

CONFERENCE ABSTRACT

A mixed methods exploration of the housing needs of older people in social housing, comparing standard and “sheltered” housing models

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Introduction: The home of an older person can impact on their physical and mental health. Social housing (rental housing provided on a subsidised basis to people who cannot afford housing from their own resources) for older people in Ireland includes standard design dwellings, and purpose-built “sheltered housing” where residents have access to additional supports on site. It was important that older people’s views on the relative merits of both models of social housing were ascertained, to aid future housing and social care planning in Ireland.

Theory/Methods: A mixed-methods research design, using quantitative and qualitative methodologies, was employed. A survey was performed of tenants (aged ≥ 60) of a large, not-for-profit, Irish housing association, living in standard (representative sample; $n=413$) or sheltered social housing (census survey; $n=415$). Assistance was provided to complete surveys by telephone if required. Six focus-groups were conducted, three each with standard and sheltered scheme tenants, in Cork, Dublin, and Longford, to explore themes further.

Results: Overall, 380 surveys were returned (46.0% response rate, standard housing; 48.4%, sheltered). Thirty-one people, aged 60-96, participated in focus groups. Tenants in standard houses reported more disability/illnesses, worried more about the future (especially the risk of falls), felt less safe at home, and were more lonely. However, few wanted to move. Residential care was negatively viewed and most were unaware of sheltered housing schemes. Conversely, older people in sheltered housing were more satisfied with the physical design of their home and reported more positive outcomes than older people in standard housing, including improved quality of life following a move to sheltered accommodation. Perceived safety and security, social contact (neighbours and staff), and on-site support were highly regarded.

Discussion: Older people had poor knowledge about housing and support options, and felt a move to alternative accommodation would be stressful, but those who had made the move were very satisfied. For all older people, facilitation of pet ownership, bathroom adaptations and safe outdoor spaces (for social contact in a neutral space) were important aspects of a “good” house.

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Conclusions: Sheltered housing, in which multiple homes are provided within one complex with onsite support, provides significant benefits for social integration and well-being, but does require a move from the person's home, which was negatively considered by those in standard social housing.

Lessons learned: Future social housing designs should be flexible, i.e. adaptable to the needs of the tenants over time to allow "ageing in place", and should offer a range of house layout options, to allow tenants to choose a home most suitable to their personal lifestyle / support needs. Older people need information to inform housing choices, and support when considering a change of abode.

Limitations: This research was performed with older people in a single (although national) social housing scheme.

Suggestions for future research: A key objective of future research should be to ascertain whether sheltered housing can facilitate ageing-in-place and whether it mitigates the need to move into residential care, and a cost analysis of this.

Keywords: housing; sheltered housing; assisted living; older people
