for allocation, it is seen that elderly persons being placed in sheltered housing must be independent in the activities of daily living. Accordingly, potential tenants must be screened; this being done in a manner which, while being informal, is multi-disciplinary in nature. There is an unanimous view that — in present sheltered circumstances — once the elderly person is no longer functionally able, s/he must be removed to other accommodation such as geriatric ward, welfare home or other long-stay care facility.

Size and Location of Schemes

With respect to physical characteristics, the size of the scheme is seen as an important consideration. As a general rule, rural schemes should involve no more than six units whereas 35-45 units is seen as appropriate for urban schemes. Schemes should be located close to local facilities and amenities and, as far as possible, the elderly tenants should remain in their own community.

Support Services

Within the scheme, the most important aspects of support are the provision of a warden and an alarm system. Provision of communal
facilities for meals and social activities is also seen as very important but communal activities must never be imposed on tenants and must be carefully thought-out and properly planned to be successful. In terms of statutory support, regular and frequent visits from the public health nurse and access to a GP are regarded as the most important elements. There is widespread concern among those interviewed that important services, such as chiropody, physiotherapy and occupational therapy are greatly lacking.

The Role of the Warden and the Alarm System

The warden is considered to play a very important role in supporting the tenants. The function of the warden is to look after the elderly people in a general way and also to carry out maintenance duties. No particular qualifications are seen as necessary for the job of warden but the person’s personality is of the utmost importance. Some form of training is needed but at a basic rather than professional level. An important issue is the development of support structures for the warden; including easy access to the providing body, guidelines on decision-making, an agreed complaints system and warden workshops and seminars. The provision of an alarm system is important primarily for the psychological security and reassurance it gives the elderly tenants. The main problem with alarm systems is seen as the likelihood of inappropriate usage.

Financial Arrangements

It is seen by those interviewed that one of the biggest problems in relation to financial arrangements for sheltered housing is the funding of running costs among voluntary bodies. The lack of a defined scheme for running costs prevents efficient functioning and does not allow for much-needed forward planning. Greater co-operation is required between the local authorities and the Department of the Environment, on the one hand, and the Health Boards, on the other hand, to ensure that an effective system for the financial management of sheltered housing is developed.
CHAPTER SIX

The Tenants* of Sheltered Housing

Introduction

Who are the tenants of sheltered housing and what kind of background do they come from? Does this type of accommodation cater for a particular group of elderly people? Why do the tenants make the move from their old homes and do their reasons for moving reflect the claimed benefits of sheltered housing? This chapter is designed to widen our knowledge of sheltered housing tenants by providing a profile of their main demographic, social and economic characteristics. In particular, their age, sex, marital status and socio-economic features are discussed in the context of the characteristics of the general population of the elderly in Ireland. In addition, the chapter discusses the tenants' previous housing circumstances, their reasons for moving to sheltered accommodation and their experiences of this move.

PERSONAL CHARACTERISTICS

Sex of Tenants

Census figures for the Republic of Ireland published in 1986 indicate greater longevity among women compared to men. Women account for 56 per cent of the population aged 65 years and over, for 61 per cent of those aged 75 years or more and for 65 per cent of those aged 80 years or more. This imbalance in later life between males and females is reflected among the sheltered tenants of the present study where females represent 70 per cent of those interviewed. The considerably greater

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*It should be noted that the phrase the ‘tenants of sheltered housing’ as used in the report refers to the sample of 100 tenants studied.

percentage of females in sheltered housing compared to the general population of the elderly suggests that pro rata women are allocated more places than men: men account for 44 per cent of those aged 65 years or more but represent only 30 per cent of those in sheltered housing.

**Age of Tenants**

The age of the tenants of sheltered housing is clearly an important characteristic because of its implications for health, mobility and level of functional ability. The average age of all tenants in the present study is 73 years with the women tenants having a mean age (74 years) two years greater than the men (72 years). The overall figure indicates that sheltered housing tenants are of the same average age as those elderly in the general population. The age range, however, varies greatly from those who are still in their 50s (4) to some who are in their 90s (4). The breakdown by age group presented in Table 6.1 reveals the age structure of the tenants. The majority of those interviewed (62%) fall within the 65-79 year age bracket closely reflecting the percentage in this age group among the general population of those over 60 years (60%). However, those aged 80 and over are over-represented in sheltered housing (25%) compared to the general population over 60 years (13%). Conversely, eight per cent of sheltered tenants compared to 27 per cent of the over-sixties generally fall in the 60 to 64 year age group. Four of those interviewed may be considered as not being elderly at all being less than 60 years of age. Tenants of town schemes emerge as being older than other tenants with 40 per cent being 80 years of age compared to 23 per cent and 15 per cent in city and rural schemes respectively.

On average, those interviewed have been in their sheltered accommodation for approximately 4.5 years. Relating this figure to the average age of 73 years indicates that tenants move to sheltered accommodation when they are around 68-69 years of age suggesting that they move as 'young retired" rather than as 'older retired" people.

**Marital Status and Household Composition**

The vast majority of the tenants interviewed (92%) live on their own in their sheltered accommodation. This is in stark contrast to the comparable figure living on their own in the general population of the
Table 6.1: Age Group of Sheltered Tenants Compared to General Population of Those Over Sixty Years of Age (Q 83)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sheltered Housing</th>
<th>General Population of Those Over Sixty Years*</th>
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<tr>
<td></td>
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<tr>
<td>Under 60 years</td>
<td>4.0</td>
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<tr>
<td>60-64</td>
<td>8.0</td>
<td>26.7</td>
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<td>65-69</td>
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<td>75-79</td>
<td>20.0</td>
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<td>80-84</td>
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<td>8.2</td>
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<tr>
<td>85 Years or more</td>
<td>7.0</td>
<td>4.9</td>
</tr>
<tr>
<td>No information provided</td>
<td>1.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total (N)</td>
<td>100</td>
<td>524,333</td>
</tr>
</tbody>
</table>


elderly which is 21 per cent. Prior to the move to sheltered housing, 41 per cent were living on their own: a figure which while much lower than the 92 per cent on their own in sheltered housing still greatly exceeds the number living on their own in the elderly population generally. Among those who previously had lived with others, most had shared their homes with one (41 %) or two (14%) people (Table A6.1), typically with a spouse (24%) or with spouse and children (28%) (Table A6.2). Over half of the sheltered tenants are widowed (52%) or separated (4%) with a further 36 per cent never having married. A small group (8%) are partners in a married couple. These figures contrast greatly with those for elderly people nationally where the married (42%) outnumber the widowed (35%) and single (23%). In the city schemes tenants are much more likely to be widowed (63%) than single (22%) whereas the opposite pattern is evident among those in town schemes where the majority are single (60%) rather than widowed (30%). A more even distribution between the widowed (40%) and single (55%) occurs among the rural tenants. The findings on marital status indicate that sheltered housing fulfils the needs of single people and particularly those who have lost a partner through bereavement. Most of those who have ever been married have children (78%): the average number being three.

^People aged 65 years or more are considered to constitute the elderly population.
Occupational History

In an attempt to establish the socio-economic status of those interviewed, all male tenants and single women were asked about their current or last main employment. Married, widowed and separated women were asked to describe their husband’s current or last main job. The information obtained reveals that three-quarters of the sheltered tenants belong to one of the three manual occupation classes or have owned farms of less than 50 acres (Table 6.2). Professional and managerial classes account for 12 per cent of the tenants.

Educational History

Typically, the tenants interviewed had left school at 14 years of age (36%) with many having left at an earlier age (22%). The majority (68%) had finished school before the current statutory age limit of 16 years (Table A6.3). Most have either no formal qualification (77%) or have not gone beyond primary certificate level (8%). Five of those interviewed have a degree from a third-level college (Table A6.4).

Table 6.2: 'Social Class of Tenant (Q88,Q89)

<table>
<thead>
<tr>
<th>Class</th>
<th>Sheltered Tenants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1: Higher professional and higher managerial; farms of 200 or more acres</td>
<td>2.0</td>
</tr>
<tr>
<td>Class 2: Lower professional and managerial; farms of 100-199 acres</td>
<td>10.0</td>
</tr>
<tr>
<td>Class 3: Other non-manual; farms of 50-99 acres</td>
<td>11.0</td>
</tr>
<tr>
<td>Class 4: Skilled manual; farms of 30-49 acres</td>
<td>24.0</td>
</tr>
<tr>
<td>Class 5: Semi-skilled manual; farms of less than 30 acres</td>
<td>23.0</td>
</tr>
<tr>
<td>Class 6: Unskilled manual</td>
<td>28.0</td>
</tr>
<tr>
<td>Class 7: Unknown</td>
<td>2.0</td>
</tr>
</tbody>
</table>

*Health Research Board: Provisional Irish Social Class Scale, Classification of Occupations.*

Financial Circumstances

Apart from a small group (8), all of those interviewed were willing to discuss their financial circumstances. The majority of the tenants (71%) have a weekly income of between £40-£60 with some (7%) receiving less
than this amount (Table 6.3). Very few (7%) have £100 or more per week.

Table 6.3: Weekly Income of Tenants* (Q 101)

<table>
<thead>
<tr>
<th>Amount</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>£20-29</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>£30-39</td>
<td>5</td>
<td>5.4</td>
</tr>
<tr>
<td>£40-49</td>
<td>11</td>
<td>12.0</td>
</tr>
<tr>
<td>£50-59</td>
<td>54</td>
<td>58.7</td>
</tr>
<tr>
<td>£60-69</td>
<td>6</td>
<td>6.5</td>
</tr>
<tr>
<td>£70-79</td>
<td>3</td>
<td>3.3</td>
</tr>
<tr>
<td>£80-89</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>£90-99</td>
<td>5</td>
<td>5.4</td>
</tr>
<tr>
<td>£100-109</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>£110-119</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>£120-129</td>
<td>2</td>
<td>2.2</td>
</tr>
<tr>
<td>£130-139</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>Total (N)</td>
<td>92</td>
<td></td>
</tr>
</tbody>
</table>

*Non-respondents excluded

The mean weekly income of the tenants is £59.80. Apart from one tenant who is involved in paid employment, all of those interviewed are dependent on some type of pension as their primary source of income. For most (81%) of those on a pension this is their only source of income. Contributory (37%) or non-contributory (19%) old-age pensions constitute the most usual source of income with 18 per cent receiving a widow's pension (Table A6.5). Among those with income in addition to their pension (19%). the most usual source is savings (33%) or investments (17%) (Table A6.6).

PREVIOUS HOUSING CIRCUMSTANCES

Previous Housing Tenure

Most of the tenants interviewed had previously been accommodated in houses (61%) while 36 per cent had lived in flats. Of the remaining three, two had lived in 'digs' and one in a caravan.

It is clear from Table 6.4 below that movement to sheltered housing occurs primarily within the rental sector with 30 per cent of those interviewed having previously rented accommodation from private landlords and 26 per cent from local authorities. The tenants of city schemes
are more likely to have come from the rental sector (72%) than are the
tenants either of rural (30%) or town schemes (35%). The owner
occupied sector accounts for just over a quarter (26%) of the tenants.
A sizeable group (12%) had previously lived with relatives. These figures
contrast greatly with the pattern of housing tenure among the general
population of the elderly where the great majority (80%) are in the
owner occupied sector, with just 18 per cent in the rental sector
(Table 6.4).

![Table 6.4: Previous Tenure (Q 13)](image)

<table>
<thead>
<tr>
<th>Tenure</th>
<th>Sheltered Tenants</th>
<th>Elderly Persons Households in Ireland*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owned outright</td>
<td>20.0</td>
<td>67.0</td>
</tr>
<tr>
<td>Owned-tenant purchase</td>
<td>2.0</td>
<td>8.2</td>
</tr>
<tr>
<td>Owned with mortgage</td>
<td>4.0</td>
<td>4.3</td>
</tr>
<tr>
<td>Rented: Local Authority</td>
<td>26.0</td>
<td>10.3</td>
</tr>
<tr>
<td>Rented: private</td>
<td>30.0</td>
<td>7.8</td>
</tr>
<tr>
<td>Rent free</td>
<td>12.0</td>
<td>2.3</td>
</tr>
<tr>
<td>Other</td>
<td>6.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>


Among those who had come to sheltered housing from the private rental
sector, over half (57%) had been in accommodation which was not rent
controlled. Of the 17 tenants involved, seven reported that they had
been experiencing difficulties in paying the rent and a further three said
they had been worried about increasing rent. One person had been
evicted.

**Age of Previous Home**

Over half of the tenants interviewed (53%) had formerly been living in
old properties built before 1920 with almost a quarter (23%) having
lived in houses built in the 19th century. The percentage of sheltered
tenants coming from older properties is not, however, greatly different
to the corresponding percentage in the general population of the elderly:
an ESRI survey carried out in 1977 found that 39 per cent of the elderly
in urban areas and 53 per cent in rural areas occupied dwellings built prior to 1919. Less than a quarter of the tenants interviewed (22%) had lived in post-1940 homes (Table A6.7).

**Number of Bedrooms in Previous Home**

One frequently cited justification for sheltered accommodation is that it releases under-occupied housing stock for use by younger families. The results of the present study provide some support for this contention. Forty-two per cent of the tenants interviewed had previously lived in homes with three or more bedrooms while 29 per cent had lived in two-bedroomed homes. As 65 per cent of the tenants' households had consisted of one (41%) or two (24%) persons only this suggests some degree of under-occupancy.

**Facilities in Previous Home**

In their previous homes the majority of the sheltered tenants interviewed had used an open fire (63%) or range (4%) as their source of heating. For some (9%) the only source of heating was a gas or electric appliance. While almost a quarter (23%) had come from homes which were centrally heated this is considerably less than among the general population where 40 per cent of all dwellings have such heating*.

Many of the tenants had come from homes which were very poorly equipped in terms of water and sanitation facilities. A sizeable group (18%) had not had cold piped water while 31 per cent had not had hot running water (Table 6.5). One third had lacked a bath or shower in their previous homes and one quarter did not have the use of an indoor toilet. As indicated in Table 6.5 below these figures mirror the situation which exists among the elderly generally in Ireland and highlight the poor conditions under which many older people live.

In addition to lack of water and sanitation facilities, over half of those interviewed (51%) had had problems with draughts in their previous homes and 45 per cent had problems with damp and condensation. Thirty-six per cent of the tenants had been living in homes which they considered to be in need of major repairs. Among a smaller group of tenants the previous home had made life difficult through being too large.

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*Source: Census of Population. 1981

120
Table 6.5: Household Facilities in Previous Home of Tenant (Q 20)

<table>
<thead>
<tr>
<th>Facility</th>
<th>Sheltered Tenants</th>
<th>Elderly Households in Ireland*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Piped Water: Cold</td>
<td>82.0</td>
<td>85.2</td>
</tr>
<tr>
<td>Piped Water: Hot</td>
<td>69.0</td>
<td>64.1</td>
</tr>
<tr>
<td>Bath/Shower</td>
<td>67.0</td>
<td>62.3</td>
</tr>
<tr>
<td>Indoor Toilet</td>
<td>75.0</td>
<td>69.5</td>
</tr>
</tbody>
</table>


(11%). through having awkward steps or stairs (23%), through being located in an isolated position (14%) or through difficulty of outside access (14%).

TENANTS' EXPERIENCES OF THE MOVE TO SHELTERED HOUSING

Reasons for Moving

Nine separate categories of response may be discerned from the discussions with tenants on their main reasons for moving to sheltered housing (Table 6.6). One of the main features of the tenants' responses is that, with two possible exceptions, all of their reasons for moving are connected with "push* rather than "pull" factors: tenants move because they want to leave an unsatisfactory situation rather than that they are positively attracted to sheltered housing. The single most outstanding reason for moving — which is noted by 32 per cent of the tenants — is connected with poor previous housing conditions: the old home was "falling down", was 'due for demolition", was in bad repair" or was damp or hard to heat. Previous living conditions are less important among the tenants of town schemes (10%) compared to city (38%) and rural tenants (30%). The predominance of housing factors as a motive for moving to sheltered accommodation is not surprising in view of the findings obtained on the poor living conditions of many of the tenants in their previous homes. Tenancy problems were the major factor in precipitating the move among 15 per cent of those interviewed — problems such as increasing rent, worry about ability to pay for accommodation and, in one case, eviction. Among a similar sized group the move was prompted
by difficulties arising in living with relatives — difficulties such as lack of space, fears of causing a nuisance or being a burden. For some (11%), the main reason for leaving was that they felt fearful and insecure in their old home. Health reasons — which might be considered as a 'pull' factor — were noted as a reason for moving by 11 per cent of the tenants. Security of tenure in sheltered housing, the only other "pull" factor noted, is mentioned by just three per cent of the tenants.

Table 6.6 Main Reason for Moving to Sheltered Housing (Q 64)

<table>
<thead>
<tr>
<th>Reason</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor living conditions</td>
<td>31</td>
<td>3T6</td>
</tr>
<tr>
<td>Tenancy problems</td>
<td>15</td>
<td>15.3</td>
</tr>
<tr>
<td>Problems with relations</td>
<td>15</td>
<td>15.3</td>
</tr>
<tr>
<td>Felt insecure</td>
<td>11</td>
<td>11.2</td>
</tr>
<tr>
<td>Poor health</td>
<td>11</td>
<td>11.2</td>
</tr>
<tr>
<td>Wanted to come back to Ireland</td>
<td>7</td>
<td>7.1</td>
</tr>
<tr>
<td>Spouse died</td>
<td>3</td>
<td>3.1</td>
</tr>
<tr>
<td>Security of tenure in sheltered housing</td>
<td>3</td>
<td>3.1</td>
</tr>
<tr>
<td>Marriage problems</td>
<td>2</td>
<td>2.0</td>
</tr>
<tr>
<td><strong>Total(N)</strong></td>
<td>98</td>
<td></td>
</tr>
</tbody>
</table>

Non-respondents excluded

**Making the Decision to Move**

According to most of those interviewed (84%) it had been their own decision to make the move to sheltered housing. A small number indicate that the choice had been made for them by others in the family (9%) or that they had been brought to their present accommodation by others outside the family such as the public health nurse or police or member of the Society of St. Vincent de Paul (39c). Although most had been actively involved in the decision to move, few (13%) had considered alternatives other than sheltered housing. Among those who had looked at different options, the one most frequently noted was a move to another fiat (9). Two had thought about moving in with relatives but just one person had considered staying put in the old home. The majority (75%) had visited the sheltered scheme prior to the move. Most (68%) had had a specific reason for choosing their particular scheme rather than that it was the only one available (23%) or the only one with a
vacancy (9%). The most usual reasons for choosing a particular scheme were that it was "near home" (19%) or was conveniently located (17%) (Table A6.8).

**Receipt of Advice and Information on Moving**

The majority of the tenants (78%) believe that they had all the information they needed when making their decision to move to sheltered housing. The most frequently noted source of information is personnel from local authority, health board or health clinic (39%) (Table A6.9). The only other sources of information mentioned by more than 10 per cent of the tenants are members of the clergy (15%) and relations (15%). Very few of those interviewed indicate that they had either wanted (15%) or received (15%) advice on the move.

**Experience of Moving Home**

Contrary to suggestions in the literature that moving home poses particular problems for elderly people, in the present study the majority (65%) of those interviewed had felt positively about making the move and had looked forward to it with excitement (58%) or relief (7%). There were, however, some who had mixed feelings (3%) or did not like the idea of moving (12%) while others were apprehensive (7%) or 'heartbroken' (5%). For the majority (62%) actually making the move caused no problems. According to 38 per cent the move was not hard at all or easier than they had anticipated. Almost a quarter (23%) were positively delighted with the move. Not unexpectedly, however, some (27%) experienced loneliness and found the move very hard (4%). A small group (6%) found the move difficult because of the small size of their new accommodation. The majority (62%) claim not to miss anything about their old homes. Among tenants who do miss some aspect of their previous homes those aspects most frequently mentioned are gardens (29%) and neighbours (24%) (Table A6.10).

The move for many (43%) turned out as well as expected and for one third was even better than expected. Among those for whom the move was worse than anticipated (17%) causes of dissatisfaction included loneliness (29%). defects in the sheltered flat (35%), dislike of neighbours (18%) and change in accustomed lifestyle (18%).

Although the move initially may have been difficult for some, most would appear to have settled in sheltered housing. When asked where
they would ideally like to live. 74 per cent indicated their present sheltered home. Some would like to be living in a different location (18%) or with people of more similar age (1%). A small group of seven per cent would rather be in their old home. The great majority (83%) would still come to live in sheltered housing if they had the decision to make over again.

**SUMMARY**

**Personal Characteristics**

The imbalance between males and females in the general population (56 per cent females; 44 per cent males) is even more evident in sheltered housing: in the present study 70 per cent of those interviewed are women. As in the elderly population generally, the average age of sheltered tenants is 73 years. A quarter of the tenants, however, are 80 years of age or more. The move to sheltered housing appears to take place around the age of 68 or 69 years. Sheltered housing primarily accommodates widowed (52%) and single (36%) individuals with very few (8%) being partners in a married couple. Compared to the general population of the elderly, a disproportionate number of sheltered tenants (41% compared to 21%) had lived on their own in their previous homes. With respect to socio-economic background, sheltered tenants come mostly (75%) from one of the three manual occupation groups or from small farms of less than 50 acres. Most (68%) left school before 16 years of age and have no formal educational qualifications (85%). The average weekly income among tenants is £59 with old-age pensions or widows pensions being the main source of finance. Very few (19%) have a second income in addition to their pension.

**Previous Housing Circumstances**

Previous to the move to sheltered housing, the majority of tenants had been accommodated in private houses (61%) rather than in flats (36%) or non-private accommodation such as digs (2%). In comparison to the general population of the elderly where 80 per cent are in the owner-occupied sector, a disproportionate number of sheltered tenants come from the private (30%) and public (26%) rental sector. Most had lived in old properties which had been built prior to 1920 and which frequently suffered from draughts (51%). damp and condensation (45%). Many
(36%) were in need of major repairs. Basic sanitation and water facilities were lacking in many cases with 31 per cent having been without piped hot water. 33 per cent without a bath or shower and 25 per cent with no indoor toilet.

**Experiences of the Move to Sheltered Housing**

The single most outstanding reason for moving to sheltered housing is to get away from poor living conditions (32%). Other frequently mentioned motives for moving are tenancy problems (15%), difficulties in living with relatives (15%), fear and insecurity (11%) and worries about health (11%). Very few (3%) mention a positive attraction of sheltered housing as a reason for moving. The majority experienced few difficulties in moving but rather looked forward to it with excitement (58%) or relief (7%). Although some (27%) experienced loneliness while settling in to their new home, for the majority (62%) the move was as good or better than expected. Some miss their gardens or their old neighbours but the majority (62%) claim to miss nothing from their old homes. Most find their present living arrangements ideal (74%) and would make the same decision over again if they had to (83%).
CHAPTER SEVEN

The Tenant's View of Sheltered Living

Introduction

Although a large body of literature exists on sheltered housing, there is relatively little information on how the elderly tenants themselves view their sheltered accommodation. What are the best aspects of sheltered living from the tenant's perspective? What are its drawbacks? Are tenants happy with the accommodation provided? Does sheltered housing provide the facilities and services which the elderly themselves consider they require? Does it cater for their perceived needs? The purpose of this chapter is to provide an opportunity for the tenants themselves to put forward their perceptions and experiences of sheltered living. By giving prominence to the 'consumers' viewpoint as well as to the views of service-providers, more balance may be achieved in the debate on sheltered housing.

Period of Occupation by Tenants

On average, the tenants interviewed have been in occupation of their sheltered accommodation for a period of 4.5 years. Period of occupation varies greatly, however, from less than 12 months (10%) to 17 years (2%). Most usually, the tenants have been in their present accommodation from two to four years (41%) with only 16 per cent having been in sheltered housing for a period less than this (Table A7.1). The fact that only a small group have been in their present home for a short period of time means that the views and perceptions reported below are mostly from tenants who are well established in sheltered housing.

Perceived Best Aspects of Sheltered Living

Although housing factors play the most significant role in the decision to move, once established in sheltered accommodation other factors
seem to come into prominence. In the tenants' responses to the question 'what are the best things about living here?', five main factors emerge as significant (Table 7.1); none of which is concerned with the structural aspects of their accommodation. For 18 per cent the convenient location of the scheme and the fact that it is near services and facilities is the best aspect of sheltered living. For a similar sized group (18%) it is the security that sheltered housing provides that is its greatest advantage — the fact that there is 'no need for fear' that they 'feel safe' and there is less worry about everyday living. Some (17%) consider that the best aspect of sheltered living is the nice surroundings: these tenants speak of "the air of quiet and peace in the area", and note that it is 'respectable' or "settled" or 'has a nice garden'. The presence of 'good' and 'friendly' neighbours is the most significant advantage for 14 per cent. For a further 14 per cent the best thing about sheltered living is that 'you can be very independent'; you can 'eat what you like and go to bed when you like'; 'people mind their own business but you're not on your own either'. A small minority of those interviewed (6%) could think of nothing good about life in sheltered housing.

Table 7.1: Perceived Best Aspects of Sheltered Housing (Q9)

<table>
<thead>
<tr>
<th>Aspect</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neighbours</td>
<td>14</td>
</tr>
<tr>
<td>Convenient location</td>
<td>18</td>
</tr>
<tr>
<td>Security</td>
<td>18</td>
</tr>
<tr>
<td>Independence</td>
<td>14</td>
</tr>
<tr>
<td>Surroundings</td>
<td>17</td>
</tr>
<tr>
<td>Not much upkeep</td>
<td>1</td>
</tr>
<tr>
<td>Security of tenure</td>
<td>6</td>
</tr>
<tr>
<td>Care received</td>
<td>3</td>
</tr>
<tr>
<td>Provision of daily meal</td>
<td>3</td>
</tr>
<tr>
<td>Nothing good</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total (N)</strong></td>
<td>100</td>
</tr>
</tbody>
</table>

Perceived Negative Aspects of Sheltered Living

When asked 'is there anything you don't like about living here?', the overall response was very favourable with 64 per cent indicating that there is nothing they dislike about sheltered living. Tenants of city schemes appear to be less satisfied with sheltered accommodation than are tenants in rural or town areas: whereas 48 per cent of city tenants
say there is nothing they dislike about sheltered life, the figure rises to 75 per cent among rural tenants and to 100 per cent among town tenants. Among those who express dislike of certain aspects of their present circumstances (36%) the most frequent source of dissatisfaction is with the location or surroundings of the scheme (50%) (Table A7.2). These tenants speak of such things as 'too many cats in the area" or complain about the "footballers whose parents never say a word to them' or note that 'the bus service is terrible and the shops are a bit far away'. Among a much smaller group (14%) the greatest source of dissatisfaction is their interactions with the other tenants: they find the others 'too old' or 'depressing' or they 'don't like them' or 'don't feel wanted by the others'. For 11 per cent it is physical features of the accommodation which are disliked: they would 'prefer an open fire' or 'would like a separate kitchen' or 'find the bath too small'.

**Advice to Other Elderly People**

According to 42 per cent of those interviewed, if another elderly person contemplating a move to sheltered housing were to ask them what it was like, they would recommend it unreservedly. A further 36 per cent would tell them about the nice surroundings (13%) or about the independence which sheltered living provides (12%) or about the good neighbours (7%) or about the security (4%). Some, however, would say that they had reservations (5%) or 'mixed' feelings (7%) about sheltered living while a small group (7%) would say 'don't come" (Table A7.3).

**SATISFACTION WITH ACCOMMODATION**

**Location**

Locality is of great importance to many elderly people and it has been noted that a negative feature of the siting of some sheltered schemes is that they involve 'social dislocation' for the tenants. In the present study, less than one-third (31%) of the tenants are living in schemes which are in the same neighbourhood as their old homes. Most (81%), however, have moved less than 10 miles with 25 per cent being within a mile of their previous dwellings. Twelve per cent may be considered to have migrated to the present area having moved 20 miles or more from their old homes (Table A 7.4). Of this latter group, four are individuals who moved to sheltered housing because they wanted to return to Ireland
and so may be considered as having made a positive choice about moving a long distance. Not unexpectedly, tenants in rural areas have had to move greater distances than have tenants in either town or city schemes. Of those still within a mile of their old homes only 12 per cent are in rural schemes compared to 24 per cent and 64 per cent for town and city schemes respectively. Conversely, 50 per cent of tenants in rural schemes have moved 10 miles or more from their old homes and 14 per cent have moved 50 miles or more. By comparison, 20 per cent of those in town schemes and just three per cent in city schemes are now more than 10 miles from their previous homes.

**Access to Amenities**

A second aspect of scheme location which is of vital importance to elderly tenants is its proximity to local amenities. In the present study, rather than record objective distances to amenities, tenants were asked whether they themselves felt they were close enough to a number of different services. Most of the tenants interviewed are happy with the location of their sheltered schemes in that they consider that they are close enough to such amenities as shops (84%), chemist (83%), post office (78%), bank (87%), bus stop (83%) and public telephone (79%). The majority also indicate that they feel close enough to their church (82%), to their families (75%) and friends (77%) and to the "pubs" (82%). It is only in isolated instances that tenants from rural and town schemes indicate that they are not close enough to the different amenities listed above. Where complaints about access to amenities do occur they are almost invariably from tenants of city schemes.

**Views on Surrounding Area**

When asked their views on the area generally in which the scheme is located, most of the tenants (71%) were positive in their responses (Table 7.2). The most usual views are that the area looks nice" (22%), that it is quiet (17%), that it is 'a settled' or 'select' area (14%). Some "love" the area (9%) and find it a "friendly" place to live (8%). Where tenants actively dislike the area (17%) the most frequent complaint is that it is 'Tough' (8%).
Table 7.2: Views of Tenants on Surrounding Area (Q 27)

<table>
<thead>
<tr>
<th>Positive Views</th>
<th>Expressed</th>
<th>Positive Views</th>
<th>Expressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Love it</td>
<td>9%</td>
<td>Unfriendly</td>
<td>2%</td>
</tr>
<tr>
<td>Friendly area</td>
<td>8%</td>
<td>Looks Awful</td>
<td>1%</td>
</tr>
<tr>
<td>Looks nice</td>
<td>22%</td>
<td>Rough area</td>
<td>8%</td>
</tr>
<tr>
<td>Settled/select</td>
<td>14%</td>
<td>Noisy</td>
<td>1%</td>
</tr>
<tr>
<td>Quiet</td>
<td>17%</td>
<td>Inconvenient</td>
<td>1%</td>
</tr>
<tr>
<td>Convenient</td>
<td>1%</td>
<td>Too quiet</td>
<td>2%</td>
</tr>
<tr>
<td>O.K.</td>
<td>11%</td>
<td>Dislike area</td>
<td>2%</td>
</tr>
</tbody>
</table>

Satisfaction with Amount of Space and Layout

Most of the tenants interviewed (81%) live in three-roomed units with 14 per cent having larger homes with four rooms. The most typical arrangement in three-roomed accommodation is a bedsitting room, a kitchen and a bathroom (62%). Among the remaining 38 per cent in three-roomed accommodation the living arrangements involve a separate bedroom, bathroom and combined lounge and kitchen. Those with four-roomed units have separate bedroom, kitchen, lounge and bathroom. A small group (5%) live in single-roomed units.

The majority of the tenants (71%) indicate that they are satisfied with the space afforded by their units. A sizeable group (20%), however, would like another room while others (9%) would simply like larger rooms. Of those who would like another room, 75 per cent are in three-roomed accommodation where the bedroom and sitting room are combined. Three-roomed accommodation where it is the kitchen and lounge which are combined gives rise far less frequently to the desire for an extra room (20%).

With few exceptions, the tenants have no complaints about the layout of their units (86%). Among those who indicate that they are only reasonably happy (6%) or are unhappy (8%) about layout, the most frequent complaint is the lack of a separate bedroom — noted by six tenants — or a separate kitchen — noted by three tenants. Others would like bigger rooms (1), a different heating system (1) or a different room plan (1).
Design Features of the Units

According to the accounts of the tenants, many of their units lack design features which might be expected to make their lives easier. For example, 48 per cent of the units involve steps or stairs and less than half (43%) have some form of central heating. Most do not have grab-rails in the bath (82%) or by the W.C. (85%) nor do they have hand-rails in corridors (98%). Few (13%) indicate that they have a safety-bath. In view of these findings it is not surprising that 55 per cent would like to see certain improvements being made to their present accommodation. Among these tenants, the heating system is the most frequent source of complaint with 35 per cent indicating this as the aspect of their accommodation in greatest need of improvement (Table 7.3). The next most frequently noted needed improvement is the provision of a bigger bath (15%). Some (13%) would want a different layout: a separate kitchen or separate bedroom being most often required. Improvement in general maintenance of the units is desired by 13 per cent. Among a group of 20 per cent the improvements required appear to reflect individual needs rather than major design faults. For example, these tenants would like 'a light over the mirror" or "a lock in the wardrobe door' or 'a new door in the fuelshed'.

Table 7.3: Perceived Needed Improvements in Design Features (Q24)

<table>
<thead>
<tr>
<th>Improvement needed</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in heating system</td>
<td>19</td>
<td>35.2</td>
</tr>
<tr>
<td>Bigger bath</td>
<td>8</td>
<td>14.8</td>
</tr>
<tr>
<td>Different layout of rooms</td>
<td>7</td>
<td>12.9</td>
</tr>
<tr>
<td>Better maintenance</td>
<td>7</td>
<td>12.9</td>
</tr>
<tr>
<td>Bell in bedroom</td>
<td>1</td>
<td>1.9</td>
</tr>
<tr>
<td>'Burn down the place'</td>
<td>1</td>
<td>1.9</td>
</tr>
<tr>
<td>Minor design changes</td>
<td>11</td>
<td>20.4</td>
</tr>
<tr>
<td>Total(N)</td>
<td></td>
<td>54</td>
</tr>
</tbody>
</table>

VIEWS ON FACILITIES WITHIN THE SCHEME

Availability and Use of Communal Lounge and Dining Room

The existence of common rooms in sheltered schemes is frequently noted as an important element in keeping elderly tenants active and
independent. In the present study, all but one of those interviewed indicate that they live in schemes which provide a common lounge. It is noteworthy, however, that 42 per cent of the tenants rarely or never make use of this facility and a further 27 per cent use it less than once a month. Less than a third use the common lounge once a week (6%) or more often (24%). Those who rarely use the common lounge are more likely to be in the older age groups: whereas seven per cent are under 65 years, 26 per cent are aged 65 to 69 years, 29 per cent are aged 70 to 79 and 38 per cent are 80 years or more. Little difference exists between male and female tenants in their use of the common room.

The argument is sometimes put forward that opening up communal rooms to other elderly people within the local neighbourhood helps to prevent the development of sheltered ghettos and fosters independence among the tenants. The under-utilisation of such facilities by the tenants noted above lends weight to the argument for extending communal facilities to outsiders. Concern is, however, sometimes expressed that there is a risk of creating resentment among the tenants within the scheme. In the present study, 95 per cent of the tenants indicate that their common room is used by others in the surrounding community. The great majority have no objection to this (80%) or positively welcome outsiders (9%). Only a small group do not like having outsiders use the common room (8%) while a few (3%) feel that “they take over”.

Most of the tenants (80%) have the option of eating a communal midday meal but again approximately half of the tenants (49%) rarely or never avail of this option. Twenty five per cent eat the communal midday meal provided every day while a further 20 per cent do so several times each week (Table A7.5).

### Availability and Use of Communal Laundry

A communal laundry room is also provided in the case of most of the tenants interviewed (82%). As with other communal facilities, about half of the tenants (49%) rarely or never use this facility. A small group use the laundry once a week (10%) or more often (11%) but once or twice a month is the most usual frequency of usage (29%).

A small number of those interviewed (14%) have access to a sick bay within their sheltered scheme but this is a facility which is rarely or never used. None of the schemes provides a guest room or hobbies room.
Perceptions of Need for Warden Service

Fifty-six per cent of the tenants interviewed indicate that they live in schemes in which there is a resident warden present. Among those without this service, 32 per cent would like to have a warden in the scheme while 14 per cent view the warden service as essential. Many, however, consider that the absence of a warden 'doesn't matter" (36%) while some (7%) positively do not want a warden. Others 'wouldn't mind" having a warden (5%) or would prefer a warden to an alarm system (5%). For some (2%) the attitude is that 'it creates a job'.

Perceptions of Role of Warden

Just one of the tenants from those in warden supervised schemes indicated that the warden's role had been explained to her/him when moving into the scheme. When asked what they consider to be the role of the warden, two main categories of response emerge. For approximately half of the tenants (49%), the primary function of the warden is to look after the welfare of the tenants. For a slightly smaller group (42%) the warden's role is to supervise the running of the scheme. In isolated cases the warden's function is seen as responding to emergencies (4%) or helping out if a tenant cannot manage a particular task (2%) or 'minding his own business" (2%).

Patterns of Visiting by Warden

With regard to the pattern of visiting, 50 per cent of the tenants report that they have daily contact with the warden either in person or over the telephone or intercom. Among a quarter of the tenants contact is once (7%) or several times (18%) weekly. A substantial number (25%) have less than weekly contact with their warden. The frequency of visiting is related to the age of the tenant: of those receiving daily visits, 39 per cent are 80 years of age or more. 25 per cent are between 75-79 years and 21 per cent are between 70-74 years. By contrast, just seven per cent with daily contact are between 65-69 years while four per cent are under 65 years (Table A7.6). Despite what might be regarded as a low level of contact in many cases the great majority express positive feelings about their contact with their warden. Over half (52%) indicate that they are very happy with the present situation. Of this group, 86
per cent have daily contact with the warden. Others say that the warden is always there if needed (13%) and that s/he is very caring (4%) and attentive (2%). More neutral views are expressed by some who say that the amount of contact is "all right" (14%) or that "there is no need for her to visit" (5%). Among a small group there are complaints that they "never see the warden" (2%), that 'there is too much contact' (5%), that they "don't want her' (2%) or that "she is only nice to others' (2%).

**Reactions to Occasional Absence of Warden**

According to the majority of the tenants (63%) in warden-supervised schemes there are times when there is no warden on duty. Most, however, express no concern about the occasional absence of the warden. Approximately half say they "don't mind' (43%) or that "it's fine' (6%). Some claim the absence of the warden 'makes no difference' (11%) while a few (9%) positively enjoy it. A small group (6%) 'feel anxious' when there is no warden on duty or would worry if they were ill (6%). Some (14%) see the warden's absence as being 'all right provided no emergency arises' (Table A7.7).

**Help Provided by Warden**

In order to get some indication of the help provided by the warden, the tenants were presented with a list of activities and asked whether the warden had ever performed any of the tasks mentioned in the past six months and, if so, how frequently. The picture which emerges from the tenants' responses is that only very infrequently does the warden provide practical help to the tenant. In the past six months none of those interviewed had had help with bathing or dressing, with housework or preparing food (Table 7.4). In a very few instances, the warden had collected the tenant's pension or contacted relatives. Shopping is the task most frequently carried out by the warden but just nine tenants had had this kind of help in the past six months. In the few instances where the warden does help out, the assistance is most likely to be given less than once a month.

It would appear, however, that the tenants do not actually need much help from the warden as the great majority (86%) declare themselves
Table 7.4: Help Given or Not Given to Tenant by Warden (Q 42)

<table>
<thead>
<tr>
<th>Type of help</th>
<th>Not Given</th>
<th>More than once weekly</th>
<th>Weekly</th>
<th>1 or 2 times per Month</th>
<th>Less often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shopping</td>
<td>47</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Collected pension</td>
<td>50</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Helped with bathing or dressing</td>
<td>56</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Helped with housework</td>
<td>56</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Prepared food</td>
<td>56</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Contacted relatives (including posting letters)</td>
<td>52</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

To be very happy (70%) or happy (16%) with the amount of assistance provided. Five per cent are at least fairly happy with the help received. A small group of three people would like more help.

**Perceived Relationship with Warden**

The great majority of the tenants (86%) describe their relationship with the warden of the scheme in positive terms. The most typical description is that the relationship is "excellent" (61%). Some describe the warden as "pleasant" (7%) or "very friendly" (9%) or someone with whom they 'get on well" (4%) or with whom they have 'quite a good relationship" (5%). There is a small group, however, who say that their relationship with the warden is "not good" (11%) or even "lousy" in one person's terms. Another indicates that s/he prefers the warden to keep her distance.

**Perceptions of Importance of Alarm System**

Sixty-eight per cent of the tenants interviewed indicated that their schemes provide an alarm system. There appears, however, to be some confusion about the alarm in the minds of some of the tenants of one scheme. The confusion appears to have arisen from the fact that the tenants had been accustomed to the alarm being connected to the warden's office and with the departure of the warden had assumed they no longer had this service. While another person had been designated to answer alarm calls the tenants seemed unaware of this. Among those
who regard themselves as being without an alarm system, over half (53%) would like to have one for one reason or another. In particular, tenants would like to have access to an alarm in times of emergency (23%). Some consider the service a necessity (17%) and others would like it if there were no resident warden (10%). Many (44%), however, consider that an alarm is not needed. By contrast, most of those in schemes which are provided with an alarm consider the service to be very important (77%) or important (19%). Advocates of alarm systems suggest that their presence in a scheme provides tenants with a sense of psychological security. The results of the present study provide some support for this argument. Most tenants report that the alarm system is seldom (38%) or never (57%) out of action. However, if it ever did breakdown, the majority report that they would feel very great (22%) or great anxiety (13%) or at least some anxiety (31%). One third of the tenants with an alarm system would feel little (18%) or no anxiety (16%) if it were ever out of action.

Use of Alarm System

Sixty-eight per cent of the tenants in schemes with alarms indicate that, in the past year, they have never made use of them. Among the 32 per cent who had used the alarm in the past year the most frequent usage was once (41%) but some had had occasion to use the service up to six times (Table 7.5). There appears to be no connection between frequency of use of the alarm and state of health or functional ability of the tenant. Nor is it the older age groups who most frequently use the alarm. There is, however, a difference between male and female tenants in alarm usage: in the year prior to interview 91 per cent of males had never activated the alarm compared to 57 per cent of females.

<table>
<thead>
<tr>
<th>Whether Alarm was Used in Past Twelve Months</th>
<th>Number of Times Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>1 2 3 4 6~</td>
</tr>
<tr>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>46</td>
<td>67.6</td>
</tr>
</tbody>
</table>

Total: 68 in schemes with alarm
Total of persons using alarm: 22
Total number of times alarm activated 55
Overall, among the tenants with an alarm, the system had been activated on 55 different occasions. When these occasions are examined in detail it emerges that many could have been dealt with without recourse to the alarm. On just six occasions was the tenant actually experiencing an emergency — such as accident, needing a doctor or experiencing a break-in — when s/he activated the alarm (Table 7.6). The most frequent reason for using the alarm is to ask for odd jobs or messages to be done — such as 'getting someone to clear the snow' or 'to get a message in the shop for me'. Another frequent — but more appropriate — reason for using the alarm is to notify someone when the tenant is ill. The alarm is frequently used just to ask for information; to ask, for example, 'when the chiropodist is coming' or 'what time mass is going to be'. Tenants also sometimes use the alarm because they are feeling lonely.

Table 7.6: Reasons for Use of Alarm (Q 47)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Occasion of Use</th>
<th>Total (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1st</td>
<td>2nd</td>
</tr>
<tr>
<td>Asking for odd jobs/messages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>to be done</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Experience of emergency</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Asking for information</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Illness of another</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Illness of self</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Feeling lonely</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>No response</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total (N)</td>
<td>22</td>
<td>13</td>
</tr>
</tbody>
</table>

Only one of the tenants reports that there had been an occasion when s/he had wanted to use the alarm but had not been able to. In this instance the tenant had gone into coma and had not been able to activate the system.

Complaints About Alarm System

The great majority of those in schemes with alarms indicate that they have no complaints about the system (84%). Among the group of 11 tenants who are dissatisfied in one way or another, the most frequent complaint is that they experience the alarm as an invasion of privacy (4) and that there is no way to disconnect it (2). The fact that the alarm is not beside the bed is the concern of three of the tenants. One person points out that the alarm is useless if you fall unconscious and another says it is no use if the warden is not there.
**Visits from Statutory Services**

The literature describes two opposing arguments on the provision of statutory services to tenants in sheltered housing. The first position contends that because tenants are seen as already benefiting from the services of a warden they are relatively neglected by statutory services. According to the second position, the fact that the tenants are grouped together in sheltered schemes makes them more accessible and somehow more visible and so they receive a disproportionately high level of statutory support. The weight of evidence appears to support the latter contention. In order to explore the situation in the Irish context, the tenants of the study were asked to indicate whether each of a number of services had visited in the past six months and, if so, how frequently. The tenants were asked whether the frequency of visits was more or less often or the same as they had experienced while living in their old homes and whether the frequency of visits was satisfactory.

It appears from Table 7.7 that for many tenants the move to sheltered housing does indeed entail an increase in the frequency of visits from statutory services. The higher level of statutory support in sheltered accommodation compared to their previous homes is particularly evident in relation to the services of home-helps, chiropodists and public health nurses where there has been an increase in frequency of visits among 77 to 100 per cent of the tenants receiving these services. Over half (549%) of those receiving visits from a GP are now being visited more often than they had been accustomed to in their old homes. Since moving to sheltered housing, among a small group there has been a decrease in the number of visits from the GP (10%), the public health nurse (49%) and the chiropodist (16%).

Although there is evidence of an increase in statutory support among those actually receiving different services, it is noteworthy, however, that the majority of tenants had not received any visits in the past six months from the different services investigated. The one exception is the GP service in this case 53 per cent of the tenants had had a visit in the previous six months. Just over a quarter (27%) of the tenants had been visited by the public health nurse. Eleven tenants have the services of a home-help while just one tenant receives meals-on-wheels. Where a service is being received, visits are most likely to occur less than once per month. There is no difference between city, town and rural tenants with respect to the percentage who receive visits from a public health nurse. However, those in rural areas are less likely to have had a visit
Table 7.7: Frequency of Visits by Different Statutory Services (Q 35)

<table>
<thead>
<tr>
<th>Service</th>
<th>Whether Visit Occurred in Past 6 Months</th>
<th>Frequency of Visit</th>
<th>Change in Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%N = 100</td>
<td>More than Weekly</td>
<td>Weekly</td>
</tr>
<tr>
<td></td>
<td>Yes N %</td>
<td>No N %</td>
<td>N %</td>
</tr>
<tr>
<td>G.P.</td>
<td>53.0 47.0</td>
<td>1 19</td>
<td>5 5.7</td>
</tr>
<tr>
<td>Public health nurse</td>
<td>27.0 73.0</td>
<td>3 11.5</td>
<td>1 3.8</td>
</tr>
<tr>
<td>Chiropodist</td>
<td>32.0 68.0</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Social worker</td>
<td>8.0 92.0</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>— 100.0</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Home-help</td>
<td>11.0 89.0</td>
<td>1 100.0</td>
<td>—</td>
</tr>
<tr>
<td>Meals-on-wheels</td>
<td>1.0 99.0</td>
<td>1 100.0</td>
<td>—</td>
</tr>
</tbody>
</table>

Non-respondents excluded
from the GP (20%) compared to those in either city or town schemes (6Q/c). Where the chiropody service is concerned, just two tenants from rural and town schemes had had this service in the past six months compared to 50 per cent of city tenants.

Comparison of level of statutory support in sheltered housing with that obtained by elderly people being cared for at home* reveals some differences. Elderly people cared for at home are more likely to receive visits from the GP (80%) and public health nurse (47%) than are sheltered tenants. However, the chiropodist and social worker are less likely to visit (11% and 1% respectively) and only a tiny minority (1%) of those cared for at home receive home-help.

Among those receiving different kinds of statutory support, all indicate that visits are frequent enough. The one exception is the chiropody service; in this case 19 per cent report that they would like more frequent contact.

**Overall Satisfaction with Facilities of the Scheme**

The majority of the tenants interviewed declare themselves to be either very satisfied (54%) or satisfied (14%) with the scheme's facilities. According to a few the facilities provided are just 'all right" (6%) while some say they never use them (8%). There is a group of 18 per cent who express some dissatisfaction with the facilities available. Among those who specify the source of their dissatisfaction the most frequent complaint is that not enough use is made of the communal lounge (7). Other complaints are connected with the lack of a laundry service (3), the lack of a shop (2), the lack of a warden (1), and inadequacy of maintenance (1).

Almost one third (32%) indicate that they would like some improvement in the scheme's facilities. For the most part, desired improvements revolve around the communal lounge: the lounge should be used more (10), or should be open at the week-end (1) or should be used less by outsiders (1) or should provide more activities such as dances and concerts (3). Some (9) would like additional facilities such as a swimming

pool or a garden or more seating in communal areas. Just one tenant noted that a warden was needed.

**Amount Paid in Rent**

Over half of tenants (58%) pay less than £5 in weekly rent with a further 18 per cent paying less than £20 (Table A7.8). For a sizeable group (149c), however, the weekly rent amounts to £25 and some (6) are paying £35 per week. A small number (49c) have paid a lump sum rather than paying rent. The vast majority of the tenants consider their rent very reasonable (789c) or very good value (39c). There is a group, however, of 16 per cent who find their rent unreasonable (149c) or 'a little too high' (29c).

**SUMMARY**

**Perceived Good and Bad Aspects of Sheltered Living**

According to the tenants, the best things about sheltered housing are the security (189c), the convenient location (189c), the nice surroundings (179c), the good neighbours (149c) and the freedom and independence of life (149c). Sixty-four per cent could think of no negative aspect to their present living circumstances. Among those who do experience some dissatisfaction, the most frequent complaint is with the location or surroundings of the scheme (509c). The great majority (789c) would recommend sheltered housing to other elderly people contemplating a move.

**Satisfaction with Location of Scheme**

Most tenants have moved less than 10 miles from their old homes (819c) while 25 per cent are within a mile of their previous dwellings. The great majority of the tenants consider that their scheme is located close enough to local amenities and to family and friends. Where complaints about access do occur, they come almost invariably from tenants of city schemes. Tenants, for the most part (719c). express positive views on the area within which the scheme is located. Where tenants actively dislike the area (179c) the most usual complaint is that it is rough.
Satisfaction with Aspects of Accommodation

The findings of the study indicate that accommodation involving a combined bed and sitting room is unsatisfactory to elderly people: of those who indicated that they would like another room (20%). 75 per cent have this kind of arrangement compared to 20 per cent with combined lounge and kitchen. From the accounts of the tenants, their accommodation often seems to lack many design features potentially useful for elderly occupants. For example, 48 per cent are in accommodation involving steps or stairs, less than half (43%) have central heating and few have safety-baths (13%) or grab-rails by bath (18%) or W.C. (15%). Many (55%) want improvements, most often to their heating system (35%). Some of the improvements required (20%) reflect individual needs rather than major design faults — improvements such as a lock on the wardrobe door or a light over the mirror.

Satisfaction with Facilities and Services

All but one of the tenants indicate that they live in schemes with a common lounge. However, 42 per cent rarely or never use this facility. Many (49%) also rarely or never avail of the communal mid-day meal. Most have access to a laundry room (82%) but again 49 per cent rarely or never use this service. Fifty-six per cent of the tenants live in warden-supervised schemes. Among those without a warden, 36 per cent regard this as unimportant while seven per cent would rather not to have a warden. Most of the tenants (71%) are satisfied with the level of contact between them and their warden. Most (86%) are happy with the help provided and describe their relationship with the warden in positive terms. Sixty-eight per cent of the tenants indicate that their scheme provides an alarm system. Among those without an alarm, 44 per cent consider that such a service is not necessary. Those with alarms, however, see them as very important (77%) or important (19%) and the majority would feel anxious (66%) were the alarm ever to breakdown. In the past year, 68 per cent have never used their alarm. Where the alarm has been used, most usually it has been activated just once but some have used it up to six times. Of the total of 55 cases of alarm usage, just six might be considered to be genuine emergencies.
Statutory Support

Apart from the GP — visits from whom had been received by 53 per cent of the tenants in the past six months — only small groups have had the services of statutory bodies such as the public health nurse (27%). chiropodist (32%) or social worker (8%). Eleven of the tenants have the services of a home-help while one receives meals-on-wheels.

Overall Satisfaction with Scheme Facilities

The majority of the tenants (68%) declare themselves satisfied with the scheme's facilities. According to some, the facilities provided are just 'all right" (6%) while eight per cent claim never to use them. Among the 18 per cent who are dissatisfied with facilities the most frequent complaints revolve around the communal lounge — most usually that it is not being used enough.
CHAPTER EIGHT

Health and Lifestyle of Sheltered Tenants

Introduction

Two of the most frequently voiced objectives of sheltered housing are to facilitate continued independent living among elderly people and to combat loneliness and promote social contact. How independent are the elderly tenants of the present study? How do they perceive their state of health? What does their daily life consist of? How much contact do they have with others? This chapter explores issues of health, mobility and independence in activities of daily living among the tenants and describes the help they receive from family, friends and other elderly people in the scheme. The chapter also outlines the tenants' experiences of daily life in sheltered housing and investigates patterns of social contact between them and their families and friends and other tenants.

EXPERIENCES OF DAILY LIFE

General Views on Daily Life in Sheltered Housing

When asked 'what's it like to live here?', the great majority of the tenants (81%) express positive reactions (Table A8.1). Most frequently (23%) the tenants speak of the nice surroundings in which they live. Some typical comments are as follows:

- it's a lovely place. Quiet but with neighbours all around you'.
- ‘Lovely area. Very settled. There's a park beside us and it's nice for a walk'.
- it's in a good position. I can see right down the road',
- it's grand and quiet'.

Other frequent comments are connected with the homely or friendly
atmosphere of the scheme (23%). For example, tenants speak of the 'nice community spirit in the court' or the 'great, friendly people' or 'the wonderful neighbours' and describe the place as 'very homely'. Several (11%) note how happy and content they are living in sheltered housing as illustrated in the following comments:

'I've never been as happy anywhere. It's the nearest thing to having my own home'.
'Tin very happy and content here'.
'I love it here'.

For some (6%), the independence which the tenants have is the most outstanding feature of life in sheltered housing. As one tenant expresses it: 'I do my own business and nobody interferes with you'. For others (5%) the most notable aspect of their present living situation is the safety and security they feel. This view is illustrated in the following comment: 'I love it here — it's very safe'. Among those who express negative views on life in their sheltered schemes (19%) the most frequent cause of complaint is the experience of loneliness (10%). The following comments illustrate this view:

'There's a very lonely atmosphere here. It's very quiet'.
'You might as well live in a cemetery. There is no life here. It's far too quiet'.

Other sources of dissatisfaction mentioned by one or two tenants are as follows:

it is very cold'; 'we need a warden'; 'it is too small'; 'it is noisy'; and 'the common room isn't used enough'.

Daily Activities

The length of the normal day for the tenants of sheltered housing appears to be little different to that for other groups in society. The majority of the tenants interviewed rise in the morning between 8.00 am and 9.00 am (68%) with a further 16 per cent rising a half-hour or an hour later (Table A8.2). One tenant claims not to rise until mid-day. Bedtime for the majority is between 11.00 pm and 12.00 pm (66%) although 18 per cent retire at 10.00 or earlier. Typically, the tenants find that time passes quickly during the day (57%) and that they are kept busy (15%). Some,
however, find time passes slowly (16\%r) especially if they are up early or if they have nothing in particular to do. Others note that occasionally they find time passing slowly (12\%).

As with other age groups, the daily lives of the tenants vary greatly. It is possible, however, to provide a general picture of the things they like to do during the day. In the morning time, the tenants, typically, like to do their household chores — "washing and tidying the flat" and 'cleaning up the place". Many then go to Mass. Later in the morning the tenants like to read the paper or listen to the radio. Some like to sit out in the garden or go for a walk. After lunch the tenants usually like to go out for a while. Shopping is frequently done in the afternoon. Visiting also takes place in the afternoon — the tenants 'call around to the others' and 'meet the neighbours" or visitors call to them. Others like to 'go for a walk around town" or 'take a trip on the DART" or 'go for a drive". In the evening-time many of the tenants like to listen to the radio or watch T.V. or read. Calling to see their families is a frequent evening-time activity. Some like to go for a walk. At night time some of the tenants would go to get-togethers in the common lounge or might go to bingo or to the pub. Some with particular interests would go, for example, to a lecture or to choir practice.

The following description of daily life from a female tenant typifies how many spend their day:

T get up at 8.30. Have a wash. Eat breakfast. Do a bit of washing. Clean the flat. Then I'd listen to the radio and go to the shops. I'd have lunch around 2.00. On fine days I'd go for a walk — I've a bad hip so a walk takes a long time. Tea is around 6.30. At night I'd read, listen to the radio or watch T.V. Go to bed around 11.00. Some days I visit my friends — I have very good friends — or they visit me'.

The following is a description of daily life from one of the male tenants interviewed:

'I'd get up around 6.30. I'd wash a few clothes and do the housework. I'd have lunch around 1.00 to 1.30. I might go to bed for a couple of hours in the afternoon. In the evening I'd go to the pub especially if there's music on. I play cards once a week in Winter time. I go to bed around 11.00*.
Pastimes and Hobbies

Among those interviewed, the most frequently mentioned pastimes are solitary and passive. Almost all of the tenants listen to the radio (77%) and watch T.V. (82%) several times in the week (Table 8.1). The next most popular pastime is reading which 66% of the tenants like to do. Apart from these three activities, very few get involved in other pastimes such as bingo, craftwork or card-playing.

Table 8.1: Frequency of Involvement in Different Pastimes (Q 5)

<table>
<thead>
<tr>
<th>Pastime</th>
<th>Several times weekly</th>
<th>Weekly</th>
<th>Once/Twice per month</th>
<th>Less than monthly</th>
<th>Rarely or Never</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Card-playing</td>
<td>3.0</td>
<td>2.0</td>
<td>2.0</td>
<td>1.0</td>
<td>91.9</td>
<td>99</td>
</tr>
<tr>
<td>Bingo</td>
<td>9.1</td>
<td>10.1</td>
<td>0.0</td>
<td>1.0</td>
<td>79.8</td>
<td>99</td>
</tr>
<tr>
<td>Reading</td>
<td>65.7</td>
<td>13.1</td>
<td>4.0</td>
<td>3.0</td>
<td>14.1</td>
<td>99</td>
</tr>
<tr>
<td>T.V.</td>
<td>81.8</td>
<td>7.1</td>
<td>3.0</td>
<td>1.0</td>
<td>7.1</td>
<td>99</td>
</tr>
<tr>
<td>Radio</td>
<td>96.0</td>
<td>1.0</td>
<td>1.0</td>
<td>0.0</td>
<td>2.0</td>
<td>99</td>
</tr>
<tr>
<td>Crafts</td>
<td>9.3</td>
<td>4.1</td>
<td>3.1</td>
<td>2.1</td>
<td>81.4</td>
<td>97</td>
</tr>
</tbody>
</table>

Non-respondents excluded

The majority of the tenants say that they do not have any particular hobbies or interests (72%). Small groups are interested in, for example, watching sports (6), attending musical events (4), gardening (5) or walking (5).

Involvement in Work

In addition to looking after their homes, 14 per cent of the tenants are involved in some kind of work. In most cases this work is unpaid (9) but some who do gardening (2) or handiwork (2) or music lessons (1) do get paid. The kinds of unpaid work that the tenants get involved in include charity work — for example, in aid of the Rehabilitation Centre — photography and acting as club treasurer. Many tenants also help others in the scheme by doing shopping for them (34%) and, less frequently, cooking (11%).
HEALTH AND FUNCTIONAL ABILITY

Incidence of Health Problems

The tenants, typically, rate their health as being 'good' (36%) or 'very good' (24%) with approximately a further quarter (23%) seeing their health as average for their age. Some, however, rate their physical condition as only 'fair' (7%) while others regard their health as being 'poor' (8%) or 'very poor' (2%).

Over one-third (38%) of those interviewed claim not to suffer from any long-term illness or disability. Almost half (49%) of the tenants do, however, suffer some on-going health problem while a further 13 per cent experience a problem at least occasionally. Categorisation of the different health problems noted, based on the International Classification of Diseases, reveals two predominant categories of illness among the tenants (Table 8.2). Diseases of the circulatory system — for example, high blood pressure, coronary disease and thrombosis — are most common with one-third experiencing a problem in this area. Disease of the bones — such as arthritis — is the second most frequent complaint being noted by 20 per cent of the tenants. The only other problems noted by at least 10 per cent of the tenants are diseases of the respiratory system (10%) and mental difficulties (10%). For most, the illness is a permanent (80%) rather than temporary (13%) condition and has either

Table 8.2: Incidence of Different Types of Health Problems (Q 92 (b))

<table>
<thead>
<tr>
<th>Type of Health Problem</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Nervous System</td>
<td>3</td>
<td>4.9</td>
</tr>
<tr>
<td>Circulatory</td>
<td>20</td>
<td>32.8</td>
</tr>
<tr>
<td>Respiratory</td>
<td>6</td>
<td>9.8</td>
</tr>
<tr>
<td>Bones</td>
<td>12</td>
<td>19.7</td>
</tr>
<tr>
<td>Mental</td>
<td>6</td>
<td>9.8</td>
</tr>
<tr>
<td>Sense Organs</td>
<td>4</td>
<td>6.6</td>
</tr>
<tr>
<td>Genito-Urinary</td>
<td>3</td>
<td>4.9</td>
</tr>
<tr>
<td>Injuries</td>
<td>3</td>
<td>4.9</td>
</tr>
<tr>
<td>Tumour</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>Allergic</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>Digestive</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>No Details</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td><strong>Total(N)</strong></td>
<td>61</td>
<td></td>
</tr>
</tbody>
</table>

Based on those who indicate that they suffer a health problem.
Non-respondent excluded

148
remained stable (30%) or has been deteriorating (619c) over the years. Sixty-one per cent of the tenants concerned complain that their health problem prevents them from doing certain things. There appears to be no direct connection between the age of the tenant and the incidence of health problems. The highest incidence of disease is among the 65-69 year age group where 71 per cent experience some health problem. Those in the 70-74 year bracket exhibit the lowest incidence of disease (529c) followed by the over-eighties (56%). Over half (58%) of those under 65 years of age experience some health problem. There is no difference between the male and female tenants interviewed in the incidence of disease.

**Visits to Doctor**

The majority of the tenants interviewed (72%) had experienced some illness in the six months prior to interview. In some cases (22%) the illness was minor but 45 per cent had had to have medication prescribed for them and a few (5%) had been confined to bed. Almost three-quarters (73%) of the tenants had had occasion to visit the doctor. The most usual pattern was one (14%) or two (16%) visits but many had been to the doctor six times (29%) or more (18%) (Table A8.3).

**Assessment of Level of Dependency**

It is repeatedly stressed that sheltered housing is designed to serve the needs only of those elderly people who are independent in the activities of daily living. In order to assess the level of dependency of those interviewed, information was elicited on their ability to manage everyday activities in three separate areas. First, the tenants were asked about their ability to perform activities associated with mobility — such as ability to negotiate stairs, ability to get around the house, ability to get in and out of bed and ability to get around outdoors. Secondly, tenants were asked about their ability to manage different tasks associated with self-care; tasks such as dressing, bathing, washing, cutting toe-nails and using the W.C. Finally, the tenants were questioned on their ability to carry out various domestic tasks — housework, cooking and shopping. For each activity in each area, the tenant indicated whether s/he could manage without difficulty, whether s/he had a difficulty but could still
manage independently, whether s/he could manage only with help or whether s/he could not manage that activity at all. The results of this assessment are presented in the following sections.

**Level of Mobility of the Tenants**

From the responses of the tenants on their ability to manage different activities associated with mobility, it appears that there are many who are experiencing difficulties in this area. Most can, however, still manage on their own (Table 8.3). Negotiating stairs causes the most problems with 38 per cent being able to manage only with difficulty. Five per cent need help if they are to manage stairs and three per cent cannot get up and down stairs at all. A smaller but none the less sizeable group experience difficulty in getting around the house (12%) and getting around outdoors (14%). Again, there are a few individuals who can only manage getting around with help and three people are confined indoors. Getting in and out of bed causes no difficulty for most of the tenants (94%).

**Table 8.3: Ability to Manage Activities Related to Mobility (Q 95)**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Without difficulty %</th>
<th>With difficulty %</th>
<th>Only with help %</th>
<th>Not at all %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking up and downstairs</td>
<td>54</td>
<td>38</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Getting around the house</td>
<td>85</td>
<td>12</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Getting in and out of bed</td>
<td>94</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Getting around outdoors</td>
<td>78</td>
<td>14</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>

*Those who say they never have to use stairs excluded

Level of mobility is clearly related to the age of the tenant. For example, 47 per cent of those with difficulty in getting around the house are over 80 years of age and those in the 70-79 year bracket account for a further 33 per cent. By comparison, those aged between 65-69 account for just seven per cent of those with a difficulty in this area as do those under 65 years. Likewise with difficulties in getting around outdoors: those under 65 years account for nine per cent of those with this difficulty and those aged between 65-69 years account for 18 per cent whereas the figure rises to 23 per cent among the 70 year olds and to 45 per cent.
among those in their 80s. A similar but less definite pattern emerges with respect to negotiating stairs: each of the age-groups 65-69, 70-74 and 75-79 account for 19 per cent of those with a difficulty in this area but the figure rises to 32 per cent among those over 80 years while those under 65 years account for just eight per cent of those with a problem in this area.

**Ability to Manage Self-Care**

All of the tenants, with one exception, are independent in relation to aspects of dressing although a group of approximately 10 per cent do have some difficulty in this area: particularly in relation to putting on shoes and stockings (11%) (Table 8.4). With respect to washing and bathing, while 10 per cent are experiencing difficulty, five per cent are dependent on others to bathe them and two per cent can never bathe. Of all the aspects of self-care, however, cutting toe-nails causes the most problems with 15 per cent being dependent on others to manage and 16 per cent not able to attempt this task at all.

Not surprisingly, ability to manage self-care is related to age. Although those over 80 years of age represent 25 per cent of the tenants interviewed, they account for 50 per cent of those with difficulty in managing buttons, for 45 per cent of those with difficulty in putting on shoes and for 63 per cent of those with difficulty in relation to other aspects of dressing. Similarly, the over-eighties represent 41 per cent of those with problems in bathing. The connection between age and experience of difficulties is less obvious in relation to cutting of toe-nails. In this case

<table>
<thead>
<tr>
<th>Task</th>
<th>Without difficulty</th>
<th>With difficulty</th>
<th>Only with help</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do up buttons and zips</td>
<td>90</td>
<td>9</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Put on shoes and stockings</td>
<td>89</td>
<td>11</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other aspects of dressing</td>
<td>92</td>
<td>8</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Bathing/washing all over</td>
<td>83</td>
<td>10</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Washing hands and face</td>
<td>95</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cut toe-nails</td>
<td>50</td>
<td>19</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>Using W.C.</td>
<td>95</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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the over-eighties still account for the highest percentage of those with a problem (36%) but almost a quarter (24%) are in the 70-74 year age group and 16 per cent are aged between 65 and 69 years.

In most areas, male and female tenants are equally likely to be able to manage independently. It is curious, however, that more men (60%) than women (46%) claim to have no difficulty with cutting toe-nails whereas the reverse applies to putting on shoes and stockings (83% of men compared to 91% of women have no difficulty) a task which might be considered to involve similar capabilities.

### Ability to Manage Domestic Tasks

Approximately three-quarters of the tenants say they can manage the domestic tasks of housework, cooking and shopping without any problem (Table 8.5). It is noteworthy, however, that more of the tenants are totally unable to perform these domestic tasks than they are any of the other tasks investigated with the exception of cutting toe-nails. Sixteen per cent of the tenants are dependent on others to do their shopping, while 13 per cent are dependent in relation to housework. A lesser group (9%) are dependent in relation to cooking.

<table>
<thead>
<tr>
<th>Task</th>
<th>Without difficulty</th>
<th>With difficulty</th>
<th>Only with help</th>
<th>Not at all</th>
<th>Does not perform task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housework</td>
<td>78</td>
<td>8</td>
<td>6</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Cooking</td>
<td>78</td>
<td>11</td>
<td>3</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Shopping</td>
<td>73</td>
<td>11</td>
<td>4</td>
<td>12</td>
<td>0</td>
</tr>
</tbody>
</table>

As with the other activities of daily living investigated, the age of the tenant is related to ability to manage domestic tasks. Tenants over 80 years of age account for 50 per cent of those with difficulty in cooking, for 48 per cent of those with difficulty in housework and for 41 per cent of those with difficulty in shopping. By comparison, just one person under the age of 65 years has difficulty in any of these areas. Male and female tenants are equally capable of housework and cooking but more men (80%) than women (70%) can manage shopping without difficulty.
Overall Index of Dependency Among Sheltered Tenants

In an attempt to assess the overall level of dependency among the tenants, the following measures were derived. First, for each of the 14 different activities of daily life investigated, a score of zero was assigned to the tenant who indicated no difficulty with the activity while a score of one was assigned to anyone indicating that s/he had difficulty with the task or could only manage with help or not at all. Accordingly, possible total scores range from zero at one extreme to 14 at the other end of the scale. Scores of one to four are considered to represent a low level of dependency while scores of five to nine represent a medium level and scores of 10 to 14 represent a high level. According to this index, it emerges that 53 per cent of sheltered tenants are not dependent in any way having obtained a total score of zero. Over a quarter (279c) may be considered to exhibit a low level while 13 per cent exhibit a medium level of dependency. A group of seven per cent may be regarded as being highly dependent. One tenant received the maximum score of 14.

The second index of dependency derived assigns a higher score (2) to those tenants who can manage a task only with help or not at all. The possible range on this index thus varies from zero to 28. Scores of one to six are regarded as reflecting low dependency, scores of seven to 13 reflect medium dependency while scores of 14 to 28 reflect a high level of dependency. According to this second index, 31 per cent may be regarded as exhibiting a low level of dependency, nine per cent show medium dependency and eight per cent may be regarded as highly dependent. The maximum score received — obtained by two tenants — was 18.

The Functional Ability of Sheltered Tenants Compared to the Elderly Cared For at Home

Comparisons with the elderly cared-for at home highlight the relatively high degree of independence among the tenants of sheltered housing. In virtually every area investigated, approximately 40 per cent more of the elderly cared for at home exhibit difficulties compared to those in sheltered housing (Figures 8.1 and 8.2). There is one area, however, where the percentage of sheltered tenants experiencing difficulty approaches that evident among elderly people at home: the difference between the two groups being just 18 per cent in relation to ability to negotiate stairs. While those cared for at home are older than those in
Figure 8.1: Percentage of Elderly People Experiencing Difficulty with Mobility Related Activities

Figure 8.2: Percentage of Elderly Experiencing Difficulties with Self-Care Tasks

sheltered housing, typically being in their 80s (43%) and 90s (15%). It should be noted that a quarter of the tenants interviewed are currently over 80 years of age and many of this group are exhibiting difficulties. As the population of sheltered schemes ages so the level of dependency is likely to increase.

Help Received with Domestic and Other Tasks

While between nine and 16 per cent of the tenants are dependent on others in relation to domestic tasks, and a further 10 per cent can manage only with difficulty, however, as indicated earlier. 11 per cent of the tenants are receiving the services of a home-help and one person receives meals-on-wheels.

Of the 21 tenants experiencing difficulty with housework, less than half (43%) receive the services of a home-help. However, two tenants who indicate that they can manage housework without any difficulty do receive home-help. Fifty per cent of those with difficulty in cooking and 37 per cent with difficulty in shopping have the assistance of a home-help. Again there are two people in each of these areas who can manage without any problem but who still receive this service.

Compared to the amount of statutory support given, the tenants are more likely to get help with domestic tasks from family members. For example, over a third (37%) of all tenants get help from their family with shopping. Typically, this kind of help is given once a week (43%) or more often (16%). In almost one quarter of cases (23%) other tenants also help out with shopping but not as regularly as do family members. Voluntary visitors do shopping for a few tenants (4%) (Table A8.4). Help with housework or with cooking is less frequently given than is help with shopping. Approximately 15 per cent of the tenants get help from family members with housework and cooking but only in isolated instances do voluntary visitors or other tenants help. Family members also sometimes collect their pensions for the tenants (16%), contact services when needed (13%) and do odd jobs (12%) such as painting or cleaning windows or washing.

SOCIAL CONTACT

Visits from Family Members

Concern is sometimes expressed in the literature that once the elderly person is placed in sheltered housing support from family members
dwindles. The part which relations play in the supportive network of sheltered tenants, in terms of practical help given, has already been described above. In order to investigate the issue further the tenants were asked first about the amount of contact they have with family members — both with those living closeby and those living at a greater distance — and secondly whether the level of contact has changed since the move to sheltered housing.

With one exception, all of the tenants interviewed indicate that they have living relations. As described previously, 64 per cent of the tenants have been married at some stage and most of these (78%) have had children. The great majority (88%) have some relation living with 10 miles of the sheltered scheme. The level of contact with these people appears to be high with 20 per cent of the tenants involved having visits daily and a further 18 per cent having several visits each week. Over a quarter (29%) have weekly contact. Some, however, see those relations living closeby once a month or less (10%) and there are also those who rarely or never have a visit (14%). Tenants who are single or separated enjoy less frequent contact with family members than do those who are married or widowed. For example, 75 per cent of married tenants and 79 per cent of those who are widowed receive at least one visit weekly from family members. By contrast, just 39 per cent of single tenants with family closeby have this level of contact. Among both tenants who are separated and who have family closeby, contact occurs rarely or never (Table A8.5). For over a third of the tenants (37%), the level of contact with nearby relations has changed since the move to sheltered housing. No consistent pattern emerges, however, with visits now being as likely to be more frequent (20%) as less frequent (17%) than previously.

Most tenants (84%) also have relations who are living more than 10 miles distant from the sheltered scheme. These relations, however, typically visit rarely or never (45%) with a further 33 per cent visiting once a month or less. Few visit weekly (8%) or more often (2%) and none calls daily. Among those relations living at a distance from the tenants, the level of contact has much more often decreased (18%) rather than increased (5%) since the move to sheltered housing.

**Visits by Tenants to Family Members**

Many of those tenants who have relations living nearby themselves go out to visit frequently (69%). Some tenants visit their relations daily
(8%) but the most usual pattern is once (21%) or several times a week (20%). A further 20 per cent pay at least fortnightly visits (Table A8.6). There is, however, a group of 20 per cent who rarely or never pay a call on nearby relatives. For over one-third of the tenants (38%) this pattern of visiting represents a change from that which existed prior to moving to sheltered housing. No consistent picture emerges, however, with visits now being just as likely to be more frequent (19%) as less frequent (19%). Where relatives live more than 10 miles distant from the sheltered scheme, the tenants, typically, rarely or never visit (54%) and, if they do visit, the most usual frequency is once per month or less (29%). A quarter of the tenants had been used to seeing the relations in question more frequently when they had been living in their old homes whereas only a small group (6%) now visit more frequently than they had been used to previously.

Contact with Old Friends and Neighbours

The information obtained on patterns of visiting between the tenants and nearby family members suggests that many look beyond the confines of the sheltered scheme for social contact. In order to further examine this issue the extent to which the tenants maintain old friendships was investigated. The most usual picture is that old friends of the tenants rarely or never visit the scheme (43%) and, if they do visit, it is most often once a month or less (24%). Some do, however, visit once a week (13%) or at least once a fortnight (13%) (Table A8.7). It is noteworthy that 35 per cent of the tenants now have fewer visits from old friends than when they had been in their old homes. A small group (9%) now enjoy more frequent visits. If old friends do not call to see the tenants in their sheltered schemes neither do many of the tenants go out to visit them. The typical pattern is that the tenants rarely or never pay old friends a visit (49%) and, if they do, most usually visits occur once a month or less (21%). There are some, however, who still have at least weekly contact with old friends (20%) (Table A8.8). The striking finding is that 45 per cent of the tenants now visit their friends It ... frequently than they had been used to previously whereas only a very small group (5%) see friends more frequently.

Where old neighbours are concerned, tenants typically rarely or never receive visits (63%) nor do they pay visits (59%). Any visiting to and fro which does occur is most likely to be infrequent taking place once a month or less (25%) (Table A8.9). Visits both to and from old neighbours
are now less frequent than they had been for over half of the tenants (56%). A few individuals now receive more visits (6%) or pay more visits (3%) than previously.

**Friendships Within the Scheme**

The argument that sheltered housing promotes social contact gains support from the findings of the present study. Three-quarters of those interviewed say that they have made new friends among the others living in the scheme. Some of these tenants describe the number of new friends as 'a few' (19%) but more often the tenants say they have 'several' or 'lots' of friends (56%). According to some of those interviewed, while they would not say they have made friends of the tenants, they would still describe themselves as being 'on friendly terms' with the others in the scheme (15%). A small number (9%) indicate that they have not made friends with other tenants while one person claims to have enemies as well as friends. Some of those who have not made friends say they 'are not interested' (2) or 'don't have the time' (1) or prefer 'to keep to myself' (1) while others find they 'have little in common with the others' (2) or find differences in religion a barrier (1).

**Visiting Patterns Between Tenants**

From the accounts of those interviewed, there appears to be a high level of interaction among the majority of the tenants. Thirty-seven per cent visit others in the scheme several times each week with some of these paying daily visits (17%). A further 16 per cent pay at least weekly calls. A smaller group (11%) visit other tenants at least fortnightly. There are some, however, who call on others only infrequently (5%) and 30 per cent rarely or never visit within the scheme. A similar pattern emerges with respect to visits from others to the tenant: 35 per cent enjoy several visits weekly with 21 per cent of these having daily visits from other tenants. A further 23 per cent have visitors from within the scheme at least once a week. Visitors are infrequent for six per cent of the tenants while almost a quarter (23%) rarely or never receive a visit from another tenant.

The age of the tenant is connected with the amount of visits made to others in the scheme: 44 per cent of those over 80 years visit others at least once weekly compared to 67 per cent of those under 65 years who maintain this level of contact. At the other end of the scale, 36 per cent
of the oldest age groups compared to 25 per cent of the youngest group rarely or never visit other tenants in the scheme (Table A8.10). Male and female tenants also differ in their visiting patterns. Whereas the men interviewed are evenly distributed between those who visit at least weekly (48%) and those who visit rarely or never (48%), the women, on the other hand, are more likely to pay at least weekly visits (56%) than to rarely visit (23%). Twenty-one per cent of females visit others daily (21%) whereas just 7 per cent of the male tenants maintain this level of contact (Table A8.11).

Social Activities Within the Scheme

According to the vast majority of those interviewed (97%), social get-togethers are sometimes organised within the scheme. Over half of the tenants live in schemes where such communal social activities occur once weekly (29%) or more often (25%) with 5 per cent having at least monthly get-togethers. Among 41 per cent of the tenants, social activities within the scheme are infrequent taking place less than once a month (37%) or even more rarely (4%). Many of the tenants (41%) go to all the social activities which are organised while others say they attend very frequently (3%) or frequently (4%). It is striking, however, that one-third of the tenants only infrequently (9%) or rarely (25%) attend communal activities and 18 per cent never go to such events.

Almost equal percentages of men and women (43% and 40% respectively) attend all of the activities organised in the scheme. However, more men (36%) than women (11%) never go to scheme get-togethers. The age of the tenant does not emerge as being of significance in determining attendance at social activities. For example, more of the 65-69 year age group (25%) than the over eighties (16%) never attend communal activities and the youngest and oldest age groups are equally likely never to attend (18% and 16% respectively). Neither is there much difference between the oldest and youngest tenants in the percentage who attend all social get-togethers (36% and 45% for oldest and youngest groups respectively) (Table A8.12).

Tenants’ Associations

The argument is sometimes put forward that tenants’ associations in sheltered schemes encourage elderly people to be active and to take responsibility for their living conditions. None of those interviewed lives
in a scheme where such an association has been established. Responses to the question "are you in favour of tenant associations?" indicate little support for the idea among the elderly people of the study. Seven per cent of the tenants say they "have no idea" what such associations are about and so could not express any opinion on them. Among the others, while there is a group of 26 per cent who are in favour of tenants' associations and a further eight per cent who describe them as a "a good idea" or "a great asset" most, however, express unfavourable reactions. Those who view the idea unfavourably say, for example, that such associations are 'no good' (159c) or that they "wouldn't work" (2%). The most usual reaction is that such a system is "not needed" (27%) and that they 'wouldn't be interested* or "wouldn't be bothered with them' (10%). A small number (4%). being less definite in their views, say they are 'not really' in favour of tenants" associations while one person indicates that even if one existed, s/he would not be in a position to attend.

Involvement in Social Outings

The responses of the tenants to a question on the kind of social outings they enjoy reveal a low level of involvement in social activities among many. Attendance at church is the only activity which the majority of tenants get involved in frequently with 26 per cent attending daily and a further 54 per cent attending at least weekly. The second most popular kind of social outing is a visit to the pub but in this case less than a quarter visit weekly and just five per cent visit daily and over half (54%) rarely or never go to the pub. The majority of the tenants rarely or never go to a social club (71%) or to a film, play or concert (74%) or to a day-centre outside the scheme (89%) (Table A8.13). Half of those interviewed note some other activity in which they like to get involved. The kinds of activities mentioned include card-playing in the winter-time, playing snooker, going to football matches, attending a drama festival, going to lectures in the Art Gallery and going for bus trips. The pattern of involvement in social outings in the majority of cases has remained unchanged with the move to sheltered housing. However, where changes have occurred, a decrease in outings is much more frequently noted than is an increase (Table A8.13). Over a quarter (26%) now go to plays, films and concerts less frequently than previously and 20 per cent go out to the pub less frequently. The only instance where tenants are now more likely to have increased (14%) rather than decreased (12%) their involvement is attendance at church.
Experience of Loneliness

When talking about life in general, in sheltered housing, few (10%) mentioned that they felt lonely. However, when questioned specifically on experiences of loneliness in their present compared to their previous home some striking findings emerge. Over half (58%) say they have never been lonely either in sheltered housing or in their old homes. Thirty-one per cent, however, feel lonelier now that than they did previously and a further three per cent are just as lonely as they were in their old homes. Only a small group (8%) have found that the move to sheltered housing has alleviated feelings of loneliness. Male and female tenants do not differ in their experience of loneliness but marital status does appear to make a difference: a smaller percentage of single tenants (19%) compared to widowed or married tenants (35%) feel lonely in sheltered housing.

**SUMMARY**

Daily Life in Sheltered Housing

Most of the tenants (81%) describe their life in sheltered housing in favourable terms. In particular, the tenants like their surroundings (23%) and the homely, friendly atmosphere (23%). They enjoy the independence (6%) and safety (5%) of their present lives and describe themselves as happy and content (11%). Among those who are discontent with their lives, the most frequent complaint is loneliness (10%). Typically, the tenants find that time passes quickly (57%) and that they are kept busy (15%).

Incidence of Health Problems

Most of the tenants see themselves as having very good (24%) or good health (36%) or at least average health for their age (23%). However, almost half (49%) indicate that they suffer some on-going health problem: the two predominant types of illness being diseases of the circulatory system (33%) and diseases of the bones (20%). In the six months prior to interview, 45 per cent had suffered illness severe enough to require
medication while five per cent had been confined to bed. The majority (73%) had had occasion to visit the doctor: usually once or twice (30%) but some had visited six times or more.

**Functional Ability**

With respect to independence in the activities of daily living, it is in the area of mobility that most difficulties arise: 38 per cent can manage stairs only with difficulty with a further eight per cent being dependent on others to manage while a group of 12 to 14 per cent experience difficulty in getting around the home and getting around outdoors and 11 people are dependent on others in this respect. About 10 per cent of the tenants have difficulty with dressing and with bathing with seven per cent being dependent on others to manage the latter task. Thirty-one per cent are dependent on others in relation to cutting toe-nails. A sizeable group are dependent on others to do housework (13%), cooking (97c) and shopping (16%). Consideration of the tenants' overall functional ability across the 14 different tasks investigated reveals that 53 per cent are not dependent in any respect. A further 27 per cent reveal a low level of dependency displaying difficulty with one to four tasks. Thirteen per cent display medium dependency while seven per cent may be regarded as highly dependent experiencing difficulties with 10 to 14 of the tasks investigated.

**Social Contact**

Most of the tenants (88%) have relations living within 10 miles of the sheltered scheme. Among these, contact appears to be high with 67 per cent having at least a weekly visit and some having daily visits (20%). However, where relatives live further than 10 miles away, visits occur infrequently (33%) or not at all (45%). The tenants themselves rarely (54%) or never (29%) pay a visit to family members living further than 10 miles from their scheme but many do regularly call to see those living nearby: usually visiting once (21%) to several times each week (20%). Only rarely or infrequently do tenants visit with old friends and neighbours with approximately 50 per cent now having less contact with these people than previously. Many, however, have made new friends within the scheme (75%). There appears to be a high level of contact among the tenants with 53 per cent having at least a weekly visit from someone in the scheme and a further 11 per cent having fortnightly contact.
Involvement in Social Activities

Although the vast majority of the tenants (97%) live in schemes where social get-togethers are organised regularly. 25 per cent rarely attend and 18 per cent never go to such activities. The tenants, on the whole, exhibit a low level of involvement in social outings. Attendance at church is the only activity carried out regularly each week by most of those interviewed.

There appears to be little support among those interviewed for the idea of tenants' associations: according to the majority such associations are "not needed" (27%) or 'wouldn't work" (17%) or they just "wouldn't be interested" (10%).

Experience of Loneliness

When speaking generally of their present lives, few of the tenants (10%) mentioned feelings of loneliness. It is striking, however, that when questioned directly about loneliness 31 per cent say they are lonelier now than in their old homes and three per cent are just as lonely as previously. Among only eight per cent has the move to sheltered housing brought about an alleviation of feelings of loneliness.
CHAPTER NINE

Needs and Concerns among Sheltered Tenants

Introduction

Are the tenants of sheltered housing happy and satisfied with their lives? Are there any changes they would like to make? How do they view old age? What is their attitude to planning ahead for future contingencies? This chapter explores the present needs and concerns of the tenants as perceived by themselves and provides an opportunity for those interviewed to express any worries or fears they may be experiencing. The chapter also investigates the tenants' attitudes towards ageing and the extent to which they plan ahead in their lives.

Experience of Worries

While people of all age groups are subject to anxieties and fears, there is a view of elderly people which sees them as being particularly prone to worry. The findings of the present study provide some support for this view. When asked 'do you ever worry?' 55 per cent of the sheltered tenants interviewed indicated that they do so regularly and a further five per cent said they worry at least sometimes. Forty per cent of the tenants rarely or never worry believing, for example, that 'it only makes things worse' or that 'if you trust in God there’s no need to worry' or that 'it doesn’t do any good'. Women are more prone to worry than are men: 50 per cent of the male tenants interviewed compared to 36 per cent of the females say they rarely or never worry. There appears to be no connection between the age of the tenant and the experience of worry.

The tenants worry about a variety of different things but two sources of anxiety predominate — family and personal health (Table 9.1). Over one-third of the tenants (36%) worry about different issues related to their families. One woman, for example, says that she worries about 'my grandchildren; being born into this terrible world'. According to another
tenant 'I worry that my children might be killed. We had two sons-in-law killed in different car crashes and my own husband died suddenly. So it has left me nervous about those left'. Another worries about her family 'if they don't write to me from England'. Worries about health preoccupy almost a quarter of the tenants (24%). The following comment from one of the males interviewed illustrates this concern: "the only thing that bothers me is if the arthritis affects my hands. Apart from that I'm ready to go". According to one of the female tenants "I worry about what would happen if I got ill during the night and there was nobody around". Apart from family and health concerns, some tenants worry about feeling lonely (5%), about their ability to cope (5%) and about their financial circumstances (5%). According to some they worry about "minor" or 'silly things': as one man expresses it 'I worry if my date will turn up for the dance tonight'! Others say they worry about anything and everything (10%): in the words of one tenant 'anything at all would make me worry. If my family were late — things like that'. Or as another woman says i worry about all sorts of things'.

Table 9.1: Sources of Worry Experienced By The Tenants (Q 102)

<table>
<thead>
<tr>
<th>Source of Worry</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family matters</td>
<td>21</td>
<td>35.6</td>
</tr>
<tr>
<td>Health</td>
<td>14</td>
<td>23.7</td>
</tr>
<tr>
<td>Loneliness</td>
<td>3</td>
<td>5.1</td>
</tr>
<tr>
<td>Inability to cope</td>
<td>3</td>
<td>5.1</td>
</tr>
<tr>
<td>Financial circumstances</td>
<td>3</td>
<td>5.1</td>
</tr>
<tr>
<td>Minor things</td>
<td>4</td>
<td>6.8</td>
</tr>
<tr>
<td>Anything and everything</td>
<td>6</td>
<td>10.2</td>
</tr>
<tr>
<td>Death</td>
<td>2</td>
<td>3.4</td>
</tr>
<tr>
<td>Getting out of Scheme</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td>Fire</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td>Burglary</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td>Total(N)</td>
<td>59</td>
<td></td>
</tr>
</tbody>
</table>

Based on those who indicate that they do worry. Non-respondent excluded.

Tenants' Greatest Worries

When asked about their greatest worry, health again emerges as a source of primary concern (Table A9.1). For 21 per cent of the tenants their greatest fear revolves around health issues such as the following:

'My greatest worry is lying in a coma for a long period".
"My greatest worry is my poor health. I can't understand why I'm feeling the way I am".
"My greatest worry is to keep from getting sick".

For a similar sized group (21\(^\circ\)c), their greatest fear is connected with their ability to cope. Some typical examples of this worry are as follows: 'my greatest worry is that I might not be able to look after myself. 'My worry is that I'd have to be put into a home; that I'd be put out of here and I don't want to leave here'. 'I worry about becoming a liability to my family'. The well-being of family members is the source of greatest worry for 18 per cent of the tenants as the following quotes illustrate:

'My greatest worry is that something would happen my daughter. She is the apple of my eye'.
'i worry that my children or grandchildren might die before me'.
'My worry is if my family were killed or had any kind of trouble'.

Compared to health, ability to cope and family well-being — which between them account for 61 per cent of the tenants' responses — other sources of worry assume far less significance. The next most frequently mentioned greatest worry is connected with financial matters but this accounts for just eight per cent of the tenants. According to one of the tenants in this group 'my greatest worry is that Charlie Haughey might suddenly decide to cut our pensions or some other atrocity like that'. Others speak of worrying about 'lack of money'. Fears about being moved to a home account for seven per cent of the tenants' greatest worries. On the other hand, for three of those interviewed their greatest concern is to get out of their present accommodation. In the words of one woman "my greatest worry is getting old and still being stuck in this terrible flat. Being stuck here for the rest of my life — Id go mad". It is noteworthy that fears for personal safety emerge as the greatest worry for just seven per cent of the tenants with the great majority indicating that they feel safe (88%) or at least fairly safe (587) in their sheltered accommodation. Several, however, stress that they "lock up well" or have had special locks fitted.

**Perceived Greatest Need**

When asked about their greatest need at present, about the kinds of things that would make their lives easier. 41 per cent of the tenants say
there is nothing they need. A frequent comment is that I am happy and content. Some of the comments, however, suggest that there may be lower expectations of happiness in later life. As one man expresses it, "I'm happy. At my age you're lucky to be alive. I hope to make the hundred!" Or as others put it, "I'm happy enough".

Among those who perceive their lives as being less easy and content than they might be, the most frequently voiced need revolves around having enough money to do the things they would like to do (33f) (Table 9.2). Some typical comments from these tenants are as follows:

- To have more money so I wouldn't have to worry about it.
- To have more money to go out more often for a drink and so on.
- To have the money to go to visit my children in England.
- i would like to be able to afford to have my car again.
- "If I had more money to go to concerts and films which I love."

In speaking of their greatest need, health issues again emerge as being of great significance in the lives of many of the tenants. Twenty-one percent of those interviewed note that their lives would be easier and more content if they could get rid of some health problem. This need is illustrated in the following comments:

- To get rid of my hernia trouble.
- "I'd like to get rid of this kidney trouble. It's a bit of a nuisance."
- "If my hip was completely better. I'd be happy."

The third most frequently noted need revolves around the accommodation of the tenant (17%). Some, for example, 'would like another flat' either in a "less isolated place" or in "a better place" or in an "interdenominational scheme". Others just want changes in their present flat such as 'an open fire in the winter-time' or "someone to come and repair the sink — it's leaking for ages'. A fourth frequently voiced need is connected with family issues (16%). For some the issue is 'to be nearer my son' or "to have my daughter living near me" or "to have my niece living near me always". Others are concerned about the well-being of family members as the following comments illustrate:

- I'd like happy if my sister didn't get worse or.
- "I'd like to know that my children and grandchildren would always be o.k.".

In some cases the issue is a poor relationship with some family member.
In the words of one woman: 'I'd be happy if my sister was less can-
tankerous. She's not well and we disagree on almost everything".

Apart from the four major issues of finance, health, accommodation
and family, in only isolated instances do tenants mention other areas of
need such as wanting more companionship or wanting to turn back the
clock and be younger or wanting to have an alarm system.

<table>
<thead>
<tr>
<th>Area of Need</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial circumstances</td>
<td>19</td>
<td>32.8</td>
</tr>
<tr>
<td>Health matters</td>
<td>12</td>
<td>20.7</td>
</tr>
<tr>
<td>Accommodation</td>
<td>10</td>
<td>17.2</td>
</tr>
<tr>
<td>Family matters</td>
<td>9</td>
<td>15.5</td>
</tr>
<tr>
<td>Companionship</td>
<td>2</td>
<td>3.4</td>
</tr>
<tr>
<td>To grow younger</td>
<td>2</td>
<td>3.4</td>
</tr>
<tr>
<td>To have an alarm</td>
<td>2</td>
<td>3.4</td>
</tr>
<tr>
<td>To have a car</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td>To have peace and happiness</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td><strong>Total(N)</strong></td>
<td>58</td>
<td></td>
</tr>
</tbody>
</table>

**Views of Tenants on Planning Ahead**

The idea of planning ahead even for the immediate future seems foreign
to many of the tenants interviewed. For example, almost two-thirds
(64%) never make plans even for the following day and even fewer
make plans for a week ahead (27%). Just 15 per cent plan a year in
advance. Few (18%) had made plans earlier in their life for retirement
and old age. Most of those who had thought about their old age had
focused on financial arrangements (13) compared to, for example, just
three people who had thought about living arrangements.

However, even though most of the tenants had not themselves planned
for their old age, over half (56%) believe that, if one can do so at all. it
is a good idea (Table A9.2). Where the tenants specify the kind of
planning that people should do, the focus most usually is on financial
arrangements (17%). Tenants say, for example, that 'people should be
sensible about money and plan it well to have a little extra to live on' or
that "they should try and plan for financial security'. As one tenant
expresses it "it's a great idea to put money aside if you can. Money isn't
everything of course but it helps to make life easier". A few note the
importance of planning for independence in later life (4%). According
to one tenant 'people shouldn't depend on their relations. They should have a place where they can be independent". Two people note the importance of making a will. Some of those interviewed (18%) believe that the importance or necessity of planning depends on the individual's circumstances. So, for example, 'if you haven't got a family you would have to make plans". There is also a group who feel that one definitely should not make plans or should at least not make too many and that it is better just to live from day-to-day (20%). The following comments illustrate this attitude:

'No. people shouldn't make plans. Many a person made plans and died worrying about them".
'Plans! Since you've no control what plans can you make'.
'No. if you're time is up. you'll go'.

Planning for Possible Future Dependency

The responses of the tenants to a question on what they plan to do should the time come when they can no longer look after themselves reveal a reluctance among many to consider such a contingency. Most frequently (29%) the tenants say they have not thought at all about the possibility of becoming dependent on others (Table 9.3). Others (14%) deliberately try not to think of such a situation arising as the following comment illustrates: T don't want to think about that. It would only depress me'. Some who have thought about possible future dependency say they do not know what to do about it (13%). Typical comments from these tenants are "it's hard to know what to do' or "that's a hard one to figure out". Others have come to no conclusion about appropriate action (4%). As one tenant says it's never off my mind but I never seem to find a satisfactory conclusion'. The most frequent solution to advancement of dependency is seen as movement to institutional care (22%). The following comments illustrate this viewpoint:

'I'd have to go into a home. I have one son who is separated and he has to pay a whole lot of money to his wife to keep her. I couldn't expect to live with him although he's very good to me now".
"If I got really bad I suppose a home would be the only solution".

Sometimes, however, the idea of institutional care is regarded with dread as is evident in the following comment: 'I'd have to go into a home. I'd
hate that. Please God it wouldn't come to that". Others view the possibility with more acceptance. According to one tenant, "if I have to go into a home. I'll try to adjust to it".

Compared to institutional care, fewer tenants (15°c) see care by family members as a possibility should they become incapable of independent living. Moreover, many of those who see family care as a solution to dependency still worry about being a burden on others. The following comments typify the feelings of these tenants:

'\text{My family tell me not to worry but I wouldn't like to be in the way}''

'My very dear daughter is always saying I can go to her but I wouldn't like to be in the way''

"My husband or family would probably look after me. But I wouldn't like to be a burden on them"

Two of the tenants talk about "taking an overdose" or "killing myself if they ever became dependent on others.

<table>
<thead>
<tr>
<th>Plan</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haven't thought about the possibility</td>
<td>28</td>
<td>28.6</td>
</tr>
<tr>
<td>Try not to think about the possibility</td>
<td>14</td>
<td>14.3</td>
</tr>
<tr>
<td>Don't know what to do</td>
<td>13</td>
<td>13.3</td>
</tr>
<tr>
<td>No conclusion reached</td>
<td>4</td>
<td>4.1</td>
</tr>
<tr>
<td>Go to relations</td>
<td>15</td>
<td>15.3</td>
</tr>
<tr>
<td>Go to institution</td>
<td>22</td>
<td>22.4</td>
</tr>
<tr>
<td>Overdose/Kill myself</td>
<td>2</td>
<td>2.0</td>
</tr>
<tr>
<td>Total(N)</td>
<td>98</td>
<td></td>
</tr>
</tbody>
</table>

Non-respondents excluded

Views on Ageing

Over a quarter of those interviewed (28%) feel that life gets better as one gets older. Some are particularly enthusiastic in their responses saying, for example. that "things definitely get much better" or that "things keep improving for me" or "life has never been better". Some point out. for example, that 'you've more time to yourself and can come and go as you please", or that "things get better because you have your family grown-up" or that "you're more relaxed" and "there's less pressure on
you. You don’t have to keep to foolish time tables’. Twelve per cent believe that life is no different with increasing age. The majority view, however, is that things get worse, at least to some extent, as one get's older (53%) (Table A9.3). Some typical comments are "life gets worse naturally' or "things get much worse — as nobody wants you" or 'things become a little worse perhaps'.

Several (11%) speak of life getting worse because of increasing health problems:

"Things get worse, particularly if you have health problems'.
'Could get worse if your health was bad'.
'For me. things have got worse health-wise'.
'Worse when you end up like me with a bad leg'.

Others (6%) complain that old age slows one down as the following comment illustrates: "Yes. things get a bit worse. You slow down. I can't do the things I did 12 years ago. It takes a bit longer to do everything'.

Even though many feel that their lives now are not as good as when they were younger, it is striking that 61 per cent indicate that things are still better than they had expected. Many of these tenants talk about being more relaxed now and having less pressure and responsibility in their lives. According to one woman "silly things about my appearance and how I kept the house used to worry me but they don't now”. Another woman says 'you don't have to dash all over the place with children, in that way it's better". Typically, the tenants say they are as happy now as when younger (43%) while some claim to be even happier now than in their younger days (13%). Some point out that it is a different kind of happiness they experience nowadays (77c). Many (31%). however, are less happy than they had been earlier in life. Loneliness — particularly missing a spouse — and health problems appear to be the most common sources of unhappiness as is evident in the following comments:

"No. I'm not as happy now — I'm living on my own and in bad health. I was much happier when I was younger".
"No. I'm not very happy. I miss my husband. I get depressed. When I was young I loved dancing and the pictures. I can't do that now".
'A lot of the time I'm happy. But when I look back I miss my wife and I get sad".
"When I go into Superquinn and hear the music he used to like I get very sad".

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Feelings of Usefulness

The tenants interviewed are almost equally divided between those who feel less useful as they get older (48%) and those who disagree with such a view (45%). Some feel it depends on one's circumstances or that it is only sometimes that they feel less useful nowadays (13%). Feelings of being useful or not, for the most part, appear to hinge around the extent to which the tenants see themselves as being active and still doing things. Those who feel less useful as they get older make comments such as the following:"

'Yes. I feel less useful. I would like to be more active'.
'Yes. I feel less useful. You haven't very much to do'.
'Yes. I'm less useful. I had an active life. I'm not able to do all the things I used to do'.

On the other hand, those who feel useful make much of the fact that they are still active as the following comments illustrate:

'No. not less useful. Not at all. I still do useful things'.
'No. I don't feel less useful. Not so long as I can keep on playing music'. 'No. not less useful. I'm doing as much as I ever did'.
'No. I don't feel less useful. I bake a lot. I look after my grandchildren and I work on making my dolls and teddies'.

The issue of remaining active emerges again as being of great significance to the tenants in their responses to a question on how they believe elderly people should spend their time. For 81 per cent of those interviewed, the most important thing when one has retired is to keep active and to keep up one's interests (Table A9.4). The following comments are typical of this viewpoint:

'They should get involved in interests and keep active'.
'You must stay active and look on the bright side of life'.
'Keep active. Go out and meet people for a drink and a chat'.
'Keep your mind as active as possible. Have a lot of interests'.
'Get out and about as much as possible'.
'Stay active and keep up your interest in life'.

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Satisfaction with Life

Almost three-quarters of those interviewed declare themselves to be satisfied (52°c) or even very satisfied (20°c) with their lives today. A further 14 per cent say they are fairly satisfied or 'satisfied in so far as anyone can be with their life'. A few (3°r) express a resigned attitude saying, for example, 'I have to be satisfied, there's no other choice' or 'life can be no better for me. I just have to put up with it' or 'I'm fairly satisfied — there's little I can do to change it'. Some (4°r). however, are very definitely not satisfied with their lives. Those who elaborate on the cause of their dissatisfaction speak most often about their living arrangements. One person, for example, says "no. I'll never be satisfied while I'm in this flat" while another says 'I'm not satisfied here. If I moved to another place I might be happier'.

Further evidence that the tenants generally are happy and satisfied with their lives comes from the fact that when asked 'is there anything you'd change about your present life if you could?'. 69 per cent of those interviewed say no, there is nothing they would change. Frequent comments are. "No. it's great as it is' or 'life is grand as it is' or 'I'm content' or 'I'm happy with my life". As one man expresses it "no there's nothing I'd change. I'm very happy — Top of the Pops'. Where tenants would like to make some change, most frequently it is their accommodation which is causing them to be less than happy in their lives (11°r) (Table 9.4). These tenants would, for example, "like to move down the country" or "like to live in Rathmines" or "would like to be back in my cottage' or would simply "like to get out of here". Others regret decisions they had made earlier in their lives (9°c). One tenant, for example, regrets the break-up of his marriage whereas another regrets that he did not marry a second time. Another tenant feels he should have stayed in the religious order where he spent eight years. According to others they would 'love to have played football' or 'would love to have had a proper training in something' or wish they had 'saved a bit more money'. Some would like more companionship in their lives (49°c) as the following comments illustrate:

'I've a sister in England and I'd like her to visit me but she doesn't get in touch with me at all'.
'T I would like to have a real friend to socialise with".
For two people the change they would like is to "get more things done in the day": "to be more occupied".

Table 9.4: Changes Tenants Would Like to Make in Their Lives

<table>
<thead>
<tr>
<th>Type of change desired</th>
<th>% (N = 100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change nothing</td>
<td>69</td>
</tr>
<tr>
<td>Change address/aspect of accommodation</td>
<td>11</td>
</tr>
<tr>
<td>More companionship</td>
<td>4</td>
</tr>
<tr>
<td>Revise decisions made previously in life</td>
<td>9</td>
</tr>
<tr>
<td>Be more active</td>
<td>2</td>
</tr>
<tr>
<td>Stop worrying</td>
<td>1</td>
</tr>
<tr>
<td>Improvement in health problem</td>
<td>1</td>
</tr>
<tr>
<td>Have youth over again</td>
<td>1</td>
</tr>
<tr>
<td>Can't change anything</td>
<td>2</td>
</tr>
</tbody>
</table>

**SUMMARY**

**Worries and Concerns**

The majority of those interviewed \((609c)\) admit to worrying at least sometimes with the women more prone to anxieties and fears than are the men. Two major sources of anxiety stand out: 36 per cent worry about the well-being of family members while 24 per cent worry about their own health. Other less significant sources of anxiety include loneliness, ability to cope on one's own and financial circumstances. When asked about their greatest worries, personal health (21%) and ability to cope alone (21%) emerge as being of primary concern to the tenants, closely followed by concern for family members' well-being (18%).

**Perceived Greatest Needs**

Forty-one per cent of the tenants feel there is nothing they need: describing themselves as happy and content in their lives. Among those who do find their lives lacking in some way, the most frequently voiced need revolves around having more money (33%). Twenty-one per cent find their lives being hampered by health problems while living quarters represent the area of greatest need for 17 per cent. For a similar sized group (16%) family matters constitute the area of greatest need.
Views on Planning Ahead

There is little evidence of planning their lives among the tenants interviewed. Not many plan for even the following day (36%) and even fewer plan a week (27%) or a year (15%) in advance. Just 18 per cent had made plans earlier in life for their retirement: most of these having focused on financial arrangements. This reluctance to plan is again evident in the tenants’ discussions about what they would do should they ever become functionally disabled. The most frequent response is that the tenant has never thought about the possibility of dependency (29% c) while 14 per cent deliberately try not to think about it.

Views on Ageing

While many (28%) of the tenants believe that life gets better as one gets older, the majority view (53%), however, is that things get worse with age: in particular, one’s health deteriorates and one begins to slow down. Despite difficulties, over half of the tenants (56%) declare themselves as happy now (43%) or even happier (13%) than when they were younger. Almost one-third, however, are less happy now than in their earlier lives due primarily to loneliness — especially the loss of a spouse — and to health problems. The tenants are equally divided between those who feel less useful nowadays (48%) and those who disagree with this view (45%) with most judging their usefulness in terms of their level of activity.

Satisfaction with Life

Eleven per cent of those interviewed indicate that they are dissatisfied with their lives: most frequently because of where they live. Most are, however, either very satisfied (20%) or satisfied (52%) with life, with a further 14 per cent describing themselves as fairly satisfied. Evidence of their contentment comes also from the fact that 69 per cent say there is nothing they want to change about their present lives. Where tenants are discontent with life, the most frequently desired change is to live in different accommodation (11%).
CHAPTER TEN

Key Findings and Conclusions

Introduction

This Report is concerned with an investigation of the role and contribution of sheltered housing in the care of the elderly in Ireland. Previous chapters have outlined the extent of current provision and have described the characteristics of the sheltered schemes in existence. Issues emerging from the perceptions and experiences of voluntary and statutory service-providers involved in the area have been presented in relation to the objectives and assumptions underlying the provision of sheltered housing and in relation to a variety of management questions. The kinds of issues raised and discussed by the service-providers have included the following:

- the adequacy of housing provision for the elderly in Ireland and in particular the adequacy of provision of sheltered housing
- the different kinds of housing options required to cater adequately for the needs of the elderly
- the essential components of sheltered housing
- the objectives of sheltered housing and the extent to which these are being met
- the benefits and drawbacks of sheltered housing
- allocation policies and procedures: determination of who needs sheltered housing and which groups of elderly are more appropriately accommodated elsewhere
- the assessment and ongoing monitoring of the functional ability of the tenants and policies on what should happen when a tenant becomes incapable of independent living
- whether or not sheltered housing should provide extra-care facilities
- the importance of physical characteristics of schemes: size, design, location
- the role of communal facilities
- the adequacy of back-up statutory support services
• the role of the warden and the training and qualifications required
• the role of alarm systems
• the adequacy of current financial arrangements for the funding of sheltered housing

As a complement to the quantitative data of the census phase of the study and to the information obtained from the service-providers, the report has also outlined the characteristics of the elderly people who live in sheltered housing and has described the quality of their life as they experience it. The value of obtaining different viewpoints is underscored by findings of the study which show that the experiences and perceptions of those who live in sheltered housing do not always coincide with the views of those who are involved in its provision or management. The findings also highlight the importance for those involved in the care of the elderly of checking and questioning any assumptions they make about what old people need and want.

The purpose of this chapter is to draw together the findings from the different phases of the study; to highlight the more significant outcomes; and to raise the key issues arising from the study. The following chapter looks at the political and administrative context against which the issues raised must be considered and presents principles of good practice which follow from the findings of the study.

**Issue of Role of Sheltered Housing**

According to many of the service-providers interviewed one very important objective of sheltered housing is to prevent institutionalisation. Data obtained from the census phase of the study which indicate that death rather than placement in long-term care is the most common cause of movement out of a scheme suggest that sheltered housing is successful in meeting this objective. Of the 104 tenants recorded as having moved within the past year from the 70 schemes which keep such records, 71 per cent had died compared to 17 per cent who had moved to nursing-homes and five per cent who had been placed in Welfare Homes.

Compared to prevention of institutionalisation, improvement in housing circumstances is less frequently noted by the service-providers as a major objective of sheltered housing. However, it is important to note that from the viewpoint of the elderly person, the most important reason for moving to sheltered housing is to get away from poor living conditions. Given the findings on the poor housing circumstances of
many of the tenants prior to the move to sheltered accommodation, sheltered housing clearly plays a very important role in relation to the standard of housing available to the elderly. Differences in viewpoint between the service-providers and the tenants again emerge with respect to the most important features of sheltered housing. Whereas the service-providers speak of the warden and the alarm system as its outstanding characteristics, for the tenants the best things about life in sheltered housing are the convenient location, the nice surroundings and the friendliness of the neighbours in the scheme. Tenants also speak of the 'security' they feel in sheltered housing but do not specifically relate this to the existence of a warden or an alarm system. Moreover, among those without a warden, 43 per cent consider that such a service is not necessary and, of those with such a service, only a small group (6%) would feel anxious if the warden were not on duty. Similarly, with respect to the alarm system, 44 per cent of those without this service see no cause for concern in its absence.

It is important that providing bodies are clear about what they consider to be the objectives and role of sheltered housing since the answer to this question has implications for estimation of need, for long-term planning and for allocation policies. The importance of having clearly thought-out objectives is also evident from the fact that only by so doing can providing bodies establish criteria by which to evaluate how effectively sheltered housing fulfils its role. In the context of evaluation of effectiveness, a cause of concern is the lack of even basic record-keeping in many of the schemes of the study. For example, just 70 of the 117 schemes in the census could provide data on the movement of tenants out of sheltered housing — information which is essential in evaluating the role of sheltered housing in preventing institutionalisation. What is required is the development of systematic procedures for information-gathering and record-keeping which would facilitate ongoing monitoring and evaluation of the service being provided by sheltered schemes.

It appears from the discussions with the service-providers of the study that frequently there is a contradiction between the allocation procedures employed by providing bodies and stated objectives. There also appears to be a need for much greater acknowledgement of the fact that, with respect to elderly people, housing needs and health and welfare needs are closely intertwined.
Issue of Adequacy of Current Provision of Sheltered Housing

The service-providers involved in the study express much concern about the inadequacy of the current level of provision of sheltered housing in Ireland. Waiting lists are seen as being long, certain areas lack any provision and some groups of elderly owner-occupiers are seen as being poorly provided for. The data provided in the census phase of the study suggest that the concerns of the service-providers are well-founded. The figures show that around one per cent of the elderly population is currently being accommodated in the 117 sheltered schemes in existence whereas the number requiring this kind of accommodation as estimated by the service-providers is five to 10 per cent.

Unevenness of distribution is also evident in the census data of the study. For example, although local authorities have, since 1970, provided about 13,000 elderly persons dwellings, just seven of the different local authorities throughout the country provide sheltered housing — as this is defined in the present study. In addition, the south and east of the country emerge as being better serviced than the north and west. While the number of elderly people in and around Dublin city is undoubtedly large in comparison to other areas of the country, its size does not warrant the 62 per cent of all sheltered schemes which are concentrated in this area.

Adequate provision of sheltered housing for all groups of elderly people across different regions of the country, requires the establishment of systematic procedures for factual assessment of need. Decisions on the number of sheltered units required would have to recognise the varying needs of the elderly population and of different income groups within that population. In this context, an issue which requires consideration is what the relative contribution of different providing bodies should be in the provision of sheltered housing: what level of provision is required of local authorities?: what part should voluntary bodies play?: what is the level of need for sheltered housing provided by private commercial bodies?

Issue of Need for Range of Options

In making decisions about the level of provision required it also needs to be recognised that sheltered housing is but one of a range of options that has to be provided to enable elderly people make real choices
about where they want to live out their lives. Most elderly people live independently or are cared for in their own homes by family members. The number of elderly people who will need to move from their homes is relatively small representing five to 10 per cent of the elderly population. It is essential, however, that such people have choices about where to go when a move becomes necessary. In the provision of choices, sheltered housing plays a very important role. Other options, however, also need to be explored. In view of the difficulties often associated with relocation and given the high level of home ownership among the elderly, initiatives should be explored which allow them to stay put while realising some of the capital tied up in their home in order to provide income. One such initiative which has been developed in Britain and other countries is the mortgage annuity scheme. Other possibilities include the transference of the elderly person's home to the local authority in exchange for repairs or adaptations to the dwelling and arrangements whereby owners of large homes share accommodation with other elderly people.

**Issue of Co-Operation Between Different Providing Bodies**

Co-operation between different bodies involved in the provision of housing for the elderly — statutory and voluntary — is essential to enable appropriate planning and to ensure that there is neither duplication nor gaps in provision. Adequate planning for provision also requires recognition of the fact that the housing and welfare needs of the elderly cannot be neatly compartmentalised and accordingly there needs to be close liaison and an effective working partnership between the Department of the Environment and local authorities on the one hand and the Department of Health and Health Boards on the other hand. The need for assessment and for co-ordination of effort is reflected in the Housing Act (1988) which obliges local authorities to make estimates of existing and prospective housing requirements and to carry out assessments of the housing needs of particular groups in the community including the elderly. The Act also obliges local authorities to consult with other interested bodies, including the Health Board, in making plans for housing provision.

In this context, a previous recommendation made by the National Council for the Aged, and endorsed by the Working Party on Services for the Elderly, that a post of Co-ordinator of Services for the Elderly...
be established is particularly relevant. Voluntary, private commercial and statutory bodies planning on building sheltered schemes would consult with the Co-ordinator of Services and in this way ensure that their services are complementary and co-ordinated.

It should be noted that there are currently in Ireland some sheltered schemes which exemplify the kind of co-operation that is being recommended between voluntary and statutory bodies.

**Issue of Provision of Extra Care**

According to the service-providers interviewed sheltered housing can serve only those elderly people who are independent in the activities of daily living. From the accounts of the tenants it appears that the majority are either completely able to look after themselves or are only dependent on others to a low degree. However, there is a group of eight per cent who exhibit a high level of dependency. Moreover, the finding that level of dependency is associated with age suggests that as the sheltered population grows older, increasing levels of disability are likely to pose problems for the management of sheltered housing. From the point of view of the tenants themselves, their state of health is of great concern with more worrying about this than about any other aspect of their lives. But though they worry about their health, they find it difficult to think about the possibility of becoming dependent and very few have made any plans for such an eventuality. This finding raises the issue of the need for counselling of sheltered tenants on an on-going basis so that they may be enabled to carry out the long-term planning that is essential to ensure their well-being in the event of development of dependency.

It is imperative that policy-makers, providers and management do not avoid the issue of what is to be the next stage in the continuum of care and that they decide on policy for what is to happen when sheltered tenants can no longer care for themselves. At present, most sheltered schemes do not have the facilities to cater for functionally disabled tenants so that when an elderly person can no longer look after her/himself, s/he has to be moved to long-stay care. Such a solution is a source of fear and worry among the elderly people and. moreover, is

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difficult to effect because of current lack of vacancies in long-stay facilities and an apparent lack of co-ordination and integration of housing and health services. One alternative is to provide extra-care facilities within the scheme. The provision of extra-care facilities is not, however, also without its problems: the most serious being that the scheme itself begins to resemble the institution it was meant to replace. In the case of elderly tenants displaying a limited to moderate level of dependency, it is suggested in The Years Ahead that the provision by Health Boards of day-care facilities, along with the services of voluntary organisations, is likely to be sufficient to prevent the need for institutionalisation. In order to prevent sheltered housing becoming like a "staging-post" on the way to long-stay care what is required is an effective system of community care services to which the tenants have regular and easy access. The current level of community nursing and domiciliary support from statutory services to sheltered tenants, as found in the present study, needs to be critically re-examined and re-evaluated.

**Issue of Continuity of Care**

In the context of the development of functional disability among tenants, the importance of providing a comprehensive and integrated range of services with established structures which facilitate movement of elderly persons between the local authority and the health systems is clearly underlined. Through the Co-ordinator of Services for the Elderly, continuity of care should be ensured so that the elderly person no longer capable of managing in sheltered housing can be placed as soon as possible in more appropriate accommodation. As recommended by the Working Party on Services for the Elderly, the provision of assessment and rehabilitation services in community hospitals would enable those providing sheltered housing to ensure that their tenants are in fact placed in the type of accommodation that best suits their needs — whether this be continued living in sheltered accommodation or placement in community hospital, nursing home or other long-stay care facility.

**Issues Related to Allocation Policies and Procedures**

In the case of elderly people, housing needs and care and welfare needs are closely entwined and accordingly housing allocation policies must take account of both. Information obtained from the census phase of the study which indicates that providing bodies allocate according to
'need" suggests that some attempt is being made to take account of aspects of the prospective tenants life other than housing per se in allocating places in sheltered schemes. However, the current system of allocation requires development so that practice is formalised into established procedure. A more systematic approach with clearly defined criteria of "need" has to be established. Assessment of need should be holistic in approach taking into account all aspects of the elderly person's life: housing, family, social, medical and financial circumstances. Such an approach implies a high degree of co-operation between the various bodies involved in care of the elderly: a situation which, however, the findings of the study indicate currently exists only infrequently. The establishment of a formal structure for joint planning and for co-ordination of services for the elderly of the Department of Health and the Environment — as previously recommended by the National Council for the Aged* — would appear to have an important role to play in ensuring that elderly people who are in need of sheltered housing get places in schemes.

Many providing bodies specify that to be eligible for a place in a sheltered scheme the prospective tenant must be capable of independent living. This raises the question of how "independence" is defined, as the level of dependency which can be accommodated will depend on the size of the scheme and on the facilities and services available within it. What is required is clear specification of the criteria being used by the providing body to define independence and then the designation of appropriate persons to carry out the necessary assessment. As the service-providers interviewed in the study point out, however, it is very important not to establish a too-formal assessment procedure which could frighten elderly people or make them feel insecure. If ability for independent living is to be a criterion for placement in sheltered housing, then procedures are required to monitor the circumstances of the tenant on an on-going basis. Such procedures have not, however, been established in the sheltered schemes in existence.

**Issue of Need for Information and Advice**

The provision and accessibility of information is an important consideration in the allocation of places in sheltered schemes. The study

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shows that, in most cases, prospective tenants have to seek out information on what is available rather than efforts being made by the providing bodies to inform elderly people of what is on offer. It is noteworthy that few of the tenants of the study had considered alternatives other than sheltered housing when moving from their old homes nor had they received any advice before making the move. These findings exemplify the need for counselling of the elderly person and the provision of ready access to information before the move to sheltered housing so that s/he may be in a position to consider all the options available and make appropriate plans for the future. It is only in this way that the person can make the decision that best suits her/his needs and sheltered housing may not always be the most appropriate option. Provision of all the required information to prospective tenants could be ensured through the employment of a Liaison and Information Officer as has been previously recommended by the National Council for the Aged.

**Issues Related to Physical Characteristics of the Scheme**

Typically, the schemes of the present study are within the ideal size range noted by the service-providers. However, the fact that almost one-third of the schemes are comprised of 40 units or more is a cause of concern. In schemes of this size elderly people are likely to experience problems with social contact and social interaction and it becomes very difficult to maintain the homely and personal atmosphere that is considered by many to be essential to sheltered housing. The existence of very large schemes provides some foundation for the concern expressed by some of the service-providers interviewed about the development of 'ghettos' of elderly people.

The importance of scheme location is evident from the finding that the major likes and dislikes of sheltered living noted by the tenants revolve around this aspect of their housing. Most of the tenants of the study regard their schemes as being close enough to family members and to local facilities and amenities and are happy with the surrounding environment. The schemes of the study also appear to be well-located from the point of view of enabling the elderly tenants to remain within their own locality. Many of those interviewed maintain regular contact

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with relations who are still living within a 10-mile radius of the scheme. However, patterns of contact with old friends and neighbours are frequently broken. It is worth noting that, for the tenants of the present study, re-location does not appear to be as traumatic an event as is often assumed with most accommodating to the move to sheltered housing in a flexible and adaptable fashion. It is also interesting that the majority (62\%\,c) claim not to miss anything from their old homes.

On the whole, the tenants of the present study are satisfied with the design and layout of their units. It should be noted, however, that 20 per cent would like an extra room. Three-roomed accommodation which combines a bedroom with a sitting-room is particularly disliked by the tenants interviewed. Where three-roomed units are being built, providing bodies will find it more satisfactory to combine the kitchen with the sitting room and to provide a separate bedroom.

A second issue related to design features which emerges from the study is the preponderance in the schemes of solid-fuel heating systems. Given the numbers with difficulties in mobility and those who are experiencing problems in carrying out ordinary household tasks, heating which involves lifting and carrying of solid fuel seems particularly inappropriate.

While the tenants currently in sheltered housing generally express satisfaction with their accommodation, it should be noted that many of the elderly people in question had come from homes in very poor condition and it may very well be that future generations of tenants will have higher expectations.

**Issues Related to Facilities Provided**

In their discussions of the essential components of sheltered housing, many of the service-providers stress the importance of communal facilities. It emerges from the census phase of the study that almost all schemes provide such facilities. It is striking, however, that many of the tenants of the study say they rarely or never use the common lounge or only use it infrequently and, likewise, many do not avail of the communal mid-day meal. Neither do many of the tenants find the communal social activities organised in the schemes attractive. Such findings again highlight the importance of checking any assumptions made about the needs of elderly people against what these people themselves say they like and want. It appears that the provision of common rooms requires review and re-evaluation to ensure that the best possible use is being
made of scarce resources. It is interesting that while many tenants do not use the common room or attend social get-togethers, they do, however, visit each other within the scheme. The elderly people of the study speak of making several new friends among the other tenants and, for many, one of the best things about sheltered living is the friendliness of their neighbours. It may be that attempts by providing bodies to formally structure social contact among the tenants are ineffective and that promoting the kind of naturally developing and spontaneous neighbourliness to which the elderly people have always been accustomed is more beneficial.

Issues Related to Loneliness Among Tenants

Sheltered housing appears not to be very effective in meeting an important objective noted by the service-providers — the prevention of loneliness. It should be noted, first, that the findings of the study suggest that loneliness among the elderly may not be as prevalent as suggested by some of the service-providers with 58 per cent of the tenants interviewed indicating that they have never been lonely. A significant finding, however, is that there are many elderly people (31%) who are more lonely since they moved to sheltered housing than they had been in their old homes. For only a small group (8%) does sheltered housing actually alleviate feelings of loneliness. The provision of communal facilities and the organisation of social activities are frequently seen as the solution to combating loneliness among the tenants of sheltered housing. However, the results of the present study. These findings show that many tenants rarely or never use the communal lounge or attend social get-togethers. These findings highlight the fact that the mere provision of such facilities is not in itself sufficient and that, to address the issue of loneliness effectively, thought must be given to ways of facilitating elderly people to exploit whatever opportunities for contact are available in the scheme. Based on consultation with the elderly people themselves, activities need to be organised which are specifically geared to their needs and then ways and means need to be developed which will encourage tenants to become involved and to actively participate in such activities. It should also be remembered, of course, that each elderly tenant comes to the scheme with her/his individual life history and unique personality and preferences and that sheltered housing cannot be expected to solve all experiences of loneliness.
The issue of loneliness is related to the broader area of active retirement. In this context, it is noteworthy that few of the tenants of the present study had made plans earlier in their lives for their retirement. The establishment of links between bodies such as the Active Retirement Association and those responsible for the provision and management of sheltered housing has clear potential for the development of means of facilitating sheltered tenants to continue to be involved and active in their later years.

**Issues Related to Level of Statutory Support Provided**

One of the primary aims underlying the provision of sheltered housing is to enable the elderly person to continue living independently in the community. The degree of domiciliary support from statutory services provided to the tenants will, however, greatly influence the ability of sheltered housing to meet this objective. In the light of the degree of ill-health among the tenants, the incidence of problems with mobility and the evidence of increasing dependency, the current extent of support by statutory services needs careful review. The public health nurse, in particular, plays an important role both in providing health care and also in monitoring the on-going functional ability of the tenant. To fulfil this function effectively, much more frequent and regular contact than is currently available is necessary. Another aspect of statutory support which has important consequences for mobility of elderly people but which appears at present to be greatly lacking — particularly in rural areas — is the chiropody service. The number of tenants with difficulty in coping with household tasks again indicates that the home-help service needs to be developed and expanded in order to provide an appropriate level of support. In order that the elderly tenants of sheltered housing may be enabled to continue living in the community, a more comprehensive community care system for the elderly than that which currently exists needs to be developed. Since the Health Boards have a major interest in maintaining elderly people in the community rather than in institutional care, it is appropriate that they should provide the required domiciliary services for the tenants of sheltered housing and, where necessary, day-care centres. The need for a Co-ordinator of Services for the Elderly who would liaise with providing bodies of sheltered housing and with the wardens of schemes is very evident in
this context of statutory support for sheltered tenants. In this context also it is worth re-iterating that their health is the greatest source of concern to the tenants of sheltered housing.

**Issues Related to the Warden Service**

The presence of a warden in the scheme is considered to be very important by the service-providers interviewed and is indeed regarded as one of the defining features of sheltered housing. The census shows that 61 per cent of the schemes in existence provide a warden service. It is not seen as essential that the warden be resident in the scheme. The development of sophisticated alarm and communication technology involving the use of a central control centre, has opened up the possibility of peripatetic or community wardens which may be a cost effective alternative to that of paying for full 24-hour warden cover in a scheme. Dublin Corporation is currently developing a system whereby a community warden takes charge of a number of schemes. As noted previously the presence of a warden in the scheme is not of the same significance to the tenants as it is to the service-providers and providing bodies: it is not the presence of a warden that attracts elderly people to sheltered housing in the first place, nor is it the most significant benefit when they have settled in their new homes. Despite the importance of the warden, however, the descriptions of her/his role obtained in the census are vague and general. In order that the warden's role may be carried out effectively and to its full potential, a clearly specified job description outlining precise duties and responsibilities needs to be drawn up by the providing bodies*. At present, it is not clear whether wardens are themselves meant to be providers of services to tenants or whether they are meant to be organisers or link people. The latter function would seem to be a more appropriate use of the warden service. In large schemes particularly, or where tenants are frail or disabled, it would become impossible for the warden to provide all the back-up services necessary.

An important aspect of the function of the warden who acts as an organiser would be to liaise with the proposed district teams for the elderly and with the district liaison nurse. Tenants also need to have the

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*A sample job description for community wardens drawn up by Dublin Corporation is presented in Appendix Three.
warden's role explained to them on entry into sheltered housing. The tenants of the present study have no clear idea of the warden's duties and responsibilities — a situation which potentially could lead to frustrations and dissatisfactions on both sides.

The findings of the study also indicate that the qualifications and training of the warden require greater attention. Currently, providing bodies look for the "right person" for the job of warden. While this is effective to the extent that the tenants of the present study typically see themselves as having a good relationship with their wardens, the system is haphazard and subjective. The qualifications or characteristics required will, of course, be determined by the nature of the job-description drawn-up. The job description will also determine the kind of training which the warden should receive. Currently, the wardens receive no training of any kind: a situation which places extra burden and stress on those in the job and which increases the likelihood of problems developing.

The age of the wardens of the present study is a matter of concern. The fact that many are themselves elderly raises the question as to "who is minding whom?". The ability of elderly wardens to cope with tenants who, for example, have problems in mobility is questionable as is their ability to instil a sense of security.

The nature of the warden's function, which often requires her/him to be on 24-hour call and which is frequently carried out in isolated circumstances, makes it a potentially stressful job. Accordingly, it is very important to establish arrangements for time off and to provide adequate support structures. The findings of the study show, however, that 40 of the schemes provided by local authorities have no formal arrangements for substitution or replacement of the warden. Provision for support of wardens — in terms of, for example, an agreed complaints system or warden seminars or workshops — are virtually non-existent. One possibility for the support of wardens in local authority schemes which emerges from the discussions with the service-providers is the establishment of a post of Warden Supervisor or Co-ordinator. The supervisor would advise and support wardens, would organise in-service training and would provide help in dealing with problems of occupation-related stress and in dealing with problems related to dealing with tenants.

**Issues Related to the Alarm System**

The presence of an alarm system is also one of the defining characteristics
of sheltered housing. The census shows that the vast majority of Irish sheltered schemes provide such a service (96%). Some of the findings from the tenants suggest, however, that the role of the alarm needs to be questioned. For example, some tenants are unaware as to whether or not there actually is an alarm system in the scheme. Moreover, many of those without an alarm regard it as not being really necessary (44%).

It appears, however, that those who do have an alarm come to depend on it for a sense of security as evidenced by the fact that the majority (66%) would feel anxious if it were ever to breakdown. Where an alarm is installed, its function needs to be clearly explained to the tenants: both to ensure that the elderly people feel confident in its use and also to avoid the kind of unnecessary usage that is found in the present study. While there are many different types of alarm system available — each with its own advantages and disadvantages — the trend nowadays is towards a preference for speech systems. The census figures show, however, that 59 per cent of the schemes in existence provide non-speech alarm systems. Given the desirability of a speech system and of keeping simple whatever system is employed, a new scheme developed by Telecom Eireann would seem to have many advantages. With this new ‘hotline’ scheme, the simple removal of the handset in an emergency will automatically dial a pre-programmed telephone number after five seconds have elapsed. This system avoids the situation where the elderly person may be too anxious or confused or disabled to operate the telephone in the usual fashion. Because the system involves the telephone it has the added advantage of using an instrument to which the tenants are accustomed and, in normal circumstances, allows greater social contact. However, very few of the tenants of the study currently possess a telephone which means that widespread use of the system would demand large financial resources. Whatever system is employed, its effective functioning requires a high level of co-operation and co-ordination between health and housing authorities and between voluntary and statutory bodies.

**Issues Related to Financing of Schemes**

As the service-providers interviewed in the study point out, the Loan and Subsidy/Capital Assistance Scheme provided by the Department of

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of voluntary bodies represents a 'step in the right direction' and has stimulated voluntary participation in the provision of sheltered housing. However, there are still many problems facing voluntary bodies with respect to the financing of the capital costs of projects. One obvious drawback with the current assistance available is that the voluntary body providing the scheme has to contribute 20 per cent of the capital cost involved. As a report from the Housing Centre* points out, because the capital assistance provided is in the form of a first mortgage to the local authorities who administer the scheme, the voluntary body in question can experience great difficulty in obtaining a loan from private financial institutions to cover the remaining 20 per cent of capital costs. It takes very considerable effort to raise the amounts required through fund-raising activities, and in addition, if fund raising is used to offset capital costs, less funds are then available to cover ongoing costs which, at present, receive very limited subsidy support. The study endorses the recommendation of the Housing Centre that either the legal status of the capital assistance scheme be changed so that it becomes a grant or alternatively that the assistance be increased to 95 per cent of the capital costs. The fully subsidised advance limit of 80 per cent of costs would be retained so that the voluntary body repays 15 per cent of the capital borrowed over a 30-year period and raises five per cent rather than 20 per cent from its own resources. In the case of homeless people, the capital assistance limit for housing by approved non-profit or voluntary bodies has already been increased to 95 per cent.

The financing of running costs, including on-site welfare and care services, emerges as an issue of great concern facing voluntary organisations which provide sheltered housing. Many of the service-providers interviewed are concerned that presently 'management by crisis' is the most frequent mode of operation and the forward planning that is so essential cannot take place. What is required is the establishment of a defined system of on-going financial support. This would overcome the inadequacies of the present system whereby voluntary bodies look to the Health Boards for grants to cover deficits which arise at the end of the year. However, while the Health Boards may allocate grants under section 65 of the Health Act (1953), they do not have specific support schemes for on-going costs and cut-backs often mean that grants are not

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forthcoming. One suggestion which emerges from the discussions with the service-providers, is that it be recognised that sheltered housing forms a bridge between housing and health and welfare services to the elderly and accordingly that two main types of on-going cost be differentiated: maintenance costs on the one hand and care, welfare and staffing costs on the other. According to this argument local authorities and the Department of the Environment would provide support for maintenance whereas the Health Boards would provide funding for on-site care and welfare costs incurred in the operation of sheltered housing. The financial provision for communal welfare facilities within the Loan and Subsidy Capital Assistance scheme is unrealistic because of the set limit of £20,000 per dwelling unit and poses a great obstacle to the development of sheltered housing. As with many of the other issues raised above, the key requirement in relation to financing of sheltered housing is co-operation and collaboration between the different bodies with responsibilities for care of the elderly and integration of administrative functions in this area between the Departments of Health and of the Environment.

Conclusion

The findings of the study show that, generally, the tenants interviewed are satisfied with their accommodation and are happy with their lives in their sheltered schemes. However, some causes for concern do emerge from their descriptions of their experiences and perceptions — for example, experience of loneliness: lack of use of communal facilities: inappropriate use of the alarm system: problems with mobility and with carrying out of household tasks: health and financial worries. The findings obtained from the census phase of the study and from discussions with service-providers raise additional issues which will need to be addressed if sheltered housing is to fulfil its role in the care of the elderly as usefully and as effectively as possible.
CHAPTER ELEVEN

Issues for Policy Makers and Service-Providers*

Introduction

The purpose of this chapter is to place sheltered housing in the context of the full spectrum of care of the elderly and to raise the key issues which need to be considered by policy makers and service-providers if an effective continuum of care options is to be established. The chapter ends with an outline of guiding principles for good practice in relation to one option — sheltered housing. Presentation of an ideal model must not be taken to imply that there is but one type of sheltered housing which is appropriate to the needs of all elderly people. Different elderly people will have different preferences and several types of sheltered housing — varying in size, in the provision of communal facilities and in the extent of services available — will need to be provided in recognition of these varied preferences. Certain common principles of good practice do, however, apply to all kinds of sheltered housing and it is these that the chapter aims to outline.

Facing the Challenge of a Growing Elderly Population

The structure of the Irish population in which 11 per cent are currently over 65 years of age poses a challenge at many different levels of society: at national government level, at local administration level, at the level of local community and at family level. The widely endorsed objective of enabling elderly people to remain in the community for as long as possible, while maintaining their independence and dignity, is evidently valuable from the point of view of the quality of life which elderly people

* We would like to particularly acknowledge the help of the Consultative Committee in relation to discussions on issues for policy makers.
experience but it also has implications for the effective use of public resources. However, this objective can only be attained at the local and family level if, at government level, there is a commitment to the planning and development of long-term policy on care of the elderly and a redeployment of resources towards services for this sector of society. It has been suggested by the National Council for the Aged that planning an effective strategy of care for the elderly 'should be based on the premise that local knowledge, local discretion and local linkages are more likely to provide services which are more efficient and more humane than a more centralised approach". Such an approach would require 'a new emphasis and focus on local democracy.... with a related emphasis on service provision through multi-purpose, integrated, local bodies as distinct from single-purpose bodies discharging separately a wide range of often overlapping functions". Clearly, facing the challenge of care of the elderly, in terms of movement towards "local democracy", requires a major shift in policy at the level of central government accompanied by a shift in allocation of resources.

**Necessity for Tiered Approach**

In Britain, the yardstick for the required level of provision of sheltered housing is five to ten per cent of the elderly population. The results of the census phase of the study indicate that, even with the broad definition of sheltered housing used, just one per cent of the elderly in Ireland are accommodated in this kind of housing. Moreover, over a third (39%) of the schemes currently in existence may be described as 'minimal service" having no on-site resident warden. As the proportion of "old" elderly in the population increases there is likely to be an increased need for sheltered housing, particularly of the more 'service rich" type. The economic climate of a country is, however, a potent factor in determining the actual scope and level of provision. In the context of the current economic climate in Ireland, a yardstick of provision similar to that of Britain may not be realistic and a standard of provision of two and half per cent of the elderly population may seem more economically feasible. While acknowledging economic realities, it is vital, however, to take

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account of the changing age structure of Irish society with its growing number of elderly people.

If sheltered housing is available only to a limited number, then resources must to be given to the development of alternative means of catering for the housing and care needs of the elderly. Given the projected increase in the number of people over 75 years of age coupled with the current cut-backs in the public housing programme, the development of several options in a planned continuum of care becomes a matter of necessity rather than of choice. What is required, in broad terms, is the establishment of a well-organised three-tiered approach which comprises the following options: staying put in one's own home: moving to a specially designed group housing scheme: or moving to sheltered housing with on-site services.

If it is to be successful, a policy of encouraging elderly people to stay put in their own homes must be complemented by a system of grants and schemes for home repairs and adaptations, which is well co-ordinated and adequately resourced, and by domiciliary support services. The effectiveness of such a policy depends upon a co-ordinated approach which brings together financial, housing, health and welfare services.

For those elderly people who need to be re-housed because of poor physical conditions or because their homes do not allow continued independent living, special group housing schemes need to be provided by local authorities and by voluntary organisations. These schemes would be specially designed to facilitate the elderly tenant in living independently. These special group housing schemes represent a continuation and recognition of the important role of special housing provision for elderly people as already operated by local authorities and voluntary housing organisations.

In order to ensure that elderly people who opt to stay put or to move to special housing can indeed continue to live independently in the community, it is crucial that back-up support is available both from formal statutory services — such as home-helps and public health nurses — and from informal sources such as voluntary social service committees, family, friends and neighbours. Provision of communal wardens and alarm systems would play an important role in supporting elderly people who choose to live out their lives in their own homes or in a special housing scheme.

While a limited number of more 'service-rich' sheltered schemes are already being provided by local authorities and voluntary organisations, the projected increase in the proportion of "old elderly" in the population
— who are likely to be frail — demands the provision of sheltered accommodation which includes a full range of on-site welfare and communal facilities, such as warden and alarm services, congregate meals, laundry service, and communal activities. Sheltered housing, in this sense, enables elderly people in need of special housing to maintain their independence and, in addition, provides the security of on-site support, communal facilities to assist in overcoming isolation and access to welfare and care services as required.

Need for a Partnership in Care

Community care, of which sheltered housing is a very important component, demands commitment and effort from a number of different parties: from family members, from local community members, from voluntary organisations and from statutory bodies. It is not enough, however, that these different parties accept that they have responsibility for providing some aspect of care. A vital factor is the integration of family and voluntary sources of care with statutory services and a recognition of their separate but equally valuable contributions. What is required is the co-ordination of their various efforts so that they complement and support each other. Practical policies need to be developed which will enable effective working partnerships to be developed between statutory bodies and voluntary organisations engaged in the care of the elderly.

Development of a Co-ordinated and Integrated Approach

In the planning and provision of an effective system of care for the elderly, it must be recognised that their needs cannot be neatly compartmentalised into different categories to be met by a number of different agencies working in isolation from each other. Rather, what is required is flexibility and co-ordination of effort in the provision of services. With respect to public services, this applies both at a national level — which would involve collaboration between the Departments of Environment and Health — and at a local level where Health Boards and local authorities would work together. It is not enough, however, that the policies of public bodies should be co-ordinated but the services of voluntary bodies and of family and community members must also be included in the development of a comprehensive and integrated plan of care. To ensure that such co-ordination and collaboration takes place.
defined systems and practical policies must be worked out. The Working Party of the Department of Health on the care and welfare of elderly people, the Housing Centre and the National Council for the Aged have set out several structures for putting into practice the ideal of a co-ordinated and integrated system of care. These structures include:

- the formation of district teams for the elderly comprising representatives of different bodies responsible for providing services to the elderly
- the establishment in each community care area of a post of Coordinator of Services for the Elderly
- the establishment within each Health Board of an Advisory Committee on the Elderly
- the formalisation as a contract of two to three years duration of agreements between voluntary organisations working with the elderly and Health Boards or local authorities
- the development of national guidelines for the promotion of constructive relationships between the statutory and voluntary sectors

COMPONENTS OF GOOD PRACTICE IN SHELTERED HOUSING

The kind of political and administrative structures required to establish an effective continuum of care for the elderly have been outlined above. Against this background, the following section describes guiding principles for the effective operation of a particular component within the overall system of care for the elderly — sheltered housing.

Planning and Provision

- Providing bodies clearly specify their objectives in providing sheltered housing in recognition of its implications for estimation of need, for allocation policies and for evaluation of effectiveness.
- All bodies engaged in the provision of sheltered housing — voluntary, private and statutory — liaise and consult with one another in planning new projects to ensure co-ordination of effort.
- A factual assessment of the need for sheltered housing is carried out in each area and appropriate plans for provision are made according to the results.
- Voluntary and statutory bodies collaborate with one another in the
provision of sheltered schemes so that their respective contributions complement and support each other.

- Different types of scheme — varying in size, in extent of communal facilities and in terms of services available — are provided, in recognition of varying preferences among elderly people.
- Information on sheltered schemes is accessible and readily available to prospective tenants.
- Counselling and advice is provided to elderly people prior to moving to enable them make the choice which best suits their needs.
- Those involved in providing services to sheltered tenants — for example, voluntary groups, scheme committees, wardens, providers of domiciliary help — are given training to facilitate their understanding of the needs of the elderly.

**Allocation Policies and Procedures**

- There is clear specification of the allocation criteria to be employed.
- There is clear specification of the conditions which make an elderly person ineligible for sheltered housing.
- A holistic approach is adopted in relation to allocation of places which takes account of all aspects of the prospective tenant's life: housing, medical condition, financial, social and family circumstances.
- In accordance with the provisions of the Housing Act (1988) there is consultation between Health Boards and local authorities.
- Assessment of the appropriateness of placement of an elderly person in a sheltered scheme does not rest on the basis of an application form but neither does the prospective tenant have to undergo a formal procedure which might cause undue anxiety or insecurity.
- Procedures are established by the providing body in collaboration with the Health Board to monitor, in an unobtrusive fashion, the on-going functional ability of the tenants.
- Policy is clearly defined on the arrangements to be made where a tenant is no longer able to look after her/himself.
- An integrated service for the elderly is established so that, if and when the need arises, transition to long-stay care facilities is effected easily and speedily.
- Tenants are made aware of their rights.
Size, Location and Design of Scheme*

- The size of the scheme is in proportion to the size of the community in which it is built.
- The size of the scheme is such that it permits the development of community spirit and allows ease of social contact — as a general rule, no more than 40 units.
- The scheme is located within easy access of local amenities and facilities.
- The scheme is located within easy access of leisure and entertainment facilities.
- The scheme is sited to facilitate the mobility of tenants — for example, no steep climbs are involved or roads with very heavy traffic.
- The tenants remain within their own locality.
- The tenants' living accommodation includes a separate bedroom.
- The tenants' unit incorporates features specially designed to accommodate elderly persons with problems in mobility.
- Light switches are placed about 104 cm from the floor.
- Grips or handrails are provided above baths or in showers and near the toilet.
- W.C. apartments are designed to accommodate wheelchair users and to permit assistance from another person.
- All surfaces have non-slip covering.
- Bathroom and lavatory doors open outwards and must not be less than 700 mm.
- Taps are fitted with lever type handles.
- Control knobs for cookers are fitted to the front of rings.
- Handrails are provided in corridors.
- The unit is centrally heated using non-solid fuel and with the option of also having an open fire.
- Standard baths or walk-in showers are provided.
- Draught excluders are fitted to doors and windows.
- Windows in ground floor units have a special locking device for safety.

*A detailed specification of design features appropriate for housing for the elderly has been drawn up for Dublin Corporation and is described in: Kelly, M., Housing for Senior Citizens, Dublin Corporation, Welfare Section, 1988.
- Adequate storage space for fuel and so on is provided.
- There is a communal garden with raised beds and seating to facilitate social contact.

**Facilities and Services**

- A communal mid-day meal is offered to the tenants.
- A communal lounge and laundry are available to tenants.
- A short-term care sick bay is provided.
- A day care centre is available to the tenants.
- Adequate and safe car-parking facilities are provided.
- Tenants are consulted on their wants and preferences in relation to the organisation of social activities within the scheme.
- Factors which facilitate and encourage the use of communal facilities are investigated and promoted.
- Tenants retain the right to decide for themselves whether or not they want to avail of communal facilities.
- Communal facilities are made available to other elderly people in the surrounding community.
- There is liaison between the providing body and the Health Board to ensure that tenants have access to whatever domiciliary support they require.
- Tenants have regular and frequent access to the public health nurse.
- Tenants have easy access to the GP of their choice.
- A chiropody service is readily available to tenants.
- An occupational therapy service is available to tenants.
- Tenants experiencing difficulties with household tasks are provided with the services of a home-help and, where necessary, with a meals-on-wheels service.
- A counselling service is available to tenants to enable them make long-term plans for their future well-being.
- Existing family members continue to visit and support the tenants.
- Voluntary groups in the community are encouraged to provide social contact and practical support to the tenants.

**The Warden Service**

- Each scheme is provided with the services of a warden who may be either peripatetic or resident within the scheme.
• The providing body draws up a job description for the warden's service which clearly defines her/his duties and responsibilities.
• The warden is the organiser rather than the provider of services such as nursing care and home-help services.
• Based on the job description drawn up, the characteristics and qualifications required to fulfil the warden's function are set out.
• The emphasis is placed on the warden's personality rather than on special qualifications.
• The warden is given the training s/he requires to carry out the functions defined in the job description.
• The warden is aged between 25 and 60 years.
• Arrangements are made to provide for temporary replacement of the warden so that s/he has appropriate time off and holiday periods.
• Structures are established to provide support to the warden in carrying out her/his job; for example, opportunities to get together with other wardens, workshops and seminars.
• Management Committees of schemes run by voluntary organisations should establish a system of supervision of the warden service
• There is a warden supervisor for local authority schemes who supports and advises wardens, who provides in-service training, and who helps with stress-management and the solution of problems among tenants.
• The tenants are informed on entry into the scheme of the warden's duties and responsibilities.
• Structures are established to facilitate easy communication between the warden and the providing body.
• A complaints system which is agreed by all parties concerned is established.

The Alarm System

• Each scheme is provided with an alarm system.
• Preferably, a speech system is employed.
• The system used guarantees an immediate response rather than merely depending on somebody noticing the alarm signal.
• The system is safe and reliable.
• The system is simple and easy to use.
• Twenty-four hour coverage is provided.
• The system is readily accessible to the tenant.
The tenant is trained in the use of the system.
The function of the alarm is explained to the tenant.
The privacy of the tenant is safeguarded.
There is liaison and co-operation between voluntary and statutory bodies to ensure an immediate and effective response to emergency alarm calls.

Conclusion
This study represents the first systematic attempt to investigate the role and contribution of sheltered housing in the care of the elderly in Ireland. The study has provided factual information on the current level of provision of sheltered housing and has described the characteristics of the schemes in existence. The part which sheltered housing plays in the overall system of care for the elderly has been discussed from the viewpoint of service-providers from the statutory and voluntary sectors. Sheltered housing has also been evaluated from the viewpoint of the elderly people who live in the schemes. Their perceptions of the accommodation and services provided and the quality of life as they experience it have been documented. The study has also investigated management issues related to allocation policies, the role of communal facilities, the function of the warden service and the role of alarm systems. By highlighting the key issues in need of attention, this study provides the groundwork for the development of future policies which will ensure that sheltered housing fulfils its function as effectively as possible within the continuum of care options available to the elderly in our society.
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Sheltered Tenant Survey, op.cit..
Butler. A.. Oldman. C. and Greve. J.. op.cit..
Fleiss. A., op.cit..
Sheltered Tenant Survey, op.cit..
Butler. A.. Oldman. C. and Greve. J.. op.cit..
Fleiss. A., op.cit..
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Appendix One
Additional Tables Related to Chapters Three to Nine

Table A3.1: Period of Construction of Schemes Provided by Different Bodies*

<table>
<thead>
<tr>
<th>Year Built</th>
<th>Voluntary Organisations</th>
<th>Private Commercial</th>
<th>Health Board</th>
<th>Local Authority</th>
<th>Total</th>
<th>N</th>
<th>%</th>
</tr>
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<td>19th Century</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
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<tr>
<td>Pre—1940</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2.0</td>
<td></td>
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<tr>
<td>1940—1959</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>1960—1969</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>8</td>
<td>11</td>
<td>11.1</td>
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<tr>
<td>1970—1975</td>
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<td>2</td>
<td>0</td>
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<td>1976—1979</td>
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<td>0</td>
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<td>1980—1985</td>
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<td>1986—1988</td>
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<td>1</td>
<td>2</td>
<td>8</td>
<td>16</td>
<td>16.2</td>
<td></td>
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<tr>
<td>Total (N)</td>
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<td>6</td>
<td>5</td>
<td>63</td>
<td>99</td>
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*This information was not available for all schemes.

Table A3.2: Location of Sheltered Schemes

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<th>Location</th>
<th>Number of Schemes</th>
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<tbody>
<tr>
<td>Ardfinnon</td>
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</tr>
<tr>
<td>Ballyporeen</td>
<td>2</td>
</tr>
<tr>
<td>Bandon</td>
<td>3</td>
</tr>
<tr>
<td>Buncrana</td>
<td>1</td>
</tr>
<tr>
<td>Bandon</td>
<td>1</td>
</tr>
<tr>
<td>Burncourt</td>
<td>2</td>
</tr>
<tr>
<td>Cahirciveen</td>
<td>1</td>
</tr>
<tr>
<td>Cappaghite</td>
<td>1</td>
</tr>
<tr>
<td>Carrick-on-Suir</td>
<td>2</td>
</tr>
<tr>
<td>Charlestown</td>
<td>1</td>
</tr>
<tr>
<td>Clogheen</td>
<td>1</td>
</tr>
<tr>
<td>Cork</td>
<td>11</td>
</tr>
<tr>
<td>Dublin</td>
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<tr>
<td>Dundalk</td>
<td>1</td>
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<tr>
<td>Edenderry</td>
<td>1</td>
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<tr>
<td>Killorglin</td>
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<td>Kilkenny</td>
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</tr>
<tr>
<td>Monaghan</td>
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<tr>
<td>Mullingar</td>
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</tr>
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<td>Tubbercurry</td>
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</tr>
<tr>
<td>Waterford</td>
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<td>Wexford</td>
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<td>Total</td>
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Table A3.3: Maximum Rent Charged in Schemes Provided by Different Bodies*

<table>
<thead>
<tr>
<th>Rent Maximum per Week to Nearest £</th>
<th>Voluntary Organisations</th>
<th>Private Commercial</th>
<th>Health Board</th>
<th>Local Authority</th>
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<th>%</th>
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</thead>
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Total(N) 23  5  5  51  84

* This information was not available for all schemes.
Table A3.4: Minimum Rents Charged in Schemes Provided by Different Bodies*

<table>
<thead>
<tr>
<th>Minimum Rent per Week to Nearest £</th>
<th>Voluntary Organisations</th>
<th>Private Commercial</th>
<th>Health Board</th>
<th>Local Authority</th>
<th>N</th>
<th>%</th>
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<td>1.0</td>
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<td>Once off payment</td>
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<td>0</td>
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<td>1.0</td>
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<td>5</td>
<td>5</td>
<td>63</td>
<td>103</td>
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</table>

*This information was not available for all schemes

Table A6.1: Number of Persons Sharing Former Household With Tenant (Q15(b))

<table>
<thead>
<tr>
<th>Number of Persons</th>
<th>N</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>24</td>
<td>40.7</td>
</tr>
<tr>
<td>2</td>
<td>8</td>
<td>13.6</td>
</tr>
<tr>
<td>3</td>
<td>7</td>
<td>11.9</td>
</tr>
<tr>
<td>4</td>
<td>7</td>
<td>11.9</td>
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<tr>
<td>5</td>
<td>5</td>
<td>8.5</td>
</tr>
<tr>
<td>7</td>
<td>4</td>
<td>6.8</td>
</tr>
<tr>
<td>8</td>
<td>2</td>
<td>3.4</td>
</tr>
<tr>
<td>11</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td>12</td>
<td>1</td>
<td>1.7</td>
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<tr>
<td>Total(N)</td>
<td>59</td>
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</table>
### Table A6.2: Relationship Between Other Household Member and Tenant (Q 15(e))

<table>
<thead>
<tr>
<th>Relationship</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
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<tr>
<td>Sibling</td>
<td>7</td>
<td>12.1</td>
</tr>
<tr>
<td>Spouse</td>
<td>14</td>
<td>24.1</td>
</tr>
<tr>
<td>Spouse &amp; Children</td>
<td>16</td>
<td>27.6</td>
</tr>
<tr>
<td>Children</td>
<td>2</td>
<td>3.4</td>
</tr>
<tr>
<td>Child and Family</td>
<td>4</td>
<td>6.9</td>
</tr>
<tr>
<td>Sibling and Family</td>
<td>3</td>
<td>5.2</td>
</tr>
<tr>
<td>Parent</td>
<td>1</td>
<td>1.7</td>
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<tr>
<td>Friend</td>
<td>2</td>
<td>3.4</td>
</tr>
<tr>
<td>Employers</td>
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<td>5.2</td>
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<tr>
<td>Aunt</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td>Foster Son</td>
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<td>1.7</td>
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<tr>
<td>Niece and Family</td>
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<tr>
<td>Not related</td>
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<tr>
<td>Total (N)</td>
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</table>

Non-respondent excluded

### Table A6.3: Age of Tenant on Leaving School (Q 86)

<table>
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<tr>
<th>Age in Years</th>
<th>%</th>
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<td>10-11</td>
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<td>12</td>
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</tr>
<tr>
<td>13</td>
<td>14</td>
<td></td>
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<td>15</td>
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<tr>
<td>16</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>5</td>
<td></td>
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<tr>
<td>22</td>
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<tr>
<td>25</td>
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### Table A6.4: Educational Qualification Attained (Q 87)

<table>
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<tr>
<th>Qualification</th>
<th>%</th>
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<tr>
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<tr>
<td>Intermediate Certificate</td>
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<td>Group Certificate</td>
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<td>Leaving Certificate</td>
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<td>University Degree</td>
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<tr>
<td>Other 3rd Level Qualification</td>
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### Table A6.5: Primary Source of Weekly Income (Q 99)

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<th>Source of Income</th>
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<td>Non-Contributory (Full)</td>
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<tr>
<td>Non-Contributory (Reduced)</td>
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<tr>
<td>Contributory OAP</td>
<td>36</td>
<td>36.7</td>
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<tr>
<td>Retirement Pension</td>
<td>6</td>
<td>6.1</td>
</tr>
<tr>
<td>Widows Non-Contributory (Full)</td>
<td>3</td>
<td>3.1</td>
</tr>
<tr>
<td>Widow's Non-Contributory (Reduced)</td>
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<td>4.1</td>
</tr>
<tr>
<td>Widow's Contributory</td>
<td>11</td>
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</tr>
<tr>
<td>Invalidity Pension</td>
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<tr>
<td>Disability Pension</td>
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<td>2.0</td>
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<tr>
<td>Pension from Another State</td>
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<tr>
<td>English and Irish Pension</td>
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<td>1.0</td>
</tr>
<tr>
<td>Social Welfare Assistance</td>
<td>3</td>
<td>3.1</td>
</tr>
<tr>
<td>Contributory Pension from Another State</td>
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<td>1.0</td>
</tr>
<tr>
<td>Not sure</td>
<td>1</td>
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<tr>
<td>English and Retirement Pension</td>
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<td><strong>Total</strong> (N)</td>
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Non-respondent and salaried tenant excluded.

### Table A6.6: Secondary Sources of Income (Q 100)

<table>
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<tr>
<th>Source</th>
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</thead>
<tbody>
<tr>
<td>English Benefits</td>
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</tr>
<tr>
<td>Mother's Pension</td>
<td>1</td>
<td>5.6</td>
</tr>
<tr>
<td>Investment</td>
<td>3</td>
<td>16.7</td>
</tr>
<tr>
<td>Savings</td>
<td>6</td>
<td>33.3</td>
</tr>
<tr>
<td>Music Lessons</td>
<td>1</td>
<td>5.6</td>
</tr>
<tr>
<td>Employment Pension</td>
<td>6</td>
<td>33.3</td>
</tr>
<tr>
<td><strong>Total</strong> (N)</td>
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Non-respondent excluded.

### Table A6.7: Age of Previous Home (Q 12(b))

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</tr>
<tr>
<td>19th Century</td>
<td>15</td>
<td>23.4</td>
</tr>
<tr>
<td>1900-1920</td>
<td>18</td>
<td>28.1</td>
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<tr>
<td>1921-1940</td>
<td>16</td>
<td>25.0</td>
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<tr>
<td>1941-1960</td>
<td>9</td>
<td>14.1</td>
</tr>
<tr>
<td>1961-1980</td>
<td>5</td>
<td>7.8</td>
</tr>
<tr>
<td><strong>Total</strong> (N)</td>
<td>64</td>
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</table>

Those formerly living in flats are excluded.

211
### Table A6.8: Reasons for Choosing a Particular Sheltered Scheme (Q 68)

<table>
<thead>
<tr>
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<th>%</th>
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<tbody>
<tr>
<td>Only one available</td>
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<tr>
<td>Near old home</td>
<td>19</td>
</tr>
<tr>
<td>Was advised to</td>
<td>3</td>
</tr>
<tr>
<td>Liked it</td>
<td>18</td>
</tr>
<tr>
<td>Newly built</td>
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</tr>
<tr>
<td>Convenient</td>
<td>1</td>
</tr>
<tr>
<td>Vacancy existed</td>
<td>9</td>
</tr>
<tr>
<td>Knew it to see</td>
<td>4</td>
</tr>
<tr>
<td>Had good points</td>
<td>2</td>
</tr>
<tr>
<td>Gives independence</td>
<td>1</td>
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<tr>
<td><strong>Total (N)</strong></td>
<td>100</td>
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</table>

### Table A6.9: Sources of Information on Sheltered Housing (Q 71)

<table>
<thead>
<tr>
<th>Source</th>
<th>N</th>
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</tr>
</thead>
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<td>Information obtained by looking in windows</td>
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<td>Local Authority/Health Board Personnel</td>
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<td>38.5</td>
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<tr>
<td>T.D.</td>
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<td>7.7</td>
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<tr>
<td>Clergy</td>
<td>12</td>
<td>15.4</td>
</tr>
<tr>
<td>Nurse/Doctor</td>
<td>4</td>
<td>5.1</td>
</tr>
<tr>
<td>Relations</td>
<td>12</td>
<td>15.4</td>
</tr>
<tr>
<td>Tenants</td>
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<td>9.0</td>
</tr>
<tr>
<td>Social Worker</td>
<td>3</td>
<td>3.8</td>
</tr>
<tr>
<td>St. Vincent de Paul</td>
<td>1</td>
<td>1.3</td>
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<tr>
<td><strong>Total (N)</strong></td>
<td>78</td>
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</tr>
</tbody>
</table>

### Table A6.10: Aspects of Old Home Missed by Tenant (Q 75)

<table>
<thead>
<tr>
<th>Aspect</th>
<th>N</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td>Large space</td>
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<td>7.9</td>
</tr>
<tr>
<td>Garden</td>
<td>11</td>
<td>28.9</td>
</tr>
<tr>
<td>Country walks</td>
<td>3</td>
<td>7.9</td>
</tr>
<tr>
<td>Close to shops</td>
<td>5</td>
<td>13.2</td>
</tr>
<tr>
<td>Neighbours</td>
<td>9</td>
<td>23.7</td>
</tr>
<tr>
<td>Relations</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Happy memories</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Company/Activity</td>
<td>3</td>
<td>7.9</td>
</tr>
<tr>
<td>Animals</td>
<td>2</td>
<td>5.3</td>
</tr>
<tr>
<td><strong>Total (N)</strong></td>
<td>38</td>
<td></td>
</tr>
</tbody>
</table>
### Table A7.1: Period of Occupation of Sheltered Accommodation (Q 1)

<table>
<thead>
<tr>
<th>Period of Occupation</th>
<th>%</th>
<th>N = 100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one year</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>12-23 Months</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>24-35 Months</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>36-47 Months</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>48-59 Months</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>60-71 Months</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>72-83 Months</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>84-95 Months</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>96-107 Months</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>108-119 Months</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>120-131 Months</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>204 Months</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

### Table A7.2: Perceived Negative Aspects of Sheltered Living (Q 10)

<table>
<thead>
<tr>
<th>Aspect</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location/surroundings of scheme</td>
<td>18</td>
<td>50.0</td>
</tr>
<tr>
<td>Physical aspects of flat</td>
<td>4</td>
<td>11.1</td>
</tr>
<tr>
<td>Loss of warden</td>
<td>1</td>
<td>2.8</td>
</tr>
<tr>
<td>Atmosphere of scheme</td>
<td>4</td>
<td>11.1</td>
</tr>
<tr>
<td>Lack of maintenance</td>
<td>3</td>
<td>8.3</td>
</tr>
<tr>
<td>Interaction with other tenants</td>
<td>5</td>
<td>13.9</td>
</tr>
<tr>
<td>Rent too high</td>
<td>1</td>
<td>2.8</td>
</tr>
<tr>
<td>Total(N)</td>
<td>36</td>
<td></td>
</tr>
</tbody>
</table>

### Table A7.3: Advice from Tenants to Other Elderly People (Q 11)

<table>
<thead>
<tr>
<th>Advice</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly recommend sheltered housing</td>
<td>42</td>
</tr>
<tr>
<td>There are nice/quiet surroundings</td>
<td>13</td>
</tr>
<tr>
<td>Gives independence</td>
<td>12</td>
</tr>
<tr>
<td>Good neighbours</td>
<td>7</td>
</tr>
<tr>
<td>Can be lonely</td>
<td>2</td>
</tr>
<tr>
<td>Don’t come</td>
<td>7</td>
</tr>
<tr>
<td>Has reservations</td>
<td>5</td>
</tr>
<tr>
<td>Provides security</td>
<td>4</td>
</tr>
<tr>
<td>Dislike it</td>
<td>1</td>
</tr>
<tr>
<td>Mixed reaction</td>
<td>7</td>
</tr>
<tr>
<td>Total(N)</td>
<td>100</td>
</tr>
</tbody>
</table>
Table A7.4: Distance from Previous Home (Q 25 (b))

<table>
<thead>
<tr>
<th>Distance</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 mile</td>
<td>25</td>
</tr>
<tr>
<td>1 up to 2 miles</td>
<td>11</td>
</tr>
<tr>
<td>2 up to 3 miles</td>
<td>10</td>
</tr>
<tr>
<td>3 up to 6 miles</td>
<td>26</td>
</tr>
<tr>
<td>6 up to 10 miles</td>
<td>9</td>
</tr>
<tr>
<td>10 up to 20 miles</td>
<td>5</td>
</tr>
<tr>
<td>20 up to 50 miles</td>
<td>1</td>
</tr>
<tr>
<td>Over 50 miles</td>
<td>11</td>
</tr>
<tr>
<td>Don't' know</td>
<td>2</td>
</tr>
<tr>
<td>Total(N)</td>
<td>100</td>
</tr>
</tbody>
</table>

Table A7.5: Frequency of Partaking in Communal Mid-day Meal (Q 30)

<table>
<thead>
<tr>
<th>Frequency</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every day</td>
<td>20</td>
<td>25.0</td>
</tr>
<tr>
<td>More than once weekly</td>
<td>16</td>
<td>20.0</td>
</tr>
<tr>
<td>Weekly</td>
<td>3</td>
<td>3.7</td>
</tr>
<tr>
<td>Less than weekly</td>
<td>2</td>
<td>2.5</td>
</tr>
<tr>
<td>Rarely or never</td>
<td>39</td>
<td>48.8</td>
</tr>
<tr>
<td>Total(N)</td>
<td>80</td>
<td></td>
</tr>
</tbody>
</table>

Table A7.6: Association Between Age of Tenant and Frequency of Warden's Visit

<table>
<thead>
<tr>
<th>Frequency of visits</th>
<th>Less than 60 Years</th>
<th>60-64 Years</th>
<th>65-69 Years</th>
<th>70-74 Years</th>
<th>75-79 Years</th>
<th>80-84 Years</th>
<th>more than 85 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>More than once</td>
<td></td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Weekly</td>
<td></td>
<td></td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less often</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Table A 7.7: Reactions to Occasional Absence of Warden (Q 41)

<table>
<thead>
<tr>
<th>Reaction</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don't mind</td>
<td>13</td>
<td>37.1</td>
</tr>
<tr>
<td>It's fine</td>
<td>2</td>
<td>5.7</td>
</tr>
<tr>
<td>O.K. if no emergency arises</td>
<td>5</td>
<td>14.3</td>
</tr>
<tr>
<td>Worry a bit if ill</td>
<td>2</td>
<td>5.7</td>
</tr>
<tr>
<td>Would be a little anxious</td>
<td>2</td>
<td>5.7</td>
</tr>
<tr>
<td>Makes no difference</td>
<td>4</td>
<td>11.4</td>
</tr>
<tr>
<td>It's great</td>
<td>3</td>
<td>8.6</td>
</tr>
<tr>
<td>Has to have days off</td>
<td>3</td>
<td>8.6</td>
</tr>
<tr>
<td>Must have someone on duty</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>Total (N)</td>
<td>35</td>
<td></td>
</tr>
</tbody>
</table>

Based on those tenants in schemes where there is a warden but who sometimes is not on duty

Table A7.8: Amount of Weekly Rent Paid By Tenant (Q 28(a))

<table>
<thead>
<tr>
<th>Amount Per Week</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>£1</td>
<td>6</td>
</tr>
<tr>
<td>£2</td>
<td>33</td>
</tr>
<tr>
<td>£3</td>
<td>8</td>
</tr>
<tr>
<td>£4</td>
<td>11</td>
</tr>
<tr>
<td>£6</td>
<td>1</td>
</tr>
<tr>
<td>£7</td>
<td>2</td>
</tr>
<tr>
<td>£8</td>
<td>1</td>
</tr>
<tr>
<td>£10</td>
<td>1</td>
</tr>
<tr>
<td>£12</td>
<td>4</td>
</tr>
<tr>
<td>£14</td>
<td>6</td>
</tr>
<tr>
<td>£15</td>
<td>1</td>
</tr>
<tr>
<td>£18</td>
<td>1</td>
</tr>
<tr>
<td>£19</td>
<td>1</td>
</tr>
<tr>
<td>£25</td>
<td>14</td>
</tr>
<tr>
<td>£35</td>
<td>6</td>
</tr>
<tr>
<td>Lump Sum Payment</td>
<td>4</td>
</tr>
<tr>
<td>Total (N)</td>
<td>100</td>
</tr>
</tbody>
</table>

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Table A8.1: General Views on Life in Sheltered Housing (Q 3)

<table>
<thead>
<tr>
<th>View Expressed</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happy/Content</td>
<td>11</td>
</tr>
<tr>
<td>Friendly Atmosphere</td>
<td>13</td>
</tr>
<tr>
<td>Nice Surroundings</td>
<td>23</td>
</tr>
<tr>
<td>Convenient Location</td>
<td>4</td>
</tr>
<tr>
<td>Nice Layout</td>
<td>1</td>
</tr>
<tr>
<td>Warden is Great</td>
<td>2</td>
</tr>
<tr>
<td>Need Warden</td>
<td>2</td>
</tr>
<tr>
<td>Noisy</td>
<td>1</td>
</tr>
<tr>
<td>Homely</td>
<td>8</td>
</tr>
<tr>
<td>Given Attention</td>
<td>1</td>
</tr>
<tr>
<td>Independence</td>
<td>6</td>
</tr>
<tr>
<td>No Faults</td>
<td>3</td>
</tr>
<tr>
<td>Lonely</td>
<td>10</td>
</tr>
<tr>
<td>Grand if in Good Health</td>
<td>1</td>
</tr>
<tr>
<td>Very Cold</td>
<td>2</td>
</tr>
<tr>
<td>All right</td>
<td>3</td>
</tr>
<tr>
<td>Safe</td>
<td>5</td>
</tr>
<tr>
<td>Need More Use of Communal Room</td>
<td>1</td>
</tr>
<tr>
<td>Hate it</td>
<td>2</td>
</tr>
<tr>
<td>Too Small</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total(N)</strong></td>
<td>100</td>
</tr>
</tbody>
</table>

Table A8.2: Time of Rising (Q 4)

<table>
<thead>
<tr>
<th>Time of Rising</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get up when I like</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>6.30 am</td>
<td>3</td>
<td>3.6</td>
</tr>
<tr>
<td>7.00 am</td>
<td>3</td>
<td>3.6</td>
</tr>
<tr>
<td>7.15 am</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>7.30 am</td>
<td>3</td>
<td>3.6</td>
</tr>
<tr>
<td>7.45 am</td>
<td>2</td>
<td>2.4</td>
</tr>
<tr>
<td>8.00 am</td>
<td>20</td>
<td>23.8</td>
</tr>
<tr>
<td>8.30 am</td>
<td>15</td>
<td>17.9</td>
</tr>
<tr>
<td>9.00 am</td>
<td>22</td>
<td>26.2</td>
</tr>
<tr>
<td>9.30 am</td>
<td>4</td>
<td>4.8</td>
</tr>
<tr>
<td>10.00 am</td>
<td>9</td>
<td>10.7</td>
</tr>
<tr>
<td>12.00 am</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td><strong>Total(N)</strong></td>
<td>84~</td>
<td></td>
</tr>
</tbody>
</table>

Non-respondents excluded
Table A8.3: Number of Visits to Doctor in Past Six Months (Q 93)

<table>
<thead>
<tr>
<th>Number of Visits</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10</td>
<td>13.7</td>
</tr>
<tr>
<td>2</td>
<td>12</td>
<td>16.4</td>
</tr>
<tr>
<td>3</td>
<td>9</td>
<td>12.3</td>
</tr>
<tr>
<td>4</td>
<td>8</td>
<td>11.0</td>
</tr>
<tr>
<td>6</td>
<td>21</td>
<td>28.8</td>
</tr>
<tr>
<td>7</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>8</td>
<td>3</td>
<td>4.1</td>
</tr>
<tr>
<td>9</td>
<td>2</td>
<td>2.7</td>
</tr>
<tr>
<td>12</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>15</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>16</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>18</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>20</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>24</td>
<td>2</td>
<td>2.7</td>
</tr>
<tr>
<td><strong>Total (N)</strong></td>
<td>73</td>
<td></td>
</tr>
</tbody>
</table>
Table A8.4: Frequency of Help Received with Domestic Tasks (Q 54, 58)

<table>
<thead>
<tr>
<th>Type of Help</th>
<th>Helper</th>
<th>Number receiving help</th>
<th>Frequency of Help</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>More Than weekly</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Shopping</td>
<td>Family</td>
<td>37 37.3</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Voluntary Visitor</td>
<td>4  4.0</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Other Tenants</td>
<td>23 23.0</td>
<td>1</td>
</tr>
<tr>
<td>Housework</td>
<td>Family</td>
<td>15 15.2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Voluntary Visitor</td>
<td>2  2.0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Other Tenants</td>
<td>1  1.0</td>
<td>0</td>
</tr>
<tr>
<td>Cooking</td>
<td>Family</td>
<td>17 17.2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Voluntary Visitor</td>
<td>1  1.0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Other Tenants</td>
<td>3  3.0</td>
<td>1</td>
</tr>
</tbody>
</table>

Non-respondents excluded
Table A8.5: Relationship Between Marital Status and Frequency of Visits by Nearby Relations

<table>
<thead>
<tr>
<th>Frequency of Visits</th>
<th>Married</th>
<th>Single</th>
<th>Widowed</th>
<th>Separated/Divorced</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Daily</td>
<td>3</td>
<td>4</td>
<td>10</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>2-3 Weekly</td>
<td>1</td>
<td>4</td>
<td>11</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td>Weekly</td>
<td>2</td>
<td>6</td>
<td>17</td>
<td>0</td>
<td>25</td>
</tr>
<tr>
<td>2-3 Monthly</td>
<td>0</td>
<td>7</td>
<td>1</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>6-12 Yearly</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Rarely or Never</td>
<td>0</td>
<td>4</td>
<td>6</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total(N)</strong></td>
<td><strong>8</strong></td>
<td><strong>29</strong></td>
<td><strong>48</strong></td>
<td><strong>2</strong></td>
<td><strong>87</strong></td>
</tr>
</tbody>
</table>

Based on those with relations living within 10 miles
Non-respondent excluded

Table A8.6: Frequency of Visits to Nearby Relations (Q 55)

| Frequency of Visits | N | %<
|---------------------|---|---
| Daily               | 7 | 8.1
| 2-3 Weekly          | 17| 19.8
| Weekly              | 18| 20.9
| 2-3 Monthly         | 17| 19.8
| 6-12 Yearly         | 10| 11.6
| Rarely or Never     | 17| 19.8
| **Total(N)**        | **86** | |

Based on those with relations living within 10 miles of the scheme

Table A8.7: Frequency of Visits from Old Friends (Q 53)

| Frequency of Visits | N | %
|---------------------|---|---
| Daily               | 1 | 1.1
| 2-3 Weekly          | 6 | 6.4
| Weekly              | 12| 12.8
| 2-3 Monthly         | 12| 12.8
| 6-12 Yearly         | 23| 24.4
| Rarely or Never     | 40| 42.5
| **Total(N)**        | **94** | |

Non-respondents and those claiming not to have friends excluded
### Table A8.8: Frequency of Visits to Old Friends (Q 55)

<table>
<thead>
<tr>
<th>Frequency of Visits</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>3</td>
<td>3.3</td>
</tr>
<tr>
<td>2-3 Weekly</td>
<td>6</td>
<td>6.7</td>
</tr>
<tr>
<td>Weekly</td>
<td>9</td>
<td>10.0</td>
</tr>
<tr>
<td>2-3 Monthly</td>
<td>9</td>
<td>10.0</td>
</tr>
<tr>
<td>6-12 Yearly</td>
<td>19</td>
<td>21.1</td>
</tr>
<tr>
<td>Rarely or Never</td>
<td>44</td>
<td>48.9</td>
</tr>
<tr>
<td><strong>Total (N)</strong></td>
<td>90</td>
<td></td>
</tr>
</tbody>
</table>

Non-respondents and those claiming not to have friends excluded.

### Table A8.9: Frequency of Visits Between Tenants and Old Neighbours (Q 53, 55)

<table>
<thead>
<tr>
<th>Frequency of Visits</th>
<th>Visits from Neighbours</th>
<th>Visits To Neighbours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Daily</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>2-3 Weekly</td>
<td>3</td>
<td>3.4</td>
</tr>
<tr>
<td>Weekly</td>
<td>5</td>
<td>5.6</td>
</tr>
<tr>
<td>2-3 Monthly</td>
<td>3</td>
<td>3.4</td>
</tr>
<tr>
<td>6-12 Yearly</td>
<td>21</td>
<td>23.6</td>
</tr>
<tr>
<td>Rarely or Never</td>
<td>56</td>
<td>62.9</td>
</tr>
<tr>
<td><strong>Total (N)</strong></td>
<td>89</td>
<td></td>
</tr>
</tbody>
</table>

Non-respondents and those without old neighbours excluded.
<table>
<thead>
<tr>
<th>Frequency of Visits</th>
<th>Less than 60 Years</th>
<th>60-64 Years</th>
<th>65-69 Years</th>
<th>70-74 Years</th>
<th>75-79 Years</th>
<th>80-84 years</th>
<th>More than 85 Years</th>
<th>Total N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>2-3 Weekly</td>
<td>0</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>19</td>
</tr>
<tr>
<td>Weekly</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>7</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td>2-3 Monthly</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>6-12 Yearly</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Rarely or Never</td>
<td>0</td>
<td>3</td>
<td>9</td>
<td>3</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>30</td>
</tr>
<tr>
<td>Total(N)</td>
<td>4</td>
<td>8</td>
<td>21</td>
<td>21</td>
<td>19</td>
<td>18</td>
<td>7</td>
<td>98</td>
</tr>
<tr>
<td>Frequency of Visits</td>
<td>Male N</td>
<td>Female N</td>
<td>Total N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------</td>
<td>--------</td>
<td>----------</td>
<td>---------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily</td>
<td>2</td>
<td>15</td>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-3 Weekly</td>
<td>8</td>
<td>12</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weekly</td>
<td>4</td>
<td>12</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-3 Monthly</td>
<td>1</td>
<td>10</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-12 Yearly</td>
<td>0</td>
<td>5</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rarely or Never</td>
<td>14</td>
<td>16</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total(N)</strong></td>
<td><strong>29</strong></td>
<td><strong>70</strong></td>
<td><strong>99</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Non-respondents excluded
Table A8.12: Relationship Between Age of Tenant and Frequency of Attendance at Social Activities

<table>
<thead>
<tr>
<th>Frequency of Attendance</th>
<th>Age of Tenant</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Less than 60 Years</td>
<td>60-64 Years</td>
</tr>
<tr>
<td>Go to all activities</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Very Frequently</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Frequently</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Infrequently</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Rarely go</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Never go</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Total(N)</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Kind of Social Outing</td>
<td>Frequency</td>
<td>Changes</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td></td>
<td>Daily</td>
<td>At Least</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Visit to Pub</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visit to Social Club or Social Centre</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>Visit to Film/Play/Concert/Show</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>Attendance at Church</td>
<td>25</td>
<td>25.5</td>
</tr>
<tr>
<td>Visit to Day-Centre</td>
<td>1</td>
<td>1.1</td>
</tr>
</tbody>
</table>

Non-respondents excluded.
Two tenants who indicated that they were not able to go out at all have been excluded.
Table A9.1: Greatest Worry Experienced by the Tenants (Q 102)

<table>
<thead>
<tr>
<th>Worry</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>13</td>
<td>21.3</td>
</tr>
<tr>
<td>Family</td>
<td>11</td>
<td>18.0</td>
</tr>
<tr>
<td>Inability to cope</td>
<td>13</td>
<td>21.3</td>
</tr>
<tr>
<td>No big worries</td>
<td>8</td>
<td>13.1</td>
</tr>
<tr>
<td>Being moved to a home</td>
<td>4</td>
<td>6.5</td>
</tr>
<tr>
<td>Being mugged</td>
<td>4</td>
<td>6.5</td>
</tr>
<tr>
<td>Financial matters</td>
<td>5</td>
<td>8.2</td>
</tr>
<tr>
<td>Getting out of scheme</td>
<td>3</td>
<td>4.9</td>
</tr>
<tr>
<td>Total (N)</td>
<td></td>
<td>61</td>
</tr>
</tbody>
</table>

Table A9.2: Views of Tenants on Planning for Old Age (Q 78)

<table>
<thead>
<tr>
<th>View Expressed</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Should not plan</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Should plan</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>Make financial plans</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Make will</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Plan for independence</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Depends on circumstances</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Don't make too many</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Old age makes it's own plans</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Live from day to day</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Plan to kill yourself</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Did not understand</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

Table A9.3: Views On Whether Life Gets Better or Worse with Age (Q 106)

<table>
<thead>
<tr>
<th>View expressed</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gets better</td>
<td>28</td>
<td>28.3</td>
</tr>
<tr>
<td>Gets a little worse</td>
<td>6</td>
<td>6.1</td>
</tr>
<tr>
<td>Gets worse</td>
<td>30</td>
<td>30.3</td>
</tr>
<tr>
<td>You slow down</td>
<td>6</td>
<td>6.1</td>
</tr>
<tr>
<td>Health problems develop</td>
<td>11</td>
<td>11.1</td>
</tr>
<tr>
<td>It depends on outlook</td>
<td>5</td>
<td>5.1</td>
</tr>
<tr>
<td>Stay the same</td>
<td>12</td>
<td>12.1</td>
</tr>
<tr>
<td>Have to accept whatever way it is</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>Total (N)</td>
<td>99</td>
<td></td>
</tr>
</tbody>
</table>

Non-respondent excluded
<table>
<thead>
<tr>
<th>View expressed</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Say prayers</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>Relax</td>
<td>7</td>
<td>7.4</td>
</tr>
<tr>
<td>Keep active</td>
<td>52</td>
<td>55.3</td>
</tr>
<tr>
<td>Keep up interests</td>
<td>17</td>
<td>18.1</td>
</tr>
<tr>
<td>Be charitable</td>
<td>3</td>
<td>3.2</td>
</tr>
<tr>
<td>Use free travel</td>
<td>2</td>
<td>2.1</td>
</tr>
<tr>
<td>Get involved in things</td>
<td>4</td>
<td>4.2</td>
</tr>
<tr>
<td>Depends on money</td>
<td>3</td>
<td>3.2</td>
</tr>
<tr>
<td>Visit people/make friends</td>
<td>4</td>
<td>4.2</td>
</tr>
<tr>
<td>Go to pub</td>
<td>1</td>
<td>1.1</td>
</tr>
</tbody>
</table>

Total(N) 94

Non-respondents excluded
Appendix Two

Questionnaire Design

Letter to County Manager

Dear

I am writing to ask your co-operation and assistance in a study currently being carried out by the Social Research Centre (SRC). NIHE. Limerick.

The SRC has been asked by the National Council for the Aged to conduct a study of Sheltered Housing for the Elderly provided by local authorities, health boards and voluntary and private bodies. The aim of the study is to examine and assess, within an Irish context, the role and contribution of sheltered housing in the overall provision of accommodation and related services to the elderly. Many different types of special needs housing have been developed to accommodate the elderly. The focus of this study is solely on sheltered housing schemes. The characteristics of Sheltered Housing are as follows:

- the scheme has a resident warden and/or
- it has an alarm system connected to each dwelling and
- the occupancy of dwellings is restricted mainly to elderly persons.

In order to collect the required information, a census form is being sent to each housing authority and health board in the country and to each voluntary and private body providing sheltered housing for the elderly. We would greatly appreciate if you would designate a member of your staff who would be in a position to take responsibility for the accurate completion of the enclosed form, describing any sheltered housing schemes (as defined above) provided by local authorities, urban district councils or county boroughs under your management. We would appreciate it very much if you would complete the attached form letting us know the name and section of the designated person so that any future queries may be directed to her/him. Your participation would be invaluable, firstly in enabling us to build an accurate and detailed profile of provision for sheltered housing and secondly in the development of effective policy in this area.
In order to ensure that the results of the census are as accurate as possible, we are asking you to complete and return the form by April 26th. Your co-operation in this will ensure a high response rate and contribute to the success of the study.

We have enclosed a stamped addressed envelope for the return of the census form. A member of the SRC staff will contact you by telephone so that any queries you may have can be answered. Please note that any information you provide will be treated with utmost confidentiality and the results will be analysed anonymously by computer.

In addition to the census on provision, we also intend carrying out in-depth interviews with service-providers involved in the area and with tenants of selected schemes in order to explore their perceptions and experiences. While we would not require your personal involvement in this part of the study, your co-operation and support would be very much appreciated.

I realise that you have a very busy schedule and appreciate very much your co-operation and help.

Thank you, in anticipation, for your time and effort.

Yours sincerely

Professor Joyce O'Connor
Director

SOCIAL RESEARCH CENTRE
Study on Sheltered Housing in Ireland

NAME: ____________________________________________

SECTION: __________________________________________

ADDRESS: __________________________________________

TELEPHONE NUMBER: ________________________________
Letter to Voluntary Bodies

Dear

I am writing to ask your co-operation and assistance in a study currently being carried out by the Social Research Centre (SRC), NIHE, Limerick.

The SRC has been asked by the National Council for the Aged to conduct a study of Sheltered Housing for the Elderly provided by local authorities, health boards and voluntary and private bodies. The aim of the study is to examine and assess, within an Irish context, the role and contribution of sheltered housing in the overall provision of accommodation and related services to the elderly. Many different types of special needs housing have been developed to accommodate the elderly. The focus of this study is solely on sheltered housing schemes. The characteristics of Sheltered Housing are as follows:

- the scheme has a resident warden and/or
- it has an alarm system connected to each dwelling and
- the occupancy of dwellings is restricted mainly to elderly persons.

In order to collect the required information, a census form is being sent to each housing authority and health board in the country and to each voluntary and private body providing sheltered housing for the elderly. We would greatly appreciate if you would designate a member of your staff who would be in a position to take responsibility for the accurate completion of the enclosed form, describing any sheltered housing schemes (as defined above) provided by your organisation. We would appreciate it very much if you would complete the attached form letting us know the name and section of the designated person so that any future queries may be directed to her/him. Your participation would be invaluable, firstly in enabling us to build an accurate and detailed profile of provision for sheltered housing and secondly in the development of effective policy in this area.

In order to ensure that the results of the census are as accurate as possible, we are asking you to complete and return the form by April 26th. Your co-operation in this will ensure a high response rate and contribute to the success of the study.

We have enclosed a stamped addressed envelope for the return of the census form. A member of the SRC staff will contact you by telephone so that any queries you may have can be answered. Please note that any
information you provide will be treated with utmost confidentiality and the results will be analysed anonymously by computer.

In addition to the census on provision, we also intend carrying out in-depth interviews with service-providers involved in the area and with tenants of selected schemes in order to explore their perceptions and experiences. While we would not require your personal involvement in this part of the study, your co-operation and support would be very much appreciated.

I realise that you have a very busy schedule and appreciate very much your co-operation and help.

Thank you in anticipation, for your time and effort.

Yours sincerely

Professor Joyce O'Connor
Director

SOCIAL RESEARCH CENTRE

Study on Sheltered Housing in Ireland

NAME:  

SECTION:  

ADDRESS:  

TELEPHONE NUMBER:  
Letter to Health Board CEOs

Dear

I am writing to ask your co-operation and assistance in a study currently being carried out by the Social Research Centre (SRC), NIHE, Limerick.

The SRC has been asked by the National Council for the Aged to conduct a study of Sheltered Housing for the Elderly provided by local authorities, health boards and voluntary and private bodies. The aim of the study is to examine and assess, within an Irish context, the role and contribution of sheltered housing in the overall provision of accommodation and related services to the elderly. Many different types of special needs housing have been developed to accommodate the elderly. The focus of this study is solely on sheltered housing schemes, the characteristics of which are as follows:

- the scheme has a resident warden and/or
- it has an alarm system connected to each dwelling and
- the occupancy of dwellings is restricted mainly to elderly persons.

In order to collect the required information a census form is being sent to each housing authority and health board in the country and to each voluntary and private body providing sheltered housing for the elderly.

We understand that the Health Board's involvement in sheltered housing is most frequently in the form of services to the tenants rather than directly in the building of schemes. However, should your particular Health Board be directly providing sheltered housing we would greatly appreciate if you would designate a member of your staff who would be in a position to take responsibility for the accurate completion of the enclosed form describing these schemes. I would appreciate it very much if you would complete the enclosed form letting us know the name and section of the designated person so that any future queries may be directed to her/him. Your participation would be invaluable, firstly in enabling us to build an accurate and detailed profile of provision for sheltered housing and secondly in the development of effective policy in this area.

In order to ensure that the results of the census are as accurate as possible, we are asking you to complete and return the form by April 26th. Your co-operation in this will ensure a high response rate and contribute to the success of the study.

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If your Health Board does not provide any sheltered housing schemes perhaps you would return the form letting us know the situation.

We have enclosed a stamped addressed envelope for the return of the census form. A member of the SRC staff will contact you by telephone so that any queries you may have can be answered. Please note that any information you provide will be treated with utmost confidentiality and the results will be analysed anonymously by computer.

In addition to the census on provision, we also intend carrying out in-depth interviews with service-providers involved in the area and with tenants of selected schemes in order to explore their perceptions and experiences. While we would not require your personal involvement in this part of the study, your co-operation and support would be very much appreciated.

I realise that you have a very busy schedule and appreciate very much your co-operation and help.

Thank you. in anticipation, for your time and effort.

Yours sincerely

Professor Joyce O'Connor
Director

SOCIAL RESEARCH CENTRE
Study on Sheltered Housing in Ireland

NAME: ...........................................................................................................

SECTION: ........................................................................................................

ADDRESS: ..................................................................................................

TELEPHONE NUMBER: .................................................................

232
SHELTERED HOUSING FOR THE ELDERLY IN IRELAND

DESIGN OF INTERVIEW SCHEDULE FOR SERVICE-PROVIDERS

PERCEPTION OF HOUSING OPTIONS FOR THE ELDERLY

- What housing options are needed to cater for needs of the elderly (Q D)
- To what extent are housing needs of the elderly being met (Q 2)
- Perceptions of most likely future developments in housing (Q 3)
- Perceptions of housing option with greatest potential (Q 4)

DEFINITION OF SHELTERED HOUSING

- How sheltered housing is defined (Q 5)
- Perceived essential components (Q 6)

OBJECTIVES OF SHELTERED HOUSING

- Perceptions of primary objectives (Q 7 (a))
- Extent to which objectives are being fulfilled (Q 7 (b))
- Role of sheltered housing in overall care of the elderly (Q 8)
- Satisfaction with current level of provision (Q 9)
- Perceptions of future prospects for sheltered housing (Q 10)

PERCEPTION OF BENEFITS

- What are the benefits from the viewpoint of the elderly (Q 11)
- What are the benefits from the viewpoint of the providing body (Q 11)

PERCEPTION OF DISADVANTAGES

- What are the drawbacks of sheltered housing for the elderly (Q 12)
- What are the drawbacks for the providing body (Q 12)
PERCEPTIONS OF ALLOCATION POLICIES

- What criteria should be used to determine need for sheltered housing (0 13)
- What eligibility criteria, if any, should be used (Q 14)
- Whether functional ability of the elderly person should be screened before entry (0 15)
- Perception of best process for allocating places in schemes (0 16 (a))
- Satisfaction with current allocation policies (0 16 (b))
- Who should decide on allocation of places (0 17)
- Perceptions of importance of balance in scheme between active and more functionally disabled tenants (0 18)
- Whether functional ability of tenant should be periodically reviewed (Q 19)
- Perceptions of what should happen where functional ability of the tenant deteriorates (Q 20)

PERCEPTIONS OF SERVICES AND FACILITIES

- Extent of satisfaction with amount of information available to elderly people on sheltered housing (Q 21)
- Perceptions of importance of scheme size (Q 22)
- Perceptions of importance of scheme location (Q 23)
- What support services are essential to sheltered housing (0 24)
- Whether different schemes should provide different ranges of services (O 25)
- Whether extra-care facilities should be available in the scheme (0 26)
- Perceptions of importance of communal facilities (0 27)
- Perceptions of benefits of communal facilities (0 27)
- Perceptions of drawbacks of communal facilities (Q 27)
- Whether communal facilities should be made available to elderly people outside the scheme (0 27)
- Perceptions of design features important in sheltered units (0 28)
- Satisfaction with provision of back-up services to sheltered housing (O 29)
PERCEPTIONS OF ROLE OF WARDEN

- Whether it is important to have a warden in the scheme (Q 30)
- Perceptions of duties and responsibilities of the warden (Q 31)
- What training, if any, is required for the job (Q 32)
- What qualifications, if any, are required (Q 33)
- What special characteristics, if any, are required (Q 34)
- What kind of support systems are needed (Q 35)
- What kind of supervision system is required (Q 36)

PERCEPTIONS OF ROLE OF ALARM

- Whether it is important to have an alarm in the scheme (Q 37)
- Perceptions of advantages of alarms (Q 38)
- Whether there are any disadvantages to alarm systems (Q 39)
- Perceived effectiveness of alarms (Q 40)

FINANCIAL ARRANGEMENTS

- Perceptions of who should provide for sheltered housing needs of the elderly (Q 41)
- Perceptions of role of local authorities in provision of sheltered housing (Q 42)
- Perceptions of role of voluntary bodies in provision of sheltered housing (Q 43)
- Perceptions of role of health boards in provision of sheltered housing (Q 44)
- Whether current capital financing schemes for voluntary bodies are adequate (Q 45 (a))
- Whether current arrangements for running costs are adequate (Q 45 (b))
- Whether any improvements are needed in financial arrangements for voluntary bodies (Q 45 (c))
- Satisfaction with level of collaboration between voluntary bodies, housing and health authorities (Q 46)
SHELTERED HOUSING FOR THE ELDERLY IN IRELAND

DESIGN OF CENSUS FORM

ORGANISATION

- Whether voluntary, private, local authority or health board (0 1)

PROVISION OF SHELTERED HOUSING

- Number of schemes provided (Q 2)

ACCOMMODATION PROVIDED

- Number of units of housing in different accommodation types (O 3(a))
- Individual housing units with private entry (bungalows, maisonettes, terraced houses) and with no common rooms
- Individual housing units with private entry and with common rooms
- One-bedroomed flats without common rooms
- One-bedroomed flats with common lounge and laundry
- Two-bedroomed flats with no common rooms
- Two-bedroomed flats with common lounge and laundry
- Bedsitters along corridors with common lounge and laundry
- One/two bedroomed flats with common rooms including common kitchen and dining area
- Bedsitters with common rooms including common kitchen and dining area
- All rooms are communal except private bedrooms
- Whether housing units are single/multiple storied (Q 3(b))
- Whether units are purpose built/conversions/combination of both (Q 3(c))

AGE OF SCHEME

- When the accommodation was built (Q 4)
SIZE AND LOCATION OF SCHEME

- Number of people living in the scheme during the past 12 months (Q 5)
- Whether scheme is in rural area or town or city (Q 6(a))
- Whether in centre of town or on outskirts (Q 6(b))
- What type of area (how would area be described?)
  (Q7(a)(b)(c)(d)):
    - lively
    - little activity
    - traffic/light traffic
    - population structure
    - established settled area run down
- How close is scheme to the following (Q 8):
  - bus stop
  - taxi rank
  - post office
  - shops
  - chemist
  - G.P.'s surgery
  - Church
  - Pubs
  - Garda Station
  - Day-centre/social clubs

FACILITIES AND SERVICES PROVIDED

- What kind of heating is provided (Q 9)
- Whether the following facilities are available (Q11)
  - laundry room
  - common dining-room
  - common lounge/common room
  - visitors' room
  - sick-bay
  - full-time nursing service
  - hobbies room
  - day-care services
- Whether general facilities are made available to elderly people in the surrounding community (Q 11(a))
What kind of support services are provided (Q 12):
- No on-site support: visits arranged to meet individual episodic needs
- At least one support person on-site
- Support person on-site with visits by peripatetic support
- At least one support person on site plus on-site provision of one common meal per day
- At least one support person on site plus two common meals and a permanent housekeeping staff
- Full on-site meals, housekeeping and nursing staff
- Services on-site for those who come to require extra care

Are communal social activities organised in scheme? If so, what kind? (Q 13)

ROLE OF WARDEN IN SCHEME
- Whether or not scheme has a resident warden (Q 14)
- What are the duties and responsibilities of the warden? (Q 15)
- What are the hours of work? (Q 16)
- What training did the warden receive? (Q 17)
- Who finances the warden service? (Q 18)
- What qualifications/experience, if any, does a warden have to have? (Q 19)
- What particular personal characteristics, if any, does the warden need? (Q 20)
- Is there a supervision system: if so, of what kind? (Q 21)
- What, if any, support systems exist for the warden? (Q 22)
- What arrangements exist for time off and holidays and sick leave? (Q 23)
- Is the present warden male/female? (Q 24)
- Marital status of warden? (Q 25)
- What age is the warden? (Q 26)
- How long has current warden been in post? (Q 27)

ALARM SYSTEM
- Whether or not an alarm system is provided in the scheme (Q 28)
- Whether system indicates specific unit from which call is made (Q 29)
Nature of alarm system (Q 30, Q 31):
— Is it a verbal system?
— Is the system telephone radio bell?
— Does it allow two-way communication?
— Can the message be picked up at different points of the scheme or in wardens office only?

Is alarm system operative at all times? (Q 32)

Allocation Policies

How does one apply for a place in the scheme (Q 33)?

Where can the elderly person find out about the scheme (Q 34)?

What criteria are used to determine who needs sheltered housing? (Q 35)

What eligibility requirements, if any, must be satisfied before a person gets a place in the scheme? (Q 36)

Is there a formal allocation process involved: if so, what is this process? (Q 37):
— Waiting list (date order system)
— Priority scheme according to need (what are those priorities?)
— Points system
— System of balancing different types of resident

How many people currently on waiting list? (Q 37(b))

With whom does the decision-making rest? (Who has control of allocations?) (Q 38)

How many of the tenants have died within the past 12 months? (Q 39)

How many of the tenants have moved in the past twelve months? (Q 39):
— Institutional care
— Nursing home
— Long-stay hospital
— To live with relations/friends
— Other sheltered scheme
— To conventional home/flat

What happens if status of elderly person changes in relation to allocation criteria? (Q 40)

Under what circumstances can a resident be removed from a scheme? (Q 41)

Can tenant be moved against his/her will? (Q 42)
FINANCE

- What was the cost of building the scheme (including costs of furnishing and equipment)? (Q 43)
- How are capital costs financed? (Q 44)
- How is the amount of tenant's rent decided? (Q 45(a))
- What is the maximum and minimum rent paid? (Q 45(b))
- Other than rent, are there any other charges to tenants? (Q 46)
- Approximate amount spent in current year in maintenance? (O 47(a))
- Approximate amount spent in current year in running costs? (O 47(b))
- What financial arrangements exist to cover running costs? (O 47(c))
- Was Loan and Subsidy Scheme Capital Grants Scheme availed of? (O 48)

LIAISON BETWEEN HOUSING AND OTHER SERVICES

- Whether health board has any involvement with scheme: if so, what is this (finance, services)? (Q 49)
- Whether local authority is involved in any voluntary schemes: if so, in what way? (O 50)

FUTURE PROVISION

- Number of sheltered units currently at tender (Q 51(a))
- Number of units at planning stage (O 51(b))
- Number of units required according to local authorities 5-year assessment (Q 52)
DESIGN OF INTERVIEW SCHEDULE FOR TENANTS

PERSONAL CHARACTERISTICS OF THE TENANT

- Age (0 83)
- Sex
- Marital status (0 84)
- Number of children (0 85)
- Education (O 86. Q 87)
- Occupational history (Q 88. O 89. Q 90)
- Income (O 99. Q 100. Q 101)

DAILY LIFE

- Experience of life in sheltered housing (Q 3)
- Daily routine (Q 4)
- Pastimes (O 5)
- Involvement in paid or voluntary work (Q 6)
- Hobbies and interests (Q 7)
- Experience of boredom (0 8)
- Best things about living in sheltered housing (0 9)
- Worst things about sheltered housing (0 10)
- Would elderly person recommend sheltered housing to others? (O 11)

HEALTH AND FUNCTIONAL ABILITY OF THE TENANT

- Personal rating of health (0 91)
- Health problems (Q 92)
- Visits to G.P. (O 93)
- Incidence of illness (Q 94)
- Functional ability: mobility (0 95 (a)(b)(c)(d))
- Functional ability: self-care (O 96 (a)(b)(c)). Q 97 (a)(b)(c)(d))
- Functional ability: shopping, cooking, housework (Q 98 (a)(b)(c))

HOUSING HISTORY

- Type of previous accommodation (Q 12 (a)(b)(c))
- Owner-occupier/tenant (Q 13)
- Location of previous home (0 14)

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• Household composition (Q 15 (a)(b)(c))
• Proximity to family and friends (Q 16. Q 17)
• Size of previous home (Q 18)
• Type of heating (Q 19)
• Things about previous home that made life difficult for the elderly person (Q 20)

PERCEPTIONS OF PRESENT HOME

• How long in present home (Q 1)
• Satisfaction with amount of space (Q 21)
• Satisfaction with layout of unit (Q 22)
• Facilities in home (Q 23)
• Any improvements desired (Q 24)
• Location of home (Q 25 (a)(b))
• Access to shops, transportation and amenities (Q 26)
• Perceptions of surrounding area (Q 27)
• Rent (Q 28 (a)(b))

PERCEPTIONS AND USE OF COMMUNAL SERVICES PROVIDED IN THE SHELTERED HOUSING SCHEME

• Availability of different services: common lounge: laundry: guest-room: sick bay: hobbies/craft room (Q 29)
• Frequency of use of different services (Q 29)
• Availability and frequency of use of communal meals (Q 30)
• Frequency of social get-togethers in the scheme (Q 31)
• Satisfaction with services (Q 34 (a))
• Improvements desired (Q 34 (b))
• Views on extension of services to elderly people outside the scheme (Q 32. Q 33)

PERCEPTIONS AND USE OF STATUTORY SERVICES

• Frequency of visits from statutory services: G.P., public health nurse, chiropodist, social worker, physiotherapist, home-help, meals-on-wheels (Q 35)
• Satisfaction with statutory services (Q 35)
• Whether visits are more or less frequent than previously (Q 35)
PERCEPTIONS AND EXPERIENCE OF WARDEN

- Whether or not there is a warden in the scheme (Q 36)
- Perceptions of role of warden (Q 37)
- Receipt of information on role of warden (Q 38)
- Patterns of visits from warden (Q 39)
- Satisfaction with amount of contact (Q 40)
- Reactions to absence of warden (Q 41)
- Services provided by warden: shopping; collect pension; help with dressing, bathing, housework: prepare food: contact relatives (Q 42)
- Satisfaction with amount of help from warden (Q 43)
- Perceptions of relationship with warden (Q 44)

PERCEPTIONS AND USE OF ALARM SYSTEM

- Existence of alarm system (Q 45)
- Perceptions of importance of alarm (Q 46)
- Use of alarm system (Q 47)
- Had tenant ever wanted to use system but could not? (Q 48)
- Had tenant ever experienced an emergency and not activated alarm? If so. why not? (Q 49)
- Had the system ever been out of action? (Q 50) and did this cause anxiety? (Q 51)
- Any complaints? (Q 52)

SOCIAL CONTACT

- Frequency of contact with family members (Q 53)
- Changes in family contact (Q 53)
- Frequency of contact with friends outside the scheme (Q 53)
- Changes in contact with friends (Q 53)
- Contact with clergy (Q 53)
- Contact with neighbours (Q 53)
- Contact with young people (Q 53)
- Frequency of help from family with different tasks (Q 54)
- Frequency of help from voluntary workers with different tasks (Q 54)
- Frequency of help from other tenants with different tasks (Q 54)
- Frequency of visits to family and friends (Q 55)
- Friendships/ Relationships within the scheme (Q 56)
IN Volvement in Social and LeisUrE ACtivities

- Frequency of visits to and from other tenants in scheme (Q 57)
- Help given to each other among tenants (Q 58, Q 59)
- Frequency of visits to pubs/restaurants and any changes (Q 60)
- Frequency of visits to cinema/theatre and any changes (Q 60)
- Attendance at social centres or clubs or other meetings and any changes (Q 60)
- Attendance at church and any changes (Q 60)
- Attendance at day-centre and any changes (Q 60)
- Whether member of tenant association (Q 61)
- Views on tenant association (Q 61)
- Whether loneliness is experienced (Q 63)

ExPERIEnCE OF MOVE TO SHELTERED HOUSING

- Reasons for moving (Q 64)
- Whether tenant's own decision to move (Q 65)
- Feelings on moving (Q 66)
- Whether different options had been available (Q 67)
- Whether elderly person had visited the scheme beforehand (Q 68)
- Where would the elderly person be if not in sheltered housing (Q 69)
- Ideally where would elderly person like to live? (Q 70)
- Whether information on sheltered housing been received (Q 71)
- Whether any advice been received (Q 72)
- How long had elderly person to wait for place (Q 73)
- Difficulties experienced in the move (Q 74)
- Anything elderly person misses about old home (Q 75)
- Did move turn out as expected? (Q 76)
- Would elderly person make same decision again? (Q 77)

ElDerLY PEoPLe AND PLaNNING

- Views on planning for old age (Q 78)
- Whether elderly person had made plans (Q 79, Q 80)
- Whether elderly person has plans for time when s/he is no longer independent (Q 81)
- Does elderly person make plans — for tomorrow
  — next week
  — next year (Q 82)
NEEDS AND CONCERNS

- Greatest worry at present (Q 102)
- Feelings of safety (Q 103)
- Greatest need at present (Q 104)
- Anything elderly person would like to change about present life (Q 105)
- Does life get better or worse with age? (Q 106)
- Feelings of usefulness (Q 106)
- Feelings of happiness (Q 106)
- Satisfaction with life (Q 106)
Appendix Three

Sample Job Description of Community Warden (Dublin Corporation)

COMMUNITY WARDEN — SENIOR CITIZENS

1. **Character**
   Each candidate must be of good character.

2. **Age**
   Candidates must be not less than 25 years of age and not more than 60 years of age on the ....................... These limits will not apply in the case of existing Wardens or Dublin Corporation employees.

3. **Health**
   Each Candidate must be free from any defect or disease which would render him/her unsuitable to hold the post and be in a state of health such as would indicate a reasonable prospect of ability to render regular and efficient service.

4. **Education, Training and Experience.**
   (a) Each candidate must:
      (I) Have a good general education.
      (II) Be able to write clear and concise reports.
      (III) Be capable of exercising a degree of judgement and if necessary work on his/her own initiative.
      (IV) Have an organising ability and a facility for dealing with people including difficult people.
      (V) Hold and continue to hold a current full unendorsed driving licence (classes A or C).

   (b) The following is not essential but would be an advantage:—
      Some experience in dealing with elderly persons and/or working with voluntary groups.
(c) (I) The successful candidate may be required to drive a staff car or motorcycle.

(II) Alternatively the successful candidate may be required to use a bicycle or some other form of transport.

(d) The successful candidate may be required to attend such course or courses as designated or organised by the Corporation from time to time.

5. A Community Warden may not take up any other employment or engage in any trade or business or other remunerative employment during the period he/she is employed by Dublin Corporation as a Community Warden.

6. A Community Warden must serve the Corporation with diligence, fidelity and satisfaction. Any conduct inconsistent with that duty constitutes a breach of discipline and may result in disciplinary action.

7. A Community Warden may not make any charge to an individual tenant or to a group of tenants in respect of any work done or service provided for any such tenant or group of tenants. Neither may a Community Warden borrow or lend any money or any other property from or to any tenant nor accept any gift from any tenant.

8. A Community Warden may, with the agreement of his/her Superior(s) carry out voluntary activities relating to the senior citizens or to the care, welfare, entertainment, etc. of the senior citizens.

9. A Community Warden shall take instructions from and carry out his/her duties under the direction of his/her Superior(s): those are the appropriate Corporation officer or employee assigned such supervisory duties from time to time; such direction may include a requirement that the Community Warden carry out a particular task or tasks assigned to him/her directly by a nominated local group or groups.

10. The duties to be carried out by the Community Warden shall be as specified in the attached list of duties but the actual tasks may vary from scheme to scheme and from area to area.
11. A Community Warden shall be required to co-operate in the introduction and operation of any new technology as and when determined by his/her Superior(s).

12. The Community Warden will serve a group of Senior Citizens Flat Schemes and/or dwellings, and/or individual senior citizens residing in mixed housing schemes, visiting tenants, establishing and sustaining a supportive community in each scheme. He/she will be engaged in promoting a self help and a good neighbour philosophy among the tenants and encouraging them to participate in community activities.

13. The Community Warden will develop the use of the Common Rooms and any ancillary facilities, supporting the local voluntary committee, co-operating with local voluntary groups and statutory agencies, and integrating the scheme into the local community.

14. The Corporation reserve the right to transfer a Warden from one area to another or to vary the schemes or dwellings which he/she serves, either on a long term or short term "relief basis.

15. The Community Warden will advise and assist in the establishment, development and use of the centralised alarm communications systems for the senior citizens in his/her area.

16. The Community Warden may be required to operate a hand radio and bleeper ("walkie-talkie") or other contact device while on duty.

17. The Community Warden may be required to have a telephone in his/her home and the rental of such telephone and charges for logged official outgoing calls thereon, to be logged by the Community Warden, will be refunded by the Corporation. If necessary the Corporation will arrange for the installation costs of such telephone.

18. A Community Warden employed by the Corporation shall be employed on a weekly basis and shall be employed on probation for a period of 12 months. The Corporation may, at its discretion, extend the period. A Community Warden shall cease to be employed by the Corporation in the event of unsatisfactory service.
or of a serious breach of discipline or at the end of the period of probation unless during such period the Corporation has certified that the service of such person is satisfactory.

19. A Community warden who has a minimum of three years continuous service including one year's pensionable service will be eligible to be considered for employment on the established staff. The conditions relating to employment on the established staff include the following:- age, good character, health, satisfactory service, prospect of continuous employment.

20  Wages—

   £160.25 to £171.97

21.  Hours of Duty:—

   (I) Normal Hours: — Forty (40) hours per week (5 days) between 9.00 a.m. and 6.00 p.m. — Monday to Fridays inclusive.

   (II) The duties of the job may involve much activity outside normal working hours on any day of the week and additional payment will not be payable in respect of evening or weekend work. Time off in lieu will be granted in respect of extra hours worked on an hour for hour basis at the convenience of the Corporation.

22.  Duties:—

   The holder of the post shall under the direction and control of his/her superior(s) carry out all or any of the following duties:—

   (a) (I) Promote and assist (within the general terms of these duties) in the improvement of the quality of life of the senior citizens, and for this purpose liaise and co-operate with Corporation staff, central monitoring station staff, with voluntary committees and voluntary workers, staff or other statutory services such as home helps, home nursing and medical personnel and relatives of the residents.

   (II) Promote a "self-help" and "good neighbour" philosophy among the tenants, and the social integration of the tenants with the local community.
(III) Organise and or assist in the organisation of social activities including meals service in the Common Rooms in conjunction with the Voluntary Committees and Corporation Community staff.

(IV) Introduce new tenants into the scheme and community, in particular familiarising them with facilities and services available.

(V) Advise and assist in measures for the security of the Common Rooms.

(VI) Assist the Corporation and Health Board personnel concerned, in the assessment of senior citizens as to their suitability for sheltered housing.

(b) (I) Contact the Central Control Alarm Service as necessary and particularly on arrival and departure to and from duty: advise the service on departure from duty of any emergency cases or problems which may likely arise. Take prompt action as necessary in relation to any matters advised by the Central Control Station on arrival.

(II) Participate in the compilation of and with the maintenance and updating of a confidential record system of basic information relating to all users of the relevant alarm systems. Taking note in particular of residents "at risk".

(III) Ensure that new residents are familiar with the use of the alarm system and the level and type of cover provided to them by the system.

(IV) Report promptly and follow up as necessary any defects in the alarm system.

(V) Make alarm calls to and/or visit users of the central control system at a frequency having regard to their level of vulnerability and dependence and as directed generally or specifically.

(c) (I) Maintain a daily record in the Diary provided of any emergencies arising and what action was taken: such records to be made available on request to the Warden's Superior.

(II) Keep a detailed record if required and in the form provided, on his/her own activities on duty.
(III) Transmit and follow up as necessary complaints and representations from tenants to and with the appropriate Corporation Departments or other Agencies, if instructed to do so by his/her superior(s). Advise and report on any vacant dwellings, also any repairs, replacements, improvements necessary in the Common Room and/or for the Scheme in general.

(IV) Summon medical, spiritual or other assistance and assist such personnel in their ministration including arranging access to dwellings with the consent of the tenant.

(V) Providing minor specific services or making adjustments for tenants on request such as collecting prescriptions, changing light bulbs, etc.

(VI) Observe in so far as is practicable any signs of emergencies affecting tenants, especially those known to be "at risk" (e.g. milk bottle not taken in, lights on by day etc.): take action as necessary.

(d) Any other duties as may be assigned from time to time.
Wt. 162710. 800. 5 S». Cahill. (3407). G.30-01.
NATIONAL COUNCIL FOR THE AGED REPORTS:
1. Day Hospital Care, April 1982.
5. Retirement Age: Fixed or Flexible (Seminar Proceedings), October 1983.
12. This is Our World: Perspectives of Some Elderly People on Life in Suburban Dublin, September 1986.

NATIONAL COUNCIL FOR THE AGED FACT SHEETS:
Fact Sheet 1 — Caring for the Elderly at Home.
Fact Sheet 2 — Carers: You Matter Too!

A price list for the above publications is available on request from the National Council for the Aged, Corrigan House, Fenian Street, Dublin 2. Please note that Reports 12, 13, 14, 17, 18, 19 and 20 may be purchased through any bookseller or directly from:
GOVERNMENT PUBLICATIONS SALES OFFICE
SUN ALLIANCE HOUSE
MOLESWORTH STREET
DUBLIN 2.
The front cover shows the 'Tao' symbol for long life. The symbol is signed by the eighty five year old artist Yen Chih.

National Council for the Aged.