

Older People's Experiences of Housing Exclusion: An Exploratory Study

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Contents	Page
Authors' Acknowledgements	5
1. Introduction	7
1.1 Aims and Objectives	7
1.2 Definition of Terms	7
2. Methodology	9
2.1 Introduction	9
2.2 Study Sample	9
2.2.1 Criteria for Participation	9
2.2.2 Recruitment of Participants	10
2.2.3 Data Collection	10
2.2.4 Confidentiality and Anonymity	10
2.2.5 Ethical Issues	10
2.2.6 Data Analysis	11
3. Key Themes from the Interviews	12
3.1 Introduction	12
3.2 Defining 'Home'	12
3.3 Pathways into Homelessness and Housing Exclusion	13
3.4 Homelessness	13
3.5 Structural Issues	14
3.6 Financial Issues	15
3.7 Health and Well-Being	15
3.7.1 Mental Health	15
3.7.2 Physical Health	15
3.8 Safety and Security	16
3.9 Social Role and Identity Issues	17
3.9.1 Sense of Self	17
3.9.2 Sense of Belonging	17
3.9.3 Labelling and Stigma	17
3.9.4 Societal Roles	18

4. Housing, Health and Social Services	19
4.1 Introduction	19
4.2 Accessing Local Authority Housing	19
4.3 Housing Services	20
4.4 Homeless Hostels	20
4.5 Homeless Day Services	21
4.6 Access to Health Services	22
4.7 Housing Maintenance and Adaptation Schemes	22
5. Conclusions	24
5.1 Older People and Housing Exclusion	24
5.2 Information Needs of Older People Experiencing Housing Exclusion	24
5.3 Interface Between Housing and Care Services	24
5.4 Supportive and Supported Housing	25
5.5 Older People and Private Rented Accommodation	25
5.6 Owner Occupiers	25
5.7 Local Authority Housing	25
5.8 Homelessness	26
References	27
Appendices	28
Terms of Reference	35
List of Tables	
Table 2.1 Study Sample	9
Table 3.1 Defining 'Home'	12
Table 3.2 Pathways into Housing Exclusion	13

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1. Introduction

1.1 Aims and Objectives

The aim of this study was to explore the experiences, needs, preferences and access to health and social care services of older people experiencing all forms of housing exclusion.

More specifically, the project objectives were:

- to explore the experiences, perceptions and preferences of older people experiencing all forms of housing exclusion;
- to identify implications for policy, service planning and delivery in terms of meeting the needs of those experiencing housing exclusion and in its prevention.

1.2 Definition of Terms

Older People

For the purposes of this study two separate cut-off points were used to define older people. Homeless people aged 50 years or over and housed people aged 65 years or over were included.

Housing Exclusion

A number of types of housing exclusion were included, in recognition of the fact that the boundaries are not clear and that people move between types. Broadly speaking, these were divided into two categories: homelessness; and inadequate/insecure housing.

Homelessness

- Older people sleeping rough.
- Older people living in short-stay temporary accommodation such as night shelters and hostels.

Inadequate/Insecure Housing

- Older people being resettled or supported in move-on housing, specialist provision or social renting housing but at risk of homelessness in the absence of continuing support of specialist provision.
- Older people housed in mainstream housing (including social housing, private rented housing and owner-occupied housing) at risk of losing their accommodation as a result of action by their landlord, by another householder, as a result of overcrowding and/or poor physical condition of the property.

2. Methodology

2.1 Introduction

A qualitative approach was taken in the research process.

2.2 Study Sample

A total of 30 participants were interviewed. 80 per cent of the sample was male.

Table 2.1 sets out a profile of the study participants.

Data collection was undertaken at three different location types:

- 1) a large urban area;
- 2) a rural area near an urban base;
- 3) a rural area removed from any urban base.

Table 2.1: Study Sample

Housing Category	Number	%	Male	Female	Rural	Urban
Emergency Hostel	2	[6.5%]	2	0	0	2
Transitional Hostel	3	[10%]	3	0	0	3
Rough Sleeping	2	[6.5%]	2	0	1	1
Local Authority	2	[6.5%]	2	0	0	2
Supported Accom.	7	[23%]	6	1	0	7
Private Renting	2	[6.5%]	1	1	0	2
Home Owners	12	[41%]	8	4	12	0
Total	30	[100%]	24	6	13	17

While the qualitative component was based on a grounded theory approach, the time and budgeting constraints on the project as well as the breadth of housing circumstances and geographical area to be covered meant that a more targeted approach to participant recruitment was adopted than would be used in a 'pure' grounded theory study.

2.2.1 Criteria for Participation

The study was inclusive of older homeless people aged 50 years or over and older housed people aged 65 years or over. In order to define 'inadequate/substandard/insecure' housing, a set of objective criteria drawn from EU-SILC housing deprivation indicators and work done by the Combat Poverty Agency was employed. In order to be considered as living in inadequate/substandard/unsecure housing, participants' accommodation had to meet

at least two of the following criteria: damp walls; rotting windows; rotting doors; leaking roof; no running water; no hot water; no indoor toilet; no central heating; no bath/shower; overcrowding; high rents/high mortgages.

2.2.2 Recruitment of Participants

Participants were recruited with the assistance of gatekeepers or service providers, who were informed of the study aims and objectives, and the criteria for participation. They were provided with a copy of the interview template, and the information and consent form in order to familiarise themselves with the research. Interviews were arranged with their assistance, and/or via telephone contact between the researcher and the individual.

2.2.3 Data Collection

Semi-structured interviews, which facilitated focused, conversational, two-way communication during the interview process were conducted. General topics for discussion were identified prior to interview and an interview schedule was prepared. These were explored in more depth on the basis of the relationship that the interviewees identified between these topics and other issues they felt impacted upon participants' experiences. Interviews took place in cafes, parks, people's houses and accommodation, and via a range of homeless services that they were accessing. The majority of interviews were tape-recorded. For the minority who were uncomfortable with this approach, detailed notes were taken during interviews and fleshed out immediately afterwards. Diary notes from the period of fieldwork were also taken.

2.2.4 Confidentiality and Anonymity

Participants were assured that their participation in the study would be anonymous and that the information provided would be considered confidential. Prior to each interview the nature of the study was again outlined and written consent was obtained from each participant.

2.2.5 Ethical Issues

Ethical guidelines set out by the Social Research Association (2003) and by the Sociological Association of Ireland (www.ucd.ie/sai) were adhered to. In addition, particular attention was paid to the literature on best practice in conducting research with older people. This highlighted the need to strike a balance between being aware of the impact that particular topics might have on the interviewee, while avoiding

'masking older people's agency' due to preconceived notions of their vulnerability and passivity (Kaufman 1994; Van den Hoonaard, 2005).

2.2.6 Data Analysis

Interviews were transcribed verbatim and analysis was carried out with the assistance of the data management application, Nud*ist. A bottom-up approach to data analysis, which was informed by a grounded theory approach was used. This involved the coding of data (or identification of themes) from the interviews and ongoing cross-referencing between the codes emerging from the interviews. These codes then informed the generation of wider categories for understanding the experiences of the people who were interviewed.

3. Key Themes from the Interviews

3.1 Introduction

A number of key themes emerged from analysis of the interview data. In particular, they highlight that the objective criteria of poor housing standards are experienced in very different ways by older people depending on *inter alia*, gender, housing tenure, the urban/rural divide, employment status and health status. It was also evident that experiences of poor housing circumstances were very broad and that the physical housing structure itself was considered as only one element of that broader experience.

3.2 Defining 'Home'

The definitions of 'home' provided by participants demonstrate how the physical structure is only one aspect of the definition for the individual (Table 3.1).

Table 3.1: Defining 'Home'

Definitions Given by Participants	
Physical Structure	<i>A bigger space, a few more rooms. Go up the stairs, don't have cracks in the walls and damp. Nice smell, nice atmosphere. If you could clean it without haste, enjoy cleaning it.</i>
Personal Space	<i>Oh. My home is my palace. You can do what you like and get up when you like, bring friends in and that's a home. It's just nice and comfortable and warm especially because I'm always cold.</i>
Safety and Security	<i>Well, it means a lot. If you were, how will I put it, if you were on a job and not have a home or you own, or anything to go wrong, you'd have no place to stay, or anything. Your own home is, should be very well appreciated. Like where you were bred, born and reared.</i>
Independence	<i>I can go out when I like and come in when I like. I really have a lot of freedom. That's what I like about it. I don't need rules and regulations because I'm used to that all my life.</i>
Person	<i>A home means to me – a home comes from the person within. It's a spiritual thing. You can't buy it. It comes from this person. And if you walk into a bad ambience, I will know. If I don't like the ambience, I can't go anywhere ... Material things mean nothing to me. They're just passing – but it's the person and their character that means everything to me.</i>
Local Area	<i>I was able to fill my medication prescriptions ... in the local chemist. It was right beside the park. I was only ten minutes walk from the city centre. The [hospital] was very, very close and the church was only around the corner.</i>

3.3 Pathways into Homelessness and Housing Exclusion

Table 3.2 sets out a typology of the pathways into homelessness and housing exclusion identified from the interviews. Participants' personal accounts more often identified a number of issues, rather than one specific reason, that impacted upon their accommodation status. In addition, many of the homeless participants spoke of moves in and out of accommodation types and housing circumstances over time.

Table 3.2: Pathways into Housing Exclusion

Accommodation Type	Pathways
(a) Rough Sleeping	<ul style="list-style-type: none"> • Relationship breakdown • Military background • No longer able to afford private rented accommodation • Death of family member and loss of home
(b) Homeless Hostels	
(c) Transitional/Supported Housing	
(d) Local Authority Housing	<ul style="list-style-type: none"> • History of imprisonment • History of psychiatric hospitalisation • Alcohol abuse • Overcrowding • Mismatching of tenants
(e) Private Rented Accommodation	
(f) Home Owners	<ul style="list-style-type: none"> • Ongoing structural problems • Housing falling into disrepair • Eviction • Poor treatment of tenants • Accommodation too small/cramped • Old dwellings • Dwellings built without sanitation • Returning to family home to care for parent(s) and remaining there

3.4 Homelessness

Being without any housing and rough sleeping often led to long days with nothing to do and nowhere to go. The loneliness and social isolation that often accompanies homelessness was also evident.

From 7 o'clock in the morning until it gets dark, what do you do? Walk around all day.

(Male, rough sleeping)

The hard bit I find is putting in the time. Just longing to go in and have a cup of tea or make your own cup of tea. You get a few quid and what do you do but go into a pub just for company or just to get out of it.

(Male, rough sleeping)

3.5 Structural Issues

Some participants referred to poor housing conditions of long-standing duration such as dampness in the walls and flooring, and lack of access to kitchen facilities, hot water and plumbed toilet facilities.

It's just patchwork. It's very disheartening. I'd be sitting watching the TV and the walls are all bubbly. The paper is all lumps and bumps. It's like a cave.

(Male, local authority tenant)

Interestingly, irrespective of housing conditions, participants spoke of wanting to remain in their accommodation as they had lived there for a number of years.

Rural home owners were less inclined to complain about housing conditions. Many of these participants either lived in the accommodation during their married/adult lives or were the second or third generation of the same family living there. Perceptions of the accommodation appeared to be shaped by these experiences and for some the concept of 'sub-standard housing' related more to views of a changing society than to an issue of individual concern.

We're used to draughts all our life. That's what's wrong (with people) today.

(Female, rural home owner)

The sister comes down here and says, 'The house is a holy show. Why don't you get it done up, and why don't you do this, and why don't you do that'. I says, 'No, I'm quite happy sitting here looking up at that (holy) picture'.

(Male, rural home owner)

Rural participants also expressed a desire to remain in their own homes regardless of the condition of their housing.

3.6 Financial Issues

A number of participants discussed their financial concerns. These related to the financial limitations placed on their ability to pay household bills or to socialise rather than to their housing circumstances.

That's the only bit, I – I don't have any money to socialise. Only for a cup of coffee.

(Female, private rented accommodation)

3.7 Health and Well-Being

3.7.1 Mental Health

Rates of mental ill-health are higher among the homeless population than among the population in general (Hourigan and Evans, 2003). Symptoms of poor mental health experienced include stress, anxiety and feelings of isolation, along with incidences of depression. A number of participants other than those who owned their own homes spoke of experiencing one or more of these symptoms.

I have been going around for the last year distressed and in a fog not able to do anything really ... My nervous system is shattered.

(Female, supported housing)

While homeless participants did not report experiencing mental ill-health *per se*, they did talk about the pressures, fears and stresses in their daily lives which they considered as being part and parcel of the homeless experience.

You have to be – you're watching. And a Stanley knife could come out ... Watching your back, day in, day out. You have to. You need to be careful. They could pick it up the wrong way. You could just say something and they would take it wrong ...

(Male, experiencing homelessness)

3.7.2 Physical Health

The links between homelessness and poor physical health are well established (Holohan, 1997; O'Brien, 2000; Hwang, 2001). Research participants referred to a number of health problems including emphysema, heart problems and foot problems.

I wasn't well for a couple of days and I thought it was just a strain in me chest from carrying all me equipment, bags, and I thought it was a strain in me arm. It was the auld heart giving in. I was walking down [a city street] and I fell down and that was it.

(Male, rough sleeping)

I've had blisters where you couldn't walk (anymore).

(Male, rough sleeping)

3.8 Safety and Security

Safety and security were issues of concern for many of the participants, irrespective of housing circumstances. Feeling at risk of violent attacks was a common issue for all of the participants experiencing homelessness. However, they also highlighted that sleeping rough was preferable to staying in emergency hostels.

A lot of these guys who are homeless, they don't like going to the homeless shelters because, one, they would be a bit dirty, two, you could be robbed, and three, because of the drugs situation ... You go asleep at night you better tie your boots to your feet or something ...

(Male, experiencing homelessness)

Some participants also spoke of the importance of finding a safe place to sleep at night, away from the potential violence and danger on the streets.

I'm out of the city by 8 o'clock at night. I don't like hanging around the city ... I've seen an awful lot of lads, especially out here beaten up, stabbed some of them have died. It is very, very dangerous sleeping on the streets because you are dealing with everything. They would stab you for the slightest thing.

(Male, rough sleeping)

Study participants living in supported and private rented accommodation also highlighted safety and security concerns.

I have to put the wardrobe up to the door because it's very scary if you are in here and you hear at two o'clock in the morning – that the floor out there creaks.

(Female, supported housing)

The safety and security concerns of participants who owned their own homes related primarily to living in isolated areas and feeling vulnerable due to advancing years rather than to housing circumstances.

3.9 Social Role and Identity Issues

3.9.1 Sense of Self

A number of participants described how their housing circumstances 'narrowed' their life experiences and affected their sense of self.

It's just like all the time – my whole life has revolved around the damn thing (house).

(Male, local authority tenant)

What I felt in the last year. I've done so much art and photography and all that. My focus went off that. I became focused on the house.

(Female, supported housing)

3.9.2 Sense of Belonging

Although many of the participants lived in poor housing conditions, they were reluctant to move out of their homes. This was primarily due to the social networks that they had established and connections that participants had to local areas. These links provided them with a sense of belonging, safety and security.

Well, I'll say only have a neighbour – but he's away [at the moment]. He's only around the church there, only for he's there I might be gone out of here a good few years ago.

(Male, rural home owner)

3.9.3 Labelling and Stigma

Typically, those who felt that they were negatively labelled because of their housing circumstances were those who felt powerless to change them. This was particularly the case for those who were homeless. Some highlighted that they do not like to admit that they are experiencing homelessness because of the perceived stigma attaching to that experience.

People kind of assume because somebody's homeless, especially if they're a middle aged or elderly person that they've been bums on the street. They hadn't. They had lives.

(Male, rough sleeping)

The experience of being labelled was not confined to homeless participants, however.

I am very distressed, not depressed. I am distressed. Because of a Health Board house, you have to have a thing like that. Because people say, 'Oh, she's in a Health Board House, she is depressed'. Everybody gets depressed. That word depressed is not in my dictionary. I don't use that word. If you look at my room you can see it is not a depressed room. I would say the house is depressed.

(Female, supported housing)

3.9.4 Societal Roles

In relation to their roles in society, there was a stark difference between the perceptions of older people living in their own homes and those who were homeless. Some participants living in rural areas were landowners and farmers, with some still farming to varying degrees. As a result, their roles, unlike many other participants, had not changed significantly as they became older.

For some, however, there was a sense of being without a societal role. Homeless people, in particular, spoke about their daily lives being 'lived in a vacuum'.

The government should find some kind of work for the homeless. I'm wasting my life. I'm 54 years of age. Well, I could be 55. I'm not sure. I could go out there and sweep the road, do something.

(Male, experiencing homelessness)

4. Housing, Health and Social Services

4.1 Introduction

In the context of the study, service access was considered in its broadest sense, i.e. not only in relation to whether services can be accessed in a specific geographical location, or in terms of opening hours, but also in terms of the 'appropriateness' of the services from the perspectives of participants. Because of the diverse range of housing circumstances of participants, a range of services were considered including homeless accommodation services, homeless day services, health services and housing maintenance grants services.

4.2 Accessing Local Authority Housing

Some participants referred to difficulties in accessing housing through local authorities.

My name is on the housing list since last year and for some reason or other with all my haggling with councillors and TDs I got a letter yesterday that on Thursday I have to visit a Housing Welfare Office to discuss my housing needs. This is the first letter I've got, probably with the haggling and writing of letters I've done. Handed them to various people and crying. I can't cry anymore.

(Female, supported housing)

I was on the housing list and they would say you have to have a certain amount of points and all that thing. Then I just got browned off and I stopped going to the Housing Department and said, 'I'll leave it'. I just moved up the mountains. It's ten years now. I don't know what's wrong. Look at it at the moment. There's complexes lying idle. Then they're pulling them down.

(Male, rough sleeping)

I used to go back every week to them. It was pissing me off then. You need points. There was even one person in the department who said to me, 'You single lads ... We're looking for people who are married'.

(Male, rough sleeping)

The resulting disillusionment with the process deterred participants from pursuing housing through the local authority channel.

It was highlighted that it was local authority policy to allow applicants to refuse the first two housing offers made to them. However, they must then accept the third offer or lose their place on the housing list. This was a cause of concern for a number of participants given that the decision whether to accept an offer was often conditional on the area in which the accommodation was located.

I went up to have a look at (names the area). Now I don't know (the area) but I had my mind made up. It was only that I went along with it and I told him, 'No, I don't want it'. I said it was too far from the city. That's the way I put it. It was kind of lies anyway, but I wouldn't live up there.

(Male,)

Reasons offered by participants regarding why a housing offer might be refused included participants' perception of an area having high rates of crime, and/or the presence of drug dealing and drug use.

4.3 Housing Services

Some participants found interaction with housing services a disempowering experience.

It's all the stress of the past going back about 35 years because you get the same old bureaucracy, red tape. It's like you're looking for charity ... You're paying rent all your life there! It's like a raffle. If you're lucky you might get something done ... Not all of them but some of them can be a bit like you know, condescending to you, looking down to you.

(Male, local authority housing)

4.4 Homeless Hostels

There was a perception among some participants experiencing homelessness that staying at homeless hostels would negatively impact on the level of social welfare payment received. For some, this acted as a deterrent to using the service.

It starts interfering with your social welfare system. That's why a lot of them don't like going. They prefer to have a post office where they can go and collect their money. It's directed to them, the hostels, and if you wanted some money you have to wait.. You have to make an application [to the hostel management].

(Male, recently housed)

The rules and regulations in emergency accommodation were also found to be a deterrent for most of the older homeless participants.

I went to [a hostel] for a while. I was very uneasy. I didn't like it at all. You have to be in at a certain time and all that type of thing. That's what made me go off.

(Male, rough sleeping)

However, in some cases, hostel accommodation was also perceived in a positive light. For some participants the personal support and assistance with issues such as washing clothes was very much appreciated.

That's one thing in [a hostel], the girls are very good. At night time if you'd any washing to be done, you'd no sink in your room there – they'd take your washing once or twice a week – whatever. Gather it up for €1, washed and dried, folded up – get it back next morning.

(Male, experiencing homelessness)

4.5 Homeless Day Services

Homeless day services were described as an invaluable source of support and a social outlet by participants. The service also provided a sense of belonging, particularly for those sleeping rough.

No matter what kind of problem you have you can always go to one of the staff because they're not all busy at the one time. That's what I like about it. You can have a chat and all with them whatever your problem is. If you want something done there's never any hassle. They will try and help you as much as they possibly can.

(Male, service user)

The accessibility of primary healthcare was also highlighted as a key benefit. Many homeless day services provide primary healthcare on-site through a GP, a nurse or, in some cases, a range of health professionals who attend on a drop-in basis.

They brought me over to [member of the primary care team] and she gave me a letter for A and E. One of the staff brought me up in the car and done everything for me. Stayed with me until they came to x-ray me.

(Male, service user)

Some participants did express concern in relation to day services. Concerns related to fears that linking in with services might result in becoming caught up in the cycle of homelessness and that attending day services can bring people closer to violent situations. Concerns in this regard were usually in relation to younger drug-using service users.

And then they'd shout at you, 'are you looking'. You know, am I looking for [drugs] ... It's dangerous out there [outside the service]. You don't know what the bloody hell could happen. Some of them stoned out of their heads – could stab you for no reason.

(Male, rough sleeping)

4.6 Access to Health Services

Medical card access was identified as being problematic by many of the homeless participants. In particular, a number of participants referred to difficulties experienced due to GPs stating that they did not have the capacity to take on further medical card patients. The lack of a medical card was considered a significant barrier to accessing health services for this group.

Others described the process of applying for a medical card as cumbersome.

I'm a kind of fit 53 year old. I did a lot of training when I was young. I know how to survive and I feel it at times. A lot of running around trying to get this done, get medical card sent from A to B and filling out endless forms. All of this tedious ... Just difficult ...

(Male, rough sleeping)

4.7 Housing Maintenance and Adaptation Schemes

Some participants referred to a lack of available information in relation to grant schemes.

I knew nothing about it ... t'was a flat roof there and we wanted to get it slated. So we hired the man to come and do the slating. I had to save up £5,000 - he charges and he was to do a lot more. And it was Christmas, and he sent the wife to collect. We paid out our money. The next thing I heard about someone down here, an old man, getting £20,000 to do up his house!

(Male, rural home owner)

Furthermore, some felt that the inconvenience of having repairs or adaptations made to their homes was a deterrent to applying for the grant schemes.

The environmental health officer said that I'd need the shower more than anything else. But I had a dread of it – I still have – getting the shower in and all the noise, of all the work being done. And I phoned her up the other day to say I'm not really up to it, to have it in. They will be there for about a week you know.

(Female, rural home owner)

5. Conclusions

5.1 Older People and Housing Exclusion

There is limited data available on service use and needs among older people living in substandard accommodation. The authors recommend that systematic, representative statistical databases on the service needs and service use of older people experiencing all types of housing exclusion be developed. Furthermore, there is limited statistically sound data available on housing needs and preferences of older people without homes. Developing these databases will enable service providers to identify and tailor their services to meet older people's housing needs and facilitate the development of measures to combat housing exclusion.

It is recommended that a more extensive study to identify the pathways into homelessness and housing exclusion among older people in Ireland be conducted. This small scale exploratory study found that a range of pathways exist and that for some people a number of co-occurring issues can contribute negatively upon the housing circumstances. A larger study would provide a more detailed analysis of these issues and this process.

5.2 Information Needs of Older People Experiencing Housing Exclusion

There is a need for easily accessible information for older people on all aspects of housing services and supports provided by private, voluntary and statutory providers. A range of avenues could be utilised including radio, television and newspaper advertisements, at national, regional and local levels. Furthermore, all bodies that work with older people should have access to this information. Strategies for improving information accessibility should be included in the new National Positive Ageing Strategy that will be developed by the Office for Older People in the Department of Health and Children.

5.3 Interface Between Housing and Care Services

Written protocols for co-operation at the interface between housing and care services should be drawn up as part of the new National Positive Ageing Strategy. These should ensure that the housing and care needs of older people in vulnerable housing situations are met.

5.4 Supportive and Supported Housing

Supportive and supported housing initiatives should be developed to meet the needs of vulnerable older people in order to ensure people can remain living in the community for as long as possible. Key to these initiatives is an emphasis on 'supportive housing' in which the full range of social, health and care services are made accessible to older people based on need and preferences. In line with recommendations made in a recent report by Cullen *et al.* (2007) minimum standards for group schemes of older people's dwelling and sheltered housing should be established, considered as baseline service requirements and funded accordingly.

5.5 Older People and Private Rented Accommodation

There is a role for the Private Rental Tenancies Board (PRTB) to ensure that older people living in private rented accommodation have better access to information regarding their rights and entitlements. The Residential Tenancies Act 2004 provides for major reform of landlord/tenant law, including a security of tenure measure and new procedures for termination of tenure. Ensuring that older people have access to information on their rights and entitlements is critical.

5.6 Owner Occupiers

Service providers should ensure that older people have access to the necessary information in relation to repairs and adaptation grants schemes and that they are fully aware of what the process of having work undertaken entails. There is also a role here for a key worker in facilitating better access to grant schemes. It is further recommended that an evaluation of the grant schemes for older people should be carried out to examine the accessibility of these schemes for the target group.

5.7 Local Authority Housing

It is recommended that timeframes for action be built into applications for housing with local authorities. The fact that timeframes do not exist in all local authority areas means that applicants may become disillusioned with the application process and as a result some opt out. The range of options available to the applicant (as set out in the Statement of Housing Policy, 2007) should be made clear during the application process to ensure that applicants are aware of alternatives available to them.

It is recommended that local authorities conduct ongoing assessments with older people who have applied for housing given the length of time between initial application and the point of being allocated housing. These would enable local

authorities to develop a clearer understanding of the needs of the individual in order to ensure that he/she was making an informed choice concerning their housing options.

5.8 Homelessness

It is recommended that service providers be mindful that older people experiencing homelessness have very specific experiences of homelessness and specific health and well-being needs. The literature consistently highlights that homeless people are not an homogeneous group. Given that older people represent a minority of this group and may also have age-related health and well-being needs, it is important that the needs of this sub-group are identified and addressed. Data from the Holistic Needs Assessment currently being rolled out by The Homeless Agency will be useful for the identification of relevant issues. The National Positive Ageing Strategy should identify, monitor and address the housing and care issues that are particular to older homeless people.

There is a need for GPs to commit to the registration of older people experiencing homelessness. They are a group identified as having higher rates of morbidity and mortality than the general population while also experiencing numerous challenges in accessing health services. Within the Dublin area, a new Primary Care SafetyNet Service has been established to improve access to health and social care for homeless people by locating services where homeless people attend for support.

In line with Action 4 of Homelessness: An Integrated Strategy (2000) Local Homeless Action Plans should be developed based on national level guidelines to ensure that targeted actions for addressing homelessness and its related issues are identified at the local level. The *Review of the Implementation of the Government's Integrated and Preventative Homeless Strategies* (Fitzpatrick Associates, 2006) highlighted how major differences exist around the country in terms of the nature, structure, scope and extent of individual action plans. In line with Recommendation 6 in that review, it is recommended that the production of homeless action plans should be a statutory requirement and that these action plans are an integral part of local authorities' housing strategies.

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Appendix 1: Glossary of Terms

Local Authority Housing: Local authorities in Ireland provide social housing for people who need housing and cannot afford to buy their own homes. Local Authority Housing is allocated based on need and rents are based on a person's means.

Sheltered Housing: This category of housing can be interpreted differently in terms of the level of support it offers tenants in the continuum of care for older people. Broadly speaking, it refers to specially designed, grouped housing available to older people to rent or buy. Supports offered can range from the presence of a warden and the provision of an alarm/alert system for each resident, to the provision of meals and assistance with personal hygiene. On-site facilities may include recreation areas and a laundry.

Supportive Housing: A recent report by Cullen *et al.* (2007) defined 'supportive housing' group schemes of older people's dwellings and sheltered housing where the residents have their own apartments or houses. The key feature of this type of housing is having one's own home but within a purpose-built, clustered arrangement. Within this definition there is a continuum in terms of the amount of support and care that is provided for residents.

Supported Housing: Accommodation where receipt of housing support services is a condition of residence. Accommodation can be grouped individual self-contained flats or may be shared housing with or without shared communal facilities. Support staff may be on-site or be visiting staff. This type of housing is provided for groups such as older people, homeless people, people with mental health issues or those recovering from substance use.

Rental Accommodation Scheme (RAS): The scheme is operated by local authorities and aims to provide long-term housing through an arrangement between the tenant, the local authority, and private rental accommodation landlords. It is aimed at people receiving supplementary Welfare Allowance with a long-term housing need. The scheme is operated such that the local authority pays rent directly to the landlord and the tenant pays their contribution to the local authority.

Mobility Aids Grants Scheme: Administered by the Department of the Environment, Heritage and Local Government (DoEHLG), this scheme provides grants to cover

work to address mobility problems primarily associated with ageing of up to a maximum of €6,000.

Housing Adaptation Grant for People with a Disability: Administered by the DoEHLG, this scheme assists in the provision/adaptation of accommodation to meet the needs of people with a disability who are not covered by the Mobility Aids Grants Scheme. A maximum of €30,000 is awarded through this scheme.

Housing Aid for Older People: This new scheme will amalgamate the existing Essential Repairs and Special Housing for the Elderly Schemes. The aim of the scheme is to improve the condition of older people's homes. Administered by the DoEHLG, the maximum grant awarded is €10,500.

Appendix 2: Membership of the Consultative Committee

Cllr Éibhlin Byrne	Chair
Gabrielle Jacob	NCAOP
Grace Maguire	Dublin City Council
Julie Mason	Dublin City Council
Sam McGuinness	Dublin Simon
Frank Mills	Health Service Executive
Paddy O'Brien	NCAOP
Nathan O'Connor	Homeless Agency
Mary O'Donoghue	NCAOP
Mary O'Reilly	Health Service Executive
Sinead Quill	NCAOP

Terms of Reference

The functions of the National Council on Ageing and Older People are:

1. To advise the Minister for Health and Children on all aspects of ageing and the welfare of older people, either at its own initiative or at the request of the Minister and in particular on:
 - measures to promote the health of older people;
 - measures to promote the social inclusion of older people;
 - the implementation of the recommendations contained in policy reports commissioned by the Minister for Health;
 - methods of ensuring co-ordination between public bodies at national and local level in the planning and provision of services for older people;
 - methods of encouraging greater partnership between statutory and voluntary bodies in providing services for older people;
 - meeting the needs of the most vulnerable older people;
 - means of encouraging positive attitudes to life after 65 years and the process of ageing;
 - means of encouraging greater participation by older people;
 - whatever action, based on research, is required to plan and develop services for older people.
2. To assist the development of national and regional policies and strategies designed to produce health gain and social gain for older people by:
 - undertaking research on the lifestyle and the needs of older people in Ireland;
 - identifying and promoting models of good practice in the care of older people and service delivery to them;
 - providing information and advice based on research findings to those involved in the development and/or implementation of policies and services pertaining to the health, well-being and autonomy of older people;
 - liaising with statutory, voluntary and professional bodies involved in the development and/or implementation of national and regional policies, which have as their object health gain or social gain for older people.
3. To promote the health, welfare and autonomy of older people.
4. To promote a better understanding of ageing and older people in Ireland.
5. To liaise with international bodies which have functions similar to the functions of the Council.

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