HOUSING FOR OLDER PEOPLE –
THINKING AHEAD

ISAX
IRELAND SMART
AGEING EXCHANGE

housing
agency

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Foreword

The Ireland Smart Ageing Exchange (ISAX) and the Housing Agency commissioned this research to review the housing needs of an ageing population. Ireland's population is ageing and fast. Planning for this group's housing needs has not received the attention it requires in recent years, in terms of research, policy and action.

ISAX is a newly established independent public-private partnership, a network of businesses, research institutions and government agencies, aimed at accelerating and commercialising the development of innovations for the global smart ageing economy. It aims to make Ireland a strategic location and international test-bed for ageing-related research, product development and trialling of new solutions designed to address the opportunities and challenges of population ageing.

The Housing Agency was set up to work with and support local authorities, approved housing bodies and the Department of Housing, Planning, Community and Local Government in the delivery of housing and housing services. It brings together a wealth of practical, research and technical expertise. The vision of the Agency is to enable everyone to live in good quality affordable homes in sustainable communities and it is driven by an understanding of the central role that housing plays in people's quality of life and life chances.

The research was commissioned to address the following questions:

1. What are the current and future housing requirements and aspirations of Ireland's older citizens and how do they differ from the broader population?

2. What models of supported housing / independent living with care might best address these requirements and aspirations?

3. What policy structures are required to meet these needs and wants in a financially and demographically sustainable way?

4. What are the likely policy implementation blockages and how might these be overcome?

5. What would be the broader economic and social impact of a well-planned national Supported Housing Initiative?

Three complementing methods were used to gather information:

1. A review of relevant literature on current and future housing needs of an ageing population in Ireland.

2. A nationally representative survey of the attitudes to housing needs of older adults with a particular focus on 'independent living with care for older adults/supported housing'.

3. Creative Design Workshops to provide deep insights into the attitudes of older adults and other key stakeholders – exploring views about living in clustered or supported housing units for older adults, supports, services and other features that would inhibit or enhance the attractiveness of supported housing as an option.

This report brings the information gathered together.

Demographic projections indicate that the number of older people (OP) in Ireland is growing. The numbers aged over 65 grew by 100,000 between

2010 and 2015 and more people are now living longer into what could be termed old-old age. The percentage of the population aged over 65 is projected to double, from 12.4% to 24.9%, by 2050. In addition, the number of people aged 80 and over in Ireland is projected to rise from 130,600 to 458,000 – an increase of 250%.

This is a great achievement for our country, but one that requires careful planning if people are to be provided with appropriate accommodation suited to their needs, in their community of choice. The Government's Action Plan for Housing and Homelessness, Rebuilding Ireland, commits to exploring ways to promote the availability of step-down, specialist housing for OP and incentivise down-sizing, where appropriate. But the research found that many people are not planning for their future housing needs. There was very little awareness of the different housing options open to people and limited innovation, in design, financial supports and temporal ownership, for example.

This research is clear that many OP want to age in place. The vast majority of older people surveyed (88%) are very happy with their current home. But when explored in more detail it was found that the link may be stronger to the community rather than the actual house. More than 50% of older people when surveyed said that staying in their local community was the key reason for staying in their current home, and 28% said staying in contact with their friends and neighbours was another key reason. At the same time, more than 20% said that the type of house they lived in negatively impacted 'a lot' on their ease of living. This would show an opportunity for more 'age appropriate' housing within existing communities, of living in the same area but in a different home. The report demonstrates the importance of greater public awareness of planning ahead and avoiding having to make critical decisions following a crisis.

Feedback from those who had moved to down-size or living closer to family or amenities, for example, was positive, particularly where the move was planned and the more the older person was in control making the decisions. The supply of an appropriate mix of accommodation in communities is key to providing greater choice and independence to older people. More needs to be done to achieve this – building smaller 'age-friendly' accommodation in mixed communities. The researchers estimate that, given our current age profile, there is potentially a market for up to 100,000 step-down homes in Ireland, which represents €25bn worth of unmet need. This is the first time we have had this type of valuation of the potential market. If provided, these new homes would also free-up housing equivalent to at least six years supply for first-time buyers.

Findings from this research indicate that much more needs to be done to future-proof our current housing stock. Being able to adapt and change our homes to make them more appropriate to our needs as we age (for example, to widen doorways, accessible bathrooms and toilets, extra storage) will have clear benefits in extending people's independence. This is also a relatively untapped market for the construction industry.

The research brings to light interesting findings about the likely preferences of future generations of older people. More people are now renting their home long-term, and this trend is likely to continue. The implications of this need to be considered in more detail, particularly: how does the rental sector need to respond to this change (in terms of supply, design, cost, security of tenure, for example) and what will be the implications for the financing of long-term care. State schemes such as the Fair Deal Scheme are designed and budgeted by the state around the premise that some of its costs will be

recoverable through the housing asset of the person receiving care.

Older people are also now increasingly comfortable with technology and it is becoming more user-friendly – its potential to extend independence requires on-going development and testing.

Reading this report, it is clear that some testing and innovation is underway, in this country and elsewhere, but it needs to become a greater priority for both our public and private sectors. Much can be gained from sharing the learning from different approaches, from testing new technologies, from education and awareness raising. Developing a vibrant, high quality independent housing with care sector – with 'houses designed with ourselves in mind' – will require engagement and collaboration between many actors – builder/developers, planners, architects, gerontologists, older adults themselves, financiers, the HSE, local authorities and many others so that developments happen in the right locations with the right supports. It is hoped that this research will help to inform this conversation and also encourage further debate and innovation.

ISAX and the Housing Agency wish to thank Gerard O'Neill from Amárach Research, who headed this project, and also Dr Ronan Lyons, Dr Lorcan Sirr and Keith Finglas of Innovation Delivery for their contribution to the research.

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Acknowledgements

The authors would like to thank Sean McKiernan for his excellent research assistance, and the following for their time and insights during interviews:

Executive Summary

This report is based on key findings from the literature and interviews with relevant stakeholders, as well as the findings from a survey of people aged 55+ and four design workshops with small groups of older people. The report is structured in ten main sections. An introductory chapter outlines a framework for policymakers when thinking about providing for the housing and care needs for all older people, regardless of their income. After that, there are sections outlining forces at work at the broader contextual level: socio-economic, macroeconomic and technological. Each reviews the literature and draws together findings and conclusions from stakeholder interviews.

Sections 5 and 6 review two other forms of evidence: a representative survey of Ireland's over-55s on their housing and care needs and how they currently meet those needs; and a series of design workshops, with smaller groups of people, including those already living in Independent Living with Care facilities. The remaining four sections (7 to 10) outline the factors at the level at which policymakers operate: policy and finance; planning and design; housing solutions; and a final section which brings together policy implications across all these headings.

The older population is increasing and preferences changing

Clearly, a key consideration is the growing size of the over-65 population; a segment in Ireland which has been increasing at a faster rate than those of our EU neighbours. The nature of older persons is also changing with a clear, if mostly anecdotal, distinction between the 'new old' and the 'old old' (sometimes delineated as those, say, aged up to 65-70 and those over that age; but there is no definitive age break), the new old being more active, wealthier and more technologically engaged then previous generations.

But other issues emerged in the compilation of this report. Consistent themes emerging from the interviews with stakeholders were the concept of 'ageing in place', choice and the existing emphasis on nursing home care provision. It was also noted that 'ageing in place' involves more than just ageing at home and that the word 'place' may not equate to one's traditional home.

Eight stages of different types of housing and care needs are identified. For the most part Ireland caters for the first two (in the family home) and the last two (nursing home and hospital). The four stages in the middle, which are new homes, with a sliding scale of attendant services (Independent Living with Care) are less well catered for.

A significant issue for the supply of housing for older persons will be the changing nature of tenure of ownership in Ireland. More people are remaining in the rental sector and it is growing in significance. This will be a new departure for older people (OP) in Ireland and also needs to be considered in light of the current funding model of the Fair Deal Scheme, which relies on a substantial fraction of OP having housing equity. By 2021 the Fair Deal scheme is estimated to cost €1.2 billion, but if there are fewer assets with which to supplement, the cost to the State could be much higher. Another issue raised by some stakeholders is that the Fair Deal Scheme has a weekly payment limit which restricts professional investment in the provision of non-state care facilities as payments may not match the level of return required by investors to match the risk involved.

More attention needs to be paid to innovative housing with care

The research found that there are three broad elements at play dictating the potential for providing suitable housing and care for OP; the cost

of providing suitable housing and care, the income of the population of OP and the thresholds at which government supports apply. A policy objective should be to extend state supports to ensure that those OP with incomes sufficiently low that they require state support to meet their housing and care needs but whose incomes are too high to qualify for state support are supported. A second policy objective should be to improve the cost effectiveness of meeting the housing and care needs of OP.

Ireland is not alone in Europe facing the issue of funding care and housing for OP. It has been suggested that European institutions, such as the European Development Fund and the ESF could re-prioritise funding and that governments should also see the policy synchronisations that providing appropriate housing to OP can result in.

This report discovered a dominance of literature and responses that referenced nursing homes and nursing home care. It would appear imperative that, as nursing home residents comprise less than 5% of the population of OP, attention should also be paid to the housing needs of the vast majority. There is also a presumption of reliance on the debt-free home as an asset to provide accommodation and financial support for the housing needs of older persons.

Technologically, the emphasis was on predictive approaches rather than reactive ones. It was also considered important not to get carried away with each new piece of highly-promising new technology but to ensure that whatever is used is both ready and fit for purpose and also brings value for money. The principal recommendations relating to technology were its greater use for the purposes of security, comfort (particularly relating to energy) and monitoring health.

Ageing in place is about location and maintaining independence

The survey of 554 adults aged 55 and over revealed many interesting findings: while the vast majority of OP surveyed were happy in their current home, the reasons for that contentment rarely relate to the dwelling and in most cases relate to the location. Indeed, when asked specifically what would deter people from moving, community and contact with friends/neighbours were amongst the most important options chosen.

This highlights just how important 'ageing in place' is – options to 'downsize' must be in the same neighbourhood where the older person currently enjoys a rich variety of amenities. This is particularly important given the small fraction of homes that are currently 'future-proof': our survey – detailed in Section 5 – shows that less than 40% of homes have adequate storage for walking aids or a wheelchair, while less than 30% have widened doorways.

However, the study does show that OP, especially those in their seventies and older, are open to the possibility of new living arrangements, especially in the context of changes to their health, their safety and in the event of losing a spouse. The study shows that OP are open to new types of dedicated accommodation, including Independent Living with Care, so long as it enables them to retain their independence, be safe and have access to the amenities and to communities that are important to them. Ultimately though they saw any changes funded from their pensions and not from their wealth/assets or the family home.

The design workshops found that the people who had made the move, or were contemplating it, thought that while living in the family home was good as long as it was possible, it wasn't always necessary or possible to 'age in place'.

OP in the design workshops who had made the move were found to be actively enjoying the move they had made, they liked being able to socialize,

and not being isolated. They also liked having easier access to services and felt more safe and secure. Finally, they appreciated being able to keep their own independence, privacy and not having to rely so heavily on family.

In terms of challenges with existing models, some people in the workshops said they would like to be able to host occasional guests at home, or nearby and they would like more onsite community space.

Another apparent issue is the different set of needs in urban and rural settings. Outside towns, accessing transport is a huge deal: "it decides everything" if OP are dependent on it. On the other hand, in towns and cities, security was very important. Security was one of the big triggers for change and can also determine how people plan their days around the journeys they need to make. Otherwise changes in living arrangements were often only considered because of ill-health reasons, security threats or the death of a partner.

We need to plan for our future – thinking ahead

There is something of a disconnect between the evidence from the survey and from the workshops. While workshop participants expressed satisfaction with their arrangement, there is lack of familiarity among survey respondents with the Independent Living with Care model. Thus, respondents worried that such an arrangement would cut them off from their community, their family and their independence.

Looking at the broader challenge of housing Ireland's OP, Independent Living with Care can form a significant part of the solution – but an even greater fraction of Ireland's over-55s could be living in general market housing that is not the traditional family home. The lack of this form of

accommodation creates a wider blockage in the housing market.

In order to fix this, it is necessary to address high construction costs, which are currently a barrier to the provision of new housing for older persons. In bringing down these costs, however, careful attention must be paid in using the tax system to stimulate more efficient use of existing accommodation and the supply of new and appropriate housing. There were concerns about an excessive focus on design and capital projects rather than ongoing services, including coordination of services at an individual level. Other initiatives – such as Build to Rent – also have the potential to play a part in the evolving housing landscape for an ageing population.

Nevertheless, Ireland's dispersed population will be a barrier to the provision of suitable housing and services for older persons. The physical house is also regarded as just one component of successful housing, with the community and its attendant services being the key element. Housing is therefore as much about the community as the unit. There needs to be greater vertical integration of housing in plans and planning at all levels from national to the local.

Overall, the policy changes required are distilled – in Section 1 – into an over-arching theoretical framework, where the goal is to ensure that all older persons can meet their housing and care needs. This presents two clear sets of reforms: of the system of subsidies, but also in the cost-effectiveness of housing and care services. Given the variety of needs of older persons, developing a clear taxonomy of those needs is also a key next step for policymakers.

1.   Framework

1.1   Structure of the Report

Addressing a topic as broad as the housing needs of Ireland's OP necessarily brings up a range of different policy areas and stakeholders. The topic touches a number of disciplines, including housing and healthcare, but also architecture and planning, social policy and broader government finances, as well as

Key Components of this study

This a unique study, designed to capture a rich and diverse range of inputs from primary and secondary sources, including:

1. **Literature Review** – exploring policy issues & initiatives in Ireland & abroad

2. **Stakeholder Interviews** – examining the experiences and views of those already engaged with the housing agenda in Ireland and abroad

3. **Modelling** of the choices, options and economics of alternative outcomes

4. **Survey of Older People** – a survey of over 550 adults aged 55+ about their housing circumstances, needs, preferences and intentions as they get older

5. **Design Thinking Workshops** – exploring in more detail what OP, including those living in accommodation specifically for OP, feel about their needs and preferences in relation to housing and wellbeing

the technological frontier. It also brings up a number of behavioural issues, where real-world considerations have an impact that theory might often miss.

This report is structured around a conceptualisation of the housing needs of older persons fitting within a

spectrum from context to policy levers. In other words, there are a number of important factors that policymakers cannot ignore or indeed substantially change, including socio-economic and macroeconomic factors. Equally important for this report are levers that are open to policymakers, including in the areas of taxation, finance, planning and design.

For this reason, our report is ordered from context through to policy levers. Those headings are: socio-economic factors, including an ageing population but also broader demographics; macroeconomic factors, including the general government budget but also the current specifics relating to housing and healthcare; technology; issues relating to policy and finance; and lastly issues relating to planning and design.

1.2   Emerging Themes

Some consistent themes emerged from the interviews of key stakeholders, including the concept of 'ageing in place', choice, and the existing emphasis on nursing home care provision:

- **Ageing in place:**
  there appears to be an inference from some of the interview findings that the concept of 'ageing in place' can be used as a convenient mechanism for not having to provide purpose-built care housing for those who need it. The concept of ageing in place works best if there is a strong network of appropriate supports in place. To be used optimally, it should also be noted that the concept of ageing in place involves more than just ageing at home: indeed, the word 'place' may not equate to one's traditional home.

- **Choice:**
  Older People (OP) and those in need of care should always be offered choices. A key issue

is to identify what choices (financial, housing, location, and so forth) and how to provide them (funding mechanisms, equity release, etc.). Currently, it appears that housing and care choices are limited for OP in Ireland, and as the population of OP increases, but if the number of options does not increase in line, this will create blockages in the stock of existing housing.

- **Existing emphasis on nursing homes:**
  Many of the interview responses referenced nursing homes and the 'Fair Deal' scheme that helps fund OPs' use of them. Whereas nursing home accommodation is not the focus of this research, given it is one of the limited choices available for OP, it is understandable that it forms such a significant part of many respondents' answers. These responses help to emphasise issues with the current system of care and housing for OP, and especially in relation to the financial model used to fund nursing home accommodation, which depends on a substantial fraction of older persons having housing equity. As the scheme has a weekly payment limit, this restricts professional investment in the provision of non- state care facilities for OP as the payment doesn't match the level of return required by investors to match the risk involved. From a housing policy perspective, this system, which depends on homeownership, will increasingly become seen as flawed as fewer households will be home-owners in the near future (see section 2.4, following), and thereby have no equity available to release for their care, thereby putting a greater burden on the state.

1.3   Theoretical Approach

Most of the discussion that follows can be thought of as fitting into a broad theoretical approach outlined in this section. This approach is not restricted to understanding the housing and care

needs of older persons – it applies more generally across housing need, but is a useful way of representing the relationship between the population of OP and their housing needs and available supports.

Spectrum of care
The spectrum of care is a useful way of matching the housing needs of OP with what is available, actually and potentially. The spectrum can be a reflection of where people live as they age, and can be viewed as a continuum or not. Moving from one sector to the next on the spectrum is a challenge mainly due to the availability of the next sector being an actual option. For example, in the UK, 33% of over 55s have considered moving to a smaller property, more suitable for their changing needs, but only 7% did move as the remainder could not find a suitable property (JLL, 2015).

Figure 1.1 outlines eight stages of the housing and care needs of Ireland's OP. In the context of an ageing population, the Irish housing and healthcare systems currently would seem to mainly cater for the first two and last two: staying at home, with or without adaptation, and then the nursing home or hospital. Options therefore need to be considered and made available for the alternatives in between (Stages 3-6, below), in line with the underlying needs of the population.

Figure 1.1: A new taxonomy of the housing and care needs of Ireland's older persons

Cost of provision: imputed rent, opportunity costs, adaptation (+ services		Cost of provision: Roughly €1,000 p/month (+ services)				Cost of provision: ~€1,000 p/week	Cost of provision: ~€1,000 p/night
1	2	3	4	5	6	7	8

Hospital

degree of care

Specialised living, including sub acute care (high level of services)

Nursing home

Assisted living (medium level of services)

Independent living (low level of services)

Regular market (no services)

Family home

Adapted Family home

New homes, with differing degrees of attendant services

Modelling Key Drivers

In broad terms, there are at least three different elements at play, which currently dictate the potential for providing suitable housing and care for OP. The distribution of these three factors will need to shift, as seen in the next two figures, in order to better maximise the housing and care outcomes for OP. These three issues are: the cost of providing suitable housing and care; the income of the population of OP; and the thresholds at which government supports apply.

Figure 1.2: Representation of current policy relating to OPs
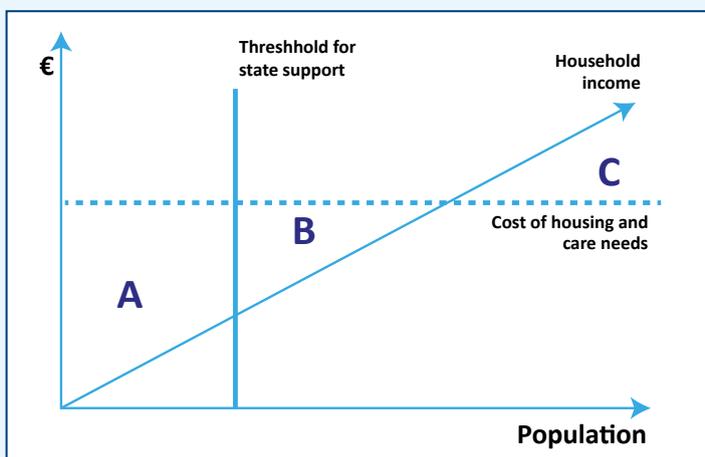
€

Threshold for state support

Household income

C

Cost of housing and care needs

B

A

Population

Legend:

A: Older persons whose incomes are sufficiently low that they meet the threshold for state support to meet their housing & care needs

B: Older persons whose incomes are sufficiently low that they require state support to meet their housing & care needs but whose incomes are too high to qualify for state support

C: Older persons whose incomes are sufficiently high to be able to cover the cost of their housing & care needs and who therefore receive no housing and care support from the State.

It is evident that there are three distinct cohorts of OP in the universal population of housing and care needs in Ireland today, labelled A, B and C in Figure 1.2 above. The first, Group A, consists of those households with incomes sufficiently low that they need to threshold for state support to meet their housing and care needs. In other words, this group has insufficient

practice the extension of state supports to those households just above current thresholds.

The second policy area relates to improving the cost effectiveness of meeting their housing and care. This involves both the construction and healthcare industries and is also an issue that extends far beyond

Figure 1.3: Representation of potential future policy relating to OPs
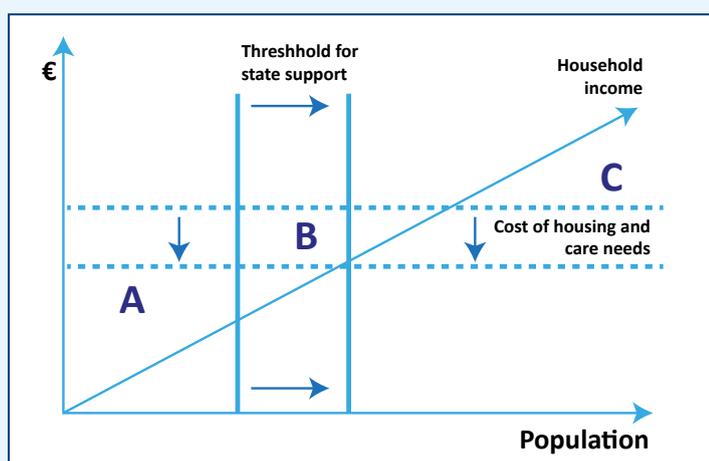
Legend:
A: Older persons whose incomes are sufficiently low that they meet the threshold for state support to meet their housing & care needs.

B: Older persons whose incomes are sufficiently low that they require state support to meet their housing & care needs but whose incomes are too high to qualify for state support.

C: Older persons whose incomes are sufficiently high to be able to cover the cost of their housing & care needs and who therefore receive no housing and care support from the State.

income to meet the needs and the state steps in to assist them.

At the other end, group C consists of those households with sufficiently high income to be able to cover the cost of their housing and care needs, with no requirement for assistance from the state. In between, is group B. This cohort of older persons does not have sufficient income to meet the cost of housing and care needs. However, their income is above the threshold for state support. This leaves them in a precarious situation.

When seen in this way, the overarching policy objective in relation to meeting the housing needs of Ireland's older persons is clear. This is to ensure that no households fall into the trap represented by group B – as shown in the second figure above. In order to achieve this, there are two main sets of actions. The first is the reform of state support for older persons, in

older persons and covers the population at large.

Clearly, the set-up portrayed in figures 1.2 and 1.3 is highly stylised. In particular, there is a range of different housing and healthcare needs in the population of OP – as discussed later in the report. Bringing about the elimination of uncertainty in how OP will meet their housing and care needs – that is, in order to ensure no households are trapped in Group B – will take more than just more generous subsidies and greater productivity in the construction and healthcare sectors.

In particular, an understanding is required of the different levels of housing and care needs of OP. This suggests a further policy priority: the development of a taxonomy of different levels of need, from entirely independent, through various levels of care, to 24-hour residential care.

2.　Socio-economic Factors

2.1　An Ageing Population

For much of the last 50 years, the fraction of Ireland's population over the age of 65 has remained remarkably constant, albeit in the context of Ireland's growing population. In 1960, 11.1% of Ireland's 2.8 million people were over the age of 65. In 2010, 11.3% of Ireland's 4.6 million people were over the age of 65.

The best estimates of Ireland's population in 2015 indicate a significant change. Between 2010 and 2015, the fraction of Ireland's population over the age of 65 grew from 11.3% to 13.1%. This represents an increase of nearly 100,000 people in the over 65 age group in just five years. In contrast, it took 30 years, between 1970 and 2000, for the population of over 65s to increase by 100,000 people. This increase among older age groups is particularly evident in the male population, which grew by 17.5% between 2006 and 2011, compared to growth of 12% in the female population (CSO, 2011) . These changes likely reflect the impact of improving health on the longevity of the Irish male population, which is traditionally shorter-lived than the female population.

While the number of people aged 65 or over in Ireland has effectively doubled since 1960, the proportionate increase in the population aged over 85 has been even greater. An estimated 66,000 in 2015, compared to just 18,000 in 1960, the population of Ireland's oldest citizens has nearly quadrupled during the last half-century. As a result, the over-85s now comprise more than 10% of the 65+ population, compared to a little more than 5% in 1960.

Much of the 2.5 year increase in life expectancy in Ireland over the last decade is due to significant reductions in major causes of death such as circulatory system diseases. Over the last 15 years, there has also been a reduction in mortality rates for most major causes, with the overall mortality rate down by 19%. As such, and in common with many European countries, Ireland's demographic profile is recording higher numbers of OP. Indeed, the population of those aged 65 years and over has been increasing at a faster rate than that of our EU neighbours.

Although Ireland's population is relatively young overall – and the fertility rate quite high in comparison to our European neighbours – the percentage of the population aged over 65 is projected to double, from 12.4% to 24.9%, by 2050. In addition, the number of people aged 80 and over in Ireland is projected to rise from 130,600 to 458,000 – an increase of 250%. Over the shorter term horizon, by 2031, there will be nearly one million people aged 65 and over. The number of persons aged 65 and over is increasing annually by approximately 20,000 (CSO, 2011).

As the age profile of the country changes, there are implications for health and care needs. The majority of people over 65 (52% of males and 56% of females) report suffering from a chronic illness or health problem. Similarly, half of over-75s (49% and 51% of males and females respectively) reported at least some limitation in usual activities due to health problems.

A good summary statistic of the changing country is the old age dependency ratio (OADR), the ratio of people 65 to the working-age population, i.e. those aged between 15 and 64. The OADR in Ireland is projected to increase significantly, from less than 20% (five persons of working age for every one over 65) to almost 45% by 2050.

2.2　Household Size

The ageing of Ireland's population takes place within a broader demographic context, this includes

a declining number of persons per household. In the 1966 Census, there were 4.2 persons in the average household in Ireland. By the early 2000s, this had fallen below three and by 2014 it was at 2.7 persons (Eurostat, 2014). The CSO expects this figure to continue falling in the years to come. This fall reflects not only greater longevity, but also a smaller number of children in the typical family, as well as increased separation rates and a growing fraction of the population who decide not to get married or not have children.

The absence of children reduces the potential for

greatly over time in Ireland, so that Ireland today more closely resembles the behaviour observed internationally, although headship rates (i.e.: the number of people who are counted as heads of households) are still lower than those experienced in many other economies (ESRI 2014).

2.3   Urban, Suburban & Rural

Census figures show a complex network of interactions between location (including urban, suburban and rural), age and the nature of occupancy. In particular, ageing in Ireland as a

Figure 2.1: Average number of persons per household, by country, 2014
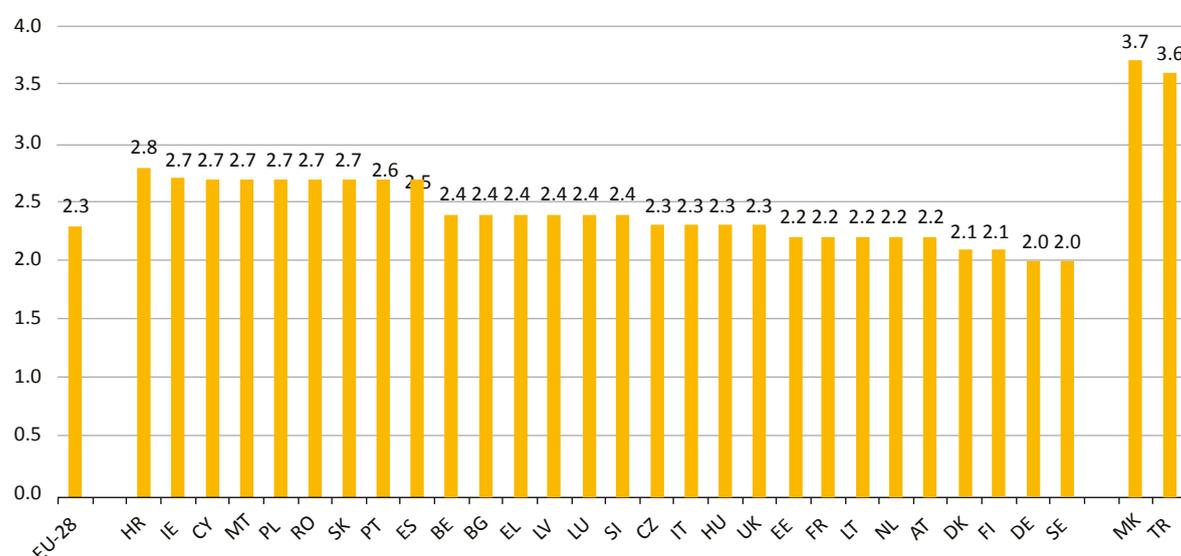
Source: Eurostat

family support for OP. In this sense, Ireland is converging to its European neighbours, not only in terms of ageing but also broader demographics. For example, the most common household type in the EU-28 in 2014 was the single person living alone (32.7%), and the trend towards this pattern is happening in Ireland as well, albeit from a much lower level of 22.1% (Eurostat, 2014). According to the ESRI, the distribution of household types and patterns of household formation have changed

phenomenon has a strong rural dimension as younger people migrate to urban areas. That said, there is important variation in urban areas, with nearly one third of the population in the Beaumont Census tract over 65, compared to just 15% in Ballygall, also in North Dublin City (ARUP et al, 2015). The two maps of Dublin show the areas of the city with the largest fraction over the age of 65 – typically above 15% – and the same areas of the city where housing is unoccupied with no mortgage –

Figure 2.2: Age and Occupancy status of Dublin, by Electoral Division

Aging Population
14.1% – 38.8% of population aged 65 years +   (AIRO)

Unencumbered Property
41% - 92% of housing is owner occupied with no mortgage
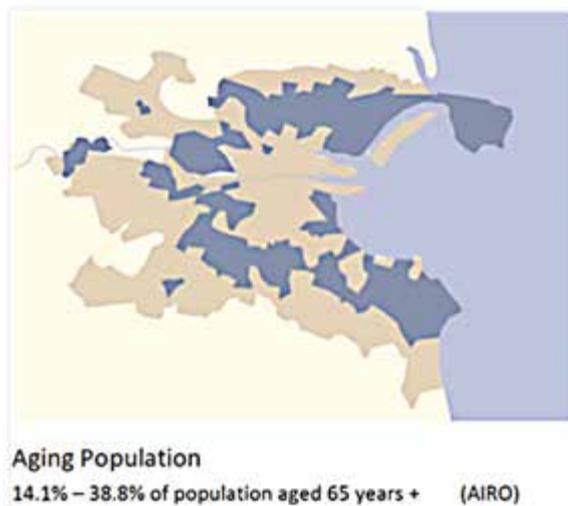
Source: Census 2011; via AIRO and CFA Architects

typically above one half. There is a very high correlation between these two maps, lending weight to the assertion that OP represent significant economic clout, but also that this clout is typically tied up in the principal primary residence. The darker shaded areas shows the incidence of the ratio of over 65s and non-mortgaged home owners respectively:

An issue raised by Brian Moran, senior managing director of Hines Ireland, is the opportunity cost of sprawl and a dispersed population. As the Housing Agency (2014) has pointed out, Ireland needs one and two person units, and the clear implication of this is densification, rather than sprawl. Choosing not to densify, including in the suburbs, brings significant deadweight losses, relating to commuting and fuel consumption but also childcare costs and the cost of time. A potential win-win, therefore, is the creation of new supply suitable for the needs of older persons that facilitates those who wish to downsize offering up family homes for those at that stage in their lives.

2.4   Tenure

Household size and marital status have implications for the way in which people live, especially with regard to their tenure status (i.e. whether they are home-owners or renters). A rise in the number of single person households will most likely see a constriction in the numbers of people purchasing their homes and an increase in people renting for the long-term, given mortgage rules and changing employment contracts. The changing nature of employment, with increasing numbers of people working on short- or long-term contracts, means it will be more challenging for them to borrow funding for home purchase, and again they will remain long-term renters. Census 2011 showed that 69.7% households in Ireland were home-owners, only half of whom have any remaining mortgage debt (CSO 2011). This level of home-ownership is a decrease on previous censuses, and as with household size, shows that Ireland is converging with more established European trends.

Nearly one in five households were renting in 2011, a number which is likely to have increased since. As the nature of work contracts changes to one of less security, coupled with stricter bank lending limits and limited provision of social housing by the state, the private rented sector will become an increasingly important component of the Irish

housing system. It will not just house its traditional occupants of students, immigrants and low-income households, but a much broader range of highly qualified, medium income households across a broad age spectrum. The legislation governing occupation in the private rented sector, however, is not compatible with the future housing needs of its occupants. The Residential Tenancies Act 2004 permits a landlord to evict a tenant if they want to sell the property or need it for use by a family member. Overall, there is limited 'security of tenure' within the sector for those using it.

Related to this, homelessness is an issue for OP that often goes unrecognised, though the majority of homeless people are aged between 25 and 44: in August 2016, 88 adults aged 65+ (out of a total of 4,248) accessed local authority managed emergency accommodation, according to the Department of Housing, Planning, Community & Local Government Homelessness Report.

The rise of importance of the private rented sector has several implications for OP in Ireland:

1) The state pension in Ireland is designed to cover the cost of living, but not living costs. It is based on the assumption that the recipient has no mortgage, rent or other housing debt to be covered by the pension payment. Long-term renters, however will by the very nature of being renters, never own their housing and so will always have living costs (i.e. rent) to pay and to be paid for from any pension they receive.

2) State schemes such as Fair Deal are designed and budgeted by the state around the premise that some of the state costs will be recoverable through the housing asset of the person receiving care. The increasing number of long-term renters will mean that an increasing

number of people needing care to whom the Fair Deal scheme would normally be applicable, but for which the state will be required to fund the required care without being able to resort to the recipient's housing asset to defray any associated costs.

3) The legislation governing security of tenure means that renters can find themselves in financially and logistically precarious positions, or even homeless, for reasons that are currently perfectly legal. Whereas a young person or household may be able to adapt and find alternative accommodation (or use family or friends), this will be increasingly challenging for OP. In addition, the degree to which landlords would be willing to accept OP as tenants is also a concern according to some of the stakeholders we interviewed, and therefore the risk of a higher likelihood of homelessness.

There are other forms of renting that are untried or in their infancy in Ireland. These typically allow for some form of property possession (often leading to ownership), or for people to rent new accommodation while still retaining ownership of their original property thus facilitating movement to new, perhaps more suitable, forms of accommodation, including co-ownership. In Spain a form of tenure known as 'temporal ownership' was introduced last year, partly to facilitate the movement of OP from their own accommodation to more age-friendly accommodation, but without having to sell their family home.

Temporal ownership is where a property can be sold for a specific number of years (say 5, 10 or 20). The new owner receives all the rights associated with property ownership (i.e. to sub-let) and also all the obligations (taxes, maintenance, upkeep, repairs). The original 'seller' retains overall ownership and so the property can still also be left in a will.

The cost of buying this temporal ownership is the net present value of the future rents. There are no rights on reversion (i.e. the new owner has to leave at the end of the temporal ownership period) and no early terminations on either side (to bring security of tenure). Such a mechanism would potentially suit OP as a mechanism for temporarily disposing of their property, or indeed as a way to purchase another more suitable property (see, for example, Sirr 2015).

Given the changing nature of home ownership and occupation, and in the context of limited credit

availability and employment practices, such new forms of tenure will be essential to explore in order to provide comfort and security for the potentially large cohort of OP who may never become home-owners. Family size, tenure patterns, and the changing nature of employment therefore all have implications for OP in terms of their security, care and prevention of poverty and homelessness.

Key Findings from the Literature

Supportive housing in Ireland is mainly targeted at low-income Older Persons (OP). Through the Capital Assistance Scheme (CAS), the state funds voluntary and not-for-profit organisations in building sheltered housing for OP. There has been a long-standing deficit, however, in the supply of housing with care in Ireland: a 2007 report outlined that Ireland barely met the minimum set by the Government for an appropriate ratio of units per 1000 OP (Cullen et al, 2007).

There is an issue with the limited availability of information about the housing-with-care sector in Ireland, particular privately-owned or operated. That said, the severe fiscal contraction over the last several years has not only exacerbated this but, the literature suggests, will also make Irish society more likely to have a negative perception of OP.

The literature suggests that 'austerity policies' can serve to harden and legitimise negative attitudes towards OP (Ginn et al, 2015). Remaining in the workforce may prevent the emergence of these attitudes, however OP face a variety of barriers in finding work, including

unhelpful and arbitrary mandatory retirement age laws (WHO, 2007). Allowing OP to choose to continue to work could also help reduce deprivation. Of the 12.8% of the population who were over 65 in 2014, 8% were 'at risk' of poverty and 6.3% suffered deprivation (CSO, 2015).

The literature also warns that large scale urban renewal projects can be very detrimental to OP's way of life. Often the support networks that OP rely upon can be destroyed in the process of regeneration. It is strongly recommended that OP be consulted on major projects that are likely to affect them (Ginn et al, 2015).

The perceptions of OP themselves will need to change too. Currently a significant barrier to downsizing is the perception that institutional care is the only alternative to one's own home (Homes & Communities Agency, 2009). Although this perception is often accurate, it is not always so and local authorities should work hard to change both the opportunities for, and perceptions of downsizing. Too often the decision is delayed until the only option is to move to a high dependency residential setting. With better awareness of options, it should be choice, rather than circumstance, that defines when a move is made (ibid.).

Other factors that push OP from their home include a lack of familial support and high living costs, with those with fewest ties to a place most likely to leave. Pull factors include desire for a better climate, wanting to be near family and preference for living in a similar-aged community (Croucher et al, 2006). For example, the number of Britons registered as resident in Spain has increased six-fold in the last generation.

The literature also notes the growing popularity of the concept of 'Lifetime Homes' and 'Lifetime Neighbourhoods' (Homes & Communities Agency, 2009). These concepts propose building homes and urban areas in such a way as to make them either age-friendly, or easily modifiable. Following these concepts, London requires that 10% of all homes be wheelchair accessible, while 1% of all houses in Mexico must be suitable for OP (WHO, 2007).

The changing habits of modern workers may further help transform suburban neighbourhoods. As growing numbers work 'remotely', areas that were once occupied only by young families and OP during weekdays now have busy cafés full of working age people. This growing trend will serve to make local communities more lively and amenable for OP (OECD, 2002).

However, with improving technology, better diet and longer life-expectancy a heavier burden is being placed on already stretched public health systems. The literature warns of a growing 'demographic deficit', where the young will have to subsidise the care of the old – although this may be offset somewhat by delayed retirements. As the dependency ratio becomes more acute, women and immigrants are also likely to lose out due to their historically low labour force participation (OECD, 2002).

Despite these macroeconomic challenges, significant opportunities exist. Future generations of OP are also likely to have more 'economic muscle' (Homes & Communities Agency, 2009). They will be more active and demand better services and products. This market – known in Canada as the 'Mature Market' (OECD 2002) – represents a large untapped opportunity.

Key Section Findings

Housing for OP needs to be viewed in terms of a Spectrum of Care, as it is in other countries. It is also important to model the supply and demand influences on housing provision for an ageing population, including the role of state supports (and subsidies) and influences on housing costs.

Ireland's older population will grow significantly over the next number of decades, but there is already a pressing need to develop new types of accommodation choices for the current population of over 65s. Demographic changes will also shape the structure of Irish households, which in turn will create a large population of OP, often living alone, in accommodation that is gradually becoming less appropriate for their needs.

Added to demographic change is the impact of regional dynamics, especially the 'concentration' of OP in more rural areas (though also in specific urban locations such as inner Dublin, for example). Home ownership – especially ownership outright without a mortgage – is the dominant tenure type, and this tenure preference will also shape the housing choices available and the choices eventually made by an ageing population.

3. Macroeconomic Factors

3.1 Economic Context

The economic context in Ireland currently is complicated. On the one hand, economic growth rates and population growth rates are high, relative to other developed countries. Ireland is a rapidly growing economy and, thanks to a large surplus of births over deaths, also enjoys a rapidly growing population.

On the other hand, the state finances are in a more precarious position. The financial and economic crisis of 2007 to 2012 has left the state with a high debt burden, relative to national income. This leaves a limited scope for generous increases in public spending, including areas relating to the housing needs of older persons. Already, when compared to gross national income, public spending in Ireland is high – and this includes spending on healthcare, particularly when Ireland's relatively young age structure is taken into account.

Nonetheless, the state has obligations to its citizens, in particular an obligation to ensure adequate housing and related supports for all Irish citizens, regardless of their age or income level. As outlined in section 1, the theoretical framework through which the housing needs of older persons in Ireland is being considered is one that directly compares the per-period costs of housing and related supports an older household requires with their disposable income. In particular, subsidies should be based on the gap between these costs and income where relevant.

As outlined by Standard & Poors in Table 3.1, there are also significant financial considerations and implications associated with the changing age profile of Ireland. The predicted doubling of OP (with the greatest proportional increase in the 85+ age group) will have significant health provision, economic and social costs as the percentage of the working age population decreases over the same period from 65.7% of the population to 55.7%. Despite a rising OADR, it is still not as significant as some of our European neighbours.

Table 3.1: Age & Expenditure Projections for Ireland

Ageing Population Data And Scenario Results: Ireland								
	2015	2020	2025	2030	2035	2040	2045	2050
Demographic and economic assumptions								
Population (mil.)	4,7	4,6	4.6	4,6	4,6	4,7	4,8	5,0
Working-age population (% of total)	65,7	63,4	63,3	63,1	61,9	59,3	56,7	55.7
Elderly population (aged over 65; % of total)	12,4	15	17,1	19,4	21.4	23.1	24.5	24.9
Old-age dependency ratio (%)	18.9	23.6	27	30,7	34,5	39	43.2	44.7
Real GDP (% change)	7,8	1,4	1,4	1.8	1.7	1.4	1,4	1.9
Age-related government expenditure (% of GDP)								
Pensions	7.5	8,0	8,7	9,1	9,6	10	10.2	10
Health care	6.1	6.3	6,6	6,9	7,2	7,3	7,3	7.3
Long-term care	0.7	0,7	0,8	0,9	1.0	1.1	1.2	1.3
Unemployment benefits	1,9	1.5	1,3	1.2	1.0	1.0	1,0	1.0
Total	16,2	16,5	17,4	18,1	18.8	19,3	19.7	19,6

Source: Standard & Poor's: Global Ageing 2016: Ireland's Ageing Population Would Reverse Fiscal Gains In 10 Years Absent Reforms, July 2016

3.2   Current Policy

Established by the Health Act 2004, the Health Service Executive (HSE) is responsible for the provision of health and social services for every Irish citizen, using public funds. The HSE replaced ten health boards, the Eastern Regional Health Authority and other agencies and comes under the remit of the Minister for Health. It has an annual budget of over €13 billion, and is the main body responsible for care of OP in the state. Other bodies such as the Health Information Quality Authority (HIQA) are also involved in monitoring care, and funds such as the National Treatment Purchase Fund in financing it.

It is the stated aim of the HSE to facilitate OP staying in their home or community as long as possible. This effectively means stemming demand for nursing homes and to do this there are currently two models. The first is a community services-led model supported by a primary health team, while the second is the provision of home care. The HSE is currently exploring potential "Third Options", for example where OP move in with a family, in a system similar to the fostering of children. As of 2014, the total budget for care of OP was circa €1,400m, of which €324m was spent on home care.

Currently 4.1% over-65s are in nursing homes and almost one-quarter of over-85s are in long-term care, according to HSE figures. In the sector, roughly 80% of these are privately run nursing homes. However, despite the dominance of privately run nursing home beds, the system as a whole is underpinned by the Fair Deal scheme.
The Fair Deal scheme came into effect in 2009 to provide financial support for people who need long-term nursing home care. Under this scheme, administered by the HSE, a person in need of care will make a contribution towards the cost of their care and the State will pay the balance.

Any person of any age who needs nursing home care can apply to be a part of the scheme. Every applicant must undergo a financial assessment that examines personal income as well as assets in order to calculate the personal contribution and the shortfall the State will cover. It is this aspect of the scheme that is going to be affected by the changing nature of home-ownership in Ireland, as the current contribution also refers to the value of any assets they own (this is subject to certain minimum thresholds). Contributions by eligible residents under the Fair Deal scheme can be made during the period they reside in the care home or they can be deferred and be paid from their estate after death.

Of about 30,000 nursing home bed spaces, roughly 23,500 are covered by Fair Deal. Under this scheme, 75% of current income is taken to cover the cost of nursing home care as well as 7.5% of assets for up to 3 years. The three-year limit compares to an average length of stay of 1.9 years of the Fair Deal system (and five years before the Fair Deal system was introduced). Admission to Nursing Homes currently is based on assessment of need, done at the individual level. This is a key step, given the high costs involved in 24-hour residential care for older persons. Interviewees in the public and private sector indicate that private beds incur a cost of roughly €850 per week. Public beds – which often deal with those with the greatest need, as well as working in the areas that are not economically viable – cost an average of €1,350 per week according to estimates by the Office of the Ombudsman in 2011.

3.3   Future Policy Requirements

As noted earlier, a declining proportion of the population owns their own home with increasing

numbers of households renting currently and into the future. This poses a significant challenge for the Fair Deal scheme as it means there will be an increasing reliance on income contributions, rather than asset contributions. Combined with this, there is the issue of age. The greatest need for nursing home care, or a similar level of service, is among those aged over 80 and specifically those over 85. As highlighted in Section 2, this is the proportion of the older population that is growing fastest. Thus, it is quite possible that the challenges to the current setup will arise faster than the general ageing of the population.

At current rates, the Fair Deal scheme is estimated to cost €1.2 billion by 2021 according to BDO estimates in a 2015 report for Nursing Homes Ireland. However, if applicants increasingly do not have assets with which to supplement the payment of their care, then the shortfall to the State will increase commensurately. Ireland is similar to both Spain and the UK in that private nursing home operators are the main providers of residential care. More than 50% of public nursing homes are more than 50 years old and more than 40% of the current stock of nursing homes are 30 beds or less. The weekly cost of caring for an older person in an acute hospital is estimated to be in the region of €6,000 per week, which implies that for every 1,000 patients who cannot be housed in a nursing home and must seek care in the acute hospital sector, it costs the State €6 million. There are therefore significant cost savings to be achieved from options other than hospitals, or indeed nursing home care. Furthermore, some estimates by the National Director for Acute Hospitals in 2014 indicated that a total of 755, mainly elderly hospital patients were experiencing delayed discharges because of a lack of suitable accommodation and care arrangements when released from the hospital.

In this context, the establishment of the cost of different levels of housing and care would strongly clarify any economic advantages, compared to 24-hour residential care, of less intensive forms of support for older persons. This is effectively a call for data: until there is an understanding and consensus on the breakeven cost of providing different kinds of housing and care for older persons, it will not be possible to put in place the correct policies and subsidy system to bring this about.

Key Findings from the Literature

In Ireland there are three main providers of social housing. Local authorities and Approved Housing Bodies (AHBs) provide publicly funded housing, while the private sector provides accommodation for households, supported by the rent subsidy (Cullen et al, 2007).

The broad strategy currently used by the state is to help OP remain at home for as long as possible (in accordance with the generally expressed preference). When this is no longer possible they should be moved to a form of sheltered housing, generally a nursing home (Dept of Health & Children, 2009). There are many schemes to support this strategy, including: The state pension, household benefit packages, free travel, fuel allowance, living alone grant, housing aid for OP and, most significantly, the home care package and medical cards (Dept of Social Protection, various; see also Housing Agency (2013).

The nursing home support scheme ('Fair Deal') is designed to support OP when they need to move to a higher level of care. Although medical cards and care packages are not means tested, many of the other home supports are (such as the Housing Adaptation Grant for people with a Disability). The Nursing Home Support Scheme is also means tested; the resident pays 80% of their income and 7.5% of their wealth, excluding the first €36,000 worth of assets.

The voluntary sector plays an important role in the provision of sheltered accommodation. In 2014 AHBs managed approximately 27,000 homes (Department of the Environment, Community and Local Government, 2014). Though not all of these were occupied by OP.

Much of the resources of these organisations are targeted according to government priorities, which recently has been to ease the housing crisis and alleviate homelessness.

Some of the literature is critical of the care options offered by the state. In particular, it is suggested that overreliance on 19th century workhouses can lead to 'cruel habitation'. Workhouses were designed to act as a "terror to the able-bodied population" in order to act as a disincentive for them to enter the house, and while their purpose has changed, their general construction, design and atmosphere reflect their original purpose (Dalton, 2014).

Some authors suggest that with innovation and creativity new funding sources can be tapped: As many of these issues are common across Europe, it is suggested that European institutions such as the European Development Fund and the ESF could re-prioritise funding for OP accommodation (Pittini & Thorogood, 2012). Further, it is important to recognise the policy synchronisations that can be taken advantage of: Providing suitable accommodation for OP can have positive knock-on effects more broadly in housing and healthcare. Thus investment in OP's accommodation and services should not be seen as meeting one isolated issue, but rather a fundamental part of a broader policy space (ibid.).

However, given the severe budgetary pressures of recent years, it can be politically difficult to prioritise investing in areas such as Independent Living with Care, where the benefit occurs over the medium- long term. In the face of acute pressures on services such as health, housing and homelessness, services for OP in Ireland have suffered. In 2007, Ireland met the barely minimum goal of having 20 units available per 1,000 OP. That

ratio is likely to be much worse today. These pressures will only get worse with the changing work culture in Ireland and elsewhere. Previously women were relied on to look after ageing parents. With far greater female participation in the labour force, this traditional source of care will disappear (Cullen et al, 2007).

The relative costs and benefits of investing in this sector are made all the more difficult to appraise because the 'goods and services' provided are largely non-economic. Looking at the issue solely through an economic lens is of limited value. Oldman (2000) however attempts to provide a basic approach that may be useful for policy makers. This approach builds on Tinker et al's (1999) model which uses six vignettes (or description of individuals in particular circumstances) to estimate a level of care and the associated cost. Although imperfect, this is considered to be the most thorough and transparent method thus far devised.

Key Section Findings

Ireland is vulnerable to the pressures that will be imposed by an ageing population on health, pension and social welfare expenditure in the context of its current debt and fiscal constraints. Policy initiatives such as the Fair Deal Scheme are based on economic models and assumptions that will not all be sustainable as the numbers of over 65s increase. These emerging constraints – and the avoidable costs of expensive care alternatives such as keeping frail, OP in hospital beds – mean that new solutions will have to be found

4.   Technology

4.   Technology

4.1   Technology & Older Persons

As the 2002 OECD report, 'Ageing, Housing & Urban Development', noted almost fifteen years ago, the opportunities presented by technology have not been fully capitalised on – a failure that includes the private sector. That said, a recurring caution in discussions of technology is that it can never be a substitute for human care. Instead, technology can play a very effective role in facilitating care and improving quality of life within the context of care.

Here, the distinction between the 'newer old', under the age of 65-70, and the 'older old', over the age of 70-75, is likely to play a role, given different levels of familiarity with technology. Nonetheless, regardless of the level of technological literacy, best practice in ensuring user-friendliness is to involve older persons in the design of technology that they will be expected to use. This includes 'plug-and-play' style installation – now common in new technologies – in order to maximise adoption.

4.2   Seeing through the Hype

There was a general sense among stakeholders interviewed as part of this research that there is a certain amount of hype regarding the potential for technology to help meet the needs of OP. But all those interviewed did agree that technology can help with the provision of housing related support for OP, there was much greater hesitation on the part of interviewees regarding it as transformative.

One perhaps less glamorous but important role that technology can play is in the process side of housing with care. For example, the charity ALONE uses technology across its processes, effectively engaging best practice in CRM, i.e. client relations management. This means that the older persons that ALONE serves can enjoy a smoother service than one where different parts of the organisation

are unaware of the respective interactions with the client.

The recent report, "Housing for Older People", by Age Friendly Ireland (2016), outlines the findings of the SLIOTAR project, a project involving the housing services enjoyed by residents of the Great Northern Haven development in Dundalk, which is managed by Cluid Housing Association. This change was brought about using a mix of new technology, design improvements and other social interventions. The principal recommendations relating to technology included its greater use for the purposes of security, comfort (particularly relating to energy) and monitoring health.

4.3   Intrusiveness & Privacy

Clearly, technology also brings up privacy concerns. The general principle should be to minimise the extent of observation, for example, by using technology to monitor activity and to alert a carer only when the data deviates is far less intrusive than an open-door policy.

There was widespread agreement among interviewees that technology, and in particular the introduction of new technologies, should be done in a non-intrusive way. An example given by Robert McCarthy, of IBM, was low-key monitoring of energy usage in a household via the installation of a 'smart meter' to the electricity feed. This meter can learn the energy signature of each appliance and removes the need for a whole network of very visible (and more expensive) gadgets such as sensors or round-the-neck technology. An episode of unexpected inactivity can then alert the care-giver. This is technology working in an ambient living context and is significant cheaper than more "in-your-face" solutions. Ideally, this would be part of the terms of service in a supported community.

4.4 Examples of Age-Friendly Technology

Technology need not only be about medical needs, but also about the needs, including for example digital photoframes. Nonetheless, it is likely that technologies that offer healthcare benefits are likely to be prioritised by those responsible for the budgets for meeting older persons' needs. These can be pervasive technologies, for example smart floors. The installation of Room Sensor Networks (basically sensors fitted to the building) can be an alternative to wearable tech. A good example is analysis of gait which can be a strong predictor of a 'fall'.

The example of a Smart Energy meter is reactive technology, albeit in close-to-real time. There is also significant potential in more predictive technologies. The Empatica watch is a good example of such innovation where a watch is used to gather information about the wearer's daily bodily and movement patterns and then uses this to monitor and predict events. The same company also produce a watch that uses electrodermal activity (galvanic skin response) to monitor brain activity which it can then use to predict epileptic seizures. The use of electrodermal actvity monitoring is being used to research issues of particular relevance to OP, including Parkinson's Disease, dementia, diabetes, Alzheimer's, stroke and pain management.

Key Findings from the Literature

The growing importance of technology is also recognised in the literature. While this generation of OP may be relatively unfamiliar with recent technologies, following generations will not. With careful planning technology could be used to great effect in meeting the requirements of OP in the future (OECD, 2002).

Technology offers powerful opportunities to improve the lives of OP. Perhaps somewhat surprisingly, those who suffer from dementia may have most to gain from these new advances (Dalton, 2014). There are three ways in which technology can be implemented in the care of OP: 'wearables', 'plug & play' or embedded in the building. The literature warns that wearable technology is currently limited by battery efficiency (batteries are too big) (ibid.), while so-called 'plug & play' options- easy to use technology that needs only to be plugged in to be operated-are likely to be more desirable. Plug & play options offer a viable alternative to embedded technology that are expensive and must be installed when the building is being built (OECD, 2002).

Generally, the literature is enthusiastic about technology, listing its many potential applications, including: GPS tracking to guard against wandering and 'intelligent' monitoring systems that can study a person's gait (a strong predictor of falls). Technology can also help sooth dementia patients who suffer from an extremely low stress threshold. With intelligent monitoring, the system can anticipate a stressor creating a negative reaction in the OP. It can then, for example, change the ambience in the room in order to reduce stress in the occupant (Dalton, 2014).

Contrary to growing concerns in wider society about privacy, technology offers a path to increased privacy for dementia patients. Many dementia sufferers require constant surveillance, which necessitates an 'open door/window' policy, thus granting them little to no privacy. With technology monitoring ('tele monitoring'), OP are

free to enjoy their privacy, safe in the knowledge that if they do require assistance the system will alert a carer. Further, many dementia sufferers today require strong drugs to moderate the worst symptoms of their condition. Technology combined, and in conjunction with better architecture may reduce or eliminate the need for such medication amongst many sufferers (ibid.). There will rarely be a need for the data to go beyond a local network, thus the more common concerns of data protection should not be relevant.

The literature stresses, however, that technology cannot be a substitute for traditional care. Rather technology facilitates a higher level of care (Dalton, 2014). It also notes that while today's generation of OP are relatively computer illiterate, this is likely to change radically in future generations (OECD, 2002). And while technology may be alienating to some OP today, in the future it will already have been part of their lives for many years.

Despite the promise of technology some argue there has been a wide failure to engage with it, both commercially and technically. Those firms that are involved in the sector are mostly SMEs, which lack the resources to scale their products in an impactful way (OECD, 2002).

Finally, it should be noted that the literature is not universally supportive of technology. One study with 205 participants (average age of 80) recorded no difference in the number of hospital and emergency department visits between groups using tele monitoring versus normal care. More worrying still, there was a 14.7% higher mortality rate in the technology group. The cause of this higher mortality rate was, however, unknown (Cha et al, 2012).

Key Section Findings

The speed of change in technology adoption and usage has created a 'generation gap' between 'younger' OP and those in their late 70s and 80s. Some OP are reluctant to embrace digital technologies and similar products owing to a lack of confidence, familiarity or perceived need. However, looking ahead, we can expect that people retiring and entering their 60s and even 70s in the next few decades will be much more willing to embrace technology based solutions and services, such as 'smart meters' and other 'internet of things' type offerings.

However, there are important issues concerning the use of technology by OP (and younger for that matter), such as the issue of privacy. It will therefore be important to develop and install technologies that respect the needs of older users while still enabling providers to operate communications and other caring services. All that said, technology will not replace the human touch, and OP will continue to want and enjoy the interactions they have with the people caring for them or simply belonging to their family and social circle.

5. Survey Findings

5.   Survey Findings

5.1   Background to the Survey

Alongside a comprehensive analysis of the literature and wider debate about housing for an ageing population, a survey of 554 adults aged 55 and over in July 2016 was conducted. The survey was conducted by Amárach Research, and was carried out face-to-face with a quota controlled sample of over 55s, plus a booster of over 80s to give a large sample for sub-analysis purposes. This chapter summarises the key findings from the survey.

5.2   Current Circumstances

The majority (62%) of over 55s live with a spouse or partner, while 29% live alone. The remainder live mostly with their children. Most people are very settled where they live, with the majority having lived there for more than thirty years (having lived in less than three previous properties in their adult life):

Table 5.1: Length of time living at current location

Length of time in current area and home	This Area/Region %	This Home/Property %
Less than 1 year	*	*
1-10 years	5%	11%
11-20 years	11%	17%
21-30 years	17%	20%
31-40	19%	21%
41-50	18%	16%
55+	30%	14%

Base: 554 adults aged 55+

Two thirds live in a house (two or more floors), and almost all the rest live in a bungalow (and a negligible number in apartments). The vast majority own their own home: 48% outright and 42% with a mortgage. Most of the rest rent from their local authority.

Given the longevity of tenure in their current location, we asked people in the survey to list the top three reasons for choosing their home in the first place, and what the top three reasons are for continuing to live there. Table 5.2 summarises their responses:

Table 5.2: Top reasons for choice of home/location

Reasons for choice of home/location	Original reasons %	Current reasons %
Safety and Security	29%	41%
Convenient Access to Shopping areas	31%	35%
Proximity to work	40%	32%
Proximity to family	28%	29%
Views and pleasant surroundings	26%	28%
Area/house that was affordable	37%	27%
More peaceful	14%	17%
Proximity to friends	10%	16%
Convenient access to Church	7%	13%
Garden	7%	9%

Base: 554 adults aged 55+

While proximity to work was the main original reason for choosing the current location, this falls to third place as the current reason for staying there -with safety and security topping the list. There is very little variation in these responses by age in the survey.

The vast majority (88%) are very happy with their current home, and only 6% are very or a little unhappy. Many have made one or more adjustments to their home that make it more comfortable as they grow older – while among those who haven't there is clear awareness that certain adjustments might be needed in future:

Table 5.3: Current features in home

Features in home	My home has this feature %	This feature is needed in my home now %	This feature might be needed in my home in the future %	Not applicable %
Toilet on the ground floor	85%	1%	8%	6%
Outside lights	85%	2%	3%	9%
Nonslip floor surfaces	73%	3%	10%	14%
Toilet and shower/bathtub on the ground floor	68%	3%	16%	14%
Bedroom on the ground floor	58%	2%	21%	20%
Alarm system	56%	5%	16%	23%
Adequate storage for walking aids, wheelchair, etc.	37%	2%	25%	36%
Widened doorways	29%	3%	32%	35%
Bathroom aids, e.g. walk in shower, grab rails, toilet adaptions	23%	3%	37%	37%
Surveillance system	21%	5%	31%	44%
Ramps	10%	3%	39%	47%
Intercom	8%	5%	37%	50%
Chair lifts	5%	2%	35%	58%

Base: 554 adults aged 55+

Of course, not all features are relevant to all the people in the survey – e.g.: chair lifts in the case of people living in bungalows. The incidence of these features rises significantly with age, suggesting that people prefer in the first instance to adjust their home to their needs than to find alternative accommodation more appropriate to their needs. Even if people don't have the features listed, most are confident that they could get any needed adaptations made to their home if required.

Older adults are also quite engaged with communications and digital technologies. The majority use mobile phones and the internet, though only minorities use social media, Whatsapp and other services. The pattern of usage remains fairly consistent up to the age of 75, but falls sharply thereafter, with only a minority of over 75s using the internet:

Table 5.4: Use of technologies & digital services

Type of technologies used	% Use
Mobile Phone	92%
Internet	64%
Social media (e.g facebook, twitter)	36%
Skype	34%
Whatsapp	26%
Messenger	23%
Netflix	18%
Viber	14%
Spotify	7%

Base: 554 adults aged 55+

Not surprisingly, therefore, the majority (75%) of over 55s expect to continue living in their currently location for the foreseeable future, while 18% expect to remain where they are until they need care or assistance. Again the pattern is remarkably consistent by age and doesn't fall off as individuals get older.

Nine in ten don't have any caring responsibilities, nor are they cared for, though this falls to just over 8 in 10 over 75s. Among over 70s, about a third have a long term illness, health problem or disability. Of these, fewer than one in five say their problem or issue affects their ability to do certain physical activities (e.g.: walking, climbing stairs etc).

As a result, also among over 70s, about 1 in 5 say that the type of house and/or area they live in has a negative impact on their ease of living:

Table 5.5: Extent to which ease of living negatively affected

Ease of living negatively affected	by the type of house you live in %	by the location/area you live in %
A lot	21%	22%
Somewhat	13%	10%
Not at all	66%	68%

Base: 231 adults aged 70+

Those answering 'a lot' tend to be people living alone and/or widowed, and in sub-urban areas.

Nevertheless, the survey of over 55s does show a high level of contentment with existing accommodation and locations, which needs to be taken into consideration when it comes to assessing the potential demand for alternative types of accommodation for older adults. But there are factors that would encourage OP to change their accommodation, which is explored in the next section.

5.3   Change Drivers

Why do people stay where they are, even if a substantial minority (over 20%) are experiencing lifestyle constraints as a result? The survey indicates that community ties are a critical influence. Remaining in their local community was the most important reason for people to stay in their current home.

Table 5.6: Reasons preventing move from current home

Reasons preventing a move of home	Reasons for staying %
Stay in local community	54%
Hold on to family home	38%
Familiarity/comfort of home	34%
Keeping contact with friends/neighbours	28%
Maintaining own independence	23%
Moving expenses	13%
Financial constraints	10%
No suitable houses to downsize to in area	8%

Base: 554 adults aged 55+

Financial constraints are quite far down the list of reasons preventing people from moving.
Indeed, 90% of over 55s stated that their current home is ideally where they would like to live later in life – it rises to 100% of over 80s. Of course, such attitudes are conditioned by present circumstances, and nearly half (47%) assume being in reasonable health to explain their preference for staying where they are. While over one in four (27%) assume they will have access to reasonable financial resources, with limited variation by age group.

When asked what reasons would encourage the older person to move from their current home, the main driver is health:

Table 5.7: Reasons why would move from current home

Reasons for moving	%
Health concerns	38%
Reduced mobility	27%
To be nearer family	12%
Feeling unsafe	12%
None/not moving	12%
Death of partner	10%
Anti-social behaviour	10%
Loneliness	8%

Base: 554 adults aged 55+

Again, few of the reasons are specific to the type of accommodation itself, rather reasons tend to collate around the potential need for care and general safety.

Going further, the survey explored people's interest in independent living with care facilities, explained as follows:

"There may be a point when your health or other personal circumstances change and it would make sense to move from your current home to more supported accommodation. This is sometimes called independent living with care facilities."

Health is clearly a key driver in such a scenario, though safety is again quite important:

Table 5.8: Top 10 factors driving move to independent living with care

Reasons for moving to ILWC facilities	%
Depleting physical health	46%
Having access to supports and services	30%
Feeling safer and more secure/neighbourhood changes and becomes less safe	29%
To remain as independent as possible as long as possible	28%
Depleting mental health	25%
Don't want to be a burden on family/friends	23%
Closer to healthcare facilities	21%
Realise need more support with my daily activities	20%
Want to meet new people and make friends	16%
Current house no longer suitable/doesn't meet my changing requirements as I age	15%

Base: 554 adults aged 55+

But people foresee a number of negative features of such an arrangement, especially around the loss of independence:

Table 5.9: Factors preventing move to independent living with care facility

Reasons for not moving to ILWC facilities	%
Would feel less independent	40%
Unwilling to sell/lose my home	39%
Would feel cut off from community	28%
Would feel cut off from family	26%
Don't want to live with other older adults	25%
Would make me feel very old	25%
Don't want to be a burden on carer	14%
Increased care expenses	10%
None available near where I live	9%

Base: 554 adults aged 55+

Fear of losing the family home is an important influence on OP's perceived care options. Indeed, over three quarters of over 55s would want to own whatever accommodation they moved to in the event of change, though 1 in 5 are open to the option of renting.

Going further, the survey explored the type of features and facilities that would make independent living with care facilities attractive in the event that there was no choice but to move there:

Table 5.10: Top 10 desired facilities in independent living with care facility

Important ILWC facilities	%
Having your own independent house/apartment	80%
Safety and Security staff	78%
Nearby shops	74%
Nurse on site	72%
Lift	68%
Public Transport (bus stop, train station)	67%
Own garden/outdoor spaces	66%
Treatment rooms for healthcare staff	66%
Nearby bank/post office	65%
Spare bedroom	63%

Base: 554 adults aged 55+

It is clear that OP consider a combination of both facility-specific features as well as the wider amenities associated with a location to be part of the 'ideal' mix of features in independent living with care accommodation.

5.4   Planning Ahead

The survey shows a relatively low level of preparation for older age, especially in terms of considering alternative accommodation. People were asked what are the kinds of events/things that people should plan for in their old age. The advice varies surprisingly little by age, the number one thing to plan for is financial security, especially a pension. Staying active and being fit and healthy are quite distant second and third requirements in the views of over 55s.

That said, the vast majority (71%) of over 70s feel they have prepared very or fairly well for their older years, again with little change among older, over 80 cohorts. The majority rely on (or will rely on) the contributory state pension (47%) and the non-contributory state pension (27%) – only 16% receive or will receive income from an occupational pension scheme. Among those not retired, the majority (59%) are not worried about having enough money when they retire.

Table 5.11: Preferred arrangement for paying for independent living with care

Funding options	%
Pay accommodation rent from pension	53%
Rent out own home and use profits to pay for accommodation	17%
Fund buying accommodation from own savings	13%
Fund buying accommodation from selling current accommodation	14%
Family/friend assistance	2%
Bank/Credit Union loan	1%

Base: 554 adults aged 55+

It is clear that only a small minority (14%) would envisage selling their current accommodation to fund future accommodation (and the percentage falls with age). In fact, a large majority (84%) of property owners in the survey (most over 55s) plan on leaving their home to family or relatives as an inheritance in their wills: rising from 79% of 55 to 64 year old home owners to 87% of over 75s.

This highlights just how complicated (from an economic as well as political perspective) funding for new types of accommodation and living arrangements for an ageing population will be.

Key Section Findings

Ireland's OP are quite 'embedded' in their current accommodation choices. They overwhelmingly prefer their current arrangements (building, tenure and location). Most have or will adjust their accommodation to their needs as they age rather than choose alternative accommodation.

There are strong bonds keeping them in their current locations and homes, but they recognise that changes to their health, relationships and safety circumstances could persuade them to move. A loss of independence is a strong, emotional barrier to change, while financial ties – including the desire to leave their home to their children as an inheritance – are further constraints.

That said, they do see the appeal of alternative accommodation that retains their independence but provides better care and safety as well as access to local amenities that appeal to them. Though ultimately, they want to fund such a change from their pensions rather than from their wealth/assets or family home.

6. Design Thinking Workshops

This chapter summarises the results from the creative design workshops held as part of this research project and provides details of the background and methodology used.

6.1 Background and Methodology

The aim of the workshops was creative collaboration with stakeholders to better understand their attitudes, behaviours and desires while discussing potential solutions on the subject of new living arrangements as they age. The workshops were run to:

- hear participants' individual stories and understand the triggers for housing change

- understand what works for participants in their current housing

- look for problems, needs and desires to do with housing

- build frameworks for new services and desirable features of communities

Four workshops were held with a group of participants from a variety of backgrounds, ages and different housing experiences.

1. City Centre, Dublin (19): residents of an independent living community supported by ALONE

2. Naas, Kildare (16): residents of McAuley Place, an independent living facility

3. Newcastle West, Limerick (16): people living in their own homes but with supports

4. Donnybrook, Dublin (12): residents of South Dublin interested or actively planning for their upcoming retirement

People were aged between 65 and 90 years in the first three workshops. Those in the fourth workshop, in Donnybrook, were aged between 50 and 60 years. As well as OP there were also facility managers, housing community managers, administrators and carers taking part in the workshops.

The outputs from these workshops are collaborative tools that will be used to design new products and services. These tools include frameworks, user journeys (preferred pathways and reasons to move – triggers), personas and opportunity areas. Although not statistically meaningful, attendees' comments also shed light on some of the survey answers.

The methodology used for the design of workshops was 'Design-Thinking'. This is used to explore challenges and to create new opportunities while uncovering people's needs and testing proposals against them with the purpose of finding beneficial, well-rounded, multi-stakeholder solutions. It is also a way to include stakeholders in designing their future, which has been shown to be helpful in policy planning and public services design. Project teams typically make progress through a few iterations of the design-thinking cycle, shown in figure 6.1.

Figure 6.1 Design Thinking Cycle
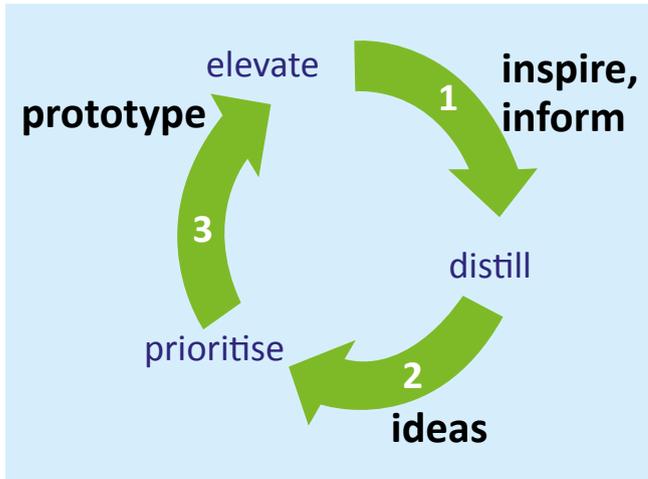
In the four workshops, the groups quickly moved through step 1, 2 and 3 in a few hours, with the objective of understanding users' views and generating ideas

In the workshop participants also used the three lenses in Figure 6.2 to consider a balanced solution to three questions 1) What do people need? 2) How might technology deliver that solution? 3) How might the business approach be made sustainable?

Figure 6.2: The Design Thinking Lenses
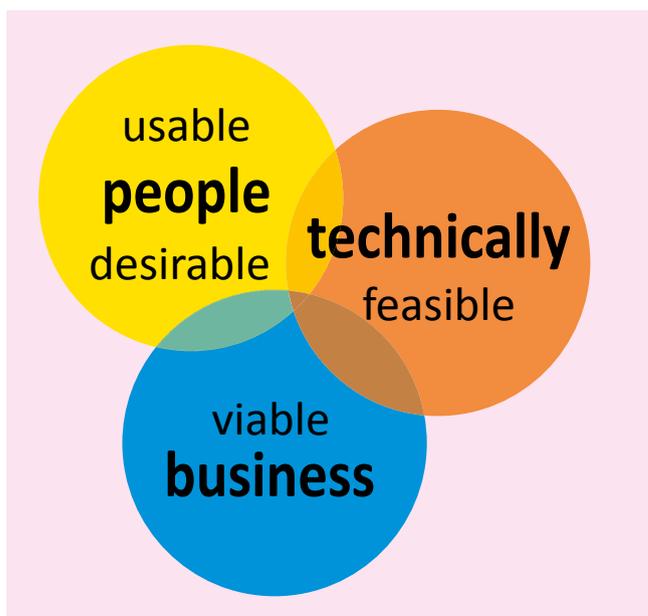
Information from the earlier research and survey were used to create the tools for the workshops.

The resulting deck of typical needs and services cards focused the attention of attendees as they worked in small groups of two to five people within the workshop. The cards fell into categories such as errands, transport, pleasant fun, stimulation, occupation, wellness, and life organisation.

Personas (fictitious but realistic archetypes of people their age) were also used to help people imagine the future. The personas had relatable histories and needs that were different from one another. The initial personas have been expanded to include the participants' personal stories and needs, as well as emerging models for services and policies. These final personas become a more lifelike way to communicate the opportunities for ageing in Ireland.

A set of typical triggers that force or require change was very helpful in enabling people to move past the mental block represented by statements such as "This person wouldn't move. Everything's fine staying at home. No reason to downsize or invite a tenant in." Once a list of reasons for moving, both positive (my nephew moved to town) and negative (divorce) was started, a follow-on change in living circumstances was "allowed," first for the imaginary persona and them for attendees themselves. Within a few minutes of imagining the future for their team's persona, individuals were telling their own stories of what would or did make them move.

6.2 Summary of Workshops Discussions and Comments

The workshops explored what would trigger a move from the family home to new Independent Living with Care. What came through as key triggers were illness, security, not being able to drive and bereavement.

Although results from the survey carried out by Amárach showed that the vast majority of people did not want to move from the family home, the workshops revealed that the OP who had moved were actively enjoying the living styles they have found after making the move to independent living with care.

People attending the workshops said that the most important aspects of independent living with care that they found were:

1. the ability to socialise with others, rather than being isolated

2. being able to access services, such as shops, health services

3. living in a secure place, that was quiet and peaceful

Some attendees expressed relief and satisfaction at living in circumstances organised by others, with some privacy from neighbours and with independence from family and even their new, late-age romantic partners. The ability to host occasional guests at home or nearby would be helpful, and allocating onsite community space for shared services is desirable. While living in the family home was good as long as one could keep up with the responsibilities entailed, it wasn't necessary to age in place there. Some of the older adults reported they and their families were aligned in their plans to use the family home to fund their care needs as they age rather than passing it as an inheritance to the children.

While the oldest adults weren't as comfortable with technology, those who were closer to 65 to 75 years of age were more accepting, adaptive and interested; the pre-retirees use and assume there will be technological supports. This higher level of technology acceptance amongst younger generations matched the findings of the earlier literary review and survey. These attendees expect to be able to use systems for:

- healthcare tracking and improvement

- sharing of skills, services and assets

- stimulating experiences that keep the mind engaged and sharp

- community-finding, building, managing and leading

Those attendees from a more rural base described the importance of public transport and how the difference between a good transport system and a bad one really impacts on their lives. Being able to know with confidence when public transport is coming and being able to access transportation so as not to be cut off from people and services; interests, groups; and spaces for regular social interaction is so important. It was realised that technology, which already exists for this type of thing, could help with this. Attendees from the more urban areas were more concerned with learning about what different services, groups, cultural activities etc. were available, and how to connect into them. It was also very important in an urban area to feel safe out on the streets.

Both rural and urban cases will benefit from spaces and social structures for leaders in the population of OP to motivate and connect with others; systems to make the community aware of the needs and skills within it. Supporting initiatives like these gives people resilience, the strength and network to weather their individual challenges.

The attendees also demonstrated some different priorities compared to those of the Amárach survey respondents in answering three key areas

1. Why move? Survey respondents answered (table 5.8) 'depleting health' and 'services /support access' while attendees discussed security and bereavement

2. What would prevent them? Survey respondents feared (table 5.9) being isolated with other older adults in independent living facilities while attendees seemed at ease with the community connections and new acquaintances they have made.

3. What would attract them? Survey respondents and attendees were in alignment about key attributes (table 5.10) such as housing unit independence and security, but attendees ranked a guest bedroom much higher than the respondents.

6.3 Opportunity Areas

The following lists some of the more interesting ideas that the authors identified from the four workshops. These would make excellent topics for further idea generation and prototyping efforts amongst the groups that would need to collaborate to bring them about.

- Promote a 'Gap Year' for OP before moving to one's residence or community for later years. While this opportunity area is about a new service industry aimed at pleasure and personal development between work and retirement, this would also allow people test the variety and range available of different older adult residences and communities so they can choose one that suits their particular set of circumstances.

- Share prototyping with ageing initiatives in other regions or countries (Dublin City Council Beta Projects; Copenhagen City Innovation Team). This would help define and design better solutions for products and services, ideally making them either more effective or cheaper.

- Create a range of features and construction options to choose from for urban infill development.   Concentrating on shared services in some percentage of these infill spaces could be the foundation of an interesting services system. Attendees described a preference for a rich, varied, stimulating and participative environment – this would help test possibilities with product and service providers, reducing the risk while increasing the range of options available to OP.

- How might older adults participate as storytellers, navigators and designers of financial services, healthcare and community management? Attendees demonstrated clear abilities to articulate their needs, preferred solution approaches and formats and participate in design efforts – these abilities could be used to help define/develop/test potential solutions before attempting to build the large-scale efforts.

- What would a virtual neighbourhood for older urban dwellers or rural dwellers look like - and who might it benefit and connect? How can the internet be effectively used to help OP of widely varying comfort levels with digital technology of all kinds?

- Could a leadership programme identify, train and support older adults who can be liaisons between services and users, lead regional support groups, advocate for their age group, connect with groups and services beyond

their demographic to form mutually beneficial partnerships, etc.?

- How can the range of options for older people be properly communicated in ways that invite them to try out these emerging alternatives?

6.4 Emerging Frameworks

Beyond hearing and understanding stakeholders, users, consumers, patients and community, the next step in the Design Thinking process serves to structure the many separate, individual attendee ideas and observations from the workshops into frameworks that help follow-on project teams understand where to best focus their attention to make significant impacts.

These actionable frameworks describe solution spaces for generating interesting and useful possibilities for further development and are more fully described in the Design-thinking workshop report. Basically the frameworks are areas to consider when planning or considering developing new housing models for OP or new products or services.

The key frameworks that emerged from the workshops were:

- building an environment for integrated ageing and ageing in the wider community as opposed to being separate from it (eg. McAuley Place -two-way traffic bringing people in from the wider community)

- consider how services can be shared (social, medical, commercial)

- consider how residents want their environment to feel (imputing to the design

of the space, control over space, the tone of the environment, what the daily operation looks like, how people interact with each other)

- sharing of health assessment and personal information, while considering privacy considerations

- ensuring that new models of housing and the opportunities and advantages these can offer OP are communicated fully

6.5 Describing a rich housing environment – the Older Person's Journey

People in the first three workshops were asked to sort 50 activities and features into desirable times distances from their homes.

1. within the dwelling unit (family alert system, regular meals, watching sport, meal with guests, having overnight guests, wheelchairs, after-care, surgery centre, assisted living, nursing care, prescription pick-up)

2. less than 5 minutes away (needs assessment, groceries, quick bite, worship, path for a walk, check-up, volunteers, community activities, local driver, relax with company, nice occasional meal, outdoor activities, friends, a pint, weight-lifting and transport to a nearby town.)

3. less than 15-20 minutes away (best friends, occasional nice meal, wellness centre, transport to a nearby town, walking trail, groceries, legal and financial help, access to train, outdoor activities.)

4. more than 30 minutes away (cultural activities, nursing care, general needs assessment, access to train, surgery, sporting events).

Of the three retiree workshops, there was some variation in what they wanted in the zones. The striking observation is that they didn't see themselves doing much "virtually" … but they could imagine their Persona learning online, using online assessments, practicing an online exercise regimen, and organising activities online.

6.6   The future for Pre-Retirees

The fourth workshop, held in Donnybrook, was attended by people who were actively engaged in making plans for their retirement. This opportunity to grapple with designing their own futures allowed some to share their "Ideal" even when they knew it wasn't possible; others were able to share the plans they were actually mulling and discussing in recent years.

These participants imagined downsizing to different sized houses as needed and even planned several moves. They spoke of living in a multi-generational environment, in housing models integrated into the wider community. They envisaged being able to access a range of shared services.

Some of their 'next' living arrangements were individually achievable, while others required physically shaping the landscape of a new community to suit them or relying on the best instincts of humanity to work together rather than always in one's own immediate, direct interest. This group's concerns involved worry about ailing parents and what will be needed by and be available to them. Some participants had their own health issues already that give them empathy and understanding of their parents' challenges and also cause them to plan now for their own old age.

Interestingly, this workshop also addressed what services might be necessary in the future and who might provide them. Expected ownership for the service was defined under the general headings of Business (commercial, for-profit entities), Government and the Voluntary sectors. Future workshops could use the variety of services and possible service providers to explore a range of provision and payment approaches.

6.7   In Conclusion

A cross-section of the attendees demonstrated they are leading full lives, engaging, participating and, in some cases, leading a wide range of activities. They are more than willing to voice their needs, thoughts and opinions in managing their supports and to actively participate in the search for effective and efficient solutions to their needs: evaluating services or trialing prototypes would be welcome.

In general, there appears to be an apparent gap between those OP surveyed as part of the Amárach research and those taking part in the workshops. The survey showed there was a certain lack perhaps in the understanding, appreciation and willingness to try, or access, new living alternatives until circumstances force the change. Key future questions will be around how best to get the message out to the wider community.

A full report of the workshops, their processes and outputs will be made available separately on the ISAX and Housing Agency websites; it will include many illustrations and diagrams that help to clarify this summary .

7. Policy & Finance

7.1 Ireland's Housing Shortage

As of 2016, Ireland faces a significant housing shortage. This is particularly acute in Dublin and the other major cities but extends across the country and applies across the board to different forms of accommodation, including housing for the private rented sector, the social rented sector, first-time buyers, downsizers, students and other forms of accommodation, including hotels and nursing homes.

Ultimately, the root cause of the housing shortage is Ireland's growing population, i.e. greater demand not being met by supply. In principle, policymakers could consider ways of stemming demand – however, this flies in the face of the overall goals of policymakers, namely to make Ireland as attractive as possible for those considering living here, in particular Irish citizens.

The solution for policymakers therefore has to be in boosting supply. Across the broader residential market, it is worth noting that the extremely limited new supply in Dublin comes at a time when prices and rents have increased in the city by between 40% and 50% since 2012. (CSO, RTB, daft.ie).

7.2 Construction Costs

It is widely agreed by those active in housing policy that the chief contributor to the lack of new construction activity in the residential sector is the high cost base relative to prevailing prices and rents. Access to finance is typically considered only a secondary issue to most, although there is no unanimity on this point.

Thus, when it comes to ensuring an adequate supply of accommodation of all types, the principal policy imperative in coming years for those on average or above average incomes has to be lowering construction costs. (For those on below-average incomes, there are further issues, as explained in the following section.) Unfortunately, there is little agreement or indeed evidence on why costs are so high and what measures would lower costs. In addition, the nature of the construction sector is such that, even if costs were lowered overnight, it would take two to three years for meaningful amounts of newly built accommodation to become available.

Given the disagreement about the nature of the cost base and construction in Ireland, a transparent and verifiable comparison of the details of construction costs in Ireland compared to other jurisdictions, including Northern Ireland and continental Europe, is required. This would allow the identification of, say, the four or five measures that would have the biggest impact on lowering construction costs – and thus which would have the biggest impact on increasing supply in the future.

7.3 Social Housing & Subsidies

However, even if construction costs were to be brought in line with typical incomes – be they of students, first-time buyers or OP – it would still be the case that those on lowest incomes would not be able to afford to cover the cost of their accommodation. For those, significant reform of how social housing is provided is required. Currently, there are a wide variety of different systems, including Part V and Rent Supplement for general housing, as well as more specialised systems of support for older persons, students and other groups.

This myriad of different systems and schemes complicates what is effectively a simple policy intervention. Social housing comes back to a single basic fact: it will always be the case that a certain fraction of households at every stage in the life-

cycle will not be able to afford to cover their accommodation costs with their own incomes. Subsidies should be targeted at such households and in a way that those with the greatest need get the greatest help.

What this means in practice is an income-varying subsidy that is based on an objective assessment of a household's needs in relation to housing (and care, where relevant). The general rule is that a household should spend no more than one third of its after-tax income on accommodation, either rent or mortgage. If a low income household has an after-tax monthly income of €1200, this implies it should not be spending more than €400 on accommodation. If that household's accommodation needs are assessed at a cost-rent of €600 a month, then this household should be eligible for a monthly subsidy of €200.

Additionally, this subsidy should increase if the household's monthly income declines and likewise decrease if household income goes up – this means that a certain level of income, household would go between a very small monthly subsidy and none at all. We set out a graphical representation of this in Section 1.3, replicated in figure 7.1:

7.4 Subsidising Housing for Older People

This logic extends easily into the space of housing and care for older people. The only significant modification is the inclusion of care as part of the basic package underwritten by society. A second modification, again reflecting the inclusion of non-housing services in the basic minimum requirement of older people, is the fraction of income calculation. Currently, in the case of the Fair Deal scheme, 24-hour residential care – which includes meals – is calculated on the basis of 80% of household income. This represents the upper end of the spectrum, with housing-with-care models somewhere in between independent living and 24-hour residential care. This suggests, again depending on the level of care provided, that the calculation of cost less income would typically be done on the basis of something like 50% of income for housing with care.

Related to this, Sean Moynihan, of ALONE, raised an important point about meeting the needs of older people, when it comes to housing and care. One third of the calls that ALONE receives are housing related – and the majority of those come from

Figure 7.1 Representation of current policy relating to OP
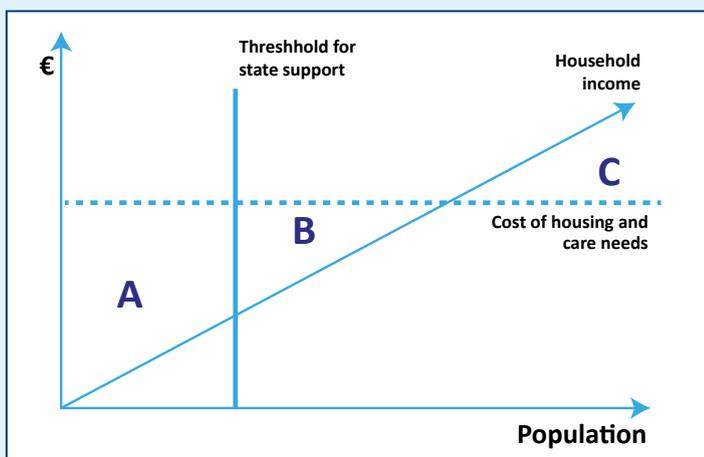
Legend:

A: Older persons whose incomes are sufficiently low that they meet the threshold for state support to meet their housing & care needs

B: Older persons whose incomes are sufficiently low that they require state support to meet their housing & care needs but whose incomes are too high to qualify for state support

C: Older persons whose incomes are sufficiently high to be able to cover the cost of their housing & care needs and who therefore receive no housing and care support from the State.

homeowners. This highlights the importance of thinking about housing and care holistically, rather than two separate silos, run by different agencies.

7.5   Assessing Need

For local authorities in Ireland, while many of them are aware of the overall trend towards ageing in their communities, stakeholders outside of the government perceive there to be a gap between needs around the country and the specific plans of local authorities to meet those needs. In the UK, the Housing LIN has produced a Housing in Later Life Toolkit, which includes a model for assessing the need for specialist housing for OP in a local authority area (Housing Learning & Improvement Network, 2012).

It highlights eight drivers of need, each of which is linked to data on OP that will help identify the scale of the need. The first two drivers of need are population, understandably, and culture/ethnicity, which may be a greater issue in the UK than in Ireland, at least for now. The third driver of need is the extent of lack of mobility, and is measured with a fraction of the population unable to perform specific tasks. Related to this is the fourth area, dementia, where local authorities are required to predict the size of the population with dementia, and those with specific housing and care needs.

The fifth driver of need is housing type; in other words, the level of care needs in the population. As noted above, this can be broken down into stylised sets, such as low care, medium care and high care. And as with other areas, a Local Authority's strategic plans, in particular relating to housing and transport, should be based on data describing what fraction of the population are unable to or have difficulties performing specific domestic and self-care tasks, as well as related measures, including the fraction

living alone. This need for specific housing types should be offset against the existing supply but also take account of tenure provision, to further drivers of need. The last driver of need is wealth – in particular the relative poverty in an area, which will interact with tenure provision.

7.6   Finance & Older People

While many of the blockages in relation to an adequate supply of suitable housing for the needs of older people stem from the policy system, interviewees also noted the potential role of the finance and banking system. An example relates to bridging finance for older people interested in downsizing. In financial terms, a household looking to sell a family home and move into a smaller, and thus cheaper, property represents negligible financial risk. Nonetheless, timing issues are critical in the housing market and, particularly for those older people keen to avoid a short period renting and the additional costs this entails in terms of moving, bridging finance would be required in order to secure a new home before moving out of an older home. Such a product is not widely available currently in Ireland and does not appear to be an immediate priority for Ireland's financial institutions.

Finance is also relevant for those involved in the construction of new homes. Given the desire on the part of older people to remain in the community, those downsizing are likely to want smaller townhouses and apartments in the same community in which they currently live. There is therefore an opportunity to develop smaller estates and blocks of apartments in suburban locations. It is not clear, though, that either the financial or planning systems are prepared for this 'densification of the suburbs'.

David Cullen, of Gandon Alternative Fund Management, says a lack of local equity – which is typically needed to lead before international capital follow – is a key obstacle for Ireland meeting its housing needs over the coming years, including those related to an ageing population. This suggests a central role for bridging finance, if foreign capital typically does not want the development risk.

Case Study: Canada

As in other developed countries, Canada faces the challenges and opportunities of a growing population of older persons. In 2014, 6 million Canadians were 65 or older – nearly one in six of the population. By 2030 that will be 9.5 million – or nearly one quarter of all Canadians.

At the core of Canadian policy towards older persons is the principle outlined here: that all older persons, regardless of their personal means, have sufficient resources to cover their housing and care needs – including enabling OP to remain active in the labour force if they wish. Other central features of Canadian policy include allowing OP to continue working if they wish, including contributing to the non-profit sector, to age at home, while also providing housing specifically matching the needs of OP, and a recognition of the role of the carer.

Canada has one of the lowest rates of senior poverty in the world (5.2%), a result of, among other factors, two pension plans: Old Age Security Programme (OAS) and the Canada Pension Plan (CPP). The OAS is available to all 'natural' Canadians. It can be deferred in return for a higher monthly rate and enrolment is mostly an automated process. For individuals who are too young to receive the OAS (60-64) there is a special 'allowance'. The CPP is based on contributions made during working life but also allows a phased retirement.

Canada is a leader in ensuring OP can remain engaged in the labour force if they wish.

From 2000 to 2013 the participation rate of OP in the labour force rose from 6% to 13%. Canada has two successful programmes: the Targeted Initiative for Older Workers (TIOW), which helps unemployed workers develop skills and find new jobs and the Third Quarter Initiative which helps experienced workers find jobs that match their skills.

In Canada, OP contributed 223 hours of volunteer works a year, compared to the national average of 156 hours. The New Horizons for Seniors Program (NHSP) supports projects that focus on issues such as social isolation and intergenerational learning.

Canada recognises the important contribution of carers, but also the difficult balance they must achieve between caregiving and working. As such in 2014 the Canadian Employers for Caregivers Plan (CECP) was announced which will help maximise caregivers' labour market participation. Further programmes like Family Caregivers Tax Credit, Employment Insurance and Compassionate Care Benefits all help caregivers provide short term care for loved ones.

As elsewhere the preference for OP is to age at home. Nonetheless, policy actively encourages supply tailored for the needs of older persons. In July 2011, Canada launched the Investment in Affordable Housing framework which provided $1.4bn to invest in housing for Canadians in need – roughly 184,000 benefitted from the initiative 2011-2014. Furthermore, the Canada Mortgage and Housing Corporation created more than 25,000 affordable homes 2006-2013, roughly 40%

of which were specifically for seniors. It also provides subsidies of Can$1.7 billion annually for approximately 600,000 low-income households.

Canada has also invested in building and renovating social housing that is aimed at OP with disabilities. The government also recognised that OP are one of several groups that are vulnerable to homelessness. To prevent this the government set up the Homelessness Partnering Strategy to prevent and reduce homelessness amongst vulnerable groups. Over Can$600 million was announced to fund this programme between 2014-2019.

Other aspects of Canadian policy include investment in palliative care, for those with chronic illness, the importance of mental health, awareness about elder abuse, and a programme called 'Service Canada' which aims to make sure OP, and their carers, are aware of the federal programmes available to them.

Key Findings from the Literature

In recent years Ireland has transitioned from a traditional model of providing housing for OP through local councils, to a more European-style approach that emphasises the importance of voluntary and non-profit organisations. Examples in Ireland include:

- McAuley Place in Naas, Co Kildare, run by the Nás na Ríogh Housing Association.

- Knightsbridge, in Trim, Co. Meath, run by Barchester;

- Morehall Lodge, in Ardee, Co Louth, modelled on Meadowlarke Hills in Kansas;

- Cluid Housing, a not-for-profit charity and the largest housing agency in Ireland providing accommodation for more than 5,500 high quality homes;

- Kilmainhamwood Retirement Village, Kells Co.Meath, run by Mowlam Healthcare Group;

- The Sue Ryder Foundation, also not-for-profit, providing housing and support for the elderly and disabled in 6 locations throughout Ireland;

- Moate Retirement Village, Co Westmeath, also run by Mowlam Healthcare Group;

- The Royal Hospital Donnybrook, operating 49 units in two locations, meeting the housing needs of people with increased levels of disability.

In many countries across Europe the basic 'sheltered housing' model is broadly similar; however, distinctions between high dependency and low dependency remain important (Cullen et al, 2007).

Ireland, like the UK, faces many challenges

regarding both housing and providing good quality of life for OP. 'Under-occupation' is a serious issue which results in the 'wasteful' practice of a large house being occupied by one or two OP (Ota, 2015). The OECD rejects simplistic notions of 'wastefulness', arguing that spare rooms are often used for hobbies or other activities and suggests that the debate requires nuance (OECD, 2002). However, in the UK, one study found that one third of OP would consider downsizing if suitable alternatives were available (Ota, 2015).

However, downsizing often does not occur for a variety of reasons. Often OP are afraid to leave their homes as they feel the only alternative is an 'institution' or a similar setting. An alternative approach recommended to help ease London's housing crisis is to use small builders to fill in 'brown field' sites. This has the advantage of protecting the social fabric of a neighbourhood and helps provide a suitable mix of homes in an area (ibid.).

The concepts of 'Lifetime Homes' and 'Lifetime Neighbourhoods' are also gaining traction in the UK. These ideas encourage homes and local urban environments to be built to a standard so that people of all ages and abilities can interact with them (Homes & Communities Agency, 2009).

Lifetime Homes should be built in such a way that allows easy renovation in order to make them accessible to OP. In an effort to build more of these homes, London has regulated that 10% of all new builds must be wheelchair accessible. However enforcing this regulation has proved difficult (Ota, 2015). Moreover, local councils in England face perverse incentives against building OP housing: More OP in a given area places a higher burden on local health services. One possible solution to this is to include local developers on health boards, so that suppliers of housing and suppliers of services can work in tandem to meet demand. It may also help lower the stringent regulations that are hampering the construction of specific housing stock for OP (Homes & Communities Agency, 2009).

Also growing in popularity in the UK is the idea of 'cohousing communities'. These 'intentional communities' are formed and run by OP themselves. Each individual's home is clustered around a shared space/social area. They are attractive because they offer a blend of privacy, independence and community (Brenton, 2013).

Despite the challenges associated with providing suitable accommodation for OP, the literature contains many examples of successful schemes and policies. Firstly, Canada has extensive support schemes for OP, including a VAT credit payment for low income households. OP are also generally excluded from paying property and local school taxes. The Canadian Residential Rehabilitation Assistance Programme (RRAP) ensures all housing meets a basic health and safety standard. There are also several home equity conversion schemes available (OECD, 2002).

Secondly, Norway provides strong state support in the form of grants and loans. The State Housing Bank uses financial incentives to encourage new builds to meet 'lifetime home' standards. There are also grants available to improve the current housing stock. The Housing Loan Corporation in Japan provides a similar service (OECD, 2002). Finally, in Sweden many people benefit from a 'close persons' allowance where they are granted a leave of absence each year for an average of 10 days, receiving compensation from the state (OECD, 2002).

The literature suggests the US is likely to be a poor model to follow. The most common type of housing is the Continuing Care Retirement Community (CCRC) model, which although providing high quality of care to their residents, are generally only available to the wealthy (Croucher et al, 2006). Moreover, the US faces significant challenges in the near-future, when the baby-boomer generation will 'mature'. While small and relatively inexpensive adjustments to OP's houses can enable them to live much longer in their own homes, the literature suggests there is a dearth of funding for such renovations in the US. With an estimated one in five Americans over 60 by 2030, this is likely to create extremely costly problems in the future (Liebig et al, 2012).

The 2009 HAPPI report by the Homes & Communities Agency in the UK identifies four different types of housing models for OP:

1. Lifetime homes, where homes are continually modified to cater for the evolving needs of the occupant;

2. Continuous living, where retirement villages are joined in a campus-like way with nursing homes, such as Hartrigg Oaks in the UK;

3. Various types of supportive housing; and

4. High dependency residential care.

Because of their heterogeneous nature, the relative economic merits of each model are difficult, if not impossible, to compare (Croucher et al, 2006). But regardless of the model used, the universally expressed wish by OP is to have their 'own front door' (Homes & Communities Agency, 2009).

Some of the literature discusses the importance of avoiding 'policy silos': Urban issues and ageing issues often occupy two different policy spaces, which creates an unhelpful distinction and barrier to better, more synchronised policy (OECD, 2015). Ireland in particular suffers from a lack of coordination at the strategic level, with some interviewees in one report suggesting there needed to be more engagement 'at higher management levels in the HSE' (Cullen et al, 2007).

Key Section Findings

There is widespread agreement about the nature and extent of Ireland's current housing shortage, but less agreement about the issue of housing construction costs and the measures that might lower them.

In relation to the state's role in meeting the income needs of OP (especially as they relate to housing), the issue of care must be considered alongside accommodation, with the result that the cost to the state of meeting the needs of an ageing population are allocated across several departments.

In addition, the financial system in Ireland still does not meet the needs of an ageing population for newer types of financial products such as bridging finance for those who want to move to alternative accommodation (which they might buy via downsizing) but who still need to sell their existing home.

8.   Planning & Design

8.1   Planning

Town planning operates at many levels from the national to the specific, and for best results, planning for ageing should be incorporated at all levels throughout the planning process, nationally, at local authority level and for individual housing and housing developments. Both planning and design have significant roles to play in maximising a successful combination of ageing and housing, although it could be argued that town planning practices in Ireland are not as evolved as those in other jurisdictions that have specific guidance for housing for ageing, including, for example, congregated developments.

At a national level, plans need to take into consideration current demographic data and underlying trends when considering areas to be targeted for various activities and outcomes, but particularly in terms of local and national connectivity. National planning policies should also take note of housing patterns (dispersed or concentrated) and incorporate planning for ageing with these housing patterns. At a more local level, development plans and local area plans can both incorporate planning for ageing into their ambitions, especially with regard to future housing development, combined with public transport offerings.

Here too lie elements such as leisure, culture and the provision of local services. It is also at this level that urban design plays its most crucial role in creating environments that are suitable and accommodating for an ageing population. Finally, planning has a role to play in the design of individual new houses and housing developments, from their location (and the creation of age-friendly location criteria), to their footprint, aspect, layout, tenure mix, and

affordability. For existing housing, good planning can be instrumental in bringing new life to underused buildings through facilitating the subdivision of individual houses where appropriate.

Ireland has a high degree of dispersed housing in its rural areas, with single rural dwellings recorded in 2002 at 5 houses per km2. Just over 72% of rural housing is one-off, meaning about 433,000 houses. The average population density in the state, as recorded in Census 2011, was 67 persons per km2, and in rural areas this went down to 26 persons per km2. To put this in context, the average rural density across Europe is 155 persons per km2. In addition, about 75% of Irish people have a tendency to remain in the counties in which they were born.

Such a dispersed population and its associated housing has impacts on the way people live (e.g. somewhat car dependent) and their quality of life (access to services). The provision of basic functions that are taken for granted in urban areas, particularly in cities, is increasingly challenging in low-density rural areas. For example, between 2011 and 2015, 139 Garda stations were closed. These were mostly single Garda, part-time stations in rural areas. Ireland's dispersed settlement patterns also affects the ability of other emergency services to provide an acceptable service. According to a HSE report in 2015, just 6% of rural emergency calls are responded to in the target time of eight minutes. This isn't a resource issue, but one of "high rurality".

Broadband is an increasingly important infrastructure issue for rural communities. The National Broadband Plan is to bring 1.8m rural dwellers into the broadband net. However, due to dispersed living patterns in rural Ireland, this is taking a long time, and many areas are simply not commercially viable to service. About 27% of

Ireland's villages have fewer than 50 houses: the OECD average is 11%. Providing broadband to rural Ireland needs more masts, more fibre and more cabinets per person than it would elsewhere, making it more expensive to provide. This may have serious implications for the lives of OP in the future. In addition, economies of scale simply don't exist in where limited public transport means people need to drive. For those who do want to walk, it's prohibitively expensive for local authorities to provide any meaningful number of footpaths and public lighting. Nationally, therefore, the pattern of a country's housing development is an important factor in the quality of life of its OP.

Figure 8.1: Design for Ageing
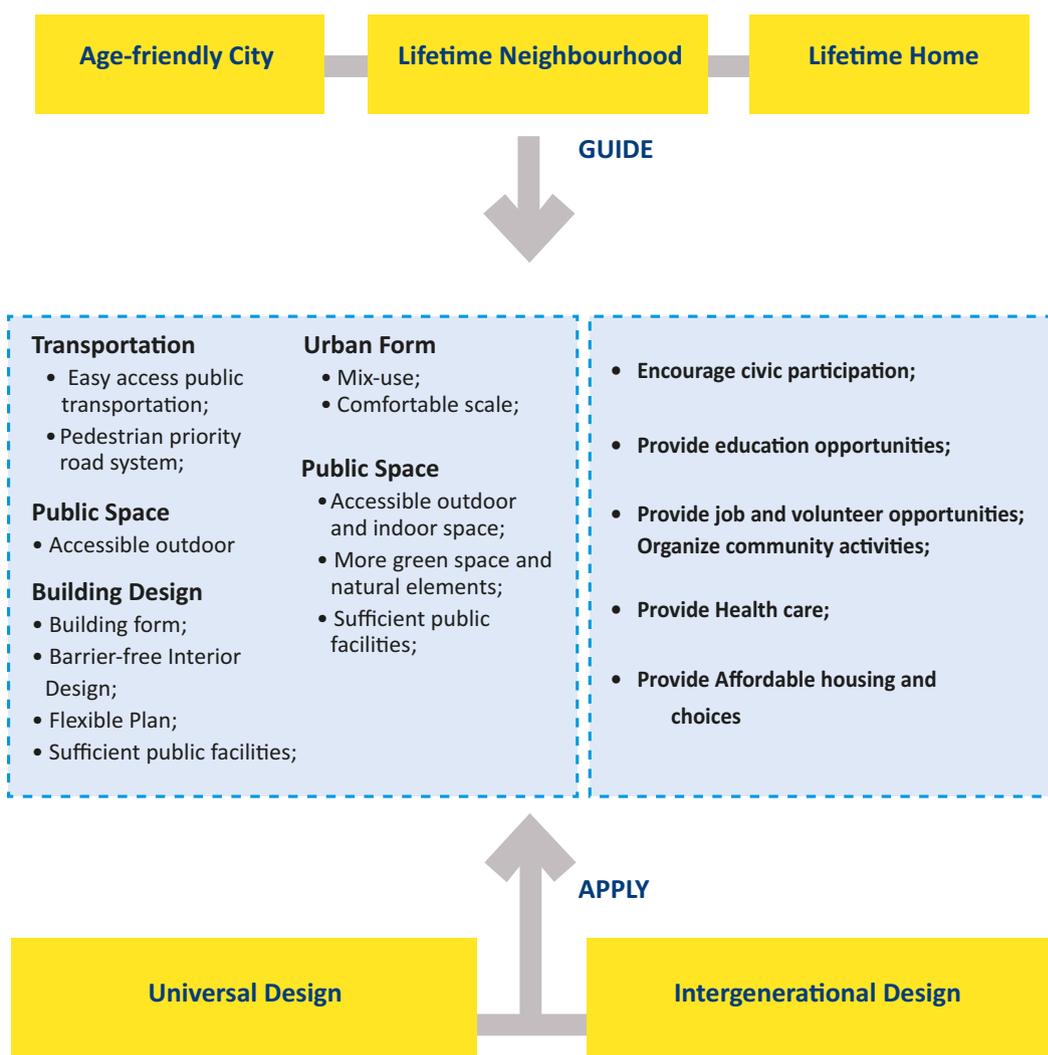
Source: UCL 2015

rural public transport to service OP. At 96,602 kms, Ireland has the second longest road network in Europe per capita (after Sweden; and enough road to go around the world twice; source: OECD IRTAD). This road network needs regular surfacing, maintenance, lining and signage. The roads are needed by living in rural dispersed settlements

8.2 Urban Design

The location of a property becomes increasingly important as the ability to travel diminishes. As the radius of travel reduces, this means that the provision of proximate services in towns, villages and cities becomes critical and should ideally be

within 300-500m of the home. The neighbourhood is therefore very important. (In rural or remote areas, the concept of neighbourhood is more challenging.) For OP, the line between an uncomfortable or even hostile environment and an attractive, friendly place is a fine one. At this level, OP-friendly urban design can make a huge difference to the accessibility and useability of a location, and good practice in designing for OP should be incorporated into local level plans and planning.

As has been noted before in previous research on ageing in Ireland (Amárach, 2010), when locations are designed with OP in mind, by default these locations also cater for all other members of the community. The provision of ramps, drop curbs, even road surfaces, benches with armrests (for ease of standing up), as few steps as possible, public toilets, appropriately located bus stops and pedestrian crossings (appropriate for the OP, not necessarily for the bus company or local authority) all facilitate the continued mobility of OP and use of services and resources. The provision of leisure, culture and cultural services for use by OP is also important. Graphically, the inclusion of OP in planning and design can be facilitated in local authorities by using a toolkit. The following is an example from UCL:

Figure 8.2: Toolkit to improve the living amenity of older people
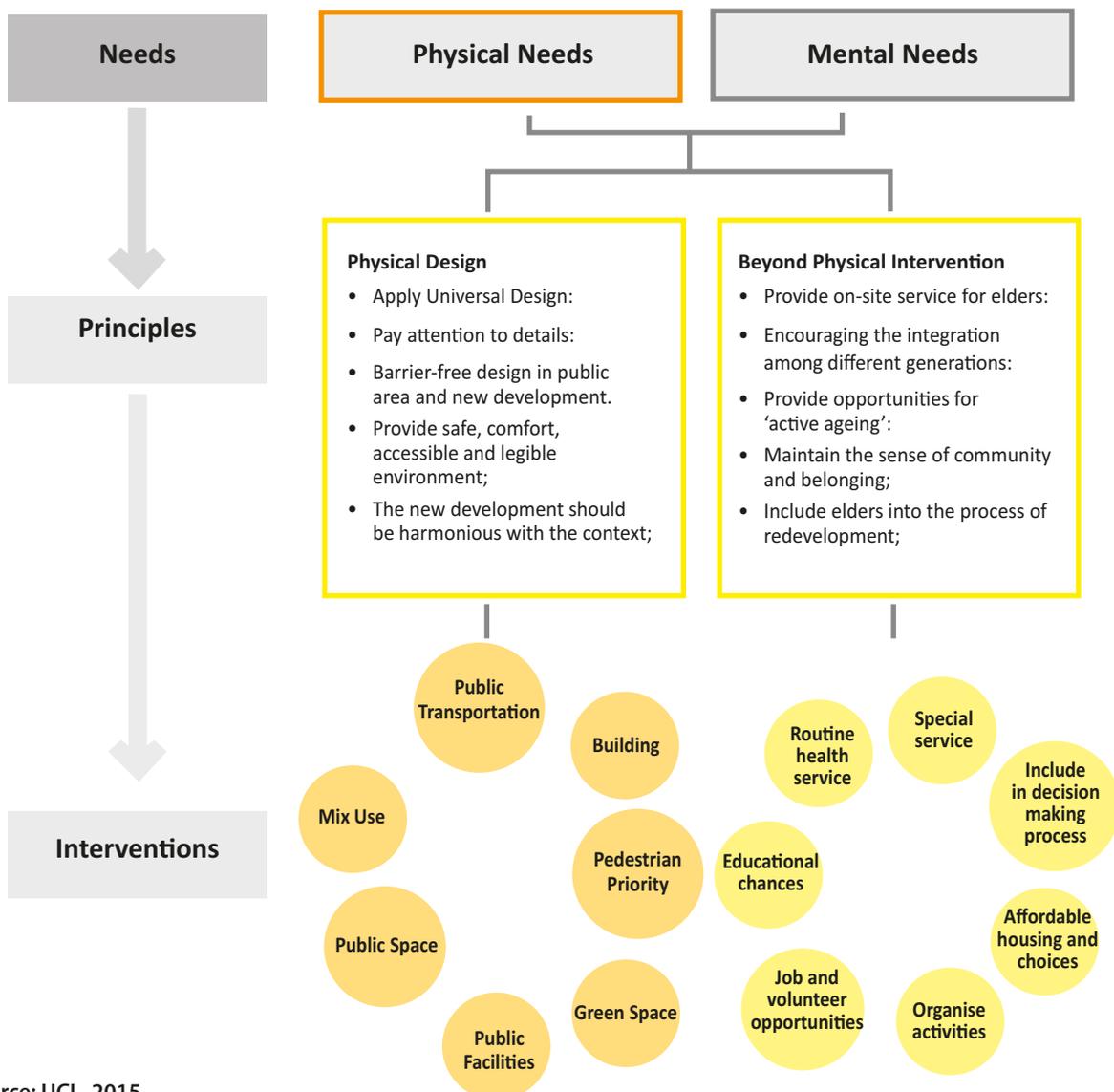
Source: UCL, 2015

A question arises here as to whether planning for OP should be mandatory for all local authorities in administering their areas from development plan to the consideration of individual planning applications. In any event, planners should be taking the following issues into account for their areas:

- Defining OP and quantifying them, now and into the future (trends), as well as noting the distribution of age cohorts.

- Are there any minority or specialist groups who may need special services or supports?

- Where and how do OP live, and what is their tenure status and the level of household occupation in that area?

- What is the general condition of housing occupied by OP? How much of it could be adapted?

- What is the overall level of health of the OP population in the area, and what services are already there, and where are they?

- What is the level of wealth of OP and how might this affect the ability to fund alternative housing needs?

People in some other countries tend to be more active in moving properties when appropriate in older age, either to a new location (e.g. beside the sea), or to a more appropriate housing unit (e.g. a smaller house or apartment). This happens less frequently in Ireland, and particularly in rural Ireland, as seen in our survey. Some countries encourage a 'multi-generational' approach, either in the same house or apartment, or by encouraging adult children to live near to (and therefore care for) their ageing parents (in Singapore the government provides a housing grant to children to buy homes

close to their parents). This can also negate the immediate requirement for more formal forms of supported housing.

There would appear to be considerable scope or opportunity for more OP-friendly design at the smaller scale, and it was suggested that it might be feasible to have a certain percentage of age-friendly housing in new development compulsory, as Part V of the Planning and Development Act is for social housing. Such a proposal was included in the Dun Laoghaire Housing Strategy, for example. It was felt that property developers would be very happy with such a provision. It was also suggested that a body like NAMA, which already has existing housing assets, could be used to 'road test' both the conversion and percentage supply of housing for OP in their stock.

8.3   Ageing in Place

An active topic of debate in relation to the housing and care needs of older people, is the concept of "ageing at home" or "ageing in place". On the one hand, there are those who believe the discussion of "under-occupancy" means little more than trying to force older people out of the homes in which they are comfortable. In other words, older people represent the housing equivalent of "bed blockers" in the health sector.

On the other hand, a desire on the part of some older people to stay in their current home until they die (as evident in our survey) should not be an excuse for policymakers to ignore making provision for the distinct housing and care needs of older people. Ultimately, a balance needs to be struck, so that there are attractive options available for those who do wish to downsize, while recognising that there are many older people who wish to age at home.

A related issue, albeit one beyond the scope of this study, is the potential for the revitalization of rural villages by older people downsizing from more distant family homes and farms. There are unexplored opportunities for local authorities to make under-utilised towns and villages more attractive for older people to live in. This is a topic worthy of further research.

There was a general consensus among stakeholders that "ageing at home" or "ageing in place" denoted a community, rather than a particular plot or building. In this regard, it is vital that the perceived and actual housing and care needs of older people be taken into account. As Conor Skehan, chair of Ireland's Housing Agency, noted, a person's isochrome – i.e. area in which they predominantly live – declines with age. Therefore, perhaps more important than the planning and design of units is the planning and design of areas. As discussed elsewhere in the section, the amenities and facilities available within 300 m, a.k.a. "the five-minute city", is paramount. Ardee in Louth is commonly cited as a good example of an age-friendly town in the work of Age Friendly Ireland and others.

8.4   Universal Design

British expert Imogen Blood stressed the importance of homes that are accessible to all, regardless of age or ability. In practical terms, the vast majority of the over 65 population are in the same accommodation they lived in in their forties and fifties, even in their thirties. Related to this, most stakeholders did not agree with the use of "age auditing" terms, i.e. the designation of certain housing units, without any care facilities, for use by older people.

Not using age restricted terms, when zoning or marketing independent housing, does not mean, however, that new housing does not need to be age

audited. Brian Moran, senior managing director of Hines Ireland, sees very little distinction between the type of units to be provided for older people, not needing care, and other segments of the market. Every unit ought to be universally accessible, including ergonomic issues, and the cost implications of this are not significant. He added that accessibility is completely separate to lifestyle choices, including issues around size and orientation.

When designing universally accessible homes, then, *"Design for the young and you exclude the old; design for the old and you include the young."*   (Bernard Isaacs, Founding Director of the Birmingham Centre for Applied Gerontology). As Conor Skehan, Chair of the Housing Agency, says many of the same issues OP face are also faced by those in wheelchairs, by pregnant women, by children or by those with prams. This is true not only for design of housing but also the design of communities, including for example the width of paths, the location of pedestrian crossings and the design of public transport.

A significant body of research already exists in Ireland in this space, with the Centre for Excellence in Universal Design (CEUD) at the National Disability Authority. This focuses on seven key principles of universal design. These are: equitable use; flexibility in use; simple and intuitive use; perceptible information; tolerance for error; low physical effort; and size and space for approach and use. These principles ensure that all products and services that comply with them are suitable for all levels of physical need.

8.5   Housing & Dementia

A significant amount of research has been undertaken on the link between housing needs and dementia (with some estimates projecting an

increase in the numbers with dementia from 45,000 to 120,000 in Ireland by 2030). It is not the purpose of this research to supplement these findings, but it is useful to give a quick overview of the typical factors that make housing suitable for those with Stage I dementia. Stages II and III require much higher levels of care. The features below draw heavily on those developed by CEUD and outlined in the Supportive Living Environments report (Dalton, 2014).

Firstly, there are architectural features that an ideal dementia dwelling would have. This includes not having a hall, rather an American-style entrance leading to a living space; an open floor plan with large sliding doors; visible bathrooms close to the bedroom; large windows; a lockable room for the carer; and space at the front for mobility aids. The open plan nature allows for smells to waft from the kitchen, which can help trigger hunger.

In terms of interior design, secondly, features ought to be familiar to the older person from when they were younger; the walls should not have patterns and prints, which can be mistaken for depth and cause confusion. The walkways should be kept free of clutter, but solid furniture can provide support in the event of a fall – all furniture should be wheelchair conscious. Loose cables should be tied, and there should also be grab rails in toilet spaces, and clocks, calendars and a message board on the walls.

In relation to the physical environment indoors, thirdly, this is primarily concerned with lighting and thermal comfort. Ambient light can help regulate hormones, which can improve sleeping patterns and reduce depression. Similarly, exposure to daylight is crucial. The effect of dementia on the brain means that those who suffer from it have different perceptions of temperature, so thermal comfort is very important. Underfloor heating is preferable to radiator heating, which may present a fall hazard.

The final area is equipment. All technology and equipment should look familiar and, as outlined elsewhere in this report, not require any learning or anything above minimum user interaction. The equipment should reassure the user and not remove control from them. This brings up a host of more minor but important specification requirements, for example) with childproof locks, bathroom hairdryers screwed into the wall, movement detectors, including pictures of lightbulbs on light switches, and thermostatic taps.

Key Findings from the Literature

It is perhaps surprising just how damaging it is to not have commonly agreed terms and definitions. Across the spectrum of care and accommodation- from independent living at home, to 24-hour care in a nursing home- different countries and different providers offer different levels of care. Worse still, levels of care that are broadly similar, whether between providers, or across countries generally have different names. Not only does this cause problem for perspective residents, who may find it difficult to navigate the bloated range of terms, but it also poses obstacles for policy makers and researchers. For example, Ireland, the US and the UK all have different names for broadly the same type of live-in independent care setting: supportive housing, sheltered housing and extra care housing, respectively (Cullen et al, 2007).

Something that is however commonly agreed upon is that traditional institutional-type care should be replaced with an emphasis on providing a 'homely' environment (Croucher et al, 2006). Institutional style care is outdated and detrimental to a resident's physical and mental condition. The literature also commonly agrees that any live-in accommodation for OP should be in, rather than isolated from, local communities.

There are appropriate steps that should be taken to make local areas more accessible to OP. Often local areas are not friendly for them. Strategies to change this include better quality footpaths, more (and better quality) public toilets, park benches, bus shelters and 'senior playgrounds' with gentle and free-to-use exercise equipment (Ginn & Tinker, 2015).

With rising rents in cities like Dublin and London, regeneration is becoming an increasingly frequent policy option. While this investment can generate positive economic outcomes, it can also have a silent social cost. For example, the regeneration of London slums in the 1960s destroyed the social fabric for many OP. It is therefore important to be mindful of the invisible links that create communities and neighbourhoods. In order to mitigate against the loss of these valuable social ties the literature suggests that OP should always be consulted before such large scale projects commence. Moreover, OP should always be included in the conversation when services are being planned for them. Though this may seem self-evident, often it is not the case (Ginn & Tinker, 2015).

There is no identified best practice when it comes to providing accommodation for OP. However, the literature suggests that national governments have a policy framework which local governments can then use to 'frame the conversation' (OECD, 2015).

Further, the private sector (and ideally the NGO and public sectors, including housing associations and local authorities) should focus on providing a variety of options which would allow an older person a choice of where to live. The culture surrounding moving also needs to change: rather than being a place where OP come to die, age-oriented accommodation should be a place where OP go to live.

The concept of 'Design as Therapy' is also highlighted. Here it is useful to distinguish between those OP who do and do not suffer from Dementia. Although everyone is affected by the building in which they live, dementia sufferers are especially vulnerable to environmental factors. A building therefore is much more than mere accommodation; instead it must engage

with the psychosocial needs of its occupants. Unfortunately, the contemporary situation in Ireland often forces people to live in outdated buildings that can aggravate, rather than attenuate their conditions (Dalton, 2014).

The literature identifies some building principles that, if followed, could dramatically improve the lives of those who live in such care settings. Buildings should be built on a 'domestic scale', which in practice generally means the smaller the better. Physical safety should not always be prioritised over psychosocial needs: Infection control necessitates hard, wipe-able surfaces and prohibits items like personal furniture. Sheltered Housing developers also face stringent regulations, often as demanding as those governing the construction of hospitals. For example, fire doors are required at the end of corridors or in toilets. Older residents who are often frail can find these difficult to open. Above all, designers should keep in mind that they are building for people, not patients and that far from the hospital like settings that dominate today, accommodation should aspire to be 'quasi-domestic' (Dalton, 2014).

But planning for OP should not be isolated from more general planning. Steps should be taken to end what the literature describes as 'Peter Pan Housing'- that is, houses that are designed only for relatively young people (who never grow up).

Irvine city in California was able to engage with local developers to implement 'universal design' which makes all newly built houses fit to be lived in by people of all ages and abilities (Liebig et al, 2012).

For houses already built, the requirements of OP are often surprisingly simple: grab rails and accessible bathrooms are amongst the two most common modifications needed. With small adjustments and enough funding, homes can be made much more accessible for OP (Liebig et al, 2012).

Some of the literature discusses the importance of feeling 'secure'. Feeling safe in their local environment and at home is important for the well-being of OP. The literature also stresses the importance of remembering that OP are not a homogeneous group, like all sections of society, they all have different needs/interests (WHO, 2007; OECD 2002).

Key Section Findings

A number of local authorities in Ireland are adopting a proactive and positive approach to planning the accommodation needs of OP in their areas. There is already excellent guidance and advice available to support such initiatives, include the work on universal design as it applies to ageing populations.

However, we also have to contend with the reality of 'ageing in place' as the preferred option – and most likely choice – on the part of OP for the foreseeable future. This will raise particular challenges in relation to caring for specific groups such as those with dementia.

9.   Housing Solutions

9.1 Housing & the Population

Units: numbers and rooms

At the time of the 2016 Census, there were just over 2 million housing units in the country, with c.13% of these being unoccupied. Excluding the 45,000 temporarily vacant homes, and 61,000 holiday homes, this gives an underlying vacancy rate of 9.8%. In 2015 12,666 houses were completed, with 47.6% of these being one-off, and mostly in rural areas. One quarter of the housing stock has been built since 2000, and 17% of it pre-dates 1945. Detached houses dominate the building typology in rural areas, with 83.7% of all units built outside urban areas being detached dwellings in 2011. In counties Galway, Roscommon and Leitrim detached housing accounts for over 70% of the housing type. Dwellings have also got larger with the average number of rooms per unit at 5.1, or 6.3 rooms in a detached house. As families get smaller, this means the average number of persons per room has fallen from 1.29 in 1926 to just 0.51 in 2011. Houses with fewer rooms are concentrated in urban areas.

House age and heating

Just under three-quarters of the population live in houses built prior to 2000. 33.7% live in houses constructed before 1970, and 17.3% live in houses built before 1945. Different regions displayed varying preferences for heating types within these dwellings: urban areas relied most on natural gas (c.66%); Monaghan had 80% of users use oil for their heating Cavan (72.5%), and Wexford (71%), Donegal (69.7%) and Waterford County (69.3%) also had large proportions of occupied dwellings using oil as their main central heating fuel; the Midlands had a higher proportion of houses relying on solid fuel (turf, coal, etc.). Over half of all homes occupied by over 65s relied on oil for central heating, followed by natural gas and solid fuels. Over 3% of households headed by a person over 65 had no central heating system. About 75% of detached houses relied on oil for their central heating. Households that relied on septic tanks for wastewater disposal tended to be disproportionately headed by a person over 65.

Broadband

At the end of 2015, c.85% of Irish households had access to the internet at home, used mostly for emails, social networking and online banking. The west, mid-west and midlands have the lowest levels of broadband penetration (CSO - Information Society Statistics, 2015). Just 29% of the 60-74 age category used the internet daily. About 22% of the same age group use the internet to save files online. According to Amárach Research (Connected Futures: Bridging Ireland's Urban-Rural Divide, 2016), one-quarter of Ireland's rural population would be forced to move to urban locations if it wasn't for broadband. Broadband would appear to be a key element in stemming rural depopulation.

Car and distance

One in three households headed by an over 65 in an urban area had no car, and this was one in five in rural areas, where car ownership would appear to be more important. Of the over 65s living alone, 52% of lone pensioner households in urban areas and 40% in rural areas did not own a car in 2011 (CSO, 2011). Just over 82% of one-off houses were located more than 1 km from a settlement. About 40% of rural houses are 1-3 km from their nearest town, and another 27% 3-5 kms away. 66,132 (14.7%) houses were more than 5 km from their nearest town.

Owner-occupation and debt

Less than 70% of the housing stock is owner-occupied, and out of that, about half own their property outright (overwhelmingly by OP). Counties

Mayo, Kerry and Roscommon had the highest proportion of outright ownership in the state at over 45% each. The highest proportion of those renting was to be found in the urban centres of Dublin, Cork and Galway. Home-ownership rates in urban areas were therefore lower than rural areas at 61.6% versus 83.9%.

Rural-urban

Housing is now split along a line of thirds, with approximately two-thirds of all private houses in the state located in urban areas, and one-third in rural locations. Leinster has about 55% of all the state's houses, with Munster 27%, Connacht 12% and Ulster (part of) at 6%. The period between 2006-2011 saw a considerable rise in the numbers of houses built in rural counties such as Laois, Cavan and Longford. This has since led to issues of under-occupancy and, coupled with an economic crash and subsequent depopulation, a series of towns and villages that have severely reduced numbers of inhabitants. Many services that typically go with population numbers (banks, filling stations, garda stations, etc.) have also disappeared.

Vacancy

At Census 2011, there were 92 towns with a vacancy rate of 35 per cent or more, of which fifteen were in Donegal, thirteen each in Kerry and Cork County, while Wexford, Clare and Mayo had nine towns each. When holiday homes are excluded Tulsk (51%) and Frenchpark (44%), both in Roscommon, had the highest vacancy rates at the time of measurement. Other towns with serious vacancy issues (excluding holiday homes) are: Ballymacoda (42%) and Freemount (42%), both Co. Cork; Ballinlough, Co. Roscommon (40%); Blacklion (39%), Co. Cavan; and Ballaghaderreen (38%), Co. Roscommon.

Population

In 2015, there were c.4.6 million inhabitants, of whom 600,000 were over the age of 65. A further 66,000 were over the age of 85. There was also a total of 490,000 people in the 55-64 age group. The number of over 65s is expected to grow to 860,700 by 2026. In 2013, the CSO estimated the median wealth of over 65s to be €202,400 each and they account for 32.5% of all net wealth.

9.2 Housing Options

The taxonomy of housing and care needs presented earlier in Figure 1.2 relates closely to the schema presented in Section 1, distinguishing between a household's housing and care needs, which do not depend on household income or assets, and that household's income. In particular, the eight different forms of housing and care can be thought of as the eight different cost requirements, each of which is independent of household income.

In order to meet the housing and care needs of Ireland's older persons, an assessment is required of where the current infrastructure exists. As noted earlier, less than 5% of the over-65 population live in Nursing Homes. Coupled with minimal availability of independent or assisted living, this means that the vast majority of Ireland's over-65 population, probably over 90%, live in their family home, with or without modifications for their changed need.

As outlined in various reports from other countries, however, around 15% of the over-65 population live in age-tailored accommodation – including independent and assisted living projects – in the US, Australia and New Zealand (see, for example, the HAPPI3 report, Best & Porteus 2016, and JLL 2016). The challenge for policymakers, therefore, is to facilitate the adjustment from the status quo, where the unadjusted family home predominates, to a housing (and suitable care) system that facilitates a greater choice for those over the age of 65. A key part of this involves understanding the choices that

would be made by those over-65, under varying levels of care need, if they were given a free choice.

An additional challenge that presents itself is the difference between building mainstream housing (in particular estates of three- and four-bedroom houses) and other forms of housing required in Ireland currently. Those involved in development confirm that, for example, the construction and finance of an apartment block is more similar to building office space than houses. Whereas houses can be staggered, and thus receipts from initial units built used to finance additional construction, the construction of an apartment block – or other forms of multi-household accommodation under one roof – is such that all costs must be met before any revenues from sales or rental is generated.

In between the family home and the nursing home

Over the course of this research, it has become evident that the option to be able to "downsize" typically to units with fewer bedrooms (than simply physically smaller) has the potential to encompass a range of options. The difference in the options is mostly around the services that go with them. The most significant issue isn't the services, however, but the physical property, and the choices available to those who may want to move to alternative accommodation.

There is therefore a gradient of housing/downsizing options, both as individual units and also with developments (i.e. moving from one into another as needs and availability dictate). The provision of this type of housing was seen principally as a planning issue, rather than a finance issue, although the broader concern around high construction costs is also problematic.

The benefits of a more complete spectrum of

housing and care include allowing people to remain in their community, while also adapting their surroundings to a different set of needs. It can also reduce dependence on government services, by enabling the HSE to discharge a greater fraction of their patients back into their homes, freeing up hospital capacity. This works best where there is a sufficient density of residents within the catchment area of care services. This is particularly pertinent as medical advances mean much care is now possible in mainstream housing environment. When assessing any state incentive, this benefit of savings from reduced demand in more acute care environments needs to be factored in.

While not the primary aim of providing greater choice for Ireland's OP, this would also free up family homes, close to amenities such as schools, for those in greatest need of them. And, perhaps most importantly, regardless of whether the mode of tenure is lifetime rental or freehold, bespoke housing for older persons plays a central role in reducing loneliness amongst its residents. As discussed above, the concept of 'ageing in place' is central, allowing more appropriate housing but maintaining access to social networks and other amenities.

In order to achieve this, there are implications for planning and funding frameworks. The State, and in particular Local Authorities, have a duty to quantify the levels of demand for each level of housing and care need, both private and social. The follow-on from this is the implementation of a specialised zoning/planning class for bespoke and general housing for older persons. Ideally, local authorities would partner with developers and housing bodies (and HSE) to provide exemplar projects: Local Authority involvement need not be greater than a commitment to overcome planning obstacles and the donation of a suitable site.

More generally, Local Authority Development Plans require Housing Strategies within them that are based on population/health area profiles. There is a perception among non-State bodies in the stakeholder interviews that some (but by no means all) local authorities are not interested in 'non-standard' developments, including general housing in multi-family blocks suitable for OP. Targets for higher density are needed, particular in urban settings – and other factors, such as height limits, should be reviewed in light of these.

In relation to funding, incentives should be considered – but only as part of a broader strategy to understand the costs associated with the housing and care needs of Ireland's older people. Identification of the barriers to provision of higher-density communities would mean that any incentives relating to development would be used only to kick-start provision of new homes, rather than – as has been the case in the past – the only reason development takes place.

The Developers' Perspective

From the developers' perspective, the provision of housing for OP was seen as a planning issue and not an issue for health services: solutions should be housing-led via the planning system. It was felt that minor alterations in planning codification can have significant positive impacts in the provision of appropriate housing and the attendant reduction in housing need at higher levels of care (i.e. nursing homes and hospitals).

A lack of choice for OP was leading to them staying in inappropriate accommodation – whether that was their own house or in some form of care – for longer than they need to be. This has consequent costs for the carer and the cared for.

For the state, biasing the next wave of housing

development in a way that reflects its age profile – rather than simply providing what the speculative development industry can provide at most profit to itself – is a central issue. Resolution of the provision of appropriate housing for OP was seen by the developers as something that could best be facilitated by the creation of a dedicated zoning category or 'use class'. In this way, local authorities could designate specific areas as being suitable for a certain proportion of housing for OP.

It was also seen as a basic function for local authorities to have housing strategies that reflected the health and age profile needs of the people who lived there. In this way, development proposals could be responded to partly in the context of whether any proposed development planned to provide a suitable proportion of housing for the needs of the population based on its age profile. It was also regarded as important that local authorities have plans for housing for OP that are location-specific; the provision of housing for OP in rural areas is quite likely to differ from the same exercise in urban locations.

The use of incentives for the development of age-appropriate housing for OP is something that the development industry would welcome, but only to a certain extent – judicious and careful use is important as property development incentives in Ireland have often had the effect of driving up prices, particularly of land. It is also evident that despite this, little development outside the most profitable areas of commercial property or traditional residential (3/4-bed semi-detached houses) takes place without a financial incentive or subsidy of some form. An appropriate incentive – and the development of a dedicated zoning class as a form of incentive – can have the effect of making the move from an unsuitable form of housing to a more suitable one attractive for the developer and for the occupier. Occupiers, it is felt, will move if

there is both choice available (a suitable property, with particular regard to being of appropriate size) and the move is financially viable (money left over after the transaction).

Developers propose that the state should lead the way in facilitating exemplar developments, most likely through the provision of land or in some form of joint venture. Although many developments for OP are for sale (usually to people over a certain age), it was recommended that, where possible, retention of the freehold of any development for OP was considered important whether the state or private sector was the developer. This allows for perpetual recycling of the properties as they become available.

It is important to note that developers saw little difference in the housing typologies of the differing stages of care. They regarded the stages of new home/downsize to the pre-nursing home stage as being of little difference in terms of the product they might offer. The difference between the stages was seen as simply a difference in level of support services offered, to which they felt the market would respond accordingly.

From the perspective of developers, the following were the principal policy recommendations emerging from the stakeholder interviews:

1. Housing policies – especially local – need to acknowledge OP requirements for housing and should plan for OP housing along health/ population lines in their strategies (building the practices of, form example, Dun Laoghaire Rathdown and Waterford councils).

2. OP housing should be an integral part of the community.

3. Local authorities should identify priority sites.

4. Incentives should be used sparingly.

9.3   Policy Solutions

As outlined in Section 1, a fundamental requirement to transition to a system with adequate housing and care provision is to understand individual household means, both income and assets. Without this information, it will not be possible to identify in a fair manner those over-65 households that require state support to meet their housing and care needs from the general population of over-65s.

The corollary of this is that each of the primary housing and care solutions identified in the spectrum in Figure 1.1 must be costed and a maximum ratio set relative to monthly disposable income. For general housing, including for the housing needs of the under-65 population with no specific care needs, the rule of thumb is that housing should comprise no more than one third of disposable income. At the opposite end of the spectrum, currently the Fair Deal scheme takes 80% of current income (plus a contribution from assets, where relevant), in order to cover costs relating not only to shelter but also to other services provided, including food and utilities, as well as medical and other care services.

It is likely, therefore, that moving from left to right on the housing and care spectrum outlined in figure 1.1 will involve a greater fraction of the household's own resources, in order to cover the core costs of the additional services provided. Where that income is insufficient to meet the overall level of costs, though, an income top-up or subsidy is required, to ensure equality of access for all.

Scale of the gap

Countries with more mature housing sectors currently house approximately 15% of their over-65 population in bespoke, age-friendly accommodation. Allowing the same fraction again in general-market housing that is a follow-on from

the family home, and with no more than 5% of the over-65 population in nursing homes or hospitals, this suggests that, were the housing and care options available to older people in Ireland, roughly one third would opt to downsize.

All population projections for Ireland suggest very strong growth in the absolute number of residents aged 65 or over. Taking the 2015 population estimates as a baseline, however, there were 606,000 people aged 65 or over in Ireland that year. These were spread across approximately 350,000 households. Therefore, given the very small scale of Stages 3-6 currently, and bearing in mind the substantial growth in the absolute numbers of over-65s in coming years, there is likely to be an unmet need of roughly 100,000 dwellings across stages 3-6 over the next number of years (even before allowing for a larger, forecast population of over 65s in 20-30 years' time).

At an average up-front construction cost of €250,000 on average, this represents a €25bn unmet need (n.b.: this figure ignores site costs, which are in economic terms a residual benefit for the landowner, rather than representing the value of an investment). In addition, by recycling the same number of dwellings into the broader housing market, meeting this need on the part of over-65s would also free up housing equivalent to at least six years supply for first-time buyers.

Improving Planning

The philosophy throughout this report has been one of identifying housing and care needs first and only then taking into account household income and assets. There are a number of locations – particularly in the Greater Dublin area – where a cohort of households exists with adequate means to cover costs of at least €250,000, plus site costs, and leave sufficient funds for on-going and one-off

expenses over the person's lifetime.
For these locations, the lack of adequate provision of Stages 3-6 – general market options together with independent and assisted living communities and targeted care – reflects a failure in the planning system, broadly defined. Stakeholders interviewed for this report disagreed about how open Local Authorities are to "non-traditional" developments, such as those involving housing for older people and apartments, particularly after the crash. The launch of the Age Friendly Cities and Counties Programme represents an opportunity to close this perception gap.

A key recommendation, therefore, is that Local Authorities' Development Plans contain a minimum requirement for age-friendly housing, both bespoke –independent and assisted living developments – and general accommodation, including apartment blocks. Given the evidence that older people overwhelmingly want to stay within their communities, this means explicit commitments by Local Authorities in urban areas to "densify the suburbs". This does not mean allowing inappropriate heights – but does require planning authorities to permit, for example, four- and five-storey buildings. In addition, it requires local authorities to look favourably on sites undergoing a change of use.

In addition to this fundamental change in the planning practice, the high cost of construction needs to be reviewed. As outlined in earlier sections, this particularly affects the building of apartment blocks, precisely the form of accommodation required by many older people, either in the general market or in bespoke developments. Understanding how and why construction costs in Ireland are so high, relative to other countries, requires an independent, Government-sponsored audit of construction costs, which will enable the identification of key steps required.

Subsidising those on Low Incomes

Lowering construction costs will increase the proportion of older people that can be served by the private market without subsidy from the State. Nonetheless, there will remain a fraction – perhaps as many as one third – of older people that will not be able to cover the costs of their own accommodation and care needs. Therefore, a detailed taxonomy of housing and care needs, summarised in a stylised fashion earlier in this report, needs to be costed.

The key principle is that where a household's disposable income – including an appropriate fraction of the household's wealth – is inadequate to meet those needs, the household should be eligible for an income top-up reflecting the gap between their means and the cost of their needs. Such a system of subsidies would effectively convert transfer spending into collateral by which social housing bodies could raise capital to develop housing. In other words, by lowering the cost of construction, and by topping up incomes where required, the housing needs of all Ireland's older people can be met.

Key Section Findings

There is a large and growing gap between the types of accommodation and/or caring arrangements currently available and the needs of an ageing population.

Based on reasonable assumptions about the trend in demand and costs of construction, we estimate that there will be an unmet need for some 100,000 dwellings to meet the needs of OP, an investment cost of approximately €25bn (excluding sites).

It will be important to incorporate the fulfilment of this demand into building planning (just as social housing is 'incorporated' into existing private schemes at the planning stage).

10. Policy Implications

10. Policy Implications

This report has examined various dimensions of how best to meet the housing and care needs of Ireland's older persons – now and into the future. This included understanding the socioeconomic and macroeconomic context, the role of technology, but also more locally determined aspects, including finance, planning and design. Building on the overarching change in policy direction required, as outlined in Section 7, this section highlights further policy implications under each of these major headings.

10.1 Socio-economic Factors

Policymakers need to factor in the complex relationship between ageing, tenure, rural or urban status, and other demographic factors such as household size. Housing policy – and more importantly housing strategy, with a multi-decade perspective – needs to integrate demographic information, in particular in relation to ageing and the needs of OP.

At the same time, any future health policy, and especially components of it that have some form of reliance on personal contributions, need to be couched in the context of the changing nature of housing, tenure and employment. Health policy derived and designed without taking into account the shifting patterns of accommodation trends and needs will be ineffective and counterproductive, ultimately exacerbating the situation. The challenge for policymakers is therefore to integrate housing patterns with health needs.

10.2 Macroeconomic Factors

The clear implication for policymakers is that the current system, based on assessment of need and a contribution to covering the cost of care based on means, is in need of extension. This is the right principle, in order to guarantee that all older persons – and indeed all citizens – have adequate housing to meet their needs, regardless of income or other personal circumstances. However, it is inadequate, in the sense that it only currently covers the Nursing Home sector, and thus all other forms of housing and care needs are not met (though some state provided homecare packages enable some categories of OP to remain at home). In the language of the HSE, this means implementing a pathway of care and of housing from cradle to the grave.

A related point is that a taxonomy of housing and care needs is required. In practical terms, this would mean that all older people could be identified on a scale of needs, from completely independent to requiring 24-hour care. (In principle, housing and care needs will comprise a spectrum, but in practice this will most likely be a discrete number of options.)

10.3 Technological Factors

For policymakers, perhaps the key implication is that the Irish system for providing housing and care for older people should encourage experimentation, and learning from other locations (and from peer-reviewed research) about what might work or not work, in meeting the needs of older people.
The greatest risk is likely to be in expensive fads, i.e. incorporating attractive but ultimately poor-value technologies as part of the basic standard of care. An array of 'smart devices', when compared with a

single smart meter at dwelling level, may for example represent poor value for money. What processes are in place to prove the use/value of new technologies?

10.4 Finance & Behaviour

A number of interviewees highlighted that it is not the lack of finance, rather the lack of choice or supply, that is the main obstacle in meeting the housing needs of Ireland's older people. This perhaps raises the question around the efficacy of monetary incentives but also the potential for behavioural incentives.

It would be useful for policymakers also to assess existing supply of accommodation for older people in mainstream housing. Clearly, a significant number live in the same house that they did 20 years previously. Nonetheless, a number of apartment blocks have been built since the 1970s in higher income suburbs. Older people and family homes in these areas constitute a natural source of demand for such apartments – and analyses of current occupancy in such blocks would be useful. The 2016 Dun Laoghaire-Rathdown Private & Public Housing Supply Report included targets in relation to the refurbishment of social housing, in order to encourage 'downsizing'. While this is a useful start, a more general approach to housing and care needs – in both social and private sectors – is required across the country.

10.5 Planning & Design

Local Authorities, and the national policy framework, should evaluate the potential for mandatory housing provision for OP in new housing stock. More generally, steps should be taken to ensure local authority development plans meet the likely future needs of all sections of society, including OP,

as seen in other jurisdictions, such as Windsor & Maidenhead in England. In addition, the role of subdivision of exiting housing stock should be explored.

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HOUSING FOR OLDER PEOPLE - THINKING AHEAD