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# Growing Older at Home

Investigating long-term housing  
needs of mid-to-later life Focus  
Housing Association tenants

Challenging  
homelessness.  
Changing lives.

**FOCUS**  
Ireland





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# Foreword

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Since its very early days, Focus Ireland research has had two major themes: youth homelessness and family homelessness. In both these areas, Focus Ireland has commissioned or undertaken research which has informed Irish and international understanding of these experiences of homelessness and helped to shape solutions. The centrality of these themes reflects the work of our front-line services and the specialised support that we provide for families, children and young people – but this does not reflect all of our work, or how our work has developed over time. In recent years, informed by our values and through listening to the voice of our customers, we have been exploring other dimensions of homelessness and the diversity of challenges that people face.

Ageing is one of the major public policy preoccupations of today, it informs thinking about the labour force, welfare and pensions, care and housing design, but there is to date very little consideration of how ageing and homelessness interact. This report represents our first investigation into one aspect of that question.

For Focus Ireland the issue of ageing and homelessness interact in two quite distinct ways.

The first area, which gets the most public attention, is the issue of older people, who have never experienced homelessness before in their lives finding themselves in precarious housing situation and even requiring homeless services. This problem is a direct result of the substantial increase in the number of people living in the private rental sector over the last two decades. As people who have been secure in their rental homes during their working years reach retirement age, the cost and regulatory insecurity of the private rental becomes more apparent. The old model in which most retired people had either paid off their mortgage or were housed in social housing no longer applies.

The second area which requires attention is the particular challenges faced by people who experienced homelessness – and the harm it can cause – in their younger or middle years and are now, although housed, living through the physical consequences of this. This issue can be encountered in Focus Ireland Housing First services, where people with a long experience of homelessness are newly housed. It is also encountered in Focus Housing Association services where people who were housed many years ago are now facing the challenges of ageing, often many years earlier than their contemporaries who never experienced the hardships of homelessness. This issue probably receives the most attention through a concern about the number of people who are homeless who die each year. Focus Ireland has consistently objected to the inclusion of people who are no longer homeless among the statistics for ‘homeless deaths’ as this disregards the changes they have made in their lives, as if having once been homeless they will always be defined in this way. This distinction is now being given proper attention in the work of the Health Research Board.

One of the effects of including deaths of formerly homeless people among ‘homeless deaths’ has been to direct our attention to what was done, and what could have been done, in the final weeks or hours of life. In many of these cases, the most significant things that should have been done differently happened decades ago – the failure to

guarantee a home for care leavers, the lack of addiction and mental health supports, the cost and unavailability of housing. But the concentration on deaths also draws us away from considering what we should be doing now to meet the needs of people who, although experiencing the symptoms of ageing years too soon, have many fulfilling years yet to enjoy.

Focus Housing Association took on its first tenant in 1991 and now rents over 1,500 homes to individuals and families, most of whom have been through an experience of homelessness. We now have tenants who have been with us for almost 30 years. Many things have changed in the passing years. People, quite rightly, have different expectations of their home after ten years than they did when it first gave them a route away from the street or a shelter. People change as they get older and as they change their needs change too.

If we want to understand the way that an experience of homelessness impacts on housing needs many years later, we need to start by listening to these tenants. We need to find out what they think of the homes they currently rent, the communities that have grown up around them and the support services that we provide and those provided by wider society. That is what this report sets out to do.

Finally it is important to say that because we identify that our tenants have particular needs, it does not necessarily follow that it is Focus Ireland, or Focus Housing Association's, role to meet that need. The mission of Focus Ireland and Focus Housing Association is to tackle homelessness by providing homes and the support that people need to sustain their tenancy. Because our tenants need jobs or training does not mean it is our role to become an employer or training agency. Our role is to help connect our tenants (and other customers) with such services that are provided more generally in society. Sometimes it is our job to put pressure on those mainstream services so enough of them are provided or that they are provided in the right place or with the right approach for the people who need them. Ensuring quality buildings and nurturing communities are certainly our work. But providing nursing care to vulnerable older people is a general social responsibility, not a 'homeless organisation responsibility', even if the person at one time in their life was homeless. The emergence and evidencing of the needs of older formerly homeless tenants will resonate with the needs of older people right across society, and highlight how much more we need to be doing in this area. As such, this is our first report into the questions of ageing and homelessness. It is as much a contribution to an understanding of ageing as it is to an understanding of homelessness. Much of the work that will arise from it will, no doubt, be carried out in collaboration with other organisations concerned with the needs of older people with very different life stories.

**Mike Allen**  
Director of Advocacy  
Focus Ireland





# Executive summary

## Introduction

Focus Ireland's independent property arm, Focus Housing Association, provides over 1,500 affordable homes for individuals and families across the country. In response to concerns about providing suitable housing and support for mid-to-later life tenants, the Focus Ireland research team conducted a telephone survey with long-term housing tenants over the age of 45 to assess their housing needs and to inform Focus Housing Association's provision of appropriate housing and supports for tenants. This age was chosen to incorporate the long-term perspective of the study, as well as to reflect evidence that those who have experienced homelessness are at risk of experiencing age-related health conditions earlier than the general population. The report presents findings from 76 survey responses and provides a review of relevant literature, the methodology used, and demographic details. It outlines survey findings related to housing satisfaction, community, finances and well-being. The report concludes with a discussion and recommendations to support the long-term needs of tenants to live independently for as long as possible.

## Methodology

A survey was designed following a review of the relevant literature and workshops with the peer research team. The survey topics covered housing, community, finances, support and health. 190 potential participants were identified. 76 (40%) telephone surveys were completed between August and November 2022 by the peer research team. Data analysis and drafting of the report was undertaken in workshops with the peer research team and supervised by the Research Officer.

## Findings

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### Demographic profile of survey respondents

The three primary regions that survey respondents lived were Dublin, Kilkenny and Waterford. Of those surveyed, 94% were under the age of 70, with those in their 50s being the largest age group. More than half of the participants were men (55%) and the majority (84%) were from Ireland. Almost all survey respondents had Irish citizenship (92%) and spoke English as their first language (88%). The majority of respondents were single (75%), living alone (71%), and did not have children living with them (76%). Disability Allowance was the primary source of income for most participants (55%), followed by a pension. Almost all participants received fuel allowance (90%) and were in receipt of a housing benefit package (80%). Of the 76 participants, 64 answered that they had one or more chronic health condition. The most common health conditions among the participants were back pain (55%), mobility issues (55%), psychological or emotional conditions (50%), high blood pressure (34%), and lung or respiratory diseases (18%). Additionally, most respondents received support from Focus Ireland services (88%).

### Customer feedback

The majority of respondents were satisfied with their **current accommodation**, with 82% agreeing that they liked living in their community and 78% enjoying living in their home. The lowest score response related to whether the current home was suitable to their needs, with 30% of participants feeling that their current home was not suitable. Participants stated this was primarily due to issues with maintenance, lack of storage, and insulation. Another main concern for these participants was updating bathroom facilities to accommodate mobility issues. The areas that caused the most problems were bathroom facilities (29%), damp/mould/or leaks (25%), heating and insulation (28%), and storage space (23%).

In regard to area and community, many participants rated most services and local amenities as either very easy or easy enough to get to. However, accessing health services (19%), friends and family (18%), local shops (14%), and GP/pharmacy (11%) proved difficult for some respondents.

Living conditions and services were explored in the survey. A safe neighbourhood (95%), shops close by (93%), cleanliness of communal areas (92%), and accessibility to healthcare (91%) were all rated as very important. Access to indoor leisure facilities (36%), employment opportunities (40%), social and community activities (44%), and closeness to church (49%) were rated as slightly or not important. Public transport options and green spaces were also viewed as important, with over 95% of respondents considering them fairly or very important.

In terms of finance and budgeting, over half of respondents reported that they never had enough to meet their weekly costs (62%) and almost three quarters were unable to save any of their income regularly (72%). Additionally, despite receiving fuel allowance, the majority had to cut back on electricity (92%) and go without heating (84%) in the last twelve months either all of the time, most of the time or some of the time.

Finally, in terms of **mental health and well-being**, most respondents either agreed or strongly agreed that they knew who to contact if they ever needed help with their mental health (90%). The other two statements that had the highest level of agreement were that tenants had good support networks (66%) and an overall good quality of life (66%). In regards to a statement on feelings of loneliness, almost half of participants either strongly agreed or agreed that they often felt lonely (45%).

## Discussion

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Findings from this report show that **a majority of respondents wish to age-in-place** in their current community and remain in their current homes with specific adaptations made. Moving customers out of their home or community should therefore be a last resort. The report also highlights how people with experiences of homelessness possess unique needs that other adults of a similar age in the community may not have, particularly around **chronic health conditions**. Every participant who answered the health questions had at least one chronic health condition. Focus Ireland and Focus Housing Association therefore needs to recognise in its planning that those who have experienced homelessness have **a higher risk of prematurely ageing**, and thus may need **additional and targeted support** at a significantly earlier age than the general population.

The findings from this report highlight how health needs can also impact on seemingly unrelated environmental needs. For example, survey respondents identified **accessibility and proximity to facilities as top priorities**, likely due to the fact that exactly half (n=38) of respondents experienced mobility issues that caused them physical limitations. Any solutions to these problems must then view their **health and housing needs as inherently tied together**, rather than as stand-alone issues that can be dealt with separately.

Survey respondents also highlighted **the importance of clean communal spaces**, which may be linked to tenants mobility issues but which may also reassure tenants they are in a safe community. **Neighbourhood safety** was identified as a top priority for respondents, as unsafe neighbourhoods can limit their mobility and social participation.

The financial status of those surveyed highlighted how many were **struggling to have their basic needs met**. Also, despite receiving fuel allowance, 84% of survey respondents reported going without heating in the last year. Poor insulation and other maintenance issues can exacerbate financial problems and worsen health concerns. This is of particular concern for those with respiratory conditions, one of the main chronic health conditions tenants reported. Older individuals already struggle with thermal regulation meaning they could be at a higher risk of illness and disease. It is also important that these problems are viewed within the wider context of the current **cost of living crisis**, as the findings from this study highlight the real world consequences experienced by those on lower incomes.

Finally, despite the more negative findings in relation to respondents financial well-being, over 90% of tenants knew where to go if they needed help with their mental health. This is reassuring given that almost half of respondents had an emotional or psychological condition. This highlights the **importance and impact of Focus Ireland services**, with 88% of survey respondents stating they received support from them.

## Recommendations

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The following recommendations in this report are based on the findings and feedback from survey participants:

### Focus Housing Association

- › Given the high level of turnover in phone numbers, Focus Housing Association should conduct an annual review, with an associated KPI, to maximise the number of tenants with up-to-date contact information.
- › Continue with the current policy of ensuring that all new housing stock purchased or constructed meets the higher energy efficiency standards (BER C2 for purchases and A3 construction) to reduce the impact of fuel poverty on customers.
- › Continuation of the current policy of ensuring that, where possible, purchased or constructed properties include units with walk-in shower facilities or other shower/toilet aids built in.
- › Ensure that the Energy Masterplan for maintenance prioritises insulation and heating upgrades for properties housing older tenants.<sup>1</sup>
- › Continue the current practice that ageing tenants should not be moved out of their homes unless it is essential and the necessary adjustments cannot be made to the properties, and ensure that tenants are aware of this objective. Where it is necessary for tenants to be moved, it is important every attempt is made for them to be kept in their current communities.
- › Mobility issues must be considered as a high priority when dealing with ageing tenants and how this can impact their ability to access certain amenities. Tenants with mobility issues should be accommodated in ground floor apartments or in apartments with access to elevator/ramp. Also spaces that allow for storage of walking aids/wheelchairs/scooters should also be considered.
- › Consider housing options which have communal areas with greenery for those with mobility issues to still have access to green spaces.
- › Adaptations should be made related to security, if they are not already in place e.g. fob access to street doors and communal areas, front door spyholes, intercoms, etc.

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<sup>1</sup> The Focus Housing Association Board has committed to a programme of renovation which will bring older housing stock up to modern standards.



## Services

- › A 'benefit-take-up' campaign should be organised to ensure that support staff and tenants are fully aware of all social welfare entitlements they may have and that they have all been applied for.
- › Consideration should be given to using a MDT approach when supporting ageing tenants to help address their potential complex needs.
- › Consideration should be given to linking in with health or other services to assist with transporting ageing tenants or those with health concerns to and from healthcare appointments or to help with general mobility issues to local amenities e.g. local food shops etc.
- › Consideration should be given to expanding in-house supports for ageing tenants or linking in with care assistant support in the community.
- › Consideration should be given to care plans for ageing tenants which are specific and targeted to the sometimes complex needs of tenants who are exposed to premature ageing and to make sure adequate long-term support is available.
- › Invest in sufficient training for staff around potential complex needs faced by ageing tenants, specifically regarding mobility issues and other medical issues identified in the study.

## Advocacy and research

- › Advocate for earlier health screenings for chronic health conditions for those who have experienced homelessness, as they are more likely to experience premature ageing compared to the general population.
- › Advocate for care assistance for older tenants (45+) who have experienced homelessness on a needs base rather than age-based support.
- › Advocate for an increase in direct financial support to help ageing tenants grow old in place and provide them with sufficient disposable income to have their basic needs met.

# Introduction

A key part of Focus Ireland's work is providing long-term, affordable homes to customers through our independent property arm, Focus Housing Association. Focus Housing Association currently provides over 1,500 affordable, sustainable homes for individuals and families across the country. In 2022, housing services management proposed a research project to explore the attitudes and needs of Focus Housing Association's mid-to-later life tenants. The area of providing suitable housing and supports for tenants as they age had been identified as a concern in the organisation for some time but had not yet been fully explored.

In response to this, the Focus Ireland research team conducted a short telephone survey with long-term housing tenants. The survey was done as part of Focus Ireland's ongoing work with customers and tenants to assess their current levels of satisfaction with services. The customers who were contacted were current tenants in Focus Housing Association housing and were over the age of 45. This age range was chosen due to the long-term perspective of the study, as well as to reflect evidence that those who have experienced homelessness are at risk of experiencing age-related health conditions at an earlier age than the general population. The main aim of the survey was to assess their long-term housing needs. In understanding the needs of tenants as they age this research hopes to inform Focus Ireland's provision of appropriate support to their tenants and assess existing and future housing stock. As some tenants age, their housing needs may change and the findings collected from this survey will hopefully ensure that Focus Ireland is prepared for this.

The following report will outline the findings from 76 survey responses from tenants of Focus Housing Association. Although this is a small sample size, the findings are reflective of previous housing satisfaction surveys conducted by Focus Ireland, as well as the wider literature on the increasing support needs related to a growing ageing population. These findings will be used as a starting point for Focus Ireland and Focus Housing Association to support the long-term needs of tenants which will allow them to live independently (or ‘age in place’) for as long as possible.

The report begins with a review of the relevant literature. The methodology is discussed in the following section. Key demographic details including health conditions are outlined in section 3, while section 4 reports the findings from the survey including the themes of housing satisfaction, community, finances, and well-being. The final two sections of the report provide some discussion as well as a conclusion and a list of recommendations.

# Literature review

The following section provides a brief summary of the literature review to identify the research and evidence available related to ageing populations. This helped to shape some of the questions and the key themes discussed in the survey. The section will outline briefly the complex needs which may present when dealing with an older population, as well as some of the unique needs which may arise with mid-to-later life individuals who have also experienced homelessness at some point in their lives.

## Ageing in place

As life expectancy for both men and women increases, the number of adults aged over 65 in Ireland is estimated to increase from 11.3% in 2016 to 24.9% of the total population by 2050 (Housing Agency, 2016). There are many things to consider as stakeholders move to address the various needs that a growing elderly population will possess. However, one of the biggest concerns for stakeholders for this population is housing. Literature on housing needs for the ageing population focuses primarily on 'ageing-in-place' due to most older people preferring to live independently later in life (Mulliner et al., 2020). Ageing-in-place is often the goal of many older people and service providers but the definition of this varies and depends on the specific conditions of each person. The current study therefore employs a flexible definition of ageing-in-place: *living in a community, with a certain degree of autonomy, that meets the individualised needs and desires of the elderly person*. This definition is being used as it acknowledges that ageing in one's private home is not always ideal or possible for certain groups of older people.

To age in place successfully, many needs have to be met and there are various types of needs related to the issue of housing for older adults. Physical needs are among the most frequently discussed when considering the requirements of ageing-in-place (Mulliner et al., 2020; Finn et al., 2021; Housing Agency, 2016). Older adults also possess a diverse set of psychological needs that are important to ageing-in-place successfully (Shenk et al., 2004; Fried, 2000; Levy et al., 2002). Environmental needs, such as safety in the neighbourhood and accessible public transportation options, also relate to one's ability



to age in place (Lewis & Buffel, 2020; Golant, 2015). The final group of needs that define an individual's ability to age in place is financial needs, as these tend to impact each of the other three areas (Ahn et al., 2020). The various needs that are to be identified and measured respond to the Office of the High Commissioner for Human Rights' (1991) standards for adequate housing. This includes legal security of tenure, availability of services, affordability, habitability, accessibility, location, and cultural adequacy. Additionally, mid-to-later people with experiences of homelessness also have distinct needs that are associated with both ageing and their experience of homelessness. These needs, specific to older people with experience of homelessness, are explored within the discussion of each of the general needs (physical, environmental, financial) below.

## Physical needs

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As mentioned, the ageing population possesses a variety of physical needs that often prevents ageing-in-place. Declining physical and mental health is one of the top reasons why elderly individuals choose to leave their homes and enter residential care facilities (Housing Agency, 2016). Another reason that people who currently live in residential care facilities list as a motive for leaving their private homes was the need for assistance with daily tasks such as cooking, cleaning, or paying bills (Finn et al., 2021). Despite these issues and concerns, Mulliner and colleagues (2020) found that residents in the UK over the age of 55 prefer to continue living independently as they age. This highlights the need for expanded in-home services as the population of older individuals continues to increase. The suitability of a person's home to meet the demands of growing older can make or break one's ability to age in place. For example, urgent needs identified by older individuals are toilet and shower aids, front door spy holes, intercoms, storage for walking aids or wheelchairs, and charging spaces for electric scooters (Fox et al., 2017). Another important issue addressed throughout the literature is the need for thermal regulation (O'Brien & Mac Ruairi, 2009; Mulliner et al., 2020). Thermal regulation is the ability to control the temperature of the environment/home. As a person ages, the ability for the human body to adequately self-regulate reduces. Modern advancements in-home technologies help address these needs and facilitate ageing-in-place.

Additionally, Dunn & Brown (2008) suggest that many of the physical and psychosocial needs that are associated with ageing surface much earlier for those with experiences of homelessness. They state that older people with experiences of homelessness should be considered for ageing-related services when they are 50 years old rather than the general community standard. This is supported by a study by Brown et al. (2017) of 350 homeless people with a median age of 58 years, which showed that participants had rates of geriatric conditions similar to, or higher than, adults in the general population with a median age of nearly 80 years. Sudore et al. (2018) also found that over 80% of older people with experiences of homelessness have at least one chronic health condition and almost half of older people with experiences of homelessness experience more than one chronic health condition.

One reason behind this may be because older people with experiences of homelessness fall at the intersection of two independent issues that can negatively impact their lives. As an older person they experience the general ageing process such as physical decline and social isolation, while their experiences of homelessness also means they have experiences which can further exasperate the ageing process (Doolin, 1986). Experiences such as: prolonged exposure to insecure housing or rough sleeping, experience of food deficiency, restricted access to fresh clothing and medical services, and often lacking a general system of social support, all result in daily stresses which can cause premature ageing in homeless individuals (Doolin, 1986). For example, this demographic of older women who experience homelessness experience higher rates of physical health conditions than their men experiencing homelessness which are hypothesised to be due to periods of poor nutrition and low use of and access to health screenings (Dickins et al., 2021). The interaction of old age and the experiences of homelessness mean older people with experiences of homelessness may need additional health services than those that are present for the elderly who do not have experiences of homelessness.

## Psychosocial needs

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Making sure the ageing populations social needs are met are extremely important, as isolation can lead to a decline in physical and mental health (Pettigrew, 2007). Additionally, a study by Winer et al. (2021) found that social isolation may be a particular challenge of older, formerly homeless adults. Formerly homeless older individuals face a number of barriers to developing and maintaining social relationships, even when they are in stable housing. This is exasperated by feelings of loneliness, social isolation, and the social stigma that comes with having experienced homelessness (Winer et al., 2021). The consequences of this loneliness can be quite severe, highlighting the need for service providers to prioritise social needs in addition to physical needs. For example, Pettigrew (2007) states that the consequences of loneliness during ageing can lead to actual and perceived ill-health, inadequate diet, depression, personality disorders, and even suicide. These consequences emphasise that ageing-in-place is more than staying in one's private home.

Among the individuals that choose to leave their private homes and move to supportive housing, one of the most significant reasons is the need for social inclusion (Carder, 2002). For some, moving to a community shared by many similar aged individuals reduces feelings of loneliness and provides them with an opportunity to engage in social activities that they may not have been able to access in their private homes (Finn et al., 2021). Interviews with older adults that live in supportive housing communities in Ireland state that their quality of life improved due to the increased ability to socialise and engage in activities like bingo, dancing, cards, arts, crafts, and day trips (Finn et al., 2021). These communities seem to be beneficial to ageing-in-place for many individuals, who may not experience a sufficient amount of social interaction in the isolation of their own homes (Scharlach et al., 2016). Services hoping to provide tenants the ability to age-in-place must therefore consider the ability for tenants to socialise and engage with other members of their community.

## Environmental needs

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The third set of needs that often impact both physical and psychosocial needs are those which can be described as environmental needs. Lewis and Buffel (2020) state that environmental needs respond to physical environments that help those as they age and do not restrict an individual's quality of life as they get older. Environmental needs are very important to consider when addressing the housing-related concerns of ageing individuals, as well-being and life satisfaction are both dependent on the ability to navigate the demands of one's environment (Lawton, 1983). The Homes and Communities Agency (2009) stresses the need for 'Lifetime Homes' which are homes and local urban environments that are built to a standard in which people of all age groups and ability levels can interact with them. Lifetime homes are essentially houses and communities that are suitable for the elderly and people with disabilities without requiring much additional modifications when ageing or disabilities occur. These homes could prevent older people from having to move once their physical or cognitive condition declines. The Homes and Communities Agency (2009) also highlights that pregnant women, children, and those with prams often have the same physical needs as older adults. Building lifetime homes would be beneficial to many people at different periods of their lives.

In addition to the home environment, individuals may have certain needs in relation to the physical environment within their community which could stop them from ageing-in-place. Ginn and Tinker (2015) highlight the need for more accessible local areas which could be accomplished by providing quality footpaths, more and better public toilets, park benches, public transportation, and outdoor free-to-use exercise equipment. If these environmental needs are met, older people can continue to age in place while retaining their independence (Ahn et al., 2020). Multiple pieces of research also emphasise neighbourhood safety (Mulliner et al., 2020; Ahn et al., 2020; Housing Agency, 2016). Interviews with older individuals living in inner-city communities revealed that multiple people were threatened or even physically assaulted while walking in the neighbourhood (Lewis & Buffel, 2020). In a survey that listed over thirty different housing and community characteristics and asked older individuals to rate how important they were to them, the highest-rated characteristic was living in a safe neighbourhood (Mulliner et al., 2020). Above proximity to family, friends, and other social engagements, the ability to feel safe in the home and the community is of the highest priority. This shows that many people fear for their safety during old age. Efforts should be made to prevent older people in inner-city communities from being forced out of their family homes due to safety issues. Additionally, research has found that social housing occupied by formerly homeless adults can be located in areas characterised by neighbourhood deprivation and social disorder (litter, graffiti, youth gangs etc.), which can negatively influence this populations perceptions of safety and security in their neighbourhoods (Hsu et al., 2016).

Moreover, due to physical, social, and financial precarity, the ageing population is often vulnerable to the negative effects of gentrification. Multiple interviews with older individuals have referenced the negative impact of urban gentrification on their lives in the community. They state that local shops, pubs and other places of personal significance for people with family history in the area have been destroyed to make room

for high-end apartments that long standing residents cannot afford (Lewis & Buffel, 2020). Prior research by Ginn and Tinker (2015) also addresses widespread urban ‘renewal’ and implicates these projects in restricting older populations’ access to support networks and gentrifying them out of their communities. It is therefore important for older adults who are formerly homeless to be consulted regularly when engaging in community renewal discussions to protect the ageing population’s ability to age in place.

## Financial needs

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Finally, the financial condition of an older individual impacts their ability to accommodate physical, psychosocial, and environmental needs. Low access to financial resources is associated with reduced life satisfaction and is related to a low sense of control over one’s life, which is one of the highest-scoring items on the list of reasons to age in place (Ahn et al., 2020; Housing Agency, 2016). Financial resources are also required to make modifications to the family home that support ageing-in-place and to purchase the technology that makes independent living easier. The Housing Agency (2016) also suggests that financial constraints are one of the primary reasons that prevent moving from home to supportive housing or other residential facilities, putting people that need comprehensive care and support at risk. Even those that can afford the necessary modifications to remain in their family homes are often unaware of the option and process to do so. This highlights the need for financial counselling and educational opportunities for older adults (Ahn et al., 2020; Housing Agency, 2016). Increasing the accessibility of individuals to age in their own home could also help maintain their ties to both friends and family.

Lack of financial resources also puts older individuals at physical risk. For example, Fox and colleagues (2017) emphasise the impact of fuel poverty, which is the inability of those from lower incomes to heat their homes. The colder climate in Ireland in Winter makes heat mandatory. Unfortunately, homes in Ireland tend to have poor insulation (Fox et al., 2017) and as older people already struggle with thermal regulation, it means they could be at a heightened risk of illness and disease. Ahn and colleagues (2020) propose that increasing energy efficiency could reduce housing-related costs for older individuals (and people in general), reducing the negative effects of fuel poverty. People without the adequate financial income to make necessary home modifications also report more disabilities and illnesses, feeling less safe, and higher future-oriented stress (Fox et al., 2017). These points are particularly relevant to older adults who have been formerly homeless, as research shows that they continue to live in relative poverty even after being given secure housing (Waldbrook, 2015). This lack of financial resources for formerly homeless adults means should any home modifications need to be made, they may not be able to afford it. Direct financial support or subsidies could offer individuals in lower-income situations the ability to modify their homes and prevent fuel poverty, expanding their ability to age in place.



# Methodology

This section of the report will outline the research design of this study. It will detail the sampling and recruitment strategy, the data collection method used, as well as how the data collected from the survey was analysed. It will also discuss the ethical considerations which were used to guide this study as well as any limitations.

## Sample and recruitment strategy

The first step for this study was identifying the target population. As the aim of the study was to concentrate specifically on the long-term housing needs of ageing customers, the selection criteria for this research included current Focus Housing Association tenants and who were over 45 years of age. The age limit was chosen based on the findings outlined in the literature review. The age range limits the research as it means results from this survey cannot be generalised to the wider population of Focus Housing Association tenants. However, it does provide useful and important information into a very specific population and the issues they face which can often be missed in research.

As part of the recruitment strategy, the research team gathered tenant details from data records and from Project Leaders across Focus Ireland and Focus Housing Association services. The Project Leaders confirmed that the details of the customers were correct and up-to-date, as well as informing the research team whether the customer was in a position to participate in the study. If the Project Leader felt the customer was in any way vulnerable, they were not contacted and were removed from the contact list. Once this scoping phase was complete, a total of 190 customers were identified and contacted (see table 1 below). Of those who were contacted, **76 (40%) surveys were fully or partially completed.**

**Table 1: Breakdown of sample size**

Population (long-term housing tenants 45 years +)	No contact phone number available	Advised by services not to contact	Final sample size	Surveys completed
400	168	42	190	76

## Data collection

The research was completed by telephone survey by two peer researchers and the Research Officer between August and November 2022. The survey took between 15–20 minutes on average, with some calls lasting up to one hour. Three attempts were made to try and contact customers to take part in the survey. If customers were unavailable, did not answer, or declined to participate, they were removed from the list. The full list of reasons why tenants were not contacted can be found in table 2 below.

**Table 2: Reasons for not participating**

Reasons for not participating	(n)
No answer (3 attempts made)	46
Refused consent	22
Invalid number	15
Busy or unavailable	13
Wrong number	5
Phone not in service	4
Language barrier	3
Phone off	2
Other	4
<b>Total</b>	<b>114</b>

The telephone survey covered the following topics:

- › Housing and Accommodation
- › Area and Community
- › Financial and Budgeting
- › Access to Support in current home
- › Health and Wellbeing
- › Statistical demographic information such as 'Age', 'Gender', etc.

Once the survey was complete, customers were thanked for their time and the customer's name was entered into a supervised draw to win a €100 One4All voucher, which was sent to one winner via post after the survey phase of the study was completed.

## Ethical considerations

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To ensure no harm came to any participants and that the study followed Focus Ireland ethical guidelines, the aims of the research and what was to be expected of participants were explained to customers at the beginning of every call. Confirmation from participants was then sought to make sure they understood what was expected of them during the survey. It was explained to the participant that the survey was completely voluntary, that they were free to end the call whenever they wished, and that they did not have to answer any question they did not feel comfortable with. They were also told their rights to complete anonymity and confidentiality, unless there was a risk of harm to themselves or someone else. They were also reminded of their right to remove themselves from the research at any point even if they completed the survey. Once this was explained, participants were then asked if they still wished to take part in the survey.

The Research Officer or the Research Manager was available to support the peer researchers making the calls and provide follow up contact with any survey participants that need or request support.

## Data entry and analysis

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The responses from the telephone survey were collected on paper and transferred to a Microsoft excel spreadsheet by the peer researchers. Once this stage of data collection was complete, the data was analysed in various workshops with the peer researchers using Microsoft Excel. In these workshops peer researchers analysed and coded any open-ended questions in the survey, created graphs and tables using Microsoft excel, and provided feedback and recommendations which were incorporated into the final report. Once the first draft was complete, the peer researchers were given an advanced copy to review and to provide further feedback before the final draft was produced based on their further feedback and recommendations.

## Study limitations

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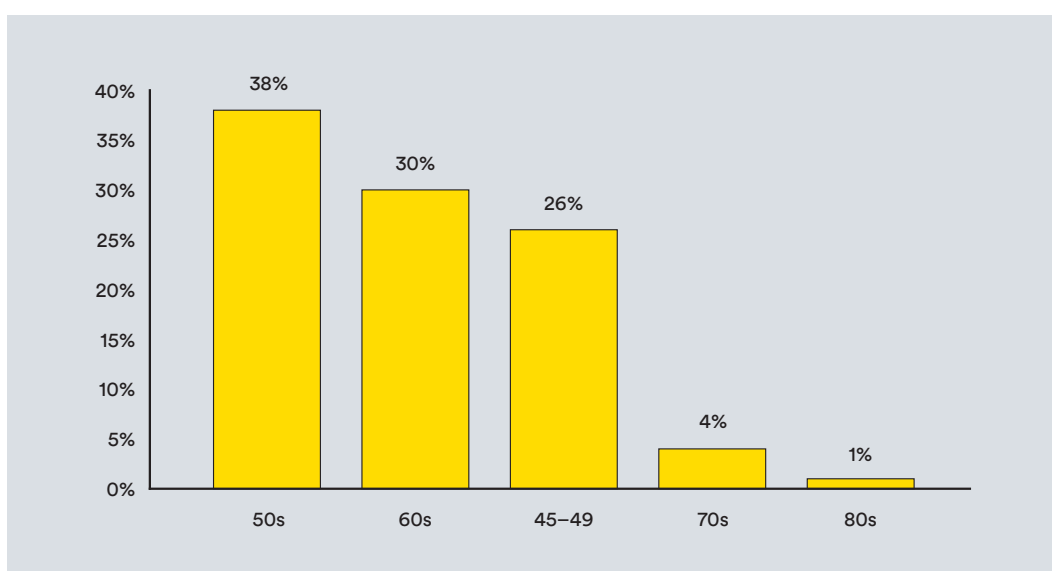
As mentioned previously, this study included current Focus Housing Association tenants above the age of 45. Thus results from this survey cannot be generalised to the wider population of Focus Housing Association tenants. Also, some calls with respondents had to be ended due to language barriers and so the study is limited to tenants who either spoke English or who had someone who could translate with them in their home. The study therefore does not claim to be representative of all customers but rather gives an insight into a specifically targeted group who were successfully contacted.

# Demographic profile of survey participants

## Age, gender and ethnicity/cultural background

As mentioned previously, a total of 76 Focus Housing Association tenants took part in the survey. As shown in graph 1, the largest age group that took part in the survey were those in their 50's, with over 94% of the survey participants being under the age of 70. Over half of respondents identified as men (n= 42), with 45% identifying as women (n=34). In terms of ethnicity, most of the respondents were from Ireland (84%), had Irish citizenship (92%) and spoke English as a first language (88%). The full breakdown of these demographics can be found in Appendix 1.

**Graph 1: Age group of survey participants**

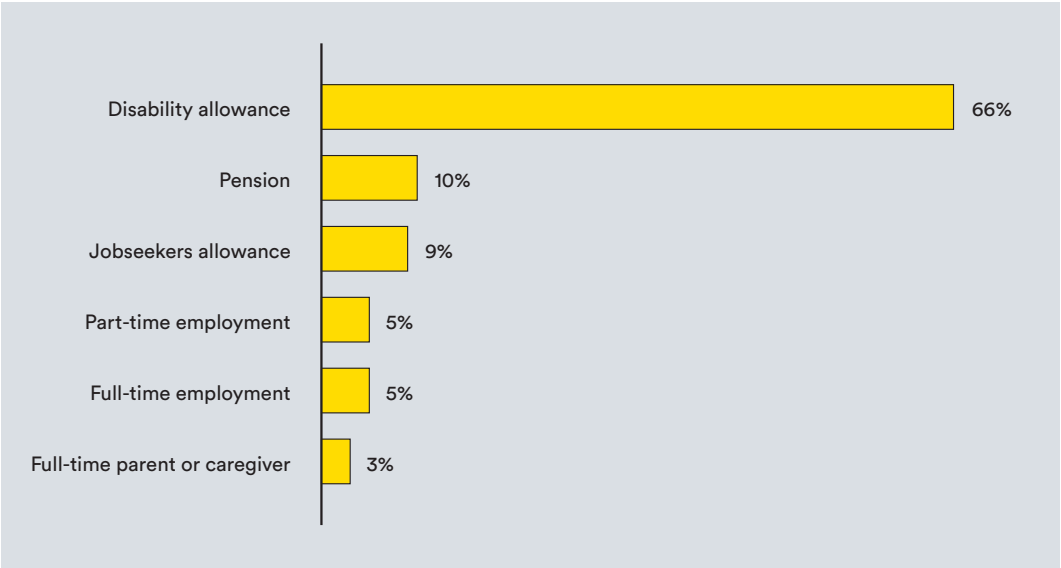




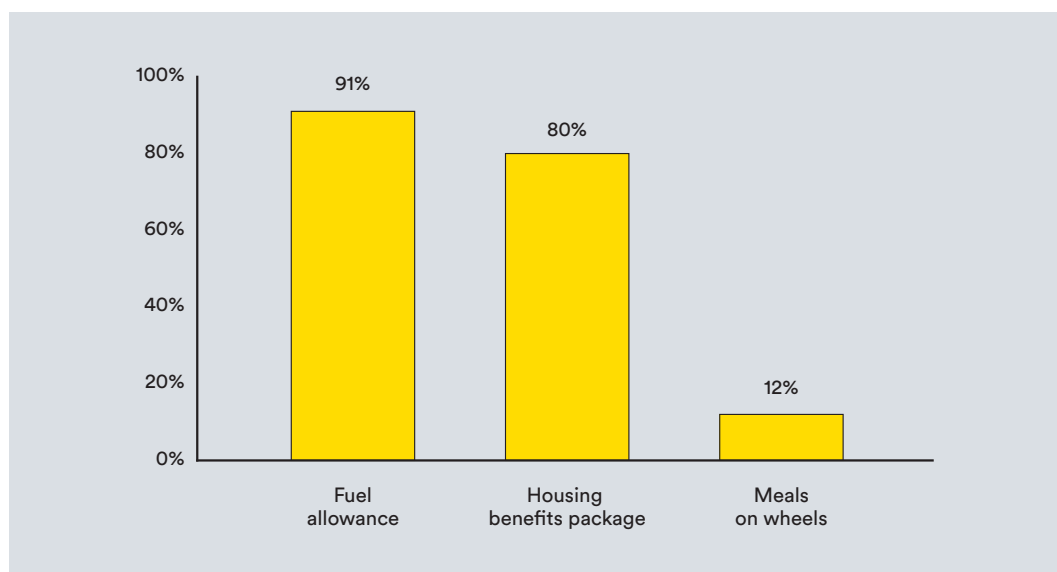
## Family type, support networks, relationship and employment status

A majority of survey participants stated they were single (75%) and currently had no children living with them in their housing (76%). When asked about their main form of income, the majority of survey participants answered that they were in receipt of Disability Allowance. 90% of survey respondents were also in receipt of a fuel allowance and 80% were on a housing benefit package, a package which helps with the cost of electricity or gas and the TV licence. In terms of support networks, 87% of those surveyed currently received support from a Focus Ireland member of staff. A full breakdown of these results can be found in Appendix 1.

**Graph 2: Survey participants main form of income**



**Graph 3: Grants and supports received**



**Table 3: Support Networks**

Type of support	(n)	%
Focus Ireland staff member	66	87%
Home help i.e. with shopping, changing light bulbs, cleaning, etc.	11	14%
Home help with personal care and medication	4	5%
Informal care from a family member/friend	2	3%

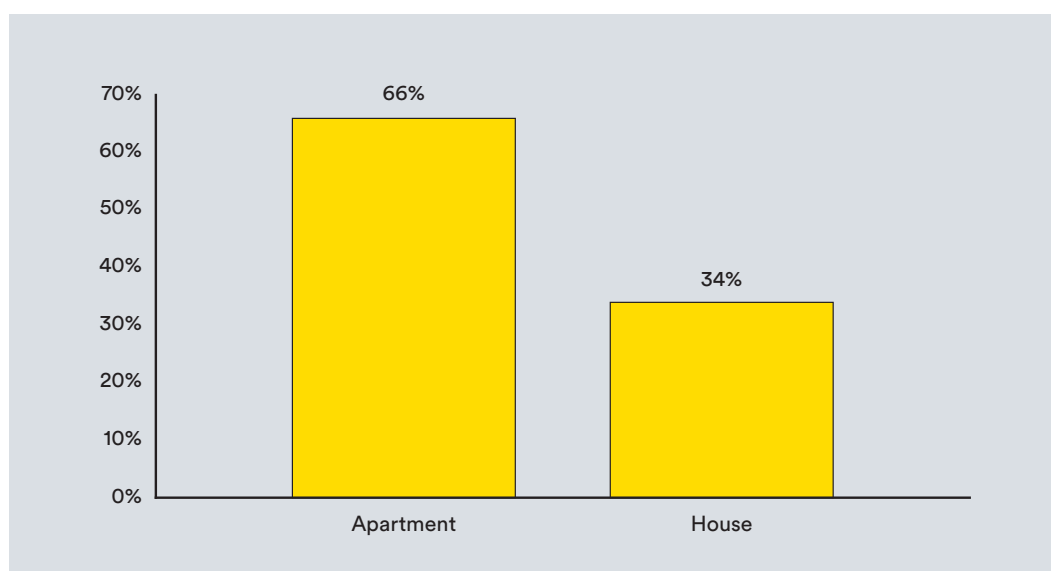
## Housing type, tenancy duration and region

As shown in table 5, the three primary regions that survey respondents lived were Dublin, Kilkenny and Waterford. Graph 4 shows the majority of survey respondents lived in an apartment (n=50), followed by a house. The majority of tenants stated they lived in their current accommodation for between 1–3 years (n=21, 28%) and that they lived alone (71%). Please see Appendix 1 for a full breakdown of these results.

**Table 4: Region of current accommodation**

Region	(n)	%
Dublin	30	39%
Waterford	13	17%
Kilkenny	9	12%
Limerick	8	11%
Sligo	7	9%
Kildare	4	5%
Clare	2	3%
Cork	1	1%
Wexford	1	1%
Tipperary	1	1%
<b>Total</b>	<b>76</b>	<b>100%</b>

**Graph 4: Survey participants housing type**



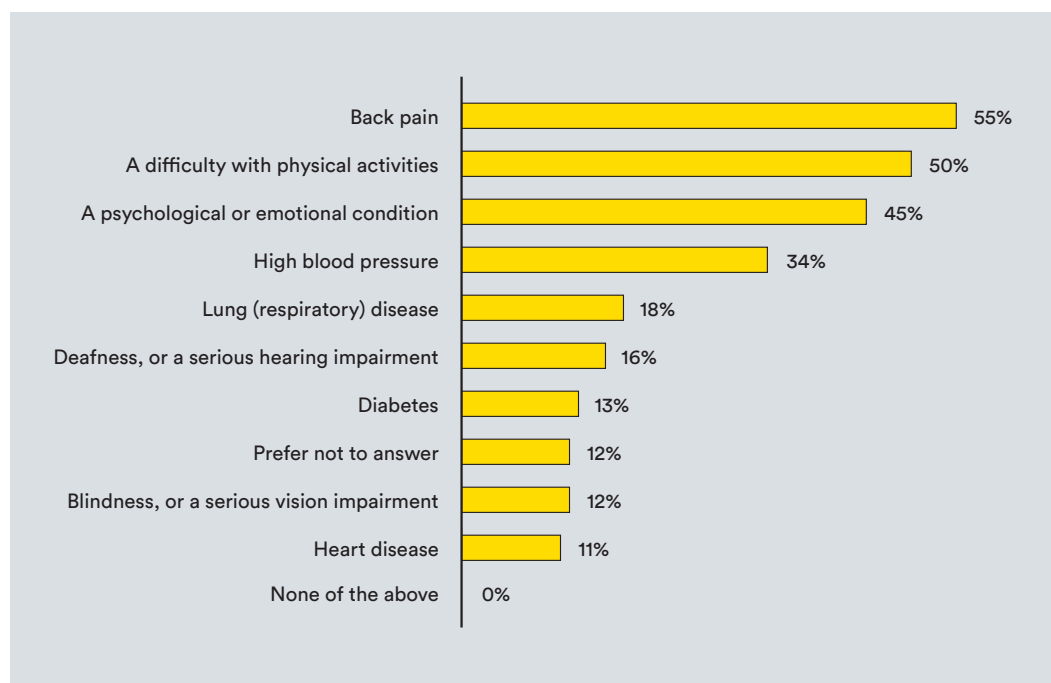
## Health profile of survey participants

Despite the majority of participants describing their current health as ‘good’ or ‘fair’ almost all of the survey respondents stated they had at least one medical condition. As shown in graph 5, apart from 12 participants who did not wish to answer the question, all of the survey respondents had one or more medical condition. The five most common health conditions for survey respondents were: **Back pain (55%)**, **mobility issues (55%)**, **psychological or emotional conditions (50%)**, **high blood pressure (34%)**, and **lung or respiratory diseases (18%)**.

**Table 5: Reported health status**

How would you describe your health?	(n)	%
Very Good	7	9%
Good	23	30%
Fair	22	29%
Bad	10	13%
Very Bad	14	18%

**Graph 5: Percentage of survey participants with health conditions**



# Feedback from customers

## Housing satisfaction and housing preference

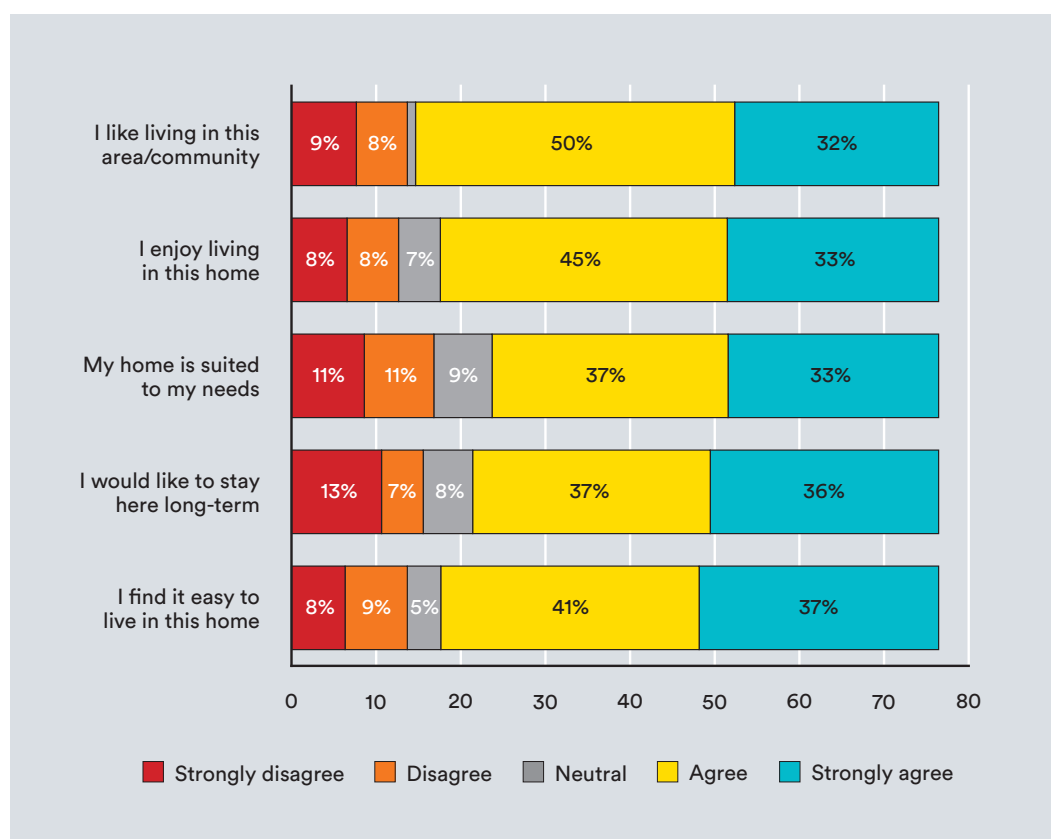
The first section of the survey focused on finding out customers levels of satisfaction with their current accommodation. Participants were given a list of different statements and were asked to answer on a 5-point scale from 'strongly disagree' to 'strongly agree'. Overall, the majority of the responses to these questions were positive.

Highlighted in graph 6, **the majority of participants answered that they liked living in their area/community**, with over 82% answering either strongly agree or agree. In addition to this, over three quarters (**78%**) of tenants answered that they enjoyed living in their home and felt it was easy for them to live in their current accommodation. The statement which scored the lowest from those surveyed was whether the current home was suitable to their needs, which 70% of participants agreed with. This figure remained roughly the same when tenants were asked if they felt their current home would be suitable for their needs as they aged (68%). **When asked where they would prefer to live as they aged, the majority of participants (70%) wanted to remain in their current house with appropriate changes made** (see table 7).

For survey respondents who stated their current home was not suitable to their needs, a follow-up open-ended question was asked on what could be done to improve their current home. The main points which were raised by tenants in their responses were primarily around: **maintenance issues in the property, lack of storage, and insulation**. The primary issue from customers who felt their home was not suitable was the need to update their showers/bathroom facilities to accommodate their mobility issues e.g. **changing from sit-down to walk-in shower or providing bathroom aids**.

Next, participants were asked to rate their levels of satisfaction with various facilities in their current accommodation. While the majority of tenants had no problems with the listed items in their house, the areas that caused the biggest problems for survey participants were: **bathroom facilities (29%), damp/mould/or leaks (25%), heating and insulation (28%), and storage space (23%)**. A full breakdown of these results can be found in graph 7 below.

**Graph 6: Satisfaction with housing**



**Table 6: Current home adequate for needs – percentage and number**

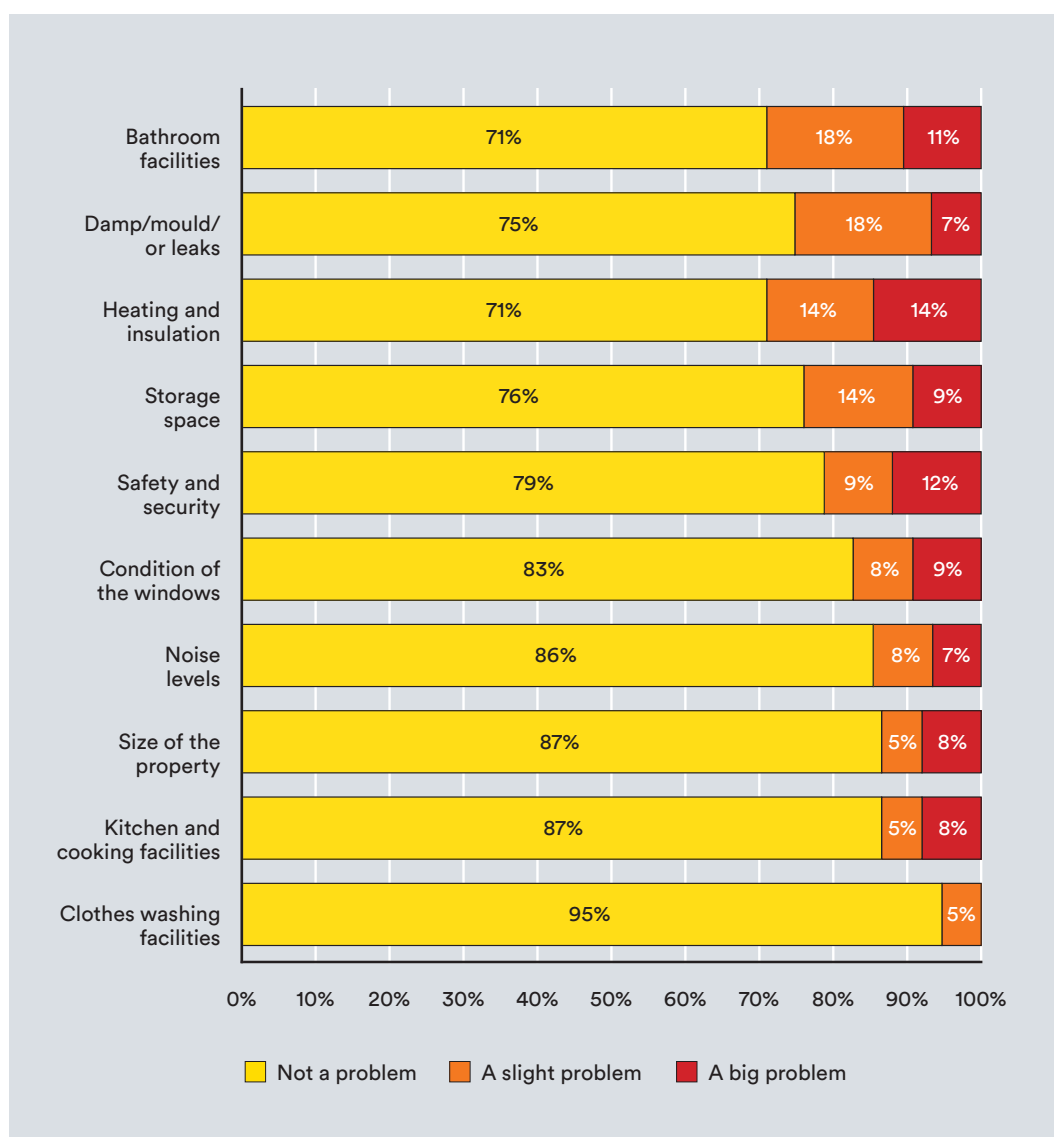
As you think about getting older, do you think your current home is adequate for your needs?	(n)	%
Yes	52	68%
No	18	24%
Don't know	6	8%

**Table 7: Housing preference as customers age – percentage and number**

Options	(n)	%
Remain in the current home but with changes and/or access to supports/home care	53	70
Remain in the community but in a different home that is easier to manage	12	16
Something else/unsure	8	10
Leave current home and live with family should extra support be needed	2	3
Supported care facility/nursing home	1	1



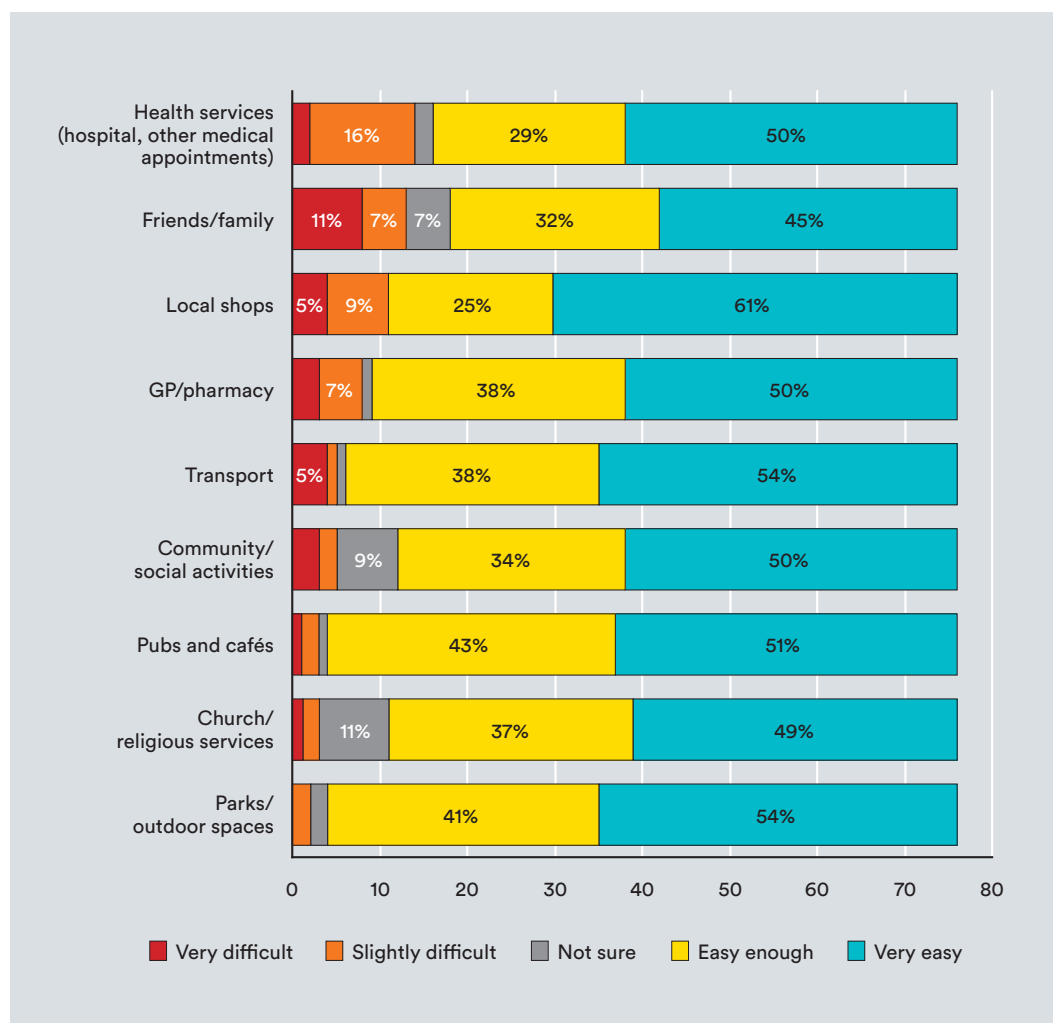
**Graph 7: Survey participants satisfaction with housing facilities**



## Access to services and amenities

The next section of the survey focused on how easy or difficult it was for tenants to access certain services from their current accommodation. Generally, **the majority of survey respondents said they found access to most services and local amenities either very easy or easy enough to get to** (see graph 8). However, the five areas which survey respondents answered they had found either very or slightly difficult to access were: **Health services (hospital, other medical appointment) (19%), Friends and family (18%), local shops (14%), and GP/Pharmacy (11%).**

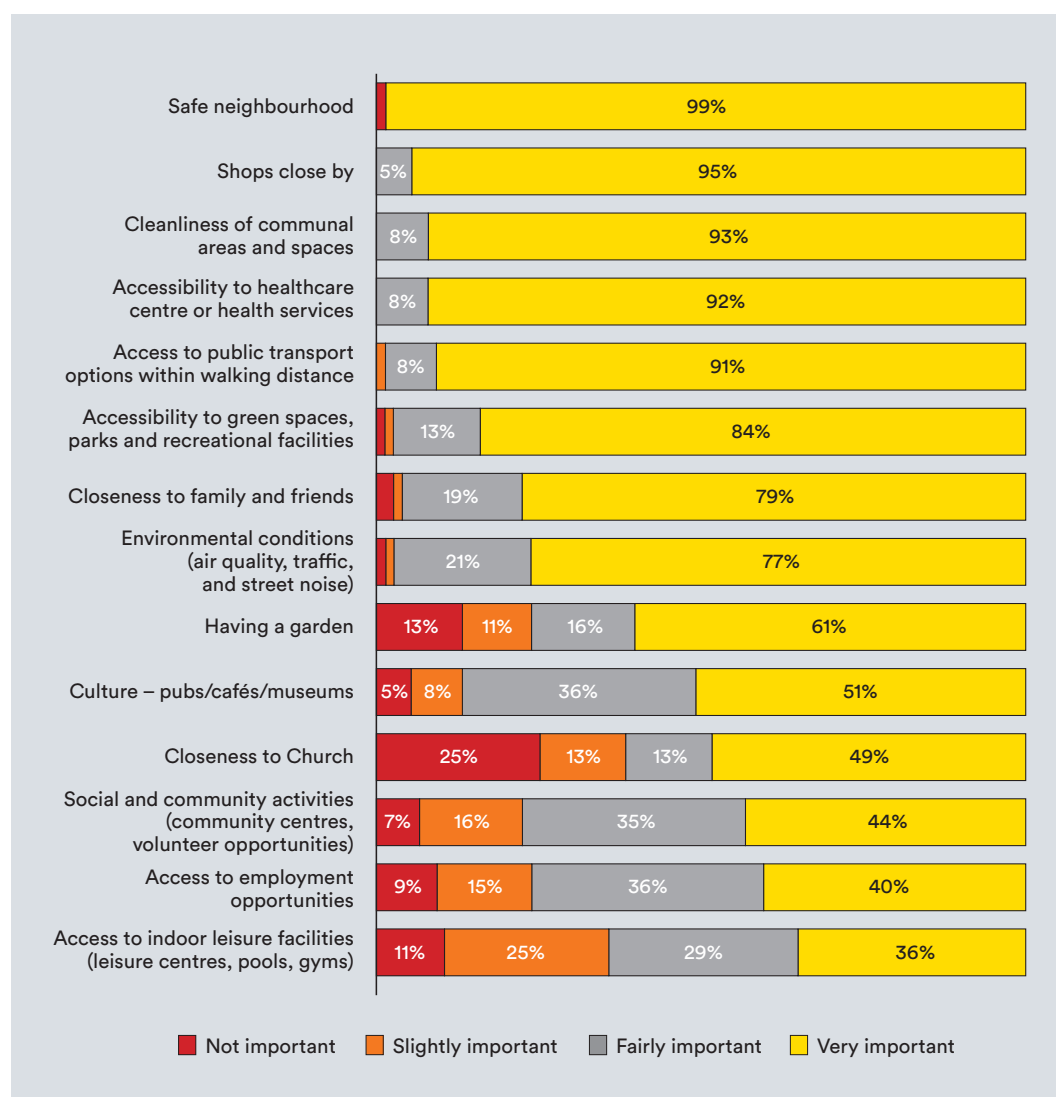
**Graph 8: Access to services and amenities**



## Area and community

The next section of the survey focused on the area and community where tenants currently lived. On a four-point scale from 'not important' to 'very important' respondents were asked to rate how important access to certain living conditions and services were for them. Overwhelmingly, the things viewed as being 'very important' to respondents were: **A safe neighbourhood (95%), shops close by (93%), cleanliness of communal areas (92%), and accessibility to healthcare (91%)**. As shown in graph 10, access to public transport options and green spaces were also viewed as important for tenants, with over 95% answering that these were either very or fairly important. However, items which scored the lowest on the tenants responses were: **Access to indoor leisure facilities (leisure centres, pools, gyms) (36%), Access to employment opportunities (40%), Social and community activities (community centres, volunteer opportunities) (44%) and closeness to church (49%)**.

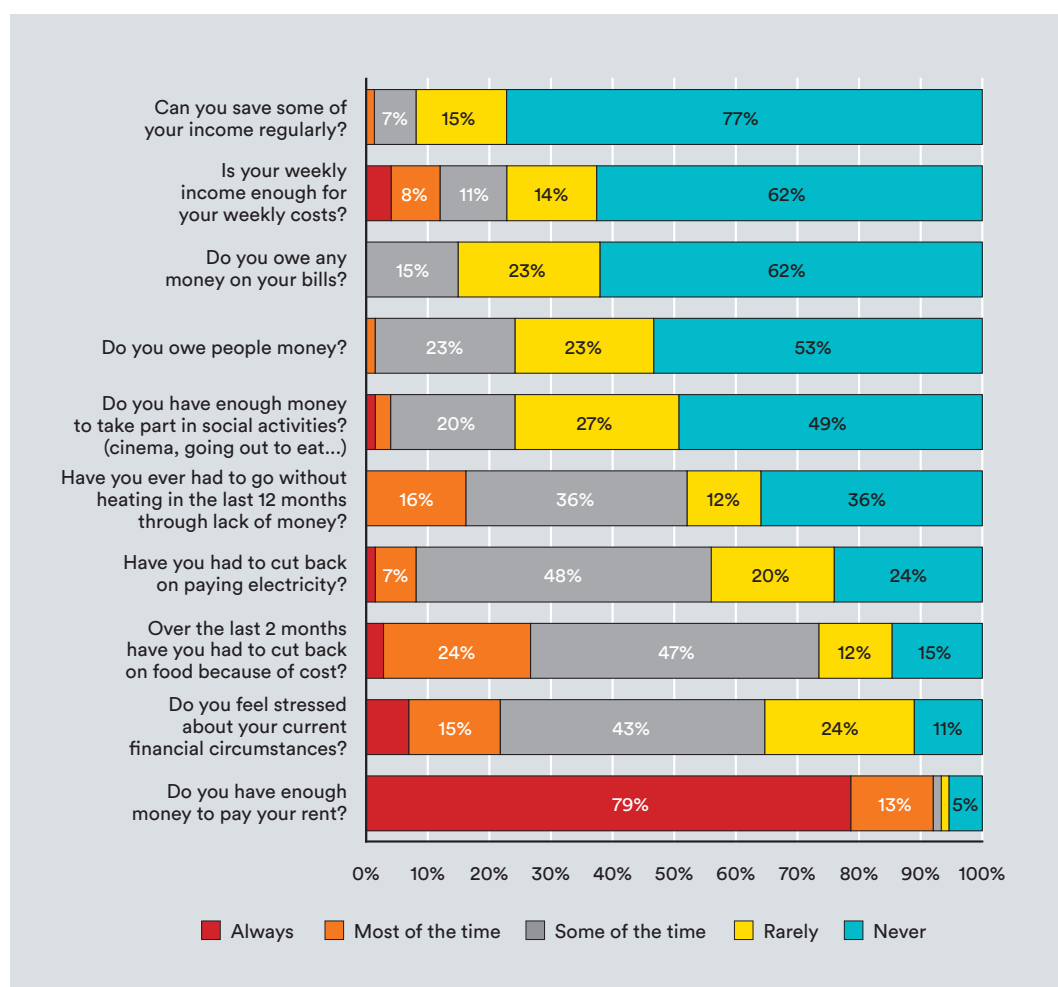
**Graph 9: Area and community**



## Finances and budgeting

Another element of the survey related to tenant finances and budgeting. As highlighted in graph 10, a majority of participants answered that they **never had enough to cover their weekly costs (62%) or save any of their income regularly (72%)**. A majority of participants also stated that they had to cut back on electricity with a combined total of 92% of participants answering they did this sometimes (48%), most of the time (20%), or all of the time (24%). It also showed that **84% of survey respondents answered that they had to go without heating in the last twelve months** either sometimes (36%), most of the time (12%), or all of the time (36%). This is despite 91% of participants stating they were receiving fuel allowance. Despite these findings which show survey participants do not have enough money for their basic needs to be met, 79% stated they always had enough money to pay their rent.

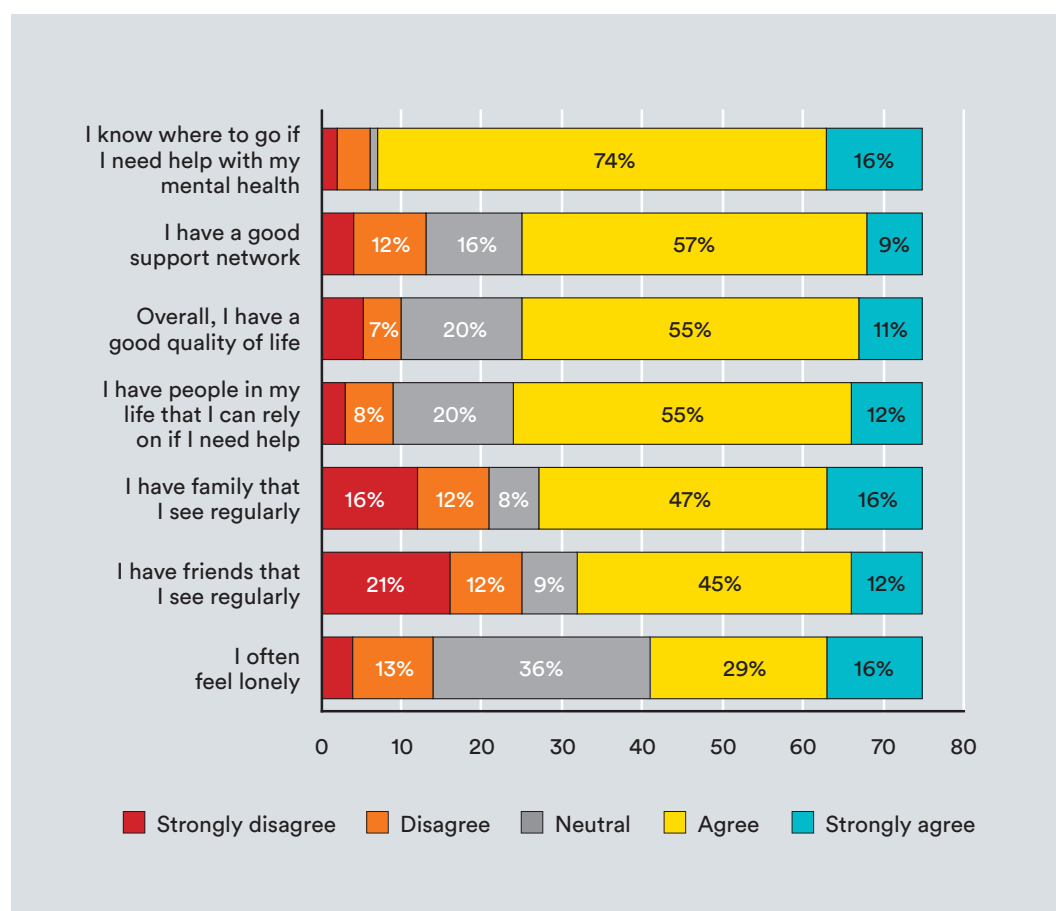
Graph 10: Finance and budgeting



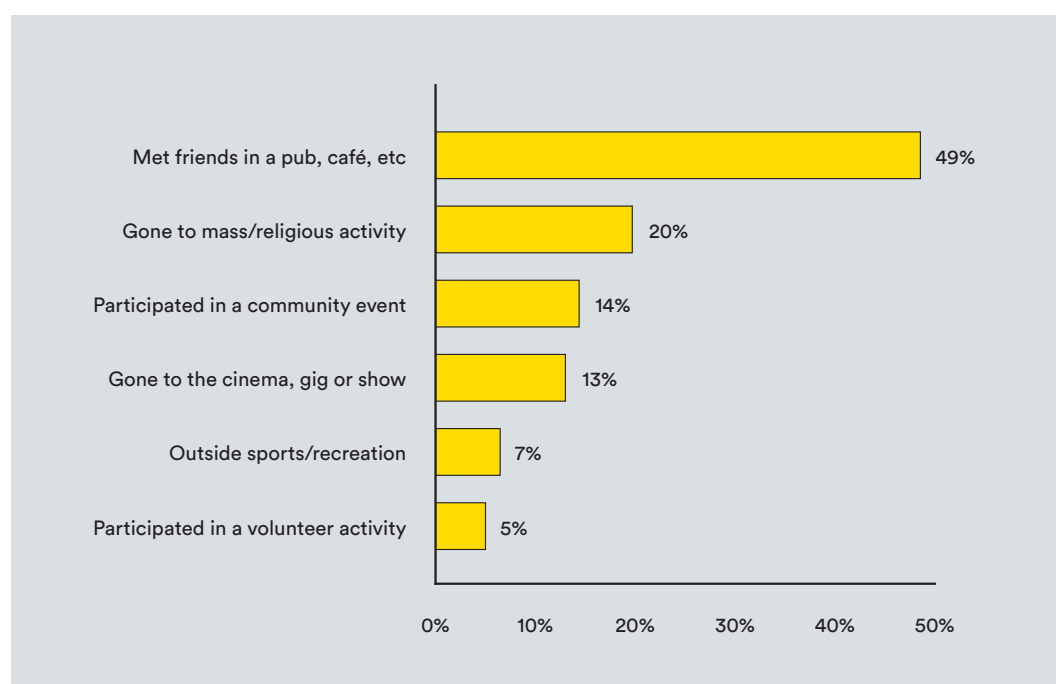
## Physical and mental well-being

The final section of the survey focused on customer physical and mental well-being. Various statements were put to survey participants and they were asked to agree or disagree. Encouragingly, over 90% of tenants agreed that they knew where to go if they needed help with their mental health (see graph 11). Further positive results were recorded regarding survey participants agreeing that they had a good support network (66%) and an overall good quality of life (66%). **The statement which scored lowest in terms of agreement and which had the highest neutral response from participants was related to loneliness.** Less than half (45%) of participants either strongly agreed or agreed that they often felt lonely. Additionally, when asked about the social activities they took part in, the three most common activities were: Meeting friends (49%), going to mass/religious activity (20%), and participating in a community event (14%).

**Graph 11: Physical and mental well-being**



**Graph 12: Respondents social activities in the last month**



## Discussion

The findings in this report are reflective of the wider evidence discussed in the literature review which indicates that the majority of those aged over 55 would prefer to age-in-place. As discussed in the findings, almost three quarters (70%) of those surveyed said they wished to remain in their homes as they aged but with specific adaptations made. The importance of remaining in the community was also highlighted, with the majority of participants (82%) answering that they liked living in their area/community. This shows how a home is more than just bricks and mortar. With this in mind, Focus Ireland needs to continue to ensure that **moving customers away from their community or out of their home is a last resort**. This should only happen if necessary adaptations cannot be made to their current home. To accommodate this, Focus Ireland may need to consider either expanding its in-home services or link in more with care assistance supports. Doing this will make sure tenants are adequately supported in their homes and keyworkers are not overloaded.

The findings also confirm the evidence in previous research that people with experience of homelessness possess unique needs that other adults their age in the community may not have. As shown in the health profile of survey participants, **every participant who answered the health questions had at least one chronic health condition**. This is a significant finding when comparing it against the general population of the same age group, where only 32.5% of men and 32.8% of women between the ages of 45–64 reported having a long-standing illness or health problem (Department of Health, 2021). As outlined in the literature review, these findings support the research that shows how people who have experienced homelessness often suffer health issues at a younger age compared to people of a similar age in the general population (Stergiopoulos & Hermann, 2003). With this in mind, **Focus Ireland and Focus Housing Association need to recognise that its tenants have a higher risk of prematurely ageing and plan accordingly**. This means tenants may need additional and targeted support at a significantly earlier age than the general population. Furthermore, it may then be beneficial for Focus Ireland to advocate for earlier health screenings for chronic conditions for their tenants who have experienced homelessness. Earlier health screenings would prevent more serious health concerns developing and allow for tenants long-term needs to be met and to age in place with other members of their community (Sudore et al., 2018).



Services may also need to consider providing basic healthcare training for staff around the specific health conditions mentioned in the report. Alternatively, as mentioned previously, there may be **a need for services to advocate for more care support assistance** for mid-to-later life tenants, or targeted flexibility regarding access to age-related HSE supports, to avoid putting too much pressure on keyworkers. In the longer term, Focus Ireland should advocate that **care support services should be ‘needs based’ rather than ‘age-based’**. Additionally, any support for tenants must consider the complex needs they may have and be tailored and personalised to properly care for the specific tenant. The study highlights that those who have experienced homelessness are more at risk of experiencing comorbidities due to their experiences of homelessness and due to the ageing process. It is therefore recommended that Focus Ireland link in with health services earlier to adequately support complex health needs. It may also be useful to potentially adopt **some kind of Multi-Disciplinary Team (MDT) approach when working with ageing tenants**.

It is also important that the other findings from this report be framed within the context of the health profile of the tenants who answered the survey. This is because the specific issues survey participants raised related to their housing needs are interlinked and often compounded due to their health issues. Any solutions to these problems must then view their health and housing needs as inherently tied together, rather than as stand-alone issues that can be dealt with separately.

For example, when asked about levels of importance for various facilities and amenities, the top answers tended to focus on accessibility and facilities being close-by. This would make sense considering the second largest health complaint from exactly half (n=38) of the respondents was difficulty with physical activity e.g. climbing stairs or walking. This example demonstrates how the **physical needs discussed by respondents can have a knock-on effect on other seemingly unrelated environmental needs**. Additionally, Focus Ireland should consider a strategy for how to address the issues around access to healthcare, as this was identified in the findings as being an area where tenants had the most difficulty accessing. Linking in more with health services to see what can be done to allow ageing tenants to access health services more easily would help minimise this difficulty. It may also be useful to plan for mobility issues that mid-to-later life tenants might experience, which will make access to local amenities much more difficult (an issue raised by many survey participants). In this regard, Focus Ireland may need to consider developing a service which caters specifically to this issue or identify services which already provide delivery or transportation services. This would allow for older customers to continue to live independently for longer and provide them with greater autonomy.

In terms of other environmental needs, clean communal spaces was also important for survey participants, which again may be explained by tenants mobility issues. However, a clean, communal living space may also help to reassure tenants they are in a safe community. **A safe neighbourhood was the one of the most important priorities for respondents as they aged**, which links to research discussed in the literature that emphasises the need for neighbourhood safety (Mulliner et al., 2020; Ahn et al., 2020; Housing Agency, 2016) for an ageing population. An unsafe neighbourhood may make respondents less inclined to leave their homes or go out for fear of injury or any other issues. **To create a sense of safety for tenants, Focus Housing Association should consider making adaptations if they are not already in place**. Security measures such

as: installing front door spyholes, intercoms, secured gate entrances (Fox et al., 2017), employing a caretaker to look after communal areas, can all reassure tenants they are safe in their homes and communities.

In regard to housing facilities, the areas that caused the biggest problems for survey participants were: **bathroom facilities (29%), damp/mould/or leaks (25%), heating and insulation (28%), and storage space (23%)**. Although it may appear as a small number, these are problems that have featured across various Focus Ireland studies.<sup>2</sup> Consequently, it would appear that it is the same small group which is being missed. This may possibly be due to some tenants being housed in older housing stock, which makes maintenance repairs and retro-fitting insulation particularly challenging. However, ability to adequately heat the home is of particular importance for older tenants as evidence in the literature review shows the ability to self-regulate decreases as individuals age (O'Brien & Mac Ruairi, 2009; Mulliner et al., 2020). This means **housing which has adequate heating and insulation is a basic necessity for these specific tenants**.

Items which scored the lowest in terms of importance for tenants were: **Access to indoor leisure facilities (leisure centres, pools, gyms) (36%), Access to employment opportunities (40%), Social and community activities (community centres, volunteer opportunities) (44%) and closeness to church (49%)**. These answers may be because these facilities are not applicable to the tenants circumstances, as the majority of them were on disability allowance or were retired. It could also be due to the fact that very often these activities require excess income. To become a member for many indoor leisure facilities usually requires a monthly subscription. Other activities such as socialising or 'culture' also require some form of disposable income, which some tenants may not be able to afford. As highlighted in graph 13, many respondents answered that they **never had enough to cover their weekly costs (62%) or save any of their income (72%)**. These answers may explain why things such as socialising and indoor leisure were scored low in terms of level of importance for customers, as these findings highlight how tenants are struggling to afford their basic needs. It may also explain why green spaces were seen as important, as activities such as this are often free. The financial status of those surveyed support the studies discussed in the literature review which shows restricted access to financial resources puts older individuals at physical risk. Additionally, **people without the adequate financial resources to make necessary home modifications report more disabilities and illnesses, feeling less safe, and higher future-oriented stress** (Fox et al., 2017).

Another important finding showed that over **84% of survey respondents answered that they had to go without heating in the last twelve months** either sometimes (36%), most of the time (12%), or all of the time (36%). This is despite 91% of participants reporting that they received fuel allowance. It is also important that these problems are viewed within the wider context of the current cost of living crisis, as the findings from this study highlight the real world consequences experienced by those on lower incomes. As mentioned previously, older individuals already struggle with thermal regulation meaning they could be at a higher risk of illness and disease. **Focus Housing Association must therefore make addressing any heating insulation issues a priority**. This is especially important for survey participants who stated they had a lung or respiratory condition (18%), as poor insulation and cold will only worsen health concerns and result in further

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2 Customer satisfaction survey (2021) and Long-term Housing study (2017)

strain on Focus Ireland staff and services. Increasing the energy efficiency of future and current housing stock could also reduce housing related costs for older individuals (and people in general), reducing the negative effects of fuel poverty.

Finally, despite the more negative findings in relation to respondents financial well-being, **over 90% of tenants stated they knew where to go if they needed help with their mental health.** This is reassuring since almost half of respondents (45%) stated they had either an emotional or psychological condition. It also demonstrates the importance and genuine impact of Focus Ireland services, which as mentioned previously, 88% of survey respondents stated that they received support from (see table 4). It is therefore important that Focus Ireland continue to have regular check-ins with tenants and support them, as for some ageing tenants this may be the only support they have.

## Conclusion and recommendations

The main aim of the research was to consult with mid-to-later life tenants of Focus Housing Association about their needs and to prepare existing and future housing stock. The information in this report is important and although the sample size was small, it replicated and reinforced findings from previous Focus Ireland studies. Very distinct themes and trends emerged from the tenant surveys which also aligned with wider evidence available on the issues ageing populations face with living independently.

It is hoped that this report will act as a starting point to help shape Focus Ireland's supports and services available to tenants as they age. It should also help Focus Housing Association to map out what housing adjustments need to be made when considering their mid-to-later life tenants and deciding what changes need to be made when planning future housing stock.

The following recommendations in this report are therefore based on the findings and feedback from survey participants:

### Focus Housing Association

- Given the high level of turnover in phone numbers, Focus Housing Association should conduct an annual review, with an associated KPI, to maximise the number of tenants with up-to-date phone contact information.
- Continue with the current policy of ensuring that all new housing stock purchased or constructed meets the higher energy efficiency standards (BER C2 for purchases and A3 construction) to reduce the impact of fuel poverty on customers.
- Continuation of the current policy of ensuring that where possible purchased or constructed properties include units with walk-in shower facilities or other shower/toilet aids built in.
- Ensure that the Energy Masterplan for maintenance prioritises insulation and heating upgrades for properties housing older tenants.<sup>3</sup>

<sup>3</sup> The Focus Housing Association Board has committed to a programme of renovation which will bring older housing stock up to modern standards.

- › Continue the current practice that ageing tenants should not be moved out of their homes unless it is essential, and the necessary adjustments cannot be made to the properties and ensure that tenants are aware of this objective. Where it is necessary for tenants to be moved, it is important every attempt is made to be kept in their current communities.
- › Mobility issues must be considered as a high priority when dealing with mid to later life tenants who have experienced homelessness and how this can impact their ability to access certain amenities. Where this is not possible, tenants with mobility issues should be accommodated in ground floor apartments or in apartments with access to elevator/ramp. Also, spaces that allow for storage of walking aids/wheelchairs/scooters should also be considered.
- › Consider housing options which have communal areas with greenery for those with mobility issues to still have access to green spaces.
- › Adaptations should be made related to security, if they are not already in place e.g., fob access to street doors and communal areas, front door spyholes, intercoms, etc.

## Services

- › A 'benefit-take-up' campaign should be organised to ensure that support staff and tenants are fully aware of all social welfare entitlements they may have and that they have all been applied for.
- › Consideration should be given to using an MDT approach when supporting ageing tenants to help address their potential complex needs.
- › Consideration should be given to linking in with health or other services to assist with transporting older tenants or those with health concerns to and from healthcare appointments or to help with general mobility issues to local amenities e.g. local food shops etc.
- › Consideration should be given to expanding in-house supports for mid to later life tenants or linking in with care assistant support in the community.
- › Consideration should be given to care plans for ageing tenants which are specific and targeted to the sometimes complex needs of tenants who are exposed to premature ageing and to make sure adequate long-term support is available.
- › Invest in sufficient training for staff around the potential complex needs faced by ageing tenants who have experienced homelessness, specifically around mobility issues and other medical issues identified in the study.

## Advocacy and research

- › Advocate for earlier health screenings for chronic health conditions for those who have experienced homelessness, as they are more likely to experience premature ageing compared to the general population.
- › Advocate for care assistance for mid-to-later life tenants (45+) who have experienced homelessness on a needs base rather than age-based support.
- › Advocate for an increase in direct financial support to help mid-to-later life tenants grow old in place and provide them with sufficient disposable income to have their basic needs met.

# Appendix 1

## Demographic profile of participants

Age group	(n)	%
50s	29	38%
60s	23	30%
45–49	20	26%
70s	3	4%
80s	1	1%
<b>Total</b>	<b>76</b>	<b>100%</b>

Gender of survey respondents	(n)	%
Male	42	55%
Female	34	45%
<b>Total</b>	<b>76</b>	<b>100%</b>



Country of origin	(n)	%
Ireland	64	84%
UK	4	5%
Nigeria	2	3%
Czech Republic	1	1%
Lithuania	1	1%
Palestine	1	1%
Democratic Republic of the Congo	1	1%
China	1	1%
Libya	1	1%
<b>Total</b>	<b>76</b>	<b>100%</b>

Survey respondents first language	(n)	%
English	66	87%
Irish	2	3%
Arabic	2	3%
Mandarin	1	1%
Yoruba	1	1%
Russian	1	1%
Czech	1	1%
English	1	1%
French	1	1%
<b>Total</b>	<b>76</b>	<b>100%</b>

Irish Citizenship	n	%
Yes	70	92%
No	6	8%
<b>Grand total</b>	<b>76</b>	<b>100%</b>

Region of survey participants current accommodation	(n)	%
Dublin	29	39%
Waterford	13	17%
Kilkenny	9	12%
Limerick	8	11%
Sligo	7	9%
Kildare	4	5%
Clare	2	3%
Cork	1	1%
Wexford	1	1%
Tipperary	1	1%
Limerick/Clare	1	1%
<b>Total</b>	<b>76</b>	<b>100%</b>

Years survey respondents lived in current accommodation	(n)	%
1–3 years	21	28%
4–6 years	19	25%
7–10 years	9	12%
More than 20	8	11%
10+ years	8	11%
More than 15	7	9%
Less than a year	4	5%
<b>Total</b>	<b>76</b>	<b>100%</b>

How many people live in respondent's house	(n)	%
1	54	71%
3	7	9%
2	7	9%
4	4	5%
6	2	3%
More than 6	1	1%
5	1	1%
<b>Total</b>	<b>76</b>	<b>100%</b>

Number of children residing with respondent	(n)	%
None	58	76%
Two	7	9%
One	6	8%
Four or more	5	7%
<b>Total</b>	<b>76</b>	<b>100%</b>

Relationship status	(n)	%
Single	57	75%
In a couple	6	8%
Married	6	8%
Widow	3	4%
Separated	2	3%
Divorced	2	3%
<b>Total</b>	<b>76</b>	<b>100%</b>

Employment status	(n)	%
Disability allowance	51	66%
Pension	8	10%
Jobseekers allowance	7	9%
Full-time employment	4	5%
Part-time employment	4	5%
Full-time parent or caregiver	2	3%
<b>Total</b>	<b>76</b>	<b>100%</b>

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