

An Ghníomhaireacht
Tithíochta
The Housing Agency

How to Develop a Housing with Support Scheme for Older People

Framework
Toolkit

Arising from the learning from Phase
1 and Phase 2 of the Dublin City Age
Friendly Housing with Support Model

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Introduction and overview

Aim of the toolkit

This toolkit has been developed as a mechanism of capturing and sharing the learning arising from the Dublin City Age Friendly Housing with Support project. The overall aim is to provide a guide, particularly for social housing providers (to include local authorities and approved housing bodies (AHB)) interested in developing Housing with Support projects for older people. It may also be useful to private developers interested in developing this type of housing.

How to use the toolkit

The toolkit outlines the key stages and steps to take when considering developing a social Housing with Support project.¹

Phase 1 covers the stage from the initial concept, or idea, to the commissioning of the development of the Housing with Support scheme by an Approved Housing Body or local authority.

Phase 2 is focused on the preparation of the detailed designs, applying for and receiving planning permission, the different funding stages and procuring a building contractor for the construction phase.

The toolkit starts out with an explanation of what is meant by Housing with Support, why this is of relevance now, and then describes the four key stages to consider in Phase 1 and Phase 2 respectively, as well as the action steps to be taken at each of the various stages. A resource section at the end of the toolkit identifies some key publications and organisations working in this area.

The toolkit will be expanded and built upon as the learning arises over the next final phase of the project.

What is Housing with Support?

Firstly, it is important to understand what Housing with Support means, its' key features, its' advantages and disadvantages, and what distinguishes it from other types of tenure, particularly sheltered housing.

Definition of Housing with Support

Housing with Support is a housing option, primarily for older people (defined as 55+), whereby:

- I. Occupants have tenancy agreements that allow them to occupy self-contained dwellings;
- II. Occupants also have specific agreements that cover the provision of care,² support, domestic, social, community or other services.
- III. The wider community also benefits by way of access to clearly defined communal areas.

The model provides an alternative housing option for older people that falls somewhere between living independently in the community and nursing home/residential care. It is perhaps useful to think of it as "housing sheltered plus", in that it also incorporates care, support and community dimensions (in addition to wardens and alarms systems). The communication of the physical and support differences between housing with support and other forms of housing for older people is key.

Key features of Housing with Support

The core ingredients of Housing with Support are:

- Purpose-built, accessible building design that promotes independent living, enabling residents to age in place;
- Fully self-contained properties where occupants have their own front doors;
- An office for use by staff serving the scheme and sometimes the wider community.
- Communal spaces and facilities;
- Access to care and support services on site with a facility for emergency services;
- Community alarms and other assistive technologies;
- Safety and security built into the design;

In some cases, it will be the local authority who initiates the project. In others it may be the AHB who approaches the local authority. There are also a growing

1. While this Toolkit focuses on social Housing with Support, the model can also work as a private housing option or, indeed, as a mixture of social and private housing.
2. This does not include nursing care.

number of private developers working to develop housing with support projects.

Given that Housing with Support involves both housing and health support and care, a partnership approach between these different interests is clearly required in order to successfully deliver the project.

Why now?

In Ireland, the proportion of people aged 65 and over is growing rapidly, and many people are now living longer and healthier lives. This demographic transformation provides both opportunities and challenges, particularly as the number of older people totally reliant on state supports is relatively high and expected to increase.

More than one-quarter of all people (26%) aged 50-and-over have no income other than state support (TILDA, 2014). An ageing population brings implications for policy, service delivery, and long-term planning in diverse areas such as health and housing. Two key areas of concern when considering Ireland’s ageing population are the provision of suitable housing and the cost of healthcare (associated with the provision of support and, where required, long-term care); health costs relating to older people are expected to rise from a GDP figure of 6% currently, to

a GDP figure of 11% by 2050, as demand for health services grow. A recent UK study,³ which estimated that living in Housing with Support generated a cost saving of almost ST£2,000 for the health service, per person per annum, has drawn considerable attention.

The Government’s strategic policy goal is to deliver a new model of integrated older persons health and social care services, across the care continuum, supporting older people to remain living independently in their own homes and communities for longer, in line with the Sláintecare vision for receiving the right care in the right place and the right time. This goal is reflected in the Sláintecare Implementation Strategy & Action Plan 2021-2023. The Housing with Support model is an alternative housing option for older people which can enable them to live independently for longer and avoid early and potentially unnecessary admission to long-term residential care settings (e.g. nursing homes).

The arrival in 2020 of COVID-19 on Irish shores and its disproportionate impact on older people in general and older and vulnerable people living in nursing homes and congregated settings, places an even clearer focus on the need for the provision of a much wider range of housing and care options for older people going forward.

Stages in the development of Housing with Support (Phase 1 & 2)

There are several stages in the development of a Housing with Support project (see Figure 1 for details). In some cases, the proof-of-concept stages will be undertaken by local authorities, in other cases they could be undertaken by AHBs.

Figure 1: Overview of the stages in the development of a Housing with Support project

Phase 1: Establish proof-of-concept				Phase 2: Develop detailed designs and plans			
Set-Up	Research and consultation	Plan	Implementation	Set-Up	Design and Preparation	Planning	Contractor Procurement

3. Strzelecka, D, & Copeman, I. Hastings, R and Beech, L (2019) Identifying the health care system benefits of housing with care. Southampton City Council and Housing Lin.

Phase 1: Establish Proof-of-Concept (stages 1-4)

See Figure 2 for details of the four key stages in Phase 1.
Some steps can be undertaken simultaneously, while others may be sequential.



Figure 2: Phase 1: Establishing Proof of Concept (Stages 1-4)

Stage 1: Set-Up

Step 1: Determine whether Housing with Support is an/the appropriate model

When assessing whether Housing with Support is an appropriate housing model, some of the advantages and disadvantages need to be considered. These have been summarised in Table 1.

Table 1: Advantages and disadvantages of the Housing with Support model

Group	Advantages	Disadvantages
For tenants	<ul style="list-style-type: none"> • Greater choice • Can support people to live independently for longer • Tenants have specific tenure rights to occupy self-contained dwellings • Tenants have increased care and support options 	Cost of unwanted services
For health service/care and support providers	<ul style="list-style-type: none"> • It can reduce expenditure on long-term residential care • It can prevent/reduce unplanned hospital admissions • It can support timely discharge from hospitals • With a group of older people receiving care in the one location, it can reduce the cost of providing home support. 	There are additional ongoing revenue and capital costs linked to the need to provide access to care and support services (at higher level than would generally be provided in sheltered housing). This cost will be less than providing home care packages in the client's own home and allow the care to be more targeted.
For social housing providers	<ul style="list-style-type: none"> • It provides an option to encourage and enable older people to rightsize and free up family housing 	<p>There are additional capital costs as a result of the requirements for:</p> <ul style="list-style-type: none"> • All units to be capable of being adapted to tenants' changing health needs, • The need to provide sufficient communal spaces capable of adapting to meet tenants' changing needs

The decision to use a Housing with Support model in preference to another housing model, while advantageous for tenants, generates three additional requirements as follows:

- The ongoing and active engagement of both housing providers and health and support care providers in the ongoing planning and development of the project.
- Additional costs in relation to capital expenditure (in this case by both the Department of Housing and the Department of Health).

- Additional costs in relation to ongoing revenue support (this must be measured against providing individual Home Care packages in the older person's home.

If any of these three elements cannot be delivered, the decision must be that Housing with Support is not suitable.

Step 2: Establish a Housing and Health partnership approach with senior stakeholder commitment

Getting a cross-disciplinary housing and health project like Housing with Support off the ground will require key decision maker and stakeholder commitment within the local authority (the organisation responsible for local housing provision) and the HSE (the organisation with overall responsibility for the provision of health care and support) at a minimum. Getting this commitment is imperative and will involve meetings with senior staff within the two organisations to:

- i. Raise the profile of Housing with Support.
- ii. Discuss the role Housing with Support could potentially play locally.

The culmination of these meetings could be a written agreement/statement of support where the key partners agree to progress the project. Engagement of local elected representatives will be an important element in this process, particularly where the land is owned by the local authority. Other key potential partners could include a representative of the local Age Friendly Alliance whose role it could be to represent the views of older people locally.

Step 3: Set-up a Steering Group/appoint a project manager

Step 3 is to set up a Steering Group to oversee and lead the project at a local level. Ideally this group would be made up of professionals knowledgeable about housing and health and support for older people. If the Housing with Support project is to be developed as a social housing project, it will be critical to have senior local level HSE engagement from the very early stages of the initiative, right through to the ongoing operation of the project. This Steering Committee needs to involve a cross section of officials at appropriate level, with a range of complementary skills drawn from the key project partners. The members of the group will need to develop and agree terms of reference. The group will also need to agree:

- i. Who will chair the group? An Independent Chair should be considered.
- ii. Who will provide the secretariat support?
- iii. Who will undertake the actual work?
- iv. Who will oversee the construction phase?
- v. Who will oversee the care and support provision?
- vi. The meeting schedule for the duration of the project. The initial stages of the project could take anything from 6-9 months.

The appointment of one named individual with responsibility for driving the project is an important step to ensure that the work is progressed within the required timeframes.

Stage 2: Research and consult

Step 4: Examine, analyse and map available data to identify local need

It is important to understand the level of local need. The local authority level Housing Delivery Action Plans (HDAP), 2022-26, will be key sources of information, including:

- i. An analysis of what housing is already in place for older people;
- ii. An assessment of the extent to which these schemes meet the needs of older people locally (including those with disabilities);
- iii. An assessment of demand for housing for older people.

In the case of Inchicore this work was undertaken by the local authority (with ongoing and useful input from the HSE), and involved:

- A review of the Local Housing Strategy;
- Mapping existing social housing schemes for older people within the local area;
- Mapping these against essential services (including local health-care facilities such as Primary Care and Day Care Centres). In 2023 the ASSIST tool, developed by the Department of Housing, will be rolled out to facilitate local authorities to map sites and link the planning of Age Friendly developments with relevant facilities;
- Mapping concentrations of people over 55 (particularly 65+);
- Mapping concentrations of older people with disabilities specifically;
- An analysis of demand for social housing among older people (using the combined Housing Waiting and Transfer Waiting Lists for over 55's);

- An analysis of demand for social housing to assess potential future demand (using the combined Housing Waiting and Transfer Waiting Lists, as well as the local authority level HDAPs).

After analysing all this information, it should be possible to assess the number of individuals within the local authority area in need of Housing with Support. This assessment should be supplemented by the Healthy and Positive Ageing Initiative (HaPAI) (2015) survey finding that 30% of all older people would be prepared to rightsize if they could find suitable alternative accommodation (Age Friendly Cities and County Survey). It should also be possible to identify key areas of unmet need.

The Dublin City Age Friendly Housing with Support project mapping work was undertaken by the HSE Health Atlas, with data on social housing provision provided by Dublin City Council and the Irish Council for Social Housing.

Step 5: Consult older people

One way of gathering the viewpoints of older people living in the area is to hold facilitated consultation workshop/s focused on answering a number of key questions. It would also be useful to explore whether any similar consultation work has been previously undertaken that could be used for this purpose. Table 2 has some examples of sample questions that could be used.

Attendees for the consultations could be identified with the support of the local Age Friendly Alliance and its' Older People's Council as well as other organisations that support older people. Remember it is important to ensure that a wide cross section of older people attend, and that the consultation/s are carefully recorded and written up to inform project development.

Table 2: Sample questions for consultations with older people

What three things would help you remain living independently for longer?		
What is good about where you live that helps you stay independent in terms of:		
<ul style="list-style-type: none"> • Location • Community integration • The design and layout of your home 	<ul style="list-style-type: none"> • Community facilities • A sense of community • Safety and security 	<ul style="list-style-type: none"> • The role of technology • The external environment • A mix of ages
What supports are important? What extra supports would help as you get older?		
What are your three key concerns in relation to the suitability of your home as you age?		

Step 6: Consult with service providers

It is important to get the views of housing and support staff and health care service providers working with older people, in relation to what these professionals believe is required for a successful Housing with Support model. Organisations/individuals that could be consulted include An Garda Síochána, staff in the Primary Care Centre, local community centres, Public Health Nurses, GPs, faith leaders, Age Friendly Homes Coordinators (where they are in place) etc. It will be important to explore whether any similar consultation work has been previously undertaken that could be used for this purpose. If it is decided that consultations are needed these could be undertaken using facilitated workshops focused on answering several key questions. See Table 3 for topics that could be used at these types of workshops.

Table 3: Topics to be explored with service providers

Location requirements
Physical layout requirements
Support requirements
Technology requirements
Tenancy management issues

Attendees for this consultation/s could be identified with the support of the HSE, the local authority, as well as voluntary organisations working to advocate for older people. Remember it is important to ensure that a wide cross section of professionals and stakeholders from different organisations attend and that the consultation/s are carefully recorded and written up to inform project development.

Step 7: Identify potentially suitable sites

The site identification process, for the Inchicore project, made use of the maps developed as part of Step 4. The site selection guidelines contained in the ‘Quality Housing for Sustainable Communities’⁴ report may also be useful supports in this process. The ASSIST tool, developed by the Department of Housing, will be rolled out in 2023 and will facilitate local authorities to map sites and link the planning of Age Friendly developments with relevant facilities.

The availability of a local authority site with clear title within an area of unmet need/under provision close to relevant services would be one option.

Another option might be a site owned by a Housing Association interested in developing this type of housing and in an area of need. Where this is not available the Steering Group will need to assess the shortlist and select the best option from that list. The

Table 4: Age Friendly Ireland development principles

Development principle	Description
Location	The site should be in walkable proximity to public and other essential services, recreation and amenities, so that the tenants can easily access them/use them more readily. ⁵
Place-making	The design must be able to support the creation of an attractive place to live, sensitive to the local context and urban form of the area.
Re-use of land	A brownfield site is more likely to be used, thus promoting the development of sustainable communities.
Social and environmental appropriateness	The development needs to include a mix of dwelling types and sizes, based on the demographic profile of the area.

Source: AFI (2014) Report on Housing for Older People - Future Perspectives

4. Department of the Environment, Heritage and Local Government (2007) Quality Housing for Sustainable Communities – Best Practice Guidelines for Delivering Homes Sustaining Communities.
 5. This is the key development principle in the selection process.

development principles from the Age Friendly Ireland (2014) Report on Housing for Older People could assist this process. See Table 4 for details of these principles

Sites under consideration should be given a preliminary assessment to consider issues including site capacity, access, availability of services, utilities, and zoning and planning considerations. Further guidance is contained in the Department of Housing and Planning Urban Design Manual 2009, which provides useful guidance on site evaluation and the integration of new developments within neighbourhoods.

Step 8: Visit other housing schemes for older people

Visits to a selection of different types of housing projects for older people would be useful to inform the thinking of the Steering Group members about what works well in these developments and what works less well. It also provides the group with an opportunity to clarify what their aspirations are for their Housing with Support project. The projects to be visited could be selected with the support of the Housing Agency and the Irish Council for Social Housing. Examples of interesting housing projects that could be visited are detailed in Table 5.

Table 5: Examples of Housing with Support type projects

Name of Scheme	Type of Housing/Accommodation
Colivet Court, Limerick Limerick City Council and Clúid Housing	This housing scheme for older people consists of 35 apartments. The apartments are organised around a private, secure, central landscaped garden. It provides tenants with own door access to the street. The facility is designed to create a social hub for residents and provides offices for local community groups. It includes caretaker accommodation (together with visitors' guestroom).
Great Northern Haven The Netwell Centre and Clúid Housing Association (Louth)	This housing scheme for older people has been fitted with sophisticated technology, which is designed to meet the changing needs of its residents over time. The housing scheme hosts an Ageing-in-Place research project, which provides valuable research in relation to housing for older persons. The project also provides a number of sustainable design features, from high levels of insulation, a central wood pellet boiler, mechanical ventilation heat recovery and a green roof for water attenuation.
McAuley Place (Nas na Riogh Housing Association Scheme for older people (Kildare))	This housing development, which opened in Spring 2011, consists of 53 self-contained apartments in the centre of Naas town. It is a managed service, providing centrally located housing for older people capable of independent living. Each apartment comprises one bedroom with a fully equipped kitchen/sitting room and a bathroom with level-access shower. Wireless internet is available in all units.

Step 9: Look at international examples

Housing with Support projects are more common in other jurisdictions. There is much to be learnt from looking at how other housing with support/extra care housing projects have been developed.

In an ideal world, the members of the Steering Group would have the opportunity to visit some good practice examples of Housing with Support schemes in other jurisdictions. In the absence of the resources to do this

it would be important that the Steering Group engage with similar types of housing projects in other countries to learn about what works well, as well as what the challenges are. This engagement would require a brief review of the international literature as a minimum. It could also involve an examination of work done by others in this area. The Reading and Resources section of this guide contains details of Housing with Support projects in other locations.

Stage 3: Plan

Step 10: Assess costs and funding possibilities

When funding of the Housing with Support model is one of the most critical questions to be addressed by the Steering Group, with two types of funding required:

- i. Capital funding (for project construction), and;
- ii. Revenue funding (for project operation and care and support provision on an ongoing basis).

Capital funding can come from a range and combination of public and private sources.

Capital Funding

There are currently two routes for AHBs to access public funding from the Department of Housing for social housing purposes: The Capital Assistance Scheme (CAS) and Payment and Availability Agreements (with or without a Capital Advance Leasing Facility Loan (CALF)). Local authorities also have the option of the Social Housing Capital Investment Programme (SCHIP) from the Department of Housing. The learnings from the Inchicore project suggests that the funding routes are not exactly suited to funding Housing with Support, given the additional costs associated with the provision of the level of communal facilities required for this model, and the particular focus under CAS on people qualified for social housing support. See Table 6 for details of the different stages of the CAS process used in the Inchicore project, which encompass key project stages such as design, planning, procurement and placing the construction contract.

Table 6: The Capital Assistance Scheme (CAS) approval process⁶

Stage 1 – Capital Appraisal	This is a high-level project appraisal. The local authority makes sure that the business case for the project is in order, to secure approval in principle of funding from the Department of Housing.
Stage 2 – Pre-Planning	This is a pre-planning check on procurement, the consistency of the design with design guidelines, cost and value for money
Stage 3 – Pre-Tender Design	These stages involve two final assessments on cost pre-tender, and cost and procurement prior to the award of tender.
Stage 4 – Tender Report	

Revenue Funding

Clarity and commitments in relation to the provision of funding (ideally multi-annual) to enable the future operation of the project are crucial to the viability of the project. For social Housing with Support initiatives, the HSE is the key organisation capable of providing this funding. It is of critical importance that the HSE be engaged in the project from its very early stages and that they include the principle of the provision of revenue funding for any Housing with Support project

in their current operational plans. The challenge is that the HSE does not currently make multi-annual funding commitments. However, according to the HSE, ‘once a new service is funded and initiated in annual budgets – this cost is automatically carried over in budgetary terms into the next year under ‘Existing Level of Service’ arrangements, unless specifically stated that it has a finite lifespan’. The exact revenue costs for the Inchicore project are not yet known.

6. Information on CALF can be accessed at [Government Funding to Build Social Housing for Older People - Age Friendly Homes](#), and information on SCHIP can be accessed from local authority websites.

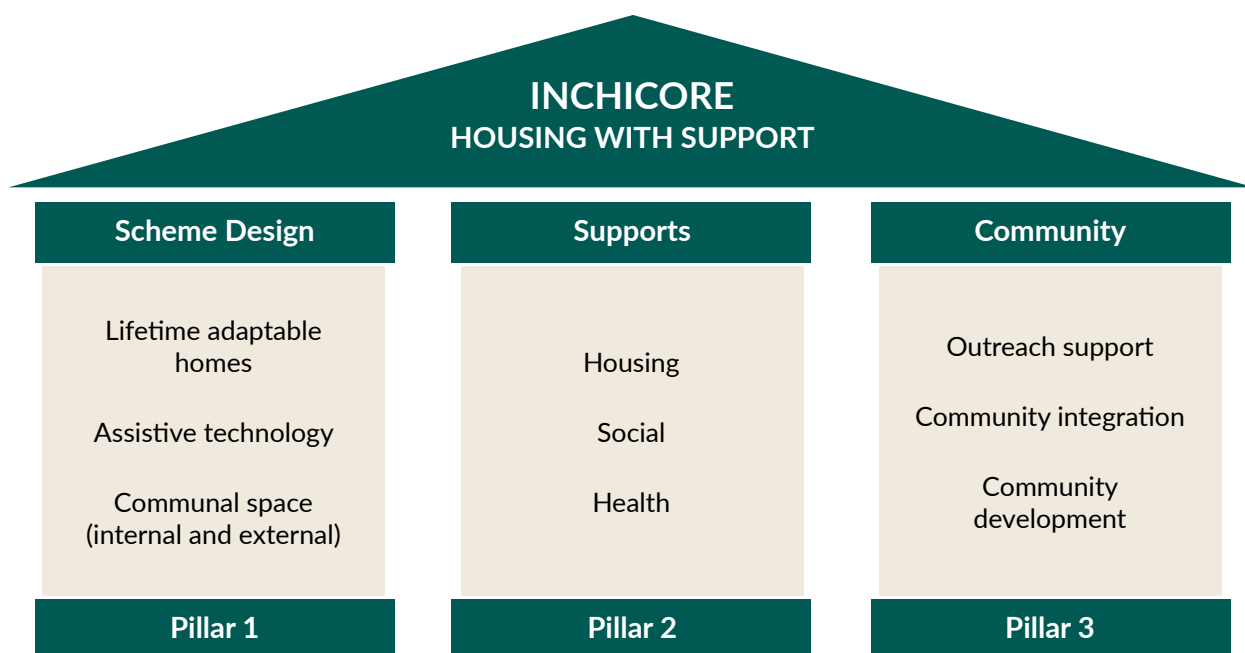
Step 11: Develop a vision and a vision document

The vision document purpose is to pull the learning together in a structured way and provide the overall direction for the project. Some key topics to be addressed within this document are:

- The rationale for the use of a Housing with Support model;
- The concepts underlying the model;
- The key elements/pillars of the project;
- Who the project is for;
- The partners involved in the project and the way the partnership works;
- Funding (both capital (for construction) and revenue (for the operation and provision of ongoing support));
- The site selected.

The Dublin City Age Friendly Housing with Support project's vision included three pillars, see Figure 3 for details.

Figure 3: Pillars of the Dublin City Housing with Support Vision



Source: Dublin Age Friendly Housing Steering Committee (2016) 'Inchicore Housing with Support Demonstration Project-A partnership between Housing, Health and Community' Vision Document.

Step 12: Establish a project working group

This group would be made up of health and housing professionals with the technical skills and knowledge necessary to assist in the development and oversight of detailed project specifications (Step 13). This group would also be responsible for the management and oversight of Steps 14-17. This group would report to the overall Steering Group who would continue to oversee and lead the project.

Step 13: Prepare an internal scoping study

Once the vision has been clearly articulated, a funder has been identified in relation to the operation of the project and the site selection has been finalised the next stage of the project is the development of an internal scoping study. The purpose of this scoping study is to determine whether a development is possible on the chosen site to achieve the agreed vision.

The preparation of this internal scoping study will be a key task of the project Working Group and will require the involvement of both architects and health care specialists. Developing this will almost certainly result in ongoing modifications to the scoping study. The challenge being to find a balance between the aspiration for a flagship project and the need to ensure the project is affordable.

Key issues that will need to be discussed and agreed include:

- The mix of units (no. of one-bedroom units, no. of one-and-a-half bedroom units, no. of two-bedroom units, etc.);
- Referrals and allocations policies;
- The balance of private and communal space (linked to the unit sizes);
- What is to be included in the communal spaces, with consideration given to avoiding duplication of existing facilities in the area, budget and level of funding available (See Table 7 for details of the role of communal spaces);
- The care and support levels to be provided.

Once the internal scoping study has been agreed it can then be used to develop the detailed specifications for construction and development. These specifications will in turn be included in the Expression of Interest.

Table 7: The role of communal spaces

Provide space for facility management and security
Facilitate circulation within the project
Provide opportunities for interaction between tenants
Provide space for on-site services (café, laundry, etc)
Provide opportunities for social interaction (internally and externally)
Provide some opportunities for the wider community to access some of the communal facilities fostering stronger connections between the project and the wider community.
Provide opportunities for physical activity (including walking and movement). Locating services on different floors can encourage walking and movement within the project.

Source: The Enterprise Community Partners (2016) *Aging in Place Design Guidelines for Independent Living in Multifamily Buildings*.

Stage 4: Implementation

Step 14: Develop an Expression of Interest (EOI) for the project

An expression of interest is a method for providers of goods and/or services to register their interest in supplying them. The expression of interest referred to here is the document describing the requirements and specifications of the project and seeking information from potential providers to demonstrate their ability to meet those requirements. The information to be included in the document is largely drawn from the internal scoping study and the report defining the vision. The process of putting together this document provides the Working Group and its members with a further opportunity to review and revise what is to be undertaken.

Below lists the type of information that should be included in an Expression of Interest:

- An introduction to the project;
- The structure of the project;
- The services to be delivered by the successful tenderer (in the case of Inchicore this includes construction related services, as well as details of the model of care and support to be provided);
- Funding details;
- Details of the time frames for putting in place the development agreement (following an additional feasibility study and review stage);
- Details of the proposed agreement between the tenderer and the commissioner;
- EOI submission requirements, deadlines and formats;
- Details of how the Expressions of Interest will be assessed;
- The vision document (as an appendix);
- A preliminary schedule of accommodation;
- Site information;
- Specific HSE and other care and support requirements.

Step 15: Manage the EOI Process

The Dublin City Age Friendly Housing with Support project was able to use the Communications Development Protocol between local authorities and AHBs as the framework for the management of their Expression of Interest process. Other organisations may have similar protocols. Where these types of protocols are not followed/in place, the commissioning body will need to identify potentially suitable tenderers and circulate the Expression of Interest to them. Whatever process is used, the commissioners ideally need to allow at least a six-week period for this process; to give the interested tenderers a two-week window for queries, the commissioners two weeks to respond, with two further weeks provided to finalise the submission. It is also useful if the tenderers are required to submit their responses in a very structured way, following a prescribed format and using word limits. The overall result of which will be concise submissions that can be easily assessed.

Step 16: Assess the EOI's received and award the contract

An assessment committee should be established to evaluate the completed Expressions of Interest received. Ideally this group would be a subcommittee of the Working Group and should include individuals with the necessary technical skills (in construction and in care provision) to score the various aspects of the submission. This group should score and shortlist the submissions received. The submissions, ideally, would need to meet a minimum score before they are deemed eligible. The organisations whose submissions meet the minimum score and are ranked in the top three to four should be invited to make a presentation to the assessment sub-group based on their submission. Following that presentation, the assessment committee should be able to identify the most suitable candidate and report this to the Working Group. Following that, the Working Group/Commissioner should award the contract to the proposal that receives the highest score from the assessment group.

Step 17: Check the overall feasibility of the project

It is important that both the commissioner and the successful tenderer confirm the feasibility of the project. The development of a Feasibility Study and Review for the delivery of the project provides a mechanism for checking this. As part of this process the successful tenderer and the commissioner would agree the detailed brief and qualitative standards for the accommodation to be built, and the brief and standards for the operation of the facility, and care and support that will be available on site when construction is complete. This is the opportunity for both parties to confirm the feasibility of the project. See Table 8 for details of the items that should be addressed within the study and review.

The study and review should be completed within a specific timeframe (e.g. four to five months) and be undertaken in consultation with the Working Group, through monthly meetings as well as more regular meetings with a subgroup of the Working Group to discuss and agree the work to be undertaken in more detail. If the findings of the study and review are not positive, then either party has the opportunity to exit from the process. Should the parties agree to proceed with the project, tenderer and the commissioner will enter a Development Agreement based on the Feasibility Study and Review. The format of the Development Agreement will be agreed by the two parties during the Feasibility Study and Review, and will include a programme for delivery, subject to planning approval or other matters outside the control of the two parties and conditional on receipt of funding approval and necessary statutory approvals.

Table 8: Items to be addressed at the feasibility study and review stage

The agreed detailed design brief, including a detailed schedule of accommodation, qualitative description of the required facilities and design standards required to be achieved.
Feasibility study for the development.
Programme with key milestone dates for delivery
Order of magnitude cost plan
Financing proposal (including confirmation of preliminary capital appraisal approval if relevant)
Project management proposal, including processes for completion of procurement, design, planning, construction and commissioning. This should include a register of project risks with proposed mitigation measures.
Proposed serviced standards for the operation of the completed facility. The care and services provided to each of the residents will be in agreement and under the guidance of a service level agreement with the HSE
Identification of the key personnel or technical resources to ensure delivery of the project, including the proposed Project Manager
An agreed review protocol to set out the interaction of the AHB and client bodies during the project to ensure that the agreed standards are achieved.

Phase 2: Develop the Detailed Designs and Plans (stages 5-8)

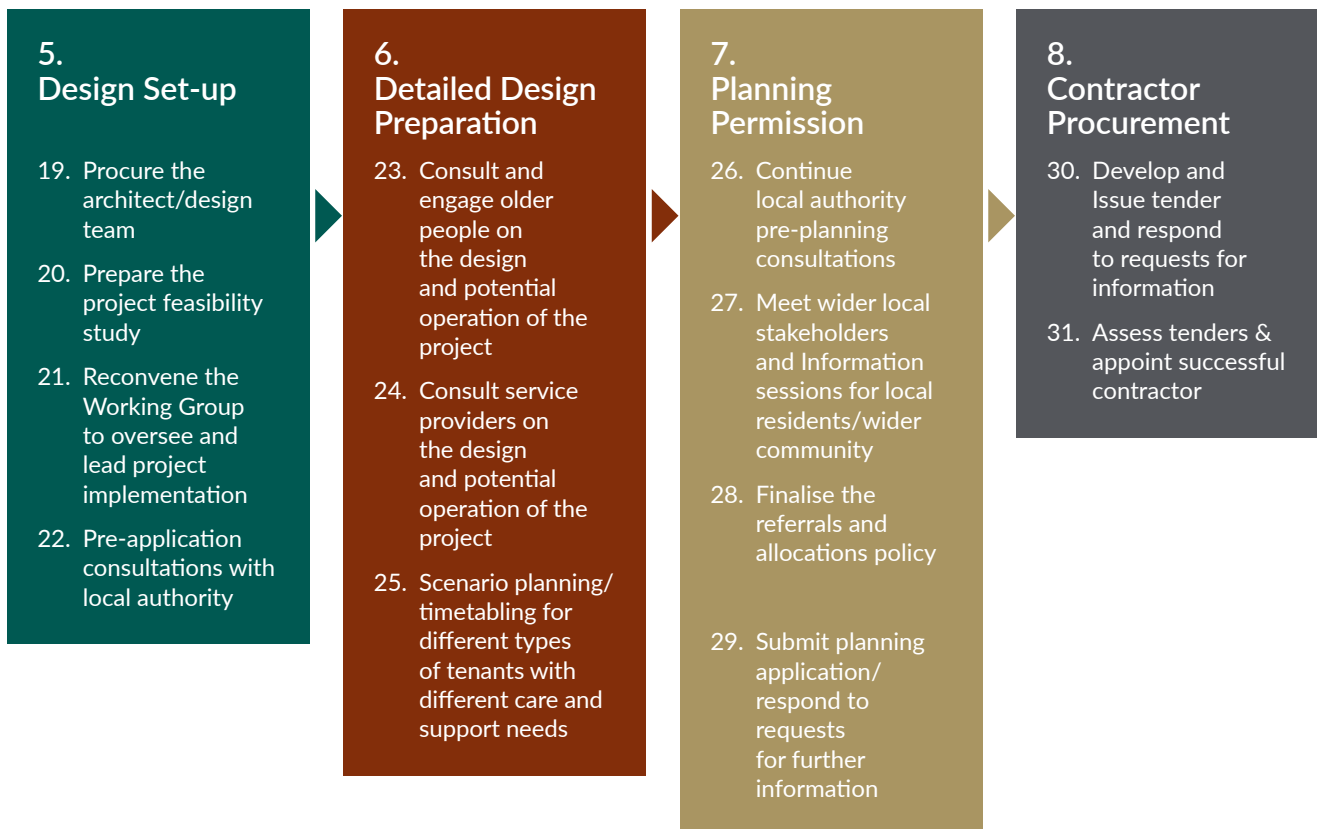


Figure 4: Phase 2: Developing the detailed designs and plans (Stages 5-8)

Stage 5: Design Set-Up

Step 18: Appoint a dedicated Project Manager⁷

The AHB needs to appoint a project manager (ideally an experienced, dedicated project manager) with responsibility for progressing this phase of the project. The project manager should report directly to a member of the senior management team to ensure that the project is visible at senior management level and is brought in on time and in budget.

Step 19: Procure the Architect/Design Team

The AHB/local authority will procure the architect/design team responsible for development of the project feasibility study. Ideally the design team should have a good understanding of the unique features of Housing with Support, including the need for:

- Both Universal Design and design for Ageing-in-Place;
- Additional communal areas, some of which can be open to the public;
- Be familiar with the operational and care needs of older people.

All procurements must be in accordance with the requirements of the Capital Works Management Framework.

Step 20: Prepare the Project Feasibility Study

A project feasibility study is prepared on behalf for the AHB to determine whether the project is likely to succeed (this builds on the internal scoping study prepared at Step 13). It is one of the most important factors in determining whether the project can move forward. This study:

- Identifies the demand for the project;
- Highlights key goals for the project based on research;
- Identifies potential roadblocks and offers alternative solutions;
- Factors in time and budget requirements to determine whether the project is possible.

See Table 9 for details of other topics to be considered in a Housing with Support Feasibility Study.

7. This procurement must be in accordance with the Capital Works Management Framework.

Table 9: Other topics to be considered within a Housing with Support Feasibility Study

Project context	
History of the location and planning status (zoning)	
Review of existing community services locally (to avoid any duplication)	
Heritage and amenity considerations	
The site configuration	
The site constraints	
The specific Housing with Support features	<ul style="list-style-type: none"> • The Universal Design and Ageing-in-Place features to be used (to include consideration of dimensions and materials) • The model of care and support to be provided for tenants • The nature and role of the communal areas • The role of assistive technology
Building form and organisation	
Proposed density and schedule of accommodation, including the communal areas	
Parking	
Fire safety considerations	
Landscaping	
Funding and costs (in relation to construction in particular)	

Step 21: Reconvene The Working Group to oversee and lead Project Implementation

Reconvene (and, if necessary, reconfigure) the Working Group (established as part of Step 12 of Phase 1). This group should continue to be made up of both health and housing professionals with the technical skills and knowledge necessary to assist in the development and oversight of detailed project design and operationalisation. This group will provide practical support for the project manager and report on progress.

Step 22: Pre-planning meetings with the relevant Local Authority

Planning law facilitates pre-planning meetings between a local authority and any person who has an interest in land and who intends to make a planning application. This type of consultation provides a useful opportunity for the project developer to discuss and get feedback on their Housing with Support project from a local authority planner.⁸

8. This process is set out under section 247 of the Planning and Development Act 2000.

Stage 6: Detailed Design Preparation

Specifying the exact scale and design of the individual apartments and the communal facilities that will be provided are the key design challenges. The process can be supported by a number of steps as follows:

Step 23: Consult and engage older people on the design

There are a number of different options in relation to organising consultations with older people:

1. Establish a project advisory group of older people to meet regularly and provide ongoing inputs into the emerging design.
2. Undertake various consultations with older people⁹ at several different points in the design process.
3. A combination of a project advisory group, supplemented by consultations as necessary.

These consultations could focus on a range of topics:

- A discussion of people's daily needs and how these could best be met with the new homes being developed.
- Discussion and testing of the emerging designs to see how they would work for a cross section of tenants (this could be done in relation to the feasibility study and again in relation to the preparation of the planning application).

Ideally these consultations would be undertaken with potential project tenants but given the time lag between building design and building completion it is unlikely that the potential tenants would be identified at this stage in the project development process. As an alternative, attendees for these consultations could be identified with the support of the local Age Friendly Alliance and its' Older People's Council. It is important that these consultations are carefully recorded to feed into the development of the project design.

Step 24: Consult Housing and Health service providers (as necessary) on the design

The Universal Design and Ageing-in-Place features required to facilitate a Housing with Support project, require key inputs from both housing and health professionals in terms of determining 1) costs, 2) technical feasibility, and 3) relevance to the needs of potential tenants.

See Table 10 for details of some common Universal Design and Ageing-in-Place features to consider for inclusion within the homes.

9. Ideally the same core group of older people would attend the various consultations to ensure continuity.

Table 10: Common Ageing-in-Place/Universal Design features for individual homes (as necessary)

General Design	<ul style="list-style-type: none"> • No-step entries • Wider doorways • Open floor plan with few obstructions • Ideally single floor living (with lift access in multiple occupancy dwellings) • The absence of load bearing walls within the units, together with the use of soft walls that ensure the unit is capable of being adapted to the changing needs of tenants as they age. • Soft walls which can be taken down to provide for a clear pathway between the bedroom and bathroom • Windows that require minimal effort to open and close • Reachable, easy to use controls, handles and switches • Ceilings that can support hoist if required • Storage for equipment and personal care products
Bathroom Design	<ul style="list-style-type: none"> • Accommodation unit designed to facilitate the installation of grab rails and bars near the toilet and in the bath/shower (when/if they are required), as well as provision of the installation of a shower seat (when/if they are required) • Anti-slip coating in bath/shower • Slip-resistant floor treatment • Walk-in bath/shower • Handheld showerhead
Kitchen Design	<ul style="list-style-type: none"> • Adjusting height of sink • Shallow sink • Raised white goods (dishwashers, washing machines, etc.) • Easy access kitchen storage (adjustable height cupboards and Lazy Susans) • Kitchen designed with adjustable multi-level kitchen counter tops with the possible of open space underneath the counter to the cook can work when seated • Under-cabinet lighting • Round edges for countertops • Sink close to stove • Large drawers • Microwave at counter height • Front-mounted controls on cooktop
Bedroom & Closet Design	<ul style="list-style-type: none"> • Additional 0.5 bedroom to enable family members/carers to stay overnight if required. • Bedroom large enough to accommodate a bariatric bed/double bed, with adequate clearance to accommodate a wheelchair user • Bedroom ceiling strong enough to facilitate hoist tracking being installed (when and if needed in the future).

Sources: Ageing-in-Place Design Checklist; Aging in Place.com Universal Design; Grey, T. et al. (2016); & The Enterprise Community Partners (2016).

Step 25: Scenario planning/timetabling for different users

It is useful to undertake some scenario planning in terms of how different types of tenants (with different support and care needs) might use the building and make use of the communal facilities. The scenario planning within the Inchicore Project involved the AHB using its knowledge of tenants in other locations to develop six fictitious tenants (each with a range of diverse needs). The AHB then worked with these

tenant profiles to assess how these tenants might navigate the project and use the communal facilities on a day-to-day basis. This enabled them to provide the design team with a timetable of how the various shared communal spaces might be used over a week. The detailed designs were adjusted to accommodate the findings from this process of scenario planning and timetabling.

Stage 7: Planning Permission

Step 26: Continue pre-planning consultations with Local Authority

As the detailed design emerges with inputs from both construction and care perspectives (particularly in local authority areas that have few Housing with Support type projects) it can be very useful to organise a further pre-planning meeting between members of the design team and the local authority planner. This meeting should seek to address any issues raised by the local authority in earlier meetings (Step 22).

Step 27: Meet with wider local stakeholders and hold information sessions for local residents/wider community

With community engagement a central pillar of the vision for Housing with Support (Figure 3) it is critical that the project seeks to proactively engage with key local stakeholders, the wider community and individual local residents. The engagement has a number of purposes as follows:

- Inform the wider community about the project;
- Understand what services are already available locally (to avoid duplication). Consider whether a local service could potentially be modified to provide the extra needs in partnership with others;
- Understand what services are not available locally (to see if the project can add value to the local area);
- Engage the wider community with the project (in the longer term they may want to access the services open to the public in the project).

See Table 11 for some of the local stakeholders and groups that could be consulted.

It will also be necessary for the project design team to organise some public consultation sessions, both for neighbouring residents (specifically) and for the wider local community. These sessions need to take place at a range of times (to suit those who are working and those who are retired) and be organised at readily accessible venues in the local area. These public consultation sessions should include:

- A formal presentation on the development
- A scale model of the development on display
- Time for questions and answers within the meetings, and informally before and after the meeting

Step 28: Submit planning application/respond to requests for further information

All new developments require planning permission. There are several different types of permissions. The most common type is sometimes called full permission. Local authority led projects have two planning permission application options. A local authority Part 8 application or a full planning application made by the AHB. Each option has advantages and disadvantages. For full planning applications the local planning authority must decide on a planning application within eight weeks of receiving the application, but if the local authority needs more information or the decision is appealed, it can take longer and absorb additional resources. For more information see the Office of the Planning Regulator (2019) Guide the Planning Process.

Table 11: Examples of local stakeholder groups that could be consulted

Local Stakeholders	Local groups
Community Gardaí	Older People's Groups
Local faith leaders	Local Residents Groups
Health Services <ul style="list-style-type: none"> • Public Health Nurse 	Local Public Participation Network
Citizens Information Service	
Local elected representatives	

Step 29: Finalise the referrals and allocations policy

Some of the key decisions in relation to who will be eligible to live in the development are generally determined early in the process, linked to how the project is funded (see Step 10 for details of the two public funding options). The Inchicore project is funded under CAS. Social housing schemes which are 100% funded under the CAS funding stream restrict

eligibility to those in social housing or on the social housing waiting list. Social housing projects which are 95% CAS funded afford AHBs 25% nomination rights. Other decisions to be made by the project include how care and support provision will be funded. See Table 12 for details of the criteria that will need to be decided.

Type of question	Key Questions	What was decided in the Inchicore project?
About the Individual Tenants	Age of tenant	60+ years
	Priority given to older people from the local area?	Yes - Some priority will be given to older people from Dublin South Central administrative area
	The individual's level of support need (at time of entry and projected into the future)	The project can accommodate a range of support needs. Priority will be given to tenants in receipt of/in need of home support needs. It is anticipated that many tenants of the scheme would be in receipt or eligible for HSE Home Supports.
About the development	What is the ideal mix of tenant support needs?	Agreed to try and accommodate a mix of support needs. The vision document specified that the scheme would seek to accommodate a mix of tenants, capable of independent living, with varying support needs (minimal supports needs (36%), some supports (35%) and a higher level of supports (29%)).
	Who can refer?	Referrals can come from several sources including: <ul style="list-style-type: none"> • DCC Housing • The HSE (including Hospitals, Primary Care, the Integrated Care Programme for Older persons (ICPOP), etc) • Other Social Housing Providers • Advocates for older people
	Who can nominate?	Nominations will be from the DCC Social Housing and transfer lists, and from persons identified through the DCC Financial Contribution Scheme mechanism (not all local authorities have this type of scheme). A Nominations and Assessment Panel made of the AHB (Circle/ALONE), DCC Housing and the HSE Older Persons Services will make the final decisions on who is offered a place in the project
The Application Process Gardaí	What is the application process?	Applications to become a tenant in the project will have to be filled through a centralised system. Application forms will ask whether the applicant is on DCC Housing List and whether they are in receipt of or on waiting list for HSE Home care supports. The application form will include a self-assessment form to be filled in by the older person/referral agency. If the applicant scores high on the self-assessment form a further detailed assessment may be required to fully assess the support levels required. The application form will also give consent for the referral committee to contact Health or housing professionals to discuss the referral. The Nominations and Assessment Panel will meet as required to review the applications received and draw up a shortlist of potential tenants. The shortlist of tenant will be invited for interview with the panel. The Panel will determine which potential tenants receive a formal offer of a tenancy in the project.

Table 12: Key questions for the allocations and referrals policy (with examples of what was decided in the Inchicore project)

Stage 8: Contractor Procurement

With planning permission secured and funding arrangements in place, the next stage in the project is to appoint the building contractor. Key steps involve:

Step 30: Develop and issue the invitation to tender for the construction of the project and respond to requests for information

The tender documents are developed based on the successful planning application and associated drawings. The process of putting together this documentation provides the Working Group and its members with a final opportunity to review and revise what is to be undertaken, within the confines of the granted planning permission and funding available. The invitation to tender should request an itemised breakdown of the costs for the different parts of the development, including the fit-out of the homes to the standard specifications and the fit out of a unit for tenants with very high support needs. The AHB will then need to circulate the invitation to tender for the actual construction (in accordance with public procurement requirements).¹⁰ Once the tender documentation has been issued the AHB must make itself available to respond to contractors' questions and requests for further clarification.

Step 31. Assessing the tenders received and appointing the successful contractor

An assessment committee should be established to evaluate the completed tender responses received. Ideally (similar to Step 16), this group would be a subcommittee of the Working Group and must include personnel with the appropriate necessary technical skills to assess/score the tenders in accordance with standard practice.

10. See <https://constructionprocurement.gov.ie/public-procurement-threshold-guidance/> for details.

Conclusions

This toolkit draws together the eight key stages involved in developing a new Housing with Support scheme from inception to construction stage as follows:

- I. Making the decision to select and progress a Housing with Support development and the identification and recruitment of the key stakeholders that need to be involved;
- II. The research and consultation processes to be undertaken in relation to defining what specifically is required by older people at a local level;
- III. The development of a project specific vision and related project specifications in relation to what is required and how it might be funded;
- IV. The development and organisation of the tendering process, required to ensure the appointment of a suitable contractor who can oversee the construction and the provision of care and support in the longer term;
- V. Putting together the team with the necessary skills to prepare the detailed design;
- VI. Preparing the detailed design (with input from older people as well as housing and health service providers, as necessary);
- VII. Organising the planning permission;
- VIII. Procuring the building contractor.



Locating and sourcing funding (amounts and sources) is a key issue across all eight of these stages. This pilot project was publicly funded under the Capital Assistance Scheme (see Step 10), it also received an additional €390,000 from the HSE/Department of Health to cover additional capital costs associated with the provision of larger communal areas and the inclusion of Ageing-in-Place design features. It should be noted that the various CAS submissions can take time to prepare, and adequate provision needs to be made for the completion of this process. Cost inflation was a particular issue in the case of the Inchicore Housing with Support project and is something that needs to be factored into the costing of this type of development.

Housing with Support projects may also be funded by private funding or indeed a combination of public and private funding, enabling both private and public tenants to occupy the building/s, with care and support provided through both public and private funding arrangements.

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