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"Evaluation of community and sheltered dwellings in Lisburn, County Antrim"

A report commissioned by Lisburn Primary Care Commissioning Pilot

Helen McVicker
Lecturer in Social Work
and
George Kernohan
Professor of Health Research

University of Ulster
Jordanstown
Newtownabbey
BT37 OQB

"Home was the old armchair by the hearth, the creaky bedstead, the polished lino with its faded pattern, the sideboard with its picture gallery, and the lavatory with its broken latch reached through the rain. It embodied a thousand memories and held promise of a thousand contentments. It was an extension of personality".

(Townsend, 1963)

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Acknowledgements

The authors would wish to thank the following people for their contributions to the project:

The Project Steering Team of :

Sarah Browne	-	Down Lisburn Trust
Roisin Wylie	-	Down Lisburn Trust
Brendan Adams	-	Northern Ireland Housing Executive
Eileen Askham	-	Fold Housing
Kate Thompson	-	Director of Community Services

The volunteer research team of: Meryl Townsend
Ann Moller
Eleanor Flack
Lilian Ievers
James Wilde

Aine Kelly for her administrative and IT support.

Mrs Eileen Askham, Community Care Manager, Fold Housing and Mr Arthur Canning, Director, Choice Housing Association for facilitating interviews of the HOOP dwelling residents.

The wardens and residents of Tonic Fold Bangor, Fruithill Fold Belfast, Elizabeth Court Dundonald, Manor House Lisburn, Blaris Fold Lisburn, Adnigh Fold Glengormley for agreeing to participate in the study.

Members of Down Lisburn Age Concern Ageing Well Project and Community Consultation Panel (under the auspices of the Eastern Health and Social Services Council) for completing questionnaires.

Mrs Ruth Tovey for typing the report.

Abstract

This report was commissioned by Lisburn Primary Care Commissioning Pilot and was undertaken by the University of Ulster in conjunction with Down Lisburn Trust, N.I.H.E. and Fold Housing.

The aim of the research was to explore the views of older people in the Lisburn area regarding their homes in the community or in sheltered dwellings.

Data was collected from two sample groups using a validated instrument (the HOOP tool) which measured satisfaction across a range of housing related variables and examined attitudes of older people towards moving home.

Findings highlighted that sheltered dwellers were more satisfied with aspects of their home than their community based counterparts, particularly in relation to the condition of the property, their general well-being and their ability to remain independent.

The majority of both groups stated that they would find a move in the future difficult, particularly sheltered dwellers, who tended to view the move to sheltered accommodation as the last move they would have to make.

If a move had to be considered, both groups identified safety and security and location as the most essential considerations.

The report makes a number of recommendations in respect of enabling older people to remain in their own homes for as long as possible. For example the provision of intensive domiciliary support to sheltered dwelling residents and the creation of 'staying put' type schemes for community dwellers.

Introduction

Background

This research project was commissioned and funded by Lisburn Primary Care Commissioning Pilot. The Pilot was established in April 1999 to test the concept of primary care professionals working together to commission health and social services for their population.

The Pilot initiated several Task Groups to consider the health and social care needs of people in the Lisburn area. One group was set up to consider the needs of older people.

Priorities for action under the Elderly Care Task Group were the development of:

- choice for older people
- alternatives to hospital care
- appropriate care pathways for stroke, dementia, fractures and falls
- a commissioning model for the pilot as a whole

A key issue, cutting across all priorities, was to examine how best to capture the views of older people in the Lisburn area.

This project was undertaken by the University of Ulster in partnership with Down Lisburn Trust, the Northern Ireland Housing Executive and Fold Housing.

Aim

To incorporate the views of older people in the Lisburn area in the process of planning their homes in the community and in sheltered dwellings through the development of practice guidelines with an emphasis on design.

Objectives

(1) To provide information on the existing tenure arrangements of older people in Lisburn.

(2) To ascertain the views of the over 55 age group across a range of variables related to their current housing situation using a validated measurement tool.

(3) To incorporate the views of older people in the Lisburn area in relation to the planning of housing provision, and to develop practice and design guidelines for this client group.

(4) To identify preferences for future care among this group.

Rationale

Northern Ireland, like most of the developed world, is home to an ageing society. By the year 2036 the population of over 65 year olds is set to almost double to 24% i.e one in four of the population. This trend, alongside a current strategic imperative to maintain at least 88% of older people in their own homes, will require commissioners and service planners, across both the housing and social care spectrums, to develop a portfolio of

housing options for older people which will reflect their diverse needs. As people live longer, 'older age ' may well span up to four decades, each characterised by different lifestyle choices and dependency levels. As patterns of need and demand change, it is highly unlikely that traditional approaches to meeting housing needs will suffice, or indeed be appropriate.

Changing family patterns have also resulted in increasing numbers of older people living alone. Indeed the latest figures produced through the Housing Conditions Survey (N.I.H.E) would indicate that lone older people constitute approximately one in five households within the province. Age Concern also highlight the fact that the current divorce rate, with its long term consequence of more single older people, will further impact on this figure in the near future.

An increasing number of older people are also owner occupiers partly as a result of the sale of council houses in the 1980's. This has created a significant number of older people who may be described as "house rich, income poor". This status can create problems for them when it comes to meeting maintenance and repair costs. Home ownership is also likely to be a disincentive to older people considering other care options, particularly residential and nursing care, where their home may have to be sold to pay for their keep.

While little work has been undertaken to date on the preventive capacity of housing, (i.e preventing the need for higher care packages, hospitalisation or residential/nursing care), the National Services Framework for Older People recognises that housing often appears to be a critical factor in both precipitating hospital admission and delaying hospital

discharge. Yet despite the crucial role housing has to play in making community care a reality, older people are more than twice as likely to be living in accommodation that is classified as unfit. Pressure on hospital beds often means that older people who cannot return home are inappropriately placed in residential care due to a lack of available housing options. A previous study undertaken in Down Lisburn Trust (McVicker, 1998) found that 43% of permanent residents were assessed by staff as either being 'self-caring' or as having 'low dependency needs'. This finding is consistent with earlier studies undertaken by Allen et al (1992). Such residents could arguably have had their needs more appropriately met within sheltered housing or supported living schemes.

With increasing numbers of very dependent older people being maintained in their own homes, (i.e. 88% on average in Northern Ireland, compared to 78% two decades ago), there is a clear need for housing and social/health care providers to work in close collaboration to ensure that interdependent housing and care needs are met.

The Supporting People initiative which is to be introduced in 2003 by the Department of Social Development (N.I.) as a means to create a single funding, commissioning and contact point for supported by housing will create mechanisms for a more integrated approach at both strategic and operational levels. There is also a clear expectation that service users will be consulted about their housing and care needs on an ongoing basis.

All these factors have conspired to create a pressing need for the housing needs of older people, from their own perspective, to be considered as a matter of some priority.

Literature Review

Historical context of housing for older people

At the turn of the twentieth century, property rental from a private landlord was the normal form of tenure for most people, but its impact varied substantially, depending on class and wealth. For servant-keeping classes, there was no anxiety about managing the home when they became unfit. For the working class however, things were very different. Physical conditions were often atrocious, with poor sanitation and overcrowding as universal features. Practical help for older people came from extended families who were ordinarily resident in the same household. Financial help often came from daughters in domestic service and/or live-in lodgers.

Housing conditions were usually particularly bad for older people due to their inability to meet rent levels. Five percent of older people were living in the workhouses, parish run places where, often in return for board and lodging, employment was provided for the destitute. By the mid twentieth century, older people's ability to pay for their housing had been transformed by the introduction of state organised benefits – pensions and national assistance, a means tested subsistence level benefit for the poor and needy. Despite the advent of the welfare state however, older people were often given lower priority than families. The level of housing built by local authorities was disproportionate to the scale of need. Family sizes were also decreasing and there were more older people, both single and couples, who had no younger person living with them to help.

Means (2001) stated that the seeds of the present housing circumstances of many older people were sown in the 1950's and 1960's, when they were younger. Women, for instance, were paid significantly less than men and experienced great difficulty in

securing mortgages. Additionally, single people and childless couples were accorded low priority for council housing allocation and were consequently driven into the private rented sector from which they could never escape.

The 1950's also saw the advent of housing and care elements coming together in the provision of sheltered accommodation for older people. This was initially a popular option, being cheaper and perceived as less grim than residential care regarded as institutional and a last resort. More recent criticisms of sheltered care have focused on the policy of age-based segregation and the fact that it does not provide a home for life. Although 5% of older people still live in sheltered accommodation, there has been a growing emphasis on independent living and personal autonomy rather than commonality, which have created impetus for diversification into Housing-with-Care options which offer health and social care within a more independent living environment.

There are a number of factors worthy of note about the current features of household composition in N.I.,

(1) There is an increasing number of lone older person households. The evidence for this comes from the 1996 House Condition survey identified that over one third of heads of household were over the age of sixty, with more than half of this figure living alone.

(2) Sixty three percent of over 75's suffer from long term illness or disability. (1996 House Condition Survey).

(3) The increasing number of older owner occupiers, many of whom are 'income poor' and struggle to pay for necessary home improvements/adaptations. (1996 House Condition Survey).

(4) The significant number of older people who live in unfit housing (12.2%, as opposed to 5.5% of the population at large). (1996 House Condition Survey).

(5) Housing Association stock has nearly trebled since 1997, from 5,000 to some 15,000 units. (Lisburn District Housing Plan – 2001/02) which has increased the availability of this option for many older people.

Housing and Community Care

Early community care initiatives of the 1960's and 1970's generally took the form of 'special needs' accommodation, such as hostels, sheltered dwellings. The community care reforms of the early 1990's ended reliance on institutional care, and had as its key objective, non-institutional living in a home of one's own. Housing design, for the first time, was seen as having a significant role to play in achieving this objective, with the acknowledgement that inappropriate housing was often a contributory factor in the need for admission to institutional care.

However, while the need for joint working between housing and health social care providers has been constantly reiterated as a key feature of community care, many would argue that the 'why' has not been translated in to the 'how'. Franklin (1998) believes that there are both structural and perceptual obstacles to effective partnerships which

need to be addressed. He wrote of the need to clarify responsibilities, co-ordinate policy initiatives and ensure that funding mechanisms are properly targeted.

The challenges involved in maintaining older, more dependent people in their own homes has created further pressure for a co-ordinated approach at both strategic and operational levels. Social workers and health care professionals are faced with the need to address housing issues more closely, whilst housing organisations are increasingly required to house people with community care needs.

Franklin (1998), stresses this interdependence of housing and care needs….. 'housing needs can have care solutions and care needs can have housing causes or solutions' …. and outlines the need for assessors to be attuned to this relationship and for assessment forms to be designed to trigger such potential linkage.

The Supporting People programme, which will take effect from April 2003, will introduce new funding measures for people living in supported accommodation.

At present the costs of this support are paid through a number of different funding systems, including Housing Benefit. In order to address the weaknesses inherent in this uncoordinated approach, a 'supporting people' fund will be established which will improve the way in which supported housing is funded and will include new checks to ensure that the services provided are of high quality and meet individual need.

This programme will create resource incentives for a much more integrated approach in commissioning, funding and contracting support for vulnerable people in different types of accommodation.

Supporting People will involve a working partnership of Health Boards, the Probation Board, service users and support agencies who will jointly agree spending priorities based on systematic analyses of local needs, supply and adequacy of existing services and the identification of priority gaps.

Housing and Health

The role of housing as a key determinant of individual and public health was recognised in Victorian times, when public health measures were introduced to tackle unhealthy city slums and to deal with cholera epidemics. Indeed, it could be argued, that the improvements in housing and the environment have had a far greater effect on the general health of the population than any advances in medicine. While Conway (1995), suggests that this link has been forgotten due to improved public health standards, it is interesting to note the importance attached to housing as part of an overall health strategy within the 1998 Green Paper, 'A Healthier Nation'.

Persistent inequalities in health prevail and there is a growing recognition that those with the poorest health still live in the worst housing. Blackman et al (1993), discovered significant differences in health status, accident rates and psychological stress between the residents of an estate with very poor conditions and one where the housing was regarded as significantly better. Overall, however, there is a paucity of research into causal effects of housing on health, other than around some specific conditions, such as

the relationship between damp housing and respiratory complaints. While it can be difficult to isolate the housing variable as contributing to poor health, research undertaken by the Royal Institute of Chartered Surveyors (1997) and Anchor Trust (1998), allow for the following arguments to be made:

- treating illnesses caused by bad housing may cost the NHS £2.4 bn per year (at 1989 prices)
- the remedying of damp and cold housing could save the NHS £800 million per year
- Homeless people who ‘sleep rough’ die at an average of 42 years
- cold kills at least 30,000 people in their own homes every year

Housing is also a key element of hospital admission and discharge planning. A lack of acceptable adequate housing can affect length of stay in acute wards and appropriate housing-related services can help to reduce unplanned re-admissions.

Franklin (1998) highlights the need for longitudinal research examining causal links while Means (2001) calls for more studies on the impact of poor housing on older people.

While the last UK Government (1979-1997) emphasised individual behaviour as causing ill health, rather than broader factors such as environment and income, current government initiatives since (1997) (e.g. Health Improvement Programmes, Health Action Zones) recognise the environmental causes of poor health and have introduced a new public health movement which provides opportunities for housing agencies, amongst others, to work with HPSS providers in health improvement planning and delivery.

Preventive strategies are also a central thrust of national policy within and across health and social care. If poor environmental conditions and bad housing lead to deterioration in health, then prevention activities need to be focused upon these precursors.

User Involvement

The last ten years have seen a growing emphasis one promoting and enabling service user involvement and participation in the planning of health and social care services. User involvement has been slower to emerge within the housing domain, with limited empirical evidence of what older peoples' needs, views and preferences are.

Government policy is increasingly concerned with principles of citizenship and social inclusion within a community development model, with a clear emphasis being placed on consultation with older people through Better Government initiatives such as citizen's juries and user consultation panels.

Many critics would, however, argue that involvement of service users is often merely tokenistic, with opinions only being sought once the die is cast. This is set to change however under Supporting People which demands independent input from service users in all aspects of the needs analysis, commissioning and contracting process.

Lifetime Homes

The concept of Lifetime Homes has been promoted by the Joseph Rowntree Foundation since the early 1990's. The term refers to a home which will suit a person throughout their lifetime so that they are not forced to move by having to overcome barriers in the

dwelling (Means, 2001). The concept has been introduced through the development of design-specific quality standards.

In N.I., Lifetime Homes standards, incorporating seventeen specific design features, have been adopted in the social housing sector since 1998. The aim was to enhance the flexibility and adaptability of new homes through design, by anticipating the changing requirements and demands of occupants and enabling the dwelling to be adapted at minimum cost. Features include level access, ground floor toilets built to enhanced space standards, provision of electrical services and drainage for future shower provision, stair types suitable for stair lifts etc. The standards introduced for Lifetime homes do however fall short of wheelchair standard housing on a number of grounds.

However, many of the occupants of lifetime homes will not need any further adaptations to the home, while others may need some additional portable equipment or additional stair grab rails. Lifetime homes are often misinterpreted as being for disabled people only, however the subtlety of design features often means that even residents themselves are unaware that they live in such a home. Old and young alike are likely to benefit from many of the core features, such as additional space.

Recent research conducted by the Chartered Institute of Housing in N.I. (2002), indicated that the initial additional cost outlay of building a lifetime home can be recouped in 3-10 years, depending on house type. Some additional cost savings are likely to include:

- reduced expenditure on major adaptations

- savings in home care costs associated with acceptable heating levels (estimated to be approx. £6.5m per annum incorporating both Home Help and heating replacement costs)

- cost savings in terms of accident prevention (20.1% of accidents each year are caused by constructional features at a cost of £1 million p.a) (Chartered Institute of Housing in Northern Ireland, 2002).

- savings in removing adaptations from non-lifetime homes (generally £1,450 per household)

Lifetime homes are also likely to delay moves into residential care and reduce the need for temporary admissions (an estimated saving of over £5 million per annum, if we consider that an average of 16% of admissions are as a direct result of inappropriate housing). There are also likely to be considerable savings in health care costs caused by delayed discharge and in re-housing costs. The personal cost of moving in terms of money, stress and emotional upset also needs to be considered as part of this equation.

A further development in terms of design, is the concept of SMART homes, where technological devices are incorporated in to the design, both in an assistive and monitoring capacity. While such technology has tended to be used mostly in relation to older people with dementia, it can also be used to help those who face physical challenges as a result of disability. Assistive technologies range from simple low-tech items like automatic clocks, to more sophisticated features such as movement detecting sensors. There are obviously ethical considerations involved in the use of monitoring

equipment and Cowan et al (1999) suggest that the acid test of the ethicality of such equipment is that it 'adds ability without removing status'. Nonetheless it would appear that the significant benefits which technology has to offer in the maintenance of frail and confused older people in their own homes have largely been untapped.

Concepts from abroad

A key theme running through the policies of the majority of European countries is the move away from residential forms of care to provision of support in the home or new types of specialist housing offering more independence. This trend has, in part, been due to a recognition that this type of provision best provides the independence and autonomy that older people want and partly as a bid to reduce the amount of state expenditure on care services.

In Denmark, groups of older people in their fifties approach non-profit housing organisations with proposals for group homes or flats with communal facilities. Where their bids are successful, they are involved in the planning of schemes and subsequent management. Construction costs are met by residents, local authorities and financial institutions. By moving in the middle years, to housing that is suitable for later years, it is hoped that older people will be able to avoid the crisis of choice which may be offset by illness or reduced mobility.

In Finland, 90% of older people are maintained in their own homes, 3-5% in supported housing and 7% in care homes and hospitals. A number of supported housing schemes, such as Posthaven and the Kriapon Service Centre, combine a number of cluster flats with service complexes, often housing restaurants, cafeterias, leisure facilities,

educational facilities as well as sessional medical clinics. The centre resources are open to all people in the vicinity regardless of class, colour or creed, so ensuring social integration. The Kriapon Centre also houses a kindergarten which promotes inter-generational contact and understanding.

In Sweden, there are a number of housing collectives, schemes which again incorporate self-contained flats and communal facilities. Residents, who range in age from forty upwards, manage the block from a small office, assisting with the maintenance of the scheme and meal preparation etc. on a rotational basis. Many of those under 65 still go out to work. Mutuality is the cornerstone of the scheme.

In the Swedish town of Solleftea, the local municipal housing company and the education authority have built a joint scheme, which includes a school and an extra care housing scheme with a shared restaurant, library, gymnasium and other facilities. Such partnerships help make the best of limited resources.

In the Netherlands, the Dutch are harnessing ‘grey power’ in setting housing standards through the ‘Senioren’ label, a quality assurance system that awards certificates for older people’s housing. The Senioren panel is comprised of older people who scrutinise all new schemes produced by social housing and care organisations, awarding points based on a set of criteria which must be met. They also offer advice to older people as to what they should look for when moving. (Anchor Housing, ‘Broadening our Vision’ Report).

Attitudes of Older People to Moving

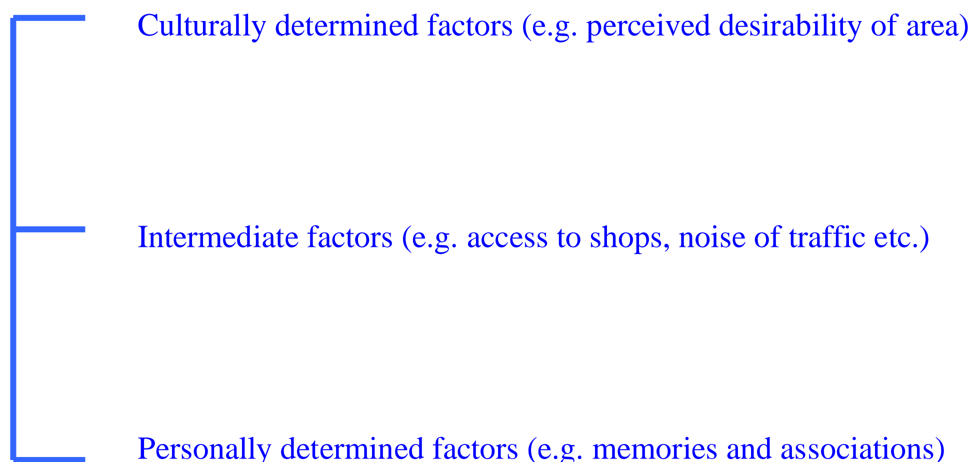
'Home for all of us is much more than bricks and mortar, it is about social relationships, it is space, both physical and psychological, and it is identity' (Means, 2001).

While moving for younger people is often prompted by positive developments such as a new job, a new baby or an ability to upgrade, for older people the experience is often perceived as signifying a loss of independence and status. It is no surprise therefore that younger people are four times more likely to have moved within the previous three years than older people.

Burholt (1997) identifies the reluctance to move as due to one or more of the following factors:

- reticence/inability to expend required physical and mental energy
- desire to maintain community ties and social networks
- attachment to home
- lack of available alternative housing

Gurney and Means (1993) identify the meaning of home by the following hierarchical construct:



Motives for moving in later life tend to be retirement or ill health (Litwak and Longino (1987).

Heywood (1999) identifies some further factors likely to precipitate a move:

- Housework problematic
- Maintenance problems
- Cold and damp
- To be nearer to family
- Problems with stairs
- Loneliness after bereavement
- Garden problematic
- Disrepair
- High costs
- Inaccessible baths
- Crime or fear of crime
- Anxiety about ability to cope in case of accident or illness
- Not wishing to become a burden on friends and relatives

Means (2001) highlights the fact that the role of grown-up children in persuading their parents to move is known to be significant.

Factors tending to keep people in their own home include a deep attachment to home or garden, memories associated with home, home ownership, attachment to furniture. Regardless of influence, the decision for older people to move is a complex one, involving many practical and perhaps more importantly, social and emotional

considerations. The concepts of 'house' and 'home' are not one and the same. In examining the complexities, Means calls for more research within ageing studies or social gerontology on housing and home and more research within housing studies on the relationship between house and self identity.

Such research must take account of all previous investigations, as well as the unique features of the community, the health, social care and housing arrangements.

Research context

This report describes research into the housing desires of older people living in Lisburn, Co Antrim.

The total population of Lisburn (Borough Council) is 111,685, fourteen per cent of which is of pensionable age (see Appendix 1). There are 38,920 dwellings in the borough, the tenure arrangements of which are as follows:

Owner occupied	63%
Housing Executive	25.3%
Housing Association	1.3%
Private rented	4.1%
Vacant	3%
Other	1.3%

Housing Executive stock comprises the following:

Houses	59%
Bungalows	15%
Flats/maisonettes	25%
Rural cottages	1%

Sixty per cent of this stock has been constructed since 1971. Ninety four per cent of homes have full central heating. Approximately 4% of all dwellings within the borough are considered to be unfit, which is almost half of the N.I average.

The house building market has been buoyant during the 1990's, averaging 421 new starts per annum. There is also a growing private rented sector.

Of these on the current Housing Executive waiting list, 38% is over 60 years of age.

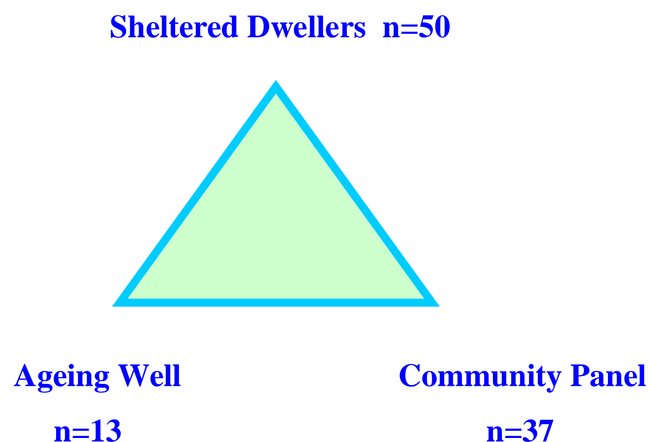
Housing Associations are now the main providers of new build social housing, with seven new schemes currently under construction and a further twelve planned for 2004. At present there are 577 'general needs' units and 577 'supported' units within Lisburn provided by ten different housing associations (see Appendix 3).

Research Design and Methodology

The sample group comprised existing sheltered dwelling residents and home dwellers. Sheltered Dwellers were accessed through two Housing Associations and drawn from seven schemes overall, reflecting older and newer buildings as well as urban and rural

locations. Scheme managers acted as gatekeepers, identifying residents likely to be willing and able to participate in the study. The first fifty residents so identified were then interviewed according to a previously validated questionnaire.

Home dwellers were drawn from a local Ageing Well project and the Community Consultation Panel which comprises a list of people resident in the Trust area who had expressed a willingness to comment on various aspects of health and social care. This list was originally constructed on a randomised basis from the electoral register. Included in the sample, were those who had agreed to comment on services related to older people. Members of the Ageing Well project were provided with information on the proposed study and asked if they would be willing to participate. Sampling for this group was ultimately based on a principle of self-selection.



Data was collected using the Housing Options for Older People (HOOP) tool, a validated instrument devised by Means et al. (1999) see Appendix 2. The HOOP tool was devised as a way of making a thorough and holistic assessment of a person's current housing situation. A small number of amendments were made and a small section on housing technology was added.

There were 16 sections within the tool, addressing the following areas

- Introduction
- Size and Space
- Condition of the property
- Comfort and Design
- Location
- Managing
- Costs
- Design Preferences
- Independence
- Well-being and Quality of Life
- Priorities
- Looking to the future
- Moving
- Possible Action
- Security and Safety
- Technology

Respondents were asked to comment on their current housing situation within these areas, to score overall satisfaction levels, to identify priorities and preferences, should a move become necessary in the future. Structured interviews, using the instrument, were conducted with the sheltered dwellers. These interviews were carried out by a team of eight older volunteer research assistants.

Research into old age is often criticised for being conducted by 'not old' researchers, who struggle to understand the issues and find difficulty or embarrassment facing older people and often find it difficult to engage effectively. It was anticipated that older research assistants, in their generational compatibility, would be able to conduct interviews in an age-sensitive and non-threatening manner and encourage respondents to engage in open and free discussion of the issues.

With the Home Dwelling sample, copies of the questionnaire were distributed for respondents to self-administer. Due to the relatively complex nature of the task, explanatory notes were provided as well as contact details if they had any queries.

Reminders were forwarded to non-responders. A response rate of 65% (N = 50) was obtained for the postal questionnaires.

Data was analysed using SPSS and findings subjected to a number of tests to determine statistical significance.

Results

A total of 100 responses were obtained from older people in the Lisburn, County Antrim area of Northern Ireland. Participants were drawn from the community at large (n = 50) and from sheltered dwellings (n = 50). The slightly amended HOOP instrument was successfully used in all cases to collect data, which was subsequently coded for direct entry into the statistics package for MS-Windows, SPSS version 9. Missing data was coded and cases excluded on a test-by-test basis.

Section 1

Introduction

The questionnaire began with a few basic questions about the person's home to serve as an introduction for the participants while simultaneously providing a demographic description of the population.

Community dwellers had lived in their current home for an average of 17 years; significantly longer than participants living in sheltered dwellings, whose mean duration in the their current home was 7 years ($p<0.001$, t-test). When questioned about their previous house, the trend reversed. People living in the community lived in their *previous* home for an average of 13 years, whilst sheltered dwellers lived in their *previous* home for significantly longer, an average of 23 years ($p = 0.005$, t-test). Thus it can be seen that the home lived-in prior to moving in to a sheltered dwelling tends to be the one lived-in for the longest time.

Residents were asked to describe what type of property they currently live in. Most community-dwellers live in detached or semi-detached houses, whereas most sheltered dwellers live in a flat ($p<0.001$, Chi-Square).

	Community dweller	**Sheltered dweller**
Detached	11	0
Detached	11	0
Semi-detached	10	0
Semi-detached	10	0
Terraced	3	1
Terraced	3	1
Bungalow	19	2
Bungalow	19	2
Two-storey	1	0
Two-storey	1	0
Flat	3	36
Flat	3	36

Table 1.1 Showing the type of property in which older people live.

From responses to a question on tenure, it was clear that community dwellers were largely (86%) owner-occupiers, whilst sheltered dwellers mostly (97%) rented their home, the difference in tenure being highly significant ($p<0.001$, Chi-Square).

In the Lisburn area most (96%) community-dwelling older people have a garden, whilst less than one half (48%) of those living in sheltered accommodation have a garden ($p<0.001$, Chi-Square).

As expected, sheltered dwelling was associated with multiple occupancy. People living in sheltered accommodation described themselves as living with 9 other people (mean value). Community dwellers reported a mean occupancy of two. The difference was almost statistically significant ($p = 0.06$, t-test).

Over one-third (38%) of older people living in the community kept a pet animal, perhaps reflecting the urban – rural split in this part of the country. Many fewer (4%) sheltered-dwellers kept or were able to keep a pet, and the difference was highly significant ($p<0.001$, Chi-Square).

As is widely known, those living in sheltered dwellings were older (mean age 80 years) when compared with the sample of older people in the community (mean age 64 years). This difference between the two groups was significant ($p<0.001$, t-test).

Two-thirds (66%) of respondents were female, reflecting the gender imbalance in the older population, with no significant difference between community and sheltered dwellers.

Many (85%) of those people who were living in the community were drivers and had access to a car, whilst only a small proportion (22%) of those living in sheltered dwellings had this level of independence (significance $p<0.001$, Chi-Square). It is likely that this reflects the general decrease in independence of older people with ageing.

It was note-worthy that significantly fewer people (28%) living in sheltered dwellings paid for support in the home, compared with the proportion (49%) of those living in the community ($p = 0.040$, Chi-Square). This was balanced, to a degree, by the finding that significantly *more* people (36%) living in sheltered swellings had packages of care provided by NHS, compared with the tiny proportion (2%) of community dwellers who had care provided by NHS ($p<0.001$, Chi-Square).

When asked "Do you have any interests or activities that require extra space in your home?" some one-in-five (19%) said "yes", with no trend apparent between community and sheltered dwellers, each citing similar responses to this question.

A desire for extra space for family or friends to stay was found in 39% of sheltered-dwellers, and in significantly more (89%) community dwellers ($p<0.001$, Chi-Square).

When asked about moving house, over half (51%) had given it consideration, while only 14% of sheltered dweller had considered a move. Clearly most people believe (incorrectly) that a sheltered dwelling is a home for life ($p<0.001$, Chi-Square). In the

same vein, 21% of community dwelling older adults had, at some stage, felt under some pressure to move, however slight. Only 2.4% of sheltered dwelling occupiers had felt such a pressure ($p = 0.008$, Chi-Square).

Of the people in the community who were thinking of moving house, only 21% had current issues leading them to this position, with the majority (72%) thinking about a move because of future needs.

Section 1 provided a comprehensive description of the two groups of participants. As was expected, people living in sheltered dwellings were older than those living in the community. They recognised the very different tenure arrangements and style of property, being mostly multiple-occupancy flats, without a garden or space for pets. Sheltered dwellers were less independent and received more care packages than community dwellers. There were some similarities between the groups: in both, a proportion required some extra space for retirement activities, or space to have friends or family come to stay. Most sheltered dwellers regard their home as a home-for-life.

Section 2

Size and Space

This section comprised 9 questions which asked respondents to comment on how they felt about the room they had in their home, both inside and out.

2.1 Number of rooms?

Most respondents were happy with the number of rooms they had, although more sheltered than community dwellers were unhappy about this. The difference was not found to be significant (p=n.s).

Table 2.1	Yes	No
Community dweller	44	6
Sheltered dweller	41	9

2.2 Size of rooms?

Most sheltered dwellers were happy with the size of their rooms, however a significant number of sheltered dwellers were not. The difference was significant (p=0.025).

Table 2.2	Yes	No
Community dweller	43	6
Sheltered dweller	37	13

2.3 Size of garden?

Most community dwellers were happy with the size of their garden. Only 20 sheltered dwellers responded to this question, all in the affirmative. For the remainder this question may not have been applicable, either because there was no garden attached to the sheltered dwelling or because it was a communal one for which they had no responsibility.

Table 2.3	Yes	No
Community dweller	43	5
Sheltered dweller	20	0

2.4 Storage space?

Almost half of the sheltered dweller sample reported that they did not have enough storage space, compared to one in five community dwellers. The difference was significant (p=0.006).

Table 2.4	Yes	No
Community dweller	39	10
Sheltered dweller	26	24

2.5 Parking?

Respondents were asked if there was enough parking space for themselves or visitors. Most respondents considered that there was. The difference was not significant (p=n.s).

Table 2.5	Yes	No
Community dweller	43	7
Sheltered dweller	37	7

2.6 Overall score for size and space

There was no significant difference in how both groups scored this section overall (p=n.s).

Table 2.6	Mean score
Community dweller	8.3
Sheltered dweller	8.1

Section 3

Condition of the property

Respondents were asked 13 questions in this section which concerned how they viewed the overall condition of their property.

Sheltered dwellers were not required to answer the first five questions of this section, which were largely concerned with structural aspects, for which they were unlikely to have any responsibility. Some respondents did however choose to answer all questions, although for sheltered dwellers the response rate is low.

3.1 The roof?

Most respondents across both samples reported that their roof was in good condition. The difference was not significant (p=n.s).

Table 3.1	Yes	No
Community dweller	44	6
Sheltered dweller	14	1

3.2 The structure generally?

Again almost all respondents reported that the structure of their home generally was in good condition. The findings were not significant (p=n.s).

Table 3.2	Yes	No
Community dweller	48	1
Sheltered dweller	14	1

3.3 Ceilings and plaster?

Most respondents across the two groups responded in the affirmative. The difference was not significant (p=n.s).

Table 3.3	Yes	No
Community dweller	44	6
Sheltered dweller	14	1

3.4 Gas supply, electric wiring and water supply?

Again most respondents felt that these features were in good condition. The difference was not significant (p=n.s).

Table 3.4	Yes	No
Community dweller	46	3
Sheltered dweller	14	1

3.5 Plumbing and drains?

Most respondents considered that their plumbing and drains were in good condition. The difference was not significant (p=n.s).

Table 3.5	Yes	No
Community dweller	43	6
Sheltered dweller	14	1

3.6 Heating system?

Respondents were asked to identify if they had a full, partial or no heating system. Full heating was present in all sheltered dwellings surveyed.

Table 3.6	Full	Partial	None	In poor condition
Community dweller	42	3	3	1
Sheltered dweller	43	-	-	2

3.7 Windows and doors?

Most people were happy with the condition of windows and doors. The difference was not significant (p=n.s).

Table 3.7	Yes	No
Community dweller	44	6
Sheltered dweller	44	2

3.8 Garden walls and fences?

One in five community dwellers were not happy with the condition of garden walls and fences. Most sheltered dwellers were, although the response rate was only 50%. The difference was not found to be significant (p=n.s).

Table 3.8	Yes	No
Community dweller	39	9
Sheltered dweller	24	1

3.9 Damp?

Most respondents across the two groups reported that their property was free from damp. The difference was not significant (p=n.s).

Table 3.9	Yes	No
Community dweller	45	5
Sheltered dweller	44	2

3.10 Overall score for condition of property

Sheltered dwellers gave the overall condition of their property a higher score than did community dwellers. The difference was significant ($p<0.01$).

Table 3.10	Mean score
Community dweller	8.3
Sheltered dweller	9.0

Section 4

Comfort and Design

In section 4 of the Hoop questionnaire, the older person is asked to make a subjective assessment of how well their home suits them in terms of comfort and design. There are 11 questions under this heading.

4.1 Do you feel happy with your home?

Table 4.1 shows that the vast majority of both community and sheltered dwellers were happy with their home. A chi-square test was not significant.

Table 4.1	Yes	No
Community dweller	48	1
Sheltered dweller	46	3

4.2(a) Can you keep as warm as you want?

Table 4.2(a) shows that most community and sheltered dwellers felt that they could keep as warm as they wanted. The difference was not significant (p=n.s).

Table 4.2(a)	Yes	No
Community dweller	47	3
Sheltered dweller	46	4

4.2(b) Is the heating system easy to manage and convenient to use?

Table 4.2(a) again shows that most respondents from the two groups considered that their heating system was easy to manage and convenient to use. The chi-square test was not significant (p=n.s).

Table 4.2b	Yes	No
Community dweller	44	44
Sheltered dweller	5	4

4.3 Is your home as light and sunny as you wish?

Table 4.3 shows that most people across the two groups regarded their home as being as light and sunny as they wished it to be. The difference was not significant (p=n.s).

Table 4.3	Yes	No
Community dweller	45	5
Sheltered dweller	47	3

4.4 Is the design of your home convenient for you?

This question referred to areas such as accessibility of cupboards, light switches etc. as well as ability to manage all the steps and stairs. Again most respondents replied in the affirmative. There was no significant difference between the two groups (p=n.s).

Table 4.4	Yes	No
Community dweller	48	2
Sheltered dweller	44	6

4.5 Is it decorated and furnished as you like?

Most sheltered dwellers were happy with how their home was decorated and furnished. Fewer home dwellers were happy with this aspect. A chi-square test was significant (p=.003).

Table 4.5	Yes	No
Community dweller	37	10
Sheltered dweller	49	1

4.6 Accessible bath or shower?

Table 4.6 shows that while all community dwellers had an accessible bath or shower that they could use if they wished, a significant number of sheltered dwellers had not. The difference was significant (p=.005).

Table 4.6	Yes	No
Community dweller	50	0
Sheltered dweller	41	7

4.7 Things arranged in a way that suits you with room for possessions?

Table 4.7 shows that most people felt that they had generally got things in a way that suited them, with room for their possessions (p=n.s).

Table 4.7	Yes	No
Community dweller	49	1
Sheltered dweller	45	4

4.8 Overall score for comfort and design

Weighing up the different aspects of comfort and design, scores for sheltered and community dwellers were much the same, the difference was not significant p=n.s.

Table 4.8	Mean score
Community dweller	8.2
Sheltered dweller	8.3

Section 5

Location

In section 5 of the Hoop questionnaire, the older person is asked to make a subjective assessment of how well their home suits them in terms of location. Under this heading, participants were asked 13 questions.

5.1 Would you describe the location as Urban?

Table 5.1 shows that most sheltered dwellers regarded their setting as urban, while community dwellers were evenly divided between urban and rural. A chi-square test was significant ($p<0.001$).

Table 5.1	Yes	No
Community dweller	20	26
Sheltered dweller	45	4

5.2 Is your home convenient?

Table 5.2 shows that most sheltered dwellers regarded their home as convenient for shops, transport, clubs or other regular activities whilst a number of community dwellers found the home inconveniently situated. The chi-square test was significant ($p=0.001$).

Table 5.2	Yes	No
Community dweller	32	17
Sheltered dweller	46	4

5.3 Is the area known?

Table 5.3 shows that most people know their area. All community dwellers regarded the area as familiar, so that they knew their way about and were known in the area. Most sheltered dwellers felt the same, although a chi square test was significant ($p=0.012$).

Table 5.3	Yes	No
Community dweller	50	0
Sheltered dweller	43	6

5.4 Do you feel safe in the street?

Table 5.4 shows that most people feel safe in the street. More community dwellers tend to regard their street as safe. A chi square test was significant (p=0.007).

Table 5.4	Yes	No
Community dweller	48	2
Sheltered dweller	37	11

5.5 Do you like the neighbourhood?

Table 5.5 shows that most people like where they live, with no distinction between community or sheltered dwellers (p=n.s).

Table 5.5	Yes	No
Community dweller	46	4
Sheltered dweller	45	4

5.6 Quiet neighbourhood?

Table 5.6 shows that sheltered dwellers are much more likely to regard their neighbourhood as quiet and stress free as they would wish, than community dwellers. The difference was significant.

Table 5.6	Yes	No
Community dweller	20	26
Sheltered dweller	45	4

5.7 Is it a healthy environment?

Table 5.7 shows that most people regard their environment as healthy in terms of air quality, traffic, green spaces and general cleanliness. While six community dwellers regarded their setting as unhealthy the difference was not quite significant (p= 0.07).

Table 5.7	Yes	No
Community dweller	44	6
Sheltered dweller	46	1

5.8 Is your home a suitable distance from family?

Table 5.8 shows that all sheltered dwellers regarded their home as being located a suitable distance from family or friends, while some community dwellers were too far away from friends and/or relations. The difference was significant ($p<0.05$).

Table 5.8	Yes	No
Community dweller	42	7
Sheltered dweller	45	0

5.9 Is help available when needed?

Table 5.9 shows that help is available to most people when needed, regardless of their setting (p = n.s).

Table 5.9	Yes	No
Community dweller	43	3
Sheltered dweller	46	4

5.10 Overall score for location.

Weighing up the different aspects of location and scoring this from 10 (perfect) to 0 (terrible), the sheltered dwellers gave their location a higher score, but the difference was not found to be significant (t test p = n.s.).

Table 5.10	Mean score
Community dweller	8.3
Sheltered dweller	8.7

Section 6

Managing

In section 6 of the HOOP questionnaire, the older person is asked to assess how they feel they are able to manage in their home. There are 16 questions in this section.

6.1 Keeping the house clean?

While most community dwellers considered that they could manage to keep their home clean, fewer sheltered dwellers felt that they were able to. A chi-square test was significant (p=.001).

Table 6.1	Yes	No
Community dweller	44	5
Sheltered dweller	31	19

6.2 Have a bath or shower?

Table 6.2 shows that while all community dwellers were able to manage to have a shower or bath, a significant number of sheltered dwellers were unable to. A chi-square test was significant (p=.006).

Table 6.2	Yes	No
Community dweller	50	0
Sheltered dweller	43	7

6.3 Shopping?

Table 6.3 shows that most community dwellers were able to manage shopping tasks. Fewer sheltered dwellers were able to manage this independently. A chi-square test was significant (p=.001).

Table 6.3	Yes	No
Community dweller	47	3
Sheltered dweller	38	12

6.4 Doing the laundry?

Again community dwellers were much more likely to be able to do their own laundry. The chi-square test was significant (p=.001).

Table 6.4	Yes	No
Community dweller	48	2
Sheltered dweller	35	13

6.5 Cooking?

Table 6.5 shows that community dwellers were more likely to be able to do their own cooking. The difference was significant (p= .006).

Table 6.5	Yes	No
Community dweller	50	0
Sheltered dweller	43	7

6.6 Carrying out minor repairs and maintenance?

More community dwellers than sheltered dwellers were able to carry out minor repairs and maintenance jobs such as mending things, changing light bulbs or fuses. The difference was significant (p=.007).

Table 6.6	Yes	No
Community dweller	36	12
Sheltered dweller	19	21

6.7 Decorating?

Table 6.7 shows that, while slightly more community dwellers were able to undertake decorating than not, the opposite was true for sheltered dwellers. The difference was significant (p=0.05).

Table 6.7	Yes	No
Community dweller	26	20
Sheltered dweller	16	27

6.8 Looking after the garden?

Table 6.8 shows that most community dwellers were able to manage their garden. Most sheltered dwellers regarded this question as non applicable, probably because they either had no garden or had no responsibility for maintaining any communal gardens. The difference was not significant (p=0.068).

Table 6.8	Yes	No
Community dweller	36	8
Sheltered dweller	8	6

6.9 Answering door and phone?

All community dwellers and most sheltered dwellers were able to answer the door and phone themselves. The difference was not significant.

Table 6.9	Yes	No
Community dweller	50	0
Sheltered dweller	47	3

6.10 Getting up and down stairs?

A number of both groups did experience difficulty getting up and down stairs, particularly the sheltered dwellers. Chi-square test was not found to be significant (p=0.1).

Table 6.10	Yes	No
Community dweller	37	5
Sheltered dweller	32	9

6.11 Having visitors?

This did not appear to present any difficulty to either respondent group (p=n.s).

Table 6.11	Yes	No
Community dweller	49	0
Sheltered dweller	46	4

6.12 Confidence about availability of additional support?

Table 6.12 shows that sheltered dwellers were more confident than community dwellers about support being available if and when they needed it. A chi-square test was significant (p=0.018).

Table 6.12	Yes	No
Community dweller	23	14
Sheltered dweller	39	7

6.13 Falls

Two of the community dwellers had had an x-ray taken in the previous 12 months as a result of a fall. While none of the sheltered dwellers responded in the affirmative to this part of the question, nine of them did state that they had experienced a fall in the previous twelve months, five of which occurred inside and four outside.

Table 6.13	Yes	No
Community dweller	2	42
Sheltered dweller	-	38

6.14(q15) Overall score for managing

Weighing up the different aspects of managing, there was no significant difference between the two groups (p= n.s).

Table 6.15	Mean Score
Community dweller	8.0
Sheltered dweller	8.2

Section 7

Costs

In section 7 of the HOOP questionnaire, the older person is asked to comment on how they feel about all the costs involved in living in their home, including maintenance costs and costs of energy for heating and cooking, as well as rent or mortgage costs. Under this heading, people are asked 10 questions.

7.1 **Affordability of the mortgage or rent?**

Table 7.1 shows that sheltered dwellers felt more able to afford mortgage and rent costs than community dwellers. The difference was highly significant $p<0.01$

Table 7.1	Yes	No
Community dweller	28	5
Sheltered dweller	48	0

7.2 Affordability of costs associated with looking after the property?

This question covered such areas as repairs, insurance, decoration etc. Community dwellers reported more difficulty in meeting these costs than sheltered dwellers, although overall most respondents felt they could manage these costs. The difference was not found to be significant (p=n.s).

Table 7.2	Yes	No
Community dweller	41	6
Sheltered dweller	41	1

7.3 Affordability of energy related costs?

This question referred to areas such as hot water, heating, cooking etc. Neither respondent group reported any difficulty in meeting these costs (p=n.s).

Table 7.3	Yes	No
Community dweller	46	0
Sheltered dweller	48	1

7.4 Affordability of Other household bills?

This question included costs such as rates, telephone etc. While none of the sheltered dwellers reported any difficulty with meeting these costs, a number of community dwellers did experience difficulties. A chi-square test was significant ($p= 0.05$).

Table 7.4	Yes	No
Community dweller	43	4
Sheltered dweller	49	0

7.5 Affordability of Transport?

Respondents were asked to comment on their ability to meet transport costs to places they needed/wanted to go to. Most respondents felt able to meet such costs. The difference was not significant (p=n.s).

Table 7.5	Yes	No
Community dweller	45	2
Sheltered dweller	47	1

7.6 Affordability of paying for help in house or garden?

A number of respondents in both groups did report difficulty in meeting costs associated with paying for help in the house or garden. The difference was significant (p=n.s).

Table 7.6	Yes	No
Community dweller	32	6
Sheltered dweller	27	4

7.7 Affordability of television license?

This question was only relevant to respondents under 75 years of age who do not have license fees waived. All except one sheltered dweller felt able to meet license costs as did most community dwellers. The difference was significant (p=0.04).

Table 7.7	Yes	No
Community dweller	37	3
Sheltered dweller	33	1

7.8 Overall score for costs

Sheltered dwellers gave this section a slightly higher score than did the community dwellers with sheltered dwellings scoring slightly higher. The difference was nearly significant (p=0.09).

Table 7.8	Mean score
Community dweller	7.9
Sheltered dweller	8.5

Section 8

Security and Safety

This section included everything from burglars to fire escape. There were nine questions under this heading.

8.1 Safety of home from hazards?

Respondents were asked if they felt their home was safe from the hazards that can cause accidents e.g. worn carpets, poor lighting, loose banisters. Almost all respondents felt that their home was free from such hazards. A chi-square test was not significant (p=n.s).

Table 8.1	Yes	No
Community dweller	47	2
Sheltered dweller	49	1

8.2a Availability of help in emergency situation?

Respondents were asked if they had a fall and could not reach the phone, did they feel confident that help would reach them. While almost all sheltered dwellers were confident that help would be available, almost half community dwellers felt it would not. The difference was highly significant $p=0.0$

Table 8.2a	Yes	No
Community dweller	28	21
Sheltered dweller	49	1

8.2b Help-line Provision

Three quarters of sheltered dwellers reported that they had a telephone Help-line, while only one in ten community dwellers had one. It is not clear whether sheltered dwellers considered warden-assisted alarm systems as 'help-lines'. The difference was highly significant p=0.0

Table 8.2b	Yes	No
Community dweller	4	34
Sheltered dweller	34	11

8.3 Feeling safe?

Respondents were asked whether they felt reasonably safe from burglary or attack when inside their home. Most respondents across the two groups reported that they did feel safe. The difference was not found to be significant (p=n.s).

Table 8.3	Yes	No
Community dweller	46	2
Sheltered dweller	46	4

8.4 Security of house when out or away?

Again most respondents did feel their house was reasonably secure when they were out or away. The difference was not significant (p=n.s).

Table 8.4	Yes	No
Community dweller	50	0
Sheltered dweller	47	3

8.5 Smoke detector?

Respondents were asked if they had a working smoke detector. Most respondents stated that they did have. Sheltered dwellers may not have been aware of building detectors. The difference was not significant (p=n.s).

Table 8.5	Yes	No
Community dweller	46	3
Sheltered dweller	45	5

8.6 (q8) Overall score for security and safety

There was little difference in overall scores given by both respondent groups (p=n.s).

Table 8.6	Mean score
Community dweller	8.3
Sheltered dweller	8.5

Section 9

Independence

In section 9 of the HOOP questionnaire, respondents were asked to consider the extent to which they were able to make the decisions and bear the responsibility for running their own home.

9.1 Loosing your home?

Respondents were asked if they felt anxious about loosing their home. While most sheltered dwellers had no such concern, a number of community dwellers were concerned at the prospect. The difference was approaching statistical significance (p=0.08).

Table 9.1	Yes	No
Community dweller	12	33
Sheltered dweller	6	41

9.2 Decision making?

Respondents were asked if they were free to make decisions about their home and live in it as they pleased. Both groups answered entirely in the affirmative.

Table 9.2	Yes	No
Community dweller	48	0
Sheltered dweller	46	0

9.3 Responsibility?

Respondents were asked if they were happy with the amount of responsibility they had for their property. Most people across both samples were satisfied with this aspect. The difference was not significant (p=n.s).

Table 9.3	Yes	No
Community dweller	45	2
Sheltered dweller	46	1

9.4 Independent from family and friends?

Respondents were asked if they felt as independent as they wished to be of their family and friends.

Table 9.4	Yes	No
Community dweller	46	1
Sheltered dweller	49	1

9.5(q7) Overall score for independence

Weighing up the different aspects of independence, sheltered dwellers gave this a higher score. The difference was significant ($p=0.05$).

Table 9.5	Mean score
Community dweller	8.5
Sheltered dweller	9.0

Section 10

Well-being and Quality of Life

The four questions in this section asked respondents to consider whether or not they felt their home was good for their general well-being.

10.1 Activities and interests?

Respondents were asked whether they considered their home was a good base for their activities and interests. Most respondents felt that their home was a good base for pursuing their interests. The difference was not significant (p=n.s).

Table 10.1	Yes	No
Community dweller	48	2
Sheltered dweller	47	3

10.2 Enough company?

Again most respondents across the two groups felt they had enough company living in their current home. The difference was not significant (p=n.s).

Table 10.2	Yes	No
Community dweller	45	4
Sheltered dweller	44	6

10.3 Having to move again?

Respondents were asked if they felt they could live in their home all their days without having to move again. While most sheltered dwellers felt they would be able to stay put, a significant number of community dwellers felt they would have to move again. The difference was significant (p=0.01).

Table 10.3	Yes	No
Community dweller	26	17
Sheltered dweller	45	5

10.4(q6) Overall score for well-being and quality of life

Weighing up all these factors, sheltered dwellers scored this section higher than did the community dwellers. The difference was significant ($p<0.05$).

Table 10.4	Mean score
Community dweller	8.2
Sheltered dweller	8.8

Section 12

Priorities

Respondents were asked to rate each of nine categories covered by the questionnaire, in relation to its importance to them, if they were moving house.

Safety and security, condition and independence were rated as most influential factors in considering a move.

The significance of the difference between the two sub groups for each variable is outlined below.

	Really essential	Very important	Worth considering	Not important	Significance
Size C/d **S/d**	10 8	26 27	10 14	1 1	n.s
Condition	22 15	23 34	2 1	0 0	P<0.05
Comfort	17 10	28 38	2 1	0 0	P<0.05
Location	24 22	20 24	2 4	1 1	n.s
Managing	21 11	23 36	3 3	0 0	P = 0.05
Costs	23 11	18 30	5 8	1 1	P<0.05
Safety and Security	30 20	14 25	3 5	0 0	n.s
Independence	22 17	22 30	2 2	0 1	P<0.05
Well-being	19 17	24 32	3 1	0 0	P<0.05

Section 13

Looking to the future

In this section respondents were asked to assess if their current housing would still be suitable if their circumstances changed. A range of eventualities were identified.

COMMUNITY DWELLER WOULD CONSIDER MOVING IF	Yes	Maybe	No	N/a
You were left on your own	49%	19%	23%	9%
Health was worse	26%	48%	24%	2%
Partner's health was worse	26%	26%	23%	26%
Had less help	27%	30%	36%	7%
Income was smaller	24%	31%	45%	4%
Could no longer drive	30%	28%	38%	5%
Could no longer climb stairs	29%	21%	45%	2%
Needed someone to stay with you	72%	11%	15%	2%
Wanted to spend more time at home	89%	2%	6%	2%
SHELTERED DWELLER WOULD CONSIDER MOVING IF				
You were left on your own	49%	4%	13%	33%
Health was worse	43%	33%	24%	0
Partner's health was worse	14%	5%	12%	70%
Had less help	44%	27%	29%	0
Income was smaller	57%	20%	22%	0
Could no longer drive	23%	0	9%	68%
Could no longer climb stairs	38%	11%	13%	38%
Needed someone to stay	38%	10%	52%	0
Wanted more time at home	77%	4%	4%	15%

Among the community dwellers, respondents considered ‘being unable to climb stairs’ and ‘a smaller income’ as the two circumstances most likely to render their current home unsuitable.

For sheltered dwellers, ‘needing someone to come and stay’ was the most likely reason given. This is most probably a reflection of the fact that most flats within sheltered dwellings are one-bedroomed.

Section 14

Moving

This short section asked respondents to comment on how they viewed the prospect of moving.

Prospect of moving	**Community dweller**	**Sheltered dweller**	**Total**
Unthinkable	9	26	35
Very daunting	15	9	24
Hard, but would do it if necessary	20	9	29
Not too bad	3	5	8
No problem at all	2	1	3
Total	49	50	99

Sheltered dwellers were more likely to regard the prospect of a move unthinkable, probably because they considered that the move they had made to sheltered accommodation would be their last. The difference was barely significant (p=0.05).

Respondents were additionally asked whether they would need help to sort and pack. More sheltered dwellers than community dwellers reported that they would need physical help to pack. The difference was significant (p=0.01).

Table 14.2	Yes	Maybe	No
Community dweller	23	9	15
Sheltered dweller	40	6	3

Section 16

Technology

This section looked at perceptions of technology within the home and aimed to assess both how familiar people are with basic domestic technology as well as to examine their attitudes to having ‘assistive’ technology installed within the home.

16.1 Frequency of use of microwave oven in past week?

This question was asked as a measure of acceptance of current kitchen technology. Most community dwellers stated that they had made use of a microwave. While the majority of sheltered dwellers also responded affirmatively to this question, over a third had not used this appliance. The difference was not significant (p=n.s).

Table 16.1	Yes	No
Community dweller	44	6
Sheltered dweller	32	17

16.2a Calls made on the telephone?

This question was asked as a measure of acceptance of current communication technology. All community dwellers and the majority of sheltered dwellers, apart from three, had made outgoing calls. The difference was not significant (p=n.s).

Table 16.2a	Yes	No
Community dweller	50	0
Sheltered dweller	45	3

16.2b Calls received from HSS staff?

The majority across both groups had not received any telephone calls from health and social services staff in the previous week, although sheltered dwellers were more likely to have received a call. The difference was not significant p=n.s

Table 16.2b	Yes	No
Community dweller	2	48
Sheltered dweller	7	42

16.3 Would you be happy to have 'reminding' technology?

This question was asked as a measure of current acceptance of intrusive technology. Respondents were asked if they would be happy for someone to use the telephone or T.V. to remind them to do something, like take tablets or to monitor their heart rate for example. While more respondents across both groups responded positively than negatively to this suggestion, a significant number stated that they would not be happy with such a system. The difference was not found to be significant (p=n.s).

Table 16.3	Yes	No
Community dweller	26	19
Sheltered dweller	31	19

16.4 Would you be happy to have 'surveillance' technology?

This question was asked as a measure of acceptance of more intrusive technology. Respondents were asked if they would be happy for someone to use equipment to see what they were doing, to make sure they were okay. Community dwellers were fairly evenly divided between acceptance and non-acceptance as were sheltered dwellers. The difference was not significant (p=n.s).

Table 16.4	Yes	No
Community dweller	23	19
Sheltered dweller	24	22

16.5 Computer usage in past year?

Respondents were asked what, (if any) computer related technology they had used in the past year. Community dwellers were much more likely to have used computers across a range of functions than were their sheltered dweller counterparts. The difference was found to be significant (p=0.0).

Table 16.5	word-processor	Internet for information	Internet for shopping	games
Community dweller	22	17	5	5
Sheltered dweller	6	2	2	1

Section 17

Helping us to help you

This section of the questionnaire contained 8 questions which were concerned with appraising housing/care options should a move become necessary in the future.

17.1 Which care option would you choose?

Receiving more help at home was by far the most popular option for both groups, with nursing care being the least. It is difficult to interpret the sheltered dwelling option for those already living in such a setting. It may be that they were referring to Housing-with Care type schemes. A chi-square test was not significant (p=n.s).

Table 17.1	More help at home	Sheltered dwelling	Nursing care
Community dweller	35	9	1
Sheltered dweller	38	7	3

17.2 Best number of units?

Respondents were asked what they would consider to be the best number of 'units' in a sheltered housing scheme. Most community dwellers favoured the smaller option of less than fifteen units, while sheltered dwellers favoured the '15-30 unit' and 'more than 30 units' option equally. The difference was highly significant (p=0.0).

Table 17.2	<15 units	15-30 units	>30 units
Community dweller	27	18	0
Sheltered dweller	1	21	21

17.3 What facilities would you be prepared to share?

Respondents were given a range of options re: facilities they would like to share with their nearest neighbour, if they lived within a sheltered dwelling unit.

A total of 43 sheltered dwellers and 45 community dwellers responded to this question. Although a few prefer complete privacy most respondents across both sample groups would be prepared to share the entrance gate. While most sheltered dwellers would share their garden, less than half of the community dwellers would be prepared to.

One-third of sheltered dwellers would share their front door compared to only one-eighth of community dwellers. The findings were similar in respect of sharing a dining room.

Very few respondents would be prepared to share a bathroom.

Table 17.3	entrance gate	Garden	front door	dining room	bathroom	none
Community dweller	38	20	6	4	0	3
Sheltered dweller	40	40	15	16	3 (shower facility only)	5

17.4 Separate rooms or open-plan home?

The majority of respondents across both sample groups expressed a preference for separate rooms. The difference was not significant (p=n.s).

Table 17.4	Separate rooms	Open plan	Don't mind
Community dweller	36	7	2
Sheltered dweller	40	8	2

17.5 Choice of outlook?

Respondents were asked which outlook they would like to have from their living room. Most across both groups expressed a preference for a rural aspect. The difference was not significant (p=n.s).

Table 17.5	Rural	Street	courtyard	no preference
Community dweller	31	3	4	7
Sheltered dweller	23	5	9	4

Analysis of findings

Findings will be analysed according to sections of the HOOP questionnaire.

Section 1 Introduction

These findings confirm those from earlier studies(as cited in Means 2002) that older people tend to remain in the one home for a relatively long period of time. Community dwellers had lived on average 17 years in their current home, while sheltered dwellers had lived on average 23 years in the home they occupied prior to moving to sheltered accommodation. This trend highlights how difficult it can be for older people to consider a move.

The incidence of owner-occupation among community dwellers is high, partly attributable no doubt to the sale of council houses policy of the 1980's. This does raise the issue of some older people being 'house rich, income poor', with little expendable income to spend on maintenance and repairs. Owner occupiers are also less likely to consider moving home.

The mean age of sheltered dwellers was higher than that of the community dwellers as might be expected given the association between age and higher dependency levels. The age profile of the sample drawn from the Community Consultation Panel is also likely to have influenced this finding, as they were drawn from the 55 + age group. Most community dwellers were drivers and had access to a car, whilst only a small proportion (22%) of sheltered dwellers had this level of independence. It is likely that this reflects the more dependent profile of sheltered dwellers. It also reinforces the importance of siting sheltered schemes close to local amenities.

One in three sheltered dwellers received some form of domiciliary support from HSS providers, compared to less than one in ten community dwellers. Again this may reflect different dependency profiles, although it is interesting to note that half the community sample paid for help in the home.

When asked whether they had considered moving home, over half of community dwellers stated that they had, compared to only 14% of sheltered dwellers. This is probably because people view sheltered accommodation as their last move. Most community dwellers were anticipating a move in the future, rather than giving it active consideration at the time of the interview.

Section 2 Size and Space

Overall, most respondents across the two groups were happy with the size and space of their home, although sheltered dwellers were more likely to be dissatisfied with the number of rooms and the size of rooms. The biggest source of dissatisfaction came from sheltered dwellers in relation to lack of storage space. This appears to be an issue for many older people who move from larger homes as they have limited room for furniture and personal effects etc.

Section 3 Condition of the property

The significance of some of the responses to this section were difficult to test as sheltered dwellers had no responsibility here and were not required to answer some of the sections. Satisfaction levels re: condition of property again appeared to be high, with

the exception of perimeter walls and fences of the community dwellers. It was interesting to note that the vast majority of the community sample had full heating systems.

Overall, sheltered dwellers scored condition higher than their community counterparts which may reflect the fact that they are generally newer buildings which are regularly maintained and for which dwellers have no maintenance responsibility.

Section 4 Comfort and Design

Again, satisfaction levels with the comfort and design of properties was high with no significant differences in the overall scores given by the two groups. The main source of dissatisfaction for community dwellers was the way their home was decorated and furnished. This may have been because they were no longer able to decorate for themselves or were unable to find or to afford to pay for help with this.

For sheltered dwellers it was the lack of an accessible bath/shower which scored most highly. Most sheltered schemes do not provide both a bath and shower in internal bathrooms and some facilities are shared.

Section 5 Location

The vast majority of sheltered dwellers described their setting as urban, with the community sample being more evenly split between urban and rural settings. A significant number of community dwellers stated that their home was not convenient for shops, transport etc. This raises issues for housing planners i.e. a lot of community

dwellers live in rural locations which they might wish to remain in, yet almost all supported living schemes are in urban located settings.

It was interesting to note that community dwellers felt more safe in the street than did the sheltered dwellers, this may have been partly due to the different locations of both groups.

In the survey, most people liked where they live and feel it is a healthy environment. Most are near to family and friends and can access help when they need to.

Section 6 Managing

Overall sheltered dwellers were more likely to experience difficulty with carrying out household tasks than community dwellers. Keeping the house clean was an issue as were decorating and carrying out minor repairs and maintenance.

However sheltered dwellers were more confident that help would be available if they needed it, which may have been because they were already known to health and social care staff.

In relation to falls, two community dwellers had undergone an x-ray examination in the previous twelve months as a result of having fallen. While none of the sheltered dwellers had had an x-ray taken, nine of them had fallen in the previous year, which is quite a high proportion of the overall sample.

Section 7 Costs

Neither group reported any real difficulty in paying household bills although sheltered dwellers recorded their satisfaction with financial overheads and ability to pay more highly than did the community dwellers. This may be due to the fact that most of their energy bills etc. are included in their weekly rent and are therefore easier to budget for. They are also less likely to have to meet repair or maintenance costs.

Section 8 Security and Safety

Most respondents considered that their homes were relatively hazard-free. Concern was expressed by community dwellers about availability of support if they had a fall and could not reach the phone. This is probably correlated to the relatively low numbers amongst this sample group who have a help-line. While a quarter of sheltered dwellers reported not to have a help-line, one would assume that they at least have access to a warden-assisted call system.

Despite recent media attention on attacks against older people, most respondents stated that they felt safe within their own homes and also felt their home was secure when they were out or away.

There was no significant difference in the overall score given for this category by the two groups.

Section 9 Independence

A high number of community dwellers were anxious about the prospect of losing their home, compared to the sheltered dweller sample who were confident that they could

remain in their home, probably due to the perception that sheltered housing provides a home for life. Both groups were relatively happy with the amount of autonomy and responsibility they had for their home, although sheltered dwellers did award this section a slightly higher overall score.

Section 10 Well-being and Quality of Life

Most respondents were satisfied that their home was a good base for their activities and interests. Both groups felt they had enough company living in their current home. Concerns about having to move at some stage in the future was expressed once again by community dwellers and this is reflected in the lower overall satisfaction levels of this group.

Section 12 Priorities

In considering priorities if they were considering a move, safety and security was regarded as the most essential consideration, followed by location.

Summary of overall scores

The highest satisfaction scores were recorded against condition of the property, independence and well-being by the sheltered dweller sample. Community dwellers scored condition of the property and independence highest, followed by location and safety and security. In all but one section, sheltered dwellers awarded higher scores than their community counterparts. The difference was most significant in condition of the property, independence and well-being.

Section 13 Looking to the future

In identifying factors which would render their current home unsuitable, community dwellers stated that they felt a smaller income, inability to climb stairs and no longer being able to drive would be the factors most likely to precipitate consideration of a move.

For the sheltered dwellers, needing someone to come to stay was the most likely reason given, which is probably a reflection of the fact that most sheltered dwelling flats are one-bedroomed and unable to accommodate a carer.

Section 14 Moving

In response to how they viewed the prospect of moving, most sheltered dwellers regarded it as 'unthinkable'. Most community dwellers viewed it as something that would be difficult, but that they would do if necessary.

This reluctance to move is supported in much of the literature e.g Burholt (1997).

Section 16 Technology

While both groups of respondents seemed to be fairly confident regarding use of domestic appliances, community dwellers were much more likely to have used computer based technology, especial for word-processing and internet access. This trend may be age-related. This finding does serve to negate ageist assumptions around inability of older people to learn new skills.

Attitudes to assistive technology (to remind them to do things, for example), were fairly mixed, with 38 respondents across both groups stating that they would not be happy with this type of technology. Sheltered dwellers were slightly more in favour of its use. In relation to surveillance technology, sheltered dwellers remained more doubtful. These findings reinforce the fact that use of technology is beset with ethical issues. Decisions to install technology can not be made in a 'blanket' way and must be left to individual choice.

Section 17 Helping us to help you

In relation to future care options, the vast majority of both groups of respondents stated that their preference would be to receive more support at home . This is consistent with earlier studies (Allen et al.1992) reflecting the reluctance of most respondents to consider nursing care. Sheltered accommodation was a slightly more palatable option for community dwellers.

Findings around 'best size' for sheltered dwellings were interesting. While most community dwellers opted for the smaller options, sheltered dwellers themselves chose the larger ones. This may be due to the fact that many of the sheltered dwellers already lived in larger schemes and were happy with this.

In relation to the internal layout of sheltered schemes, there was overwhelming support for separate, rather than open plan rooms. While open plan settings are recommended for clients with dementia, to allow for total visual access, it would appear that this is not a style favoured by most older people.

As far as choice of outlook was concerned, most respondents stated a preference for a rural outlook. However given the tendency to build sheltered schemes in urban settings, this might not be feasible given the need for access to services such as ….. It does suggest however that people do like a sense of space and green fields.

Recommendations

As highlighted within the literature review, housing is an integral part of community care for older people. Responsibility for ensuring a range of appropriate housing provision for older people is not the task of any one agency or organisation, but will require an integrated approach by a range of housing and health and social care providers.

The following recommendations are not an exhaustive list, but highlight some areas for action based on the research findings.

1. The provision of a range of 'Staying Put' and 'Care and Repair' type services would enable community based older people to remain in their own homes for as long as possible.

2. Flexible domiciliary support services could be provided to sheltered dwellers at the point of need to prevent or delay the need for a move to more intensive care settings.

3. Two-bedroomed sheltered units as a standard design feature would ensure that family/carers can stay with their older relative as and when required.

4. Adequate consultation with older people is needed prior to installation of assistive technology. An accompanying awareness/education campaign would ensure that decisions are made on an informed basis.

5 The provision of supported housing in both urban and rural locations would accommodate client choice.

6 Consideration should be given to extending provision of Helpline systems, particularly among community dwellers.

Comments

The authors would be grateful to receive feedback on the report's findings and recommendations from any interested party.

Comments can be addressed to Helen McVicker or Professor George Kernohan at the University of Ulster, Jordanstown.

e-mail address: hl.mcvicker@ulster.ac.uk

wg.kernohan@ulster.ac.uk

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APPENDICES

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