

THE FUTURE HOUSING AND SUPPORT NEEDS OF  
OLDER PEOPLE IN NORTHERN IRELAND

**ANALYSIS OF THE FUTURE NEED AND DEMAND  
FOR APPROPRIATE MODELS OF  
ACCOMMODATION AND ASSOCIATED SERVICES  
FOR OLDER PEOPLE**

REPORT TO THE NORTHERN IRELAND HOUSING EXECUTIVE  
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All opinions and analyses in this report are attributable only to its author and should not be construed as representative of any other individuals or organisations.

## **SUMMARY**

### **Introduction**

This report is based on research commissioned by the Northern Ireland Housing Executive (subsequently 'the Housing Executive') and undertaken by Professor Chris Paris, in collaboration with colleagues from the Housing Executive Research Unit, as part of the wider Future Housing and Support Needs of Older People research programme (see Appendix 1).

The project brief required: an analysis of demographic and policy trends to support informed decision making regarding future housing need assessment for older people; collation of information on the existing supply of accommodation for elderly people in relation to the distribution of the elderly population; and a ten-year projection, from 2006 to 2016, of the future housing needs of older people across a mix of tenures, for Northern Ireland overall and, on a more localised level, based on the proposed new local government districts.

The research methodology included: a review of research and policy-related literature concerning age-related housing and care provision; development of an evidence-based analysis of current and future housing demands of older adults, including the relationship between the growth of home ownership and the preference for 'ageing in place'; to assess whether planning policies are likely to affect future provision; and to consider the changing demographic composition of social housing tenants.

Most current official definitions of older adults include all people of pensionable age, men over 65 and women over 60. Much of the analysis here relates to persons and households over 65, though the analysis of population and household projections also considers people in the range 55-64 as the next 'wave' entering the 65 and over group.

### **Demographic and policy trends**

Other studies have shown that demographic change in Northern Ireland has lagged behind the rest of the UK, but it is likely to have the highest rate of growth in the older population in the coming decades. The overall population of Northern Ireland is projected to increase by 121,000 between 2006 and 2016, with most growth likely in the older population, especially the over-85s. Whereas 76% of the population in 2006 were aged under 55, only 30% of the projected net population growth will be in this age group. In contrast, those aged 55-64 comprised less than 11% of the population in 2006 but will have 22% of net population increase; persons aged 65 and over made up just 14% of the population in 2006 but this group will have 48% of net projected population growth. The projected population growth has a strong geographical bias: little growth of over-55s in Belfast (3%) but around 20% or more in all other areas, especially in the south and west.

The number of households in Northern Ireland is projected to increase by around 89,000 between 2006 and 2016, with strongest growth in single person (25%) and two adult households (22%). The net growth of households, like overall population growth, will be heavily concentrated among older households.

The literature review examined issues relating to older persons' housing and care needs: housing arrangements and preferences, independence and control; income, poverty and wealth; health and well-being; and neighbourhood and location. It identified strong evidence that older people wish to maintain independence in their own homes for as long as possible. In many instances, this would require at most small levels of assistive input. Some older people, however, prefer other options: moving to more suitable mainstream accommodation or accommodation combined with care. Research indicates that access to suitable housing is not perceived as a major problem by older people, but they are more concerned about the fear of crime, keeping warm in winter, loneliness, making ends meet (especially 'asset rich, income poor' households) and isolation. Research also questioned the suitability of sheltered housing models as a growing proportion of residents are older and frailer than previous cohorts and need health and other care facilities the model does not provide.

The literature review identified a range of positive and negative 'pull' factors that encourage older people to remain in their homes, as well as negative 'push' factors necessitating a move. Positive pull factors included the maintenance of control and independence, proximity of family, and emotional and practical ties to home, community and neighbourhood; the retention of ownership and value of assets were also positive factors. Negative pull factors included the lack of information about alternatives, lack of realistic and/or local alternatives, fear of upheaval and change; reluctance of home owners to lose home and/or savings by going into rented housing; and fear of the cost of any other types of care. Push factors included substandard or unsuitable accommodation combined with an inability to access grant funding for adaptations or repairs, loneliness or isolation, concern about security, physical impairments or ill health, a need to be nearer facilities and amenities, fuel poverty and/or making ends meet in current home, and the burden of repairs, maintenance and garden upkeep. Health-related frailty emerged as a major reason for needing to move, thus the rapid growth in the number of older people, especially those over 85, implies a growing need for care-related residential accommodation, especially relating to the near-certain rapid growth in the number of people suffering from dementia.

A continuum of housing with care was identified, ranging from mainstream housing with no specific inputs to nursing homes and other forms of intensive care:

- Mainstream housing: remain at home with no specific inputs.
- Mainstream housing: remain but with repairs/adaptations/assistive technology.
- Mainstream housing: remain with home care/domiciliary care services.
- Move to new accommodation: more suitable mainstream housing.
- Move to new accommodation: supportive housing and/or retirement villages.
- Move to new accommodation: 'extra care housing'/'housing with care'; also 'close care' accommodation, nursing homes and other forms of long-stay care.

Policies generally in the UK and specifically in Northern Ireland have moved towards an 'ageing in place' perspective, partly driven by the hope that this will provide better value for scarce public resources, rather than further growth in sheltered housing or institutional forms of housing with care. The likely rapid increase in the number of older people requiring intensive care, however, suggests that any policy is likely to require more, rather than less expenditure, whether by public or charitable bodies, or financed by households' own resources.

A range of key stakeholders were consulted regarding issues relating especially to land use planning and the future provision of accommodation and care facilities for older people. No specific land use planning issues were identified specifically relating to the provision of age-related accommodation, though a range of other issues emerged in relation to older people's housing and care needs: the relative vacuum in Northern Ireland relating to 'park homes' legislation<sup>1</sup>; concerns about allocations and transfers, especially that much of the existing stock notionally designed for older persons is actually occupied by younger households; overall planning of care and support needs of different groups; movement by owner-occupiers into specialised social housing on the grounds of homelessness due to accommodation not being reasonable; concerns about vacancy levels in sheltered housing and the suitability of accommodation within residential care homes.

### The supply of accommodation in relation to the elderly population

The current supply of accommodation for older people is seen as the product of a changing overall housing system in Northern Ireland, thus the needs of the next cohort of people entering older age are likely to be different from those of previous and current cohorts. Three trends stood out strongly between 1981 and 2006: the very large increase in home ownership from under 50% to over 70% of all households with the actual total doubling; a large fall in the supply of social housing, by around 80,000 dwellings in absolute terms, with the proportion of households renting from the Housing Executive falling from 39% to 14% in 2006; and the reversal of the previous long-term fall in private renting from the late 1990s.

These trends are not all expected to continue: home ownership may have peaked with recent evidence suggesting a fall in the number of mortgaged purchasers; the future of social housing is uncertain and highly sensitive to policy decisions; and there is considerable uncertainty over the future of private renting. It is impossible at present fully to distinguish between short-term fluctuations in trends due to the recession and its housing market consequences, and new directions of change. Recent falling house prices, however, have implications for equity withdrawal, the willingness of older households to move in general, and the potential for innovations such as retirement villages in particular.

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<sup>1</sup> Although the research identified a lack of park homes legislation in Northern Ireland, the Caravans Bill, which is expected to become law by March 2011, will go some way to address this situation. The Bill will introduce statutory protections, similar to those that already exist in Britain, for households who occupy a caravan as their main residence on sites which have been approved for that purpose.



The proportion of pensioner households in Northern Ireland that were home owners increased from 57% in 1991 to 63% in 2001, as the proportion renting from the Housing Executive fell from 33% to 23%. Older households had lower levels of home ownership than younger households, largely reflecting the previous pattern of housing opportunities and constraints. The level of home ownership among middle aged households in 2001, however, indicated that the next generation entering old age would do so with much higher levels of home ownership, especially outright ownership. The main geographical variations in tenure patterns were between metropolitan and non-metropolitan areas, with Belfast having an extremely low level of home ownership and high levels of social and private renting. Most non-metropolitan areas had much higher levels of home ownership and lower levels of social rental housing, with housing association accommodation at especially low levels in areas in the west and south.

Other data sources also provide evidence relating to older people's housing. The waiting list increased by 50% between 2002 and 2008; the proportion of older households fell slightly but there was a relatively greater increase in the proportion of older households deemed to be in housing stress. There was little overall growth in the number of homeless presentations during the same period with the proportion of pensioners only increasing marginally from 8% to 11%. Most were single persons (around 50%) and families, especially lone parents (around 35%). The overall level of unfitness in Northern Ireland has been falling steadily with just 1.5% of occupied dwellings considered to be unfit in 2006; older households (especially over-75s), however, were much more likely to occupy unfit dwellings than younger households.

A range of data sources relate to specialised accommodation and social housing dwellings deemed to be suitable for older people. There was little change between 1991 and 2001 in the number of Housing Executive dwellings considered to be 'suitable' or 'appropriate' for older people (around 31,000). In practice, however, many of these dwellings are occupied by younger groups and may no longer be considered especially appropriate either by older people themselves or by housing managers.

Average household size was lower among Housing Executive tenancies than in other tenures. This was consistent with evidence showing that a high proportion of Housing Executive tenants were small households, including older persons, but it also reflected the growing numbers of younger 1 and 2-person households on the waiting list and presenting as homeless. Thus there is little prospect of any significant increase in the density of occupation of Housing Executive dwellings as small older households in 2- or 3-bedroom dwellings appear simply to be replaced by small younger households. This raises a strategic issue regarding the possible need to re-model the relationship between dwellings sizes and households in social rental housing, especially within the current Housing Executive stock.

The number of units of sheltered accommodation provided by housing associations increased from around 5,000 in 1991 to 8,300 in 2009. The amount of residential and nursing home accommodation provided by all sectors appeared to increase from nearly 14,000 bed places in 1991 to 15,000 in 2001, though the data are rather variable, so these can only be considered as 'ball park' figures.

There were some geographical variations in the distribution of specialised accommodation, albeit given the caveat that much is actually occupied by younger households. There was an extremely high concentration of specialised age-related accommodation in Belfast, especially housing association sheltered dwellings. This stood in sharp contrast with the projected increase in the aged population being predominantly outside Belfast and raised questions about priorities for the location of any further specialised age-related social housing accommodation.

### Projected housing needs of older people 2006-2016

Overall, it is clear that older people in future, for the most part, will be home owners, with the proportion likely to increase significantly between 2006 and 2016, simply by the ageing of those with higher levels of home ownership about to enter older age. There is no strong case for any expansion of age-related social housing provision, but there may be a need to review a range of strategic policies and management practices, especially relating to density of occupancy, possible re-modelling of social housing dwellings, as well as allocation and transfer policies, including inter-generational transfer of tenancies. There is a strong case for expanding other forms of care-related accommodation, as a rapidly-growing older population is likely on actuarial grounds to imply much higher levels of health and related care needs, especially in the case of dementia. NISRA population and household projections imply rapid growth in the number of persons residing in communal establishments between 2006 and 2016, with most of these persons likely to be pensioners, and the growing number of over-85s implying a rapid increase in the need for care-related accommodation provision. Current policies that favour de-institutionalisation and ageing in place, however, suggest that this scenario may be unlikely to eventuate.

## SECTION 1: INTRODUCTION AND OVERVIEW

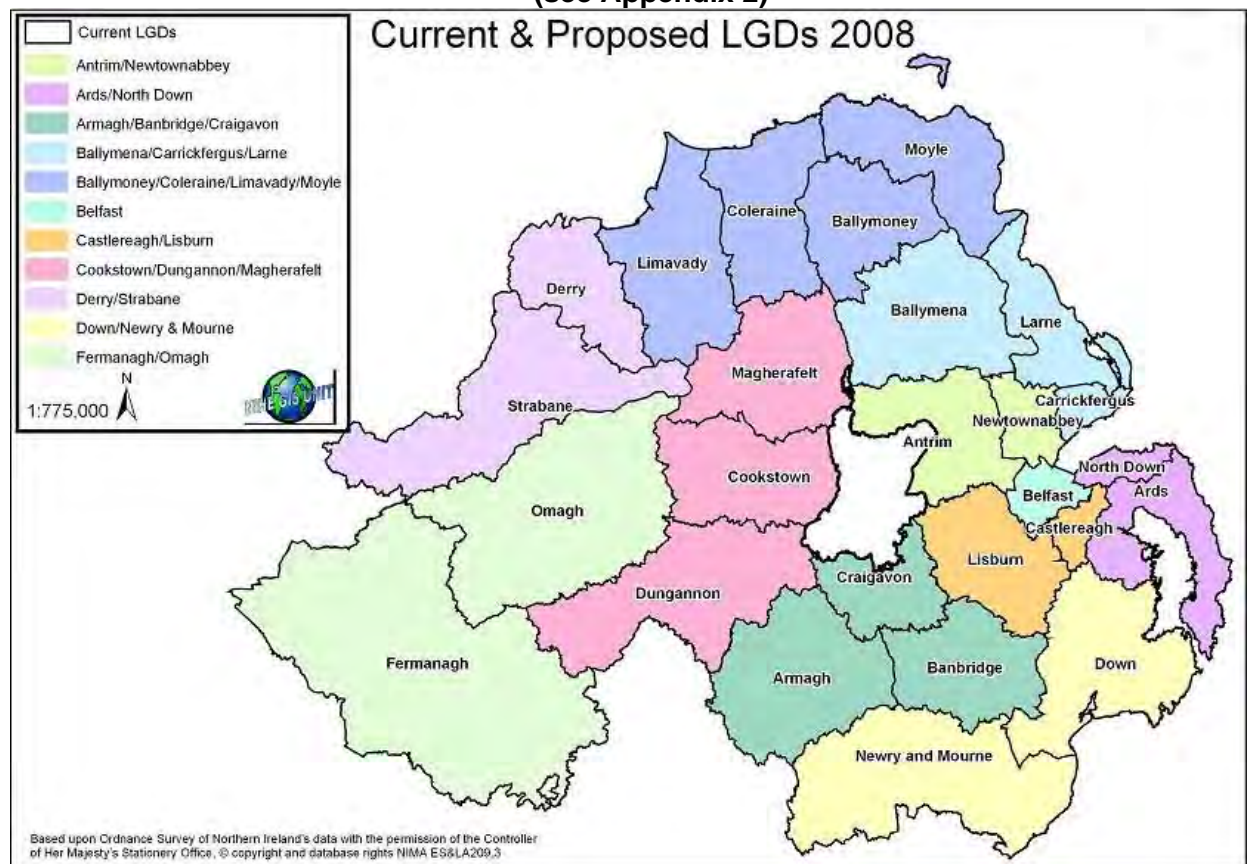
### 1.1 Research objectives

This report is based on research commissioned by the Northern Ireland Housing Executive (subsequently 'the Housing Executive') and undertaken by Professor Chris Paris in collaboration with colleagues from the Housing Executive Research Unit.

The terms of reference specified three objectives for the research:

- To provide an analysis of demographic and policy trends, including best practice from elsewhere, to support informed decision making regarding future housing need assessment for older people (Section 2).
- To collate information on the existing supply of accommodation for elderly people and relate this to the distribution of the elderly population (Section 3).
- To draw up a ten-year projection, from 2006 to 2016, of the future housing needs of older people across a mix of tenures. The projection will be for Northern Ireland and at a more localised level on the basis of the proposed new local government districts (LGDs) shown in Figure 1.1 (Section 4).

**Figure 1.1: Current and proposed LGDs in Northern Ireland (see Appendix 2)**



Source: NIHE

## 1.2 Research methodology

The research methodology was also specified in the terms of reference:

- To draw together and analyse existing data from a variety of sources:
  - Census data and 2006-based NISRA population and household projections
  - the 2006 Northern Ireland House Condition Survey (NICS)
  - Health Board data on residential care provision and data from Supporting People/Strategic Partnerships on sheltered housing for older people
  - waiting list and allocations data from PRAWL and NICORE information from the NIFHA.
- To analyse and describe increases in home ownership among the population currently approaching older age (explored through an analysis of Census and other data).
- To consider the tendency for people to want to remain in their own homes and associated care and support issues (explored primarily through the literature review).
- To review good practice in other parts of the UK e.g. remodelling of shared housing (explored through the literature review).
- To identify the potential impact of planning policies in Northern Ireland on housing provision for an ageing population; this was explored through semi-structured interviews with key stakeholders and gatekeepers, including Housing Executive officials, colleagues in the Department for Social Development (DSD), the Department for Regional Development (DRD), the Department of the Environment (DOE) and the NIFHA.
- To analyse and consider the changing demographic composition of social housing tenants based on data from the 1991 and 2001 censuses, as well as the Housing Executive and NIFHA data where appropriate.

## 1.3 Defining older persons

The ONS definition of 'old age' is the age at which a person becomes entitled to receive state pension benefits. This definition is also used by official statisticians, for example Blake (2009). In the UK, the state pension age is currently 60 for women and 65 for men, but between 2010 and 2018, state pension age (SPA) will change to 65 for both sexes, and over the subsequent two years there will be a further increase, to age 66.<sup>2</sup> Thus most UK analyses relating to 'older' persons concentrate on age cohorts from 65 upwards (National Housing Federation/Housing Corporation,

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<sup>2</sup> In November 2010 the UK coalition government confirmed plans (first announced in October's Spending Review) to raise the state pension age (SPA) to 66 by 2020.

Under a plan (now superseded) put in place by the previous Labour government, women's state pension age was already starting to rise (from April 2010) from 60 to 65 by 2020.

2007; Eastern Health and Social Services Board, 2006). There is, however, no agreed definition of 'older' people, and some organisations, including the EU and Age Concern/Age UK, include persons aged 50 and over in the 'older' age bracket. Similarly, the Office for National Statistics defines older people *households* as those where the household reference person (HRP<sup>3</sup>) is someone aged 50 or over.

Locally, the Northern Ireland Life and Times Survey's 2008 (ARK/QUB, 2009) research into attitudes to older people suggested that perceptions of what constitutes 'older' appear to change with age. Considering a threshold of 50 years as a definition for 'older' that has 'persisted to some extent in the planning and research literature', respondents were asked at what age they think of someone as being an 'older person'. More than two fifths (43%) of respondents aged between 18 and 24 considered the 'older' threshold to be lower than 65, but the proportion was smaller among those aged 35-44 (24%) and lower still among those actually aged 65 or more (19%). Only four per cent of all respondents considered people in their 50s to be 'older'.

The variation among definitions and views of who is 'older' is partly related to an issue that is regularly evidenced by research and acknowledged by policy and strategy, namely that older people, however they are defined, are a diverse and heterogeneous group. The North East Public Health Observatory argued that age, in itself, is '...a very unreliable indicator of state of health or mental or physical capacity of any individual' ([www.nepho.org.uk/topics/Older%20People](http://www.nepho.org.uk/topics/Older%20People)). In a similar vein, in a literature review relating to the attitudes and aspirations of older people, Boaz *et al* (1999: 45) showed that 'older people are a diverse group in all respects'. They also highlighted Midwinter's conclusion that 'many of the concerns and interests of older people are those of society in general and may, in many cases, be more effectively treated as such' (*loc cit*).

Much of the analysis here relates to persons and households over 65, though some of the analysis of population and household projections also considers people in the range 55-64 as they represent the next 'wave' about to enter the 65 and over group.

Other definitional issues are explained in Appendix 3.

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<sup>3</sup> The term Household Reference Person refers to the first person on a census form and the term 'Head of Household' is no longer used (see Appendix 3). This change makes no difference to the number of households by type and little difference to household projection methodologies.

## SECTION 2: DEMOGRAPHIC AND POLICY TRENDS

### 2.1 Introduction

- 2.1.1 The trend towards an ageing population in Europe, the UK and Northern Ireland has been well documented in recent years. Research and official statistics have informed a range of policy and strategy documents on how to meet the challenges presented by the changing population structure. A review has been undertaken of relevant, recent literature as part of this report. The review identified research findings, current and emerging issues, policy developments in Northern Ireland and elsewhere, and models of accommodation and service provision which could inform future approaches in Northern Ireland.
- 2.1.2 This section of the report provides an overview of the main demographic and policy trends relating to the current and future provision of accommodation for older people in Northern Ireland. It reviews overall changes in demography between 1981 and 2001 and examines population and household projections for the period 2006 to 2016. It also provides an overview of the policy-related literature on the housing needs and demands of older adults, and considers policy issues relating to the possible effects of planning policies on future provision.

### 2.2 The overall pattern of demographic change in Northern Ireland

- 2.2.1 Clear directions of change in the demography of Northern Ireland between the 1981 and 2001 censuses were identified in a previous report to the Housing Executive (Paris *et al*, 2004). The overall population grew by about 46,000 (3%) between 1971 and 1981. It increased at a faster rate of nearly 7% between 1991 and 2001, with an additional 107,000 persons, to total 1.7 million. Growth in the number of households was nearly three times faster than population growth between 1991 and 2001 (18.2%), with an additional 96,300 households bringing the total in 2001 to 626,700.
- 2.2.2 Average household size (AHS) fell in Northern Ireland in line with trends elsewhere across Europe, from 3.5 in 1971 to 2.7 in 2001. There was strong growth in the number and proportion of single person households: from 23% in 1991 to 27% in 2001. The number of lone parents with dependent children also grew strongly: from 6% in 1991 to 8% in 2001. The proportion of married couples with dependent children fell from 32% in 1991 to 24% in 2001. Marriage rates fell as the average age of marriage increased by around five years from 1981 to 2001 and there was a huge increase in the incidence of births outside marriage: from just 7% of all births in 1981 to 33% in 2001.
- 2.2.3 The age distribution of Northern Ireland in 2001 remained relatively younger than the UK as a whole, but the gap had been narrowing as the proportion of under-16s fell rapidly towards the UK average. Birth rates overall were falling steadily in Northern Ireland between 1981 and 2001. The total fertility rate went down from 2.6 in 1981 to 1.8 in 2001: *below* the replacement level.

Life expectancy was increasing during the same period, so the age distribution of the population changed considerably, as shown in Table 2.1. The proportion of under-15s fell from around 28% of the population in 1981 to 24% in 2001, whilst the proportion of over 65s increased from 12 to 13%, representing an overall increase of 36,000 persons. Thus there were fewer young people, more in the middle stages of life, and an increasing proportion of older adults. Fertility rates have increased in all UK countries since 2001, primarily among foreign-born women, but this is too recent to affect the overall pattern in Northern Ireland between 2006 and 2016 (see Matheson, 2009).

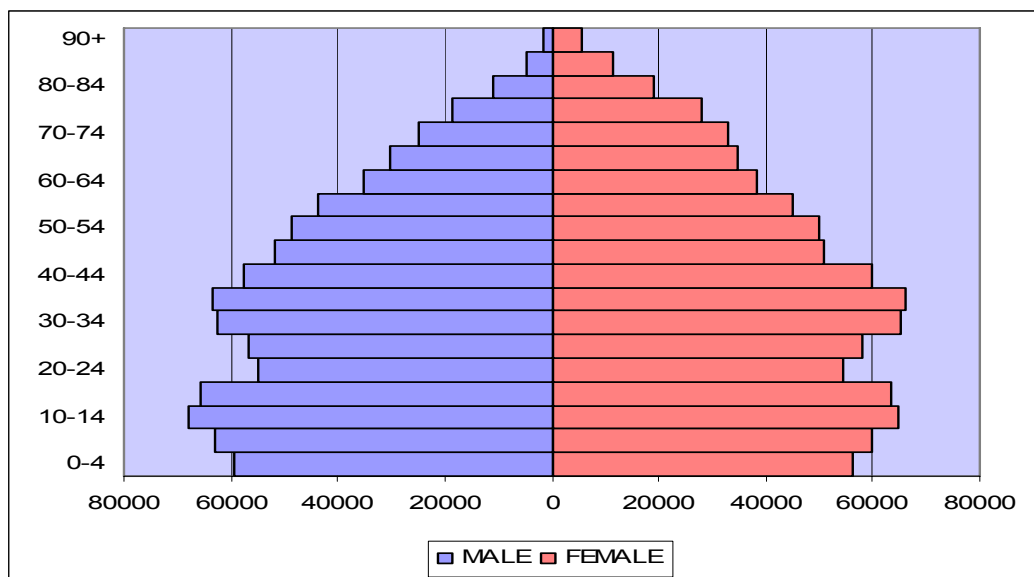
**Table 2.1: Age distribution of the population, Northern Ireland 1981 to 2001**

	1981		1991		2001	
	'000	%	'000	%	'000	%
0-15	413	27.9	410	26.0	398	23.6
16-64	891	60.1	969	61.4	1,064	63.1
65-79	147	9.9	157	9.9	170	10.1
80+	31	2.1	42	2.7	54	3.2

Source: Paris *et al* (2004)

2.2.4 Increased longevity has tended generally to be more widespread among women than men and this is illustrated in Northern Ireland in Figure 1.1 which shows the number of persons in each age group in 2001. Women outnumbered men by a ratio of 1.4:1 among those aged 65 and over, with the ratio increasing from 1.2: 1 among those aged 65-74 to 3.5: 1 for those aged 90 and over.

**Figure 2.1 Persons by age and gender in Northern Ireland, 2001**



Source: NISRA Census 2001

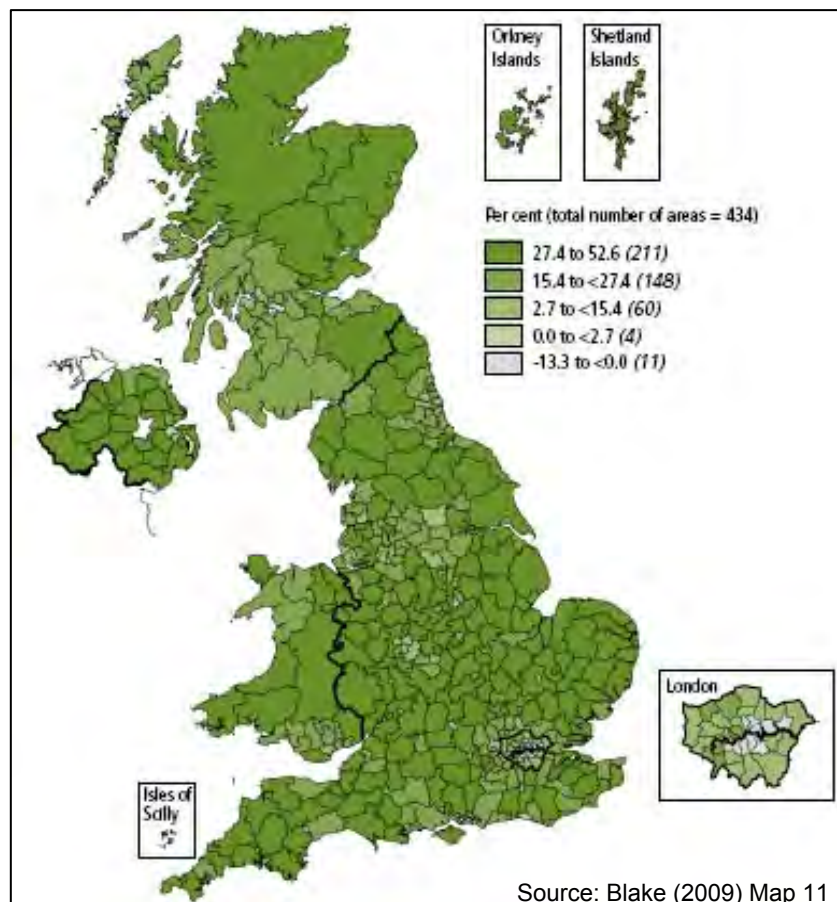
2.2.5 These trends suggested that there was likely to be continuing overall ageing of the population in Northern Ireland, in line with developments across the UK and much of the EU. The European Social Observatory has recently shown that demographic changes are having major impacts across the EU, which already had the oldest population distribution in the world (Czische

and Pittini, 2008). Demographic changes 'are creating a new society, and these changes are set to speed up from 2010 onwards: ever fewer young people and young adults, ever older workers, pensioners and very elderly people' (Czische and Pittini, 2008:1).

## 2.3 Projected demographic change 2006-2016

2.3.1 The likelihood that demographic trends in Northern Ireland will continue to converge with UK and EU averages was confirmed in Blake's (2009) analysis of sub-national population estimates and trends using 2006-based population projections from the Office of National Statistics (ONS). She showed that Northern Ireland had the youngest median age (33.0) of any UK region in 1997, though it had increased to 36.3 by 2007 and was expected to rise to 38.0 by 2017. Although that projected figure would remain below the UK average (40.0 years), lower than all regions except London, the projected growth implied a significant change in population structure over a relatively short period. Northern Ireland had experienced the largest increase in the number of people aged 65 and over (12%) between 1997 and 2007 of all four UK countries (Blake, 2009). Between 2007 and 2017, moreover, the number of people aged 65 and over in Northern Ireland was projected to rise by 27%, again representing the largest projected change in all four UK countries.

**Figure 2.2: Projected percentage change in population aged 85 and over in UK local authorities 2007-2017**





2.3.2 Northern Ireland is also moving nearer to the UK average in terms of the oldest age group. Blake examined the distribution of over-85s across all UK local authorities in 2007, showing that 10 of the 22 local authorities with the *lowest* proportions were in Northern Ireland. Between 2007 and 2017, however, growth in the number of over-85s in Northern Ireland is projected to be the *highest* in the UK. Half of the 10 UK local authorities with the highest projected growth in over-85s are in Northern Ireland (Carrickfergus, Newry & Mourne, Limavady, Strabane and Cookstown; all in different proposed new LGDs). Blake identified the current Coleraine council area as a prime example of areas with rapidly ageing populations, partly due to the combined effects of in-migration by retired people and outward migration of younger people.

### NISRA 2006-based population projections

2.3.3 This report uses NISRA 2006-based population and household projections to consider demographic trends to 2016. These projections do not represent what *will* happen, but what is *most likely* to happen on the basis of evidence, trends and clearly specified assumptions (NISRA, 2007). The strongest element of population projections is the likelihood that most of the people who will be in a population in ten years time are already there, but ten years younger. These projections incorporate demographic developments since the 2001 census, including significant in-migration from other EU countries. These are the best available projections but as always may be changed in future if aspects of the methodology should change or in the light of changing variables and assumptions relating to fertility, mortality or migration.

2.3.4 The 2006-based NISRA population and household projections indicate that there will be an overall increase of around 121,000 people (7%) in Northern Ireland by 2016, with the lowest proportional increase in under 55s (see Table 2.2). This rate of increase would be very similar to that recorded between the censuses of 1991 and 2001. Nearly all of the net additional population will be in older age groups, resulting in a considerably older population overall.

**Table 2.2: 2006-based population projections for Northern Ireland, 2006 to 2016**

Age Group	2006	2016	2006	2016	Change 2006-2016	
	'000	'000	% of population	% of population	'000	%
<55	1,318.3	1,355.1	75.7	72.6	36.8	2.8
55-64	183.9	210.1	10.6	11.2	26.2	14.2
65-74	129.6	164.9	7.4	8.8	35.3	27.3
75-85	83.5	93.1	4.8	5.3	9.6	11.5
85+	26.3	39.6	1.5	2.1	13.3	50.6
<b>TOTAL</b>	<b>1,741.6</b>	<b>1,862.8</b>	<b>100.0</b>	<b>100.0</b>	<b>121.2</b>	<b>7.3</b>

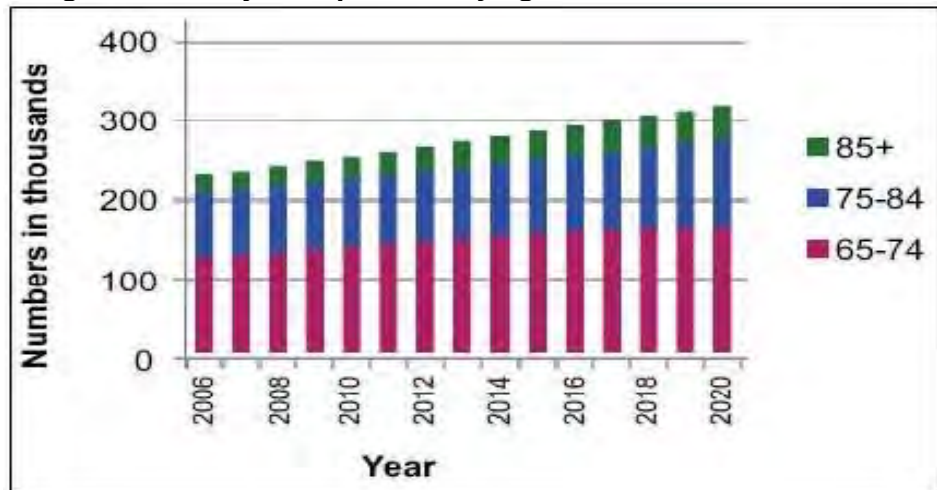
Source: NISRA 2006-based population projections

2.3.5 Whereas 76% of the population was aged under 55 in 2006, only 30% of the projected net population growth will be under-55s, which will amount to just 3% of overall growth. In contrast, less than 11% of the population was aged 55-64 in 2006 but this age group will have 22% of net population increase to

2016. Persons aged 65 and over made up just 14% of the population in 2006 but this group will have 48% of net population growth. Thus the over-55s are projected to increase at *much* higher rates than the overall average, especially those aged 65-74 (27%) and the over 85s (51%).

2.3.6 The changing age distribution of over-65s is illustrated in Figure 2.3, based on a recent report by McGill (2010) for the Centre for Ageing Research and Development in Ireland (CARDI), which also used NISRA 2006-based population projections.

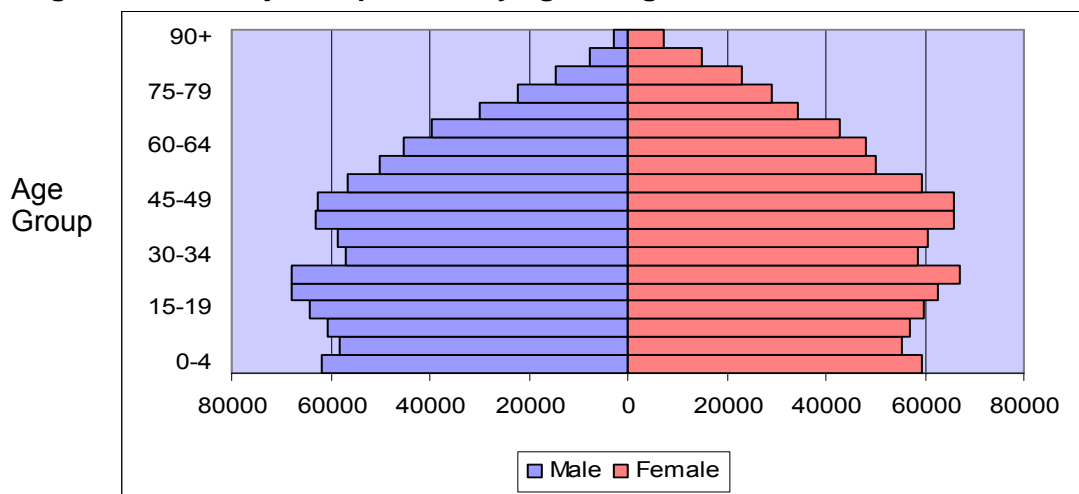
**Figure 2.3: Projected persons by age in Northern Ireland, 2016**



Source: McGill, 2010, figure 2.1

2.3.7 In line with previous trends, the projected gender and age distribution for 2016 suggests that there will be significant differences in longevity (see Figure 2.4). Stark gender differences in 2001, however, are likely to diminish as longevity is projected to grow relatively faster among males than among females. Women are projected to outnumber men by a ratio of 1.2:1 among all of those aged 65 and over, rising from 1.1: 1 among those aged 65-74 up to 2.3: 1 among those aged 90 and over.

**Figure 2.4 Projected persons by age and gender in Northern Ireland, 2016**



Source: NISRA 2006-based population projections

## NISRA 2006-based household projections<sup>4</sup>

- 2.3.8 The NISRA household projections provide numbers of households by type and size of household, but not age of household members or reference persons (NISRA, 2008a). The methodology applies age-sex specific household membership probabilities to the projected population with an adjustment for the estimated population of communal establishments (NISRA, 2008b).
- 2.3.9 Table 2.3, based on the NISRA household projections, shows that trends established between 1981 and 2001 are expected to continue, with growing numbers and proportions of small households: single persons representing nearly 30%, and two adults without children 28%, of all households. In contrast, the number of households comprising a lone adult and children is expected to remain stable, thus representing a falling proportion of all households. The number and proportion of other households with dependent children – mainly married or co-habiting couples and their children – are projected to fall slightly. Overall, therefore, households *with* dependent children are projected to total only 31% of all households in 2016. Inevitably, therefore, AHS is expected to continue to fall to around 2.4 in 2016.
- 2.3.10 The NISRA household projections indicate that there will be a very different demographic profile from as recently as 1981, when single person households only comprised 19% of all households and average household size was 3.2. The projected AHS of 2.4 for 2016, especially, implies that an additional 100 dwellings would be required for every 1,000 of the population compared to 1981, simply on the basis of the changed pattern of household formation and distribution of household types.

**Table 2.3: 2006-based household projections for Northern Ireland, 2006 to 2016**

<b>Household type</b>	<b>2006</b>	<b>2016</b>	<b>2006</b>	<b>2016</b>	<b>Change 2006-2016</b>	
	<b>'000</b>	<b>'000</b>	<b>% of all households</b>	<b>% of all households</b>	<b>'000</b>	<b>%</b>
Single person	199.0	249.1	29.6	32.7	+50.1	+25.2
Two adults no children	175.3	214.3	26.1	28.1	+39.0	+22.2
Other no children	76.9	78.9	11.4	10.4	+2.0	+2.6
Lone adult with children	43.2	43.1	6.4	5.7	-0.1	-2.3
Other with children	178.1	176.6	26.5	23.2	-1.5	-0.8
<b>TOTAL</b>	<b>672.6</b>	<b>762.0</b>	<b>100.0</b>	<b>100.0</b>	<b>89.4</b>	<b>13.3</b>
<b>Household size</b>	<b>'000</b>		<b>% of all households</b>		<b>'000</b>	<b>%</b>
1 person	199.0	249.1	29.6	32.7	+50.1	+25.2
2 persons	195.4	234.5	29.1	30.8	+39.1	+20.0
3 persons	107.0	110.7	15.9	14.5	+3.7	+3.5
4+ persons	171.2	167.7	25.4	22.0	-3.5	-2.0
<b>TOTAL</b>	<b>672.6</b>	<b>762.0</b>	<b>100.0</b>	<b>100.0</b>	<b>+89.4</b>	<b>+13.3</b>
	<b>Number</b>					
Average household size	2.55	2.41				

Source: NISRA 2006-based household projections 2006 to 2031

<sup>4</sup> See Appendix 3 for definitions of households and household types.

2.3.11 The projected rate of increase in households (13%) is significantly below the rate between 1991 and 2001 (18%). Most household growth is expected to be in single person (50,000) and two adult households without children (22,000). The population projections in Table 2.2 showed most increase among over-55s (70%); therefore, these household projections suggest that the net increase in single and couple households will be much higher among *older* rather than younger households.

### Geographical variations

2.3.12 There are many variations in the geography of demographic change in Northern Ireland, and how this is projected to change up to 2016 (Table 2.4). Our focus is on changes in persons aged 55 and over as this is the group which includes current older persons plus the next cohort coming into older age.

2.3.13 On the basis of the proposed LGDs, the biggest contrast both at 2006 and by 2016 is between Belfast and all other LGDs. Belfast had the largest number of persons aged over 55 in 2006, though with 25% of its population aged 55 and over it was near the mid-point of the overall range of 21-29%. Despite having the largest number of over-55s in 2006, Belfast is expected to have by far the lowest growth in the number of persons aged over 55 (2,000), with Antrim & Newtownabbey the next lowest (6,500). The largest projected absolute increase is in Armagh City & Bann (12,000) with all other LGDs apart from Belfast in the range 8,000-10,000. Thus most of the next wave of people entering older age will be *outside* Belfast, spread across all other LGDs both in suburban areas of the Belfast metropolitan region and more rural councils.

**Table 2.4: Persons over 55 by proposed LGDs 2006 and 2016**

<b>Local Government District</b>	<b>2006</b>		<b>2016</b>		<b>Change 2006-2016</b>	
	<b>'000</b>	<b>% of all persons</b>	<b>'000</b>	<b>% of all persons</b>	<b>'000</b>	<b>%</b>
Derry & Strabane	30.7	20.9	39.2	25.3	8.5	27.7
Mid Ulster	28.0	21.7	35.6	22.8	7.6	27.1
Newry City & Down	36.4	22.4	46.5	24.8	10.1	27.7
Armagh City & Bann	44.2	23.4	56.2	25.5	12.0	26.9
Fermanagh & Omagh	26.2	23.5	33.7	27.2	7.5	28.6
Antrim & Newtownabbey	32.8	24.7	39.3	27.7	6.5	19.8
Lisburn City & Castlereagh	44.3	24.7	53.7	29.3	9.4	21.2
Belfast	66.1	24.8	68.1	26.5	2.0	3.0
Causeway Coast	34.3	25.2	42.5	30.5	8.2	24.2
Mid Antrim	35.3	26.6	43.8	31.1	8.5	24.1
Ards & North Down	44.9	29.0	54.5	33.7	9.6	20.9
<b>TOTAL</b>	<b>423.2</b>	<b>24.3</b>	<b>513.2</b>	<b>27.4</b>	<b>89.9</b>	<b>21.2</b>

Source: NISRA 2006-based population projections 2006 to 2031

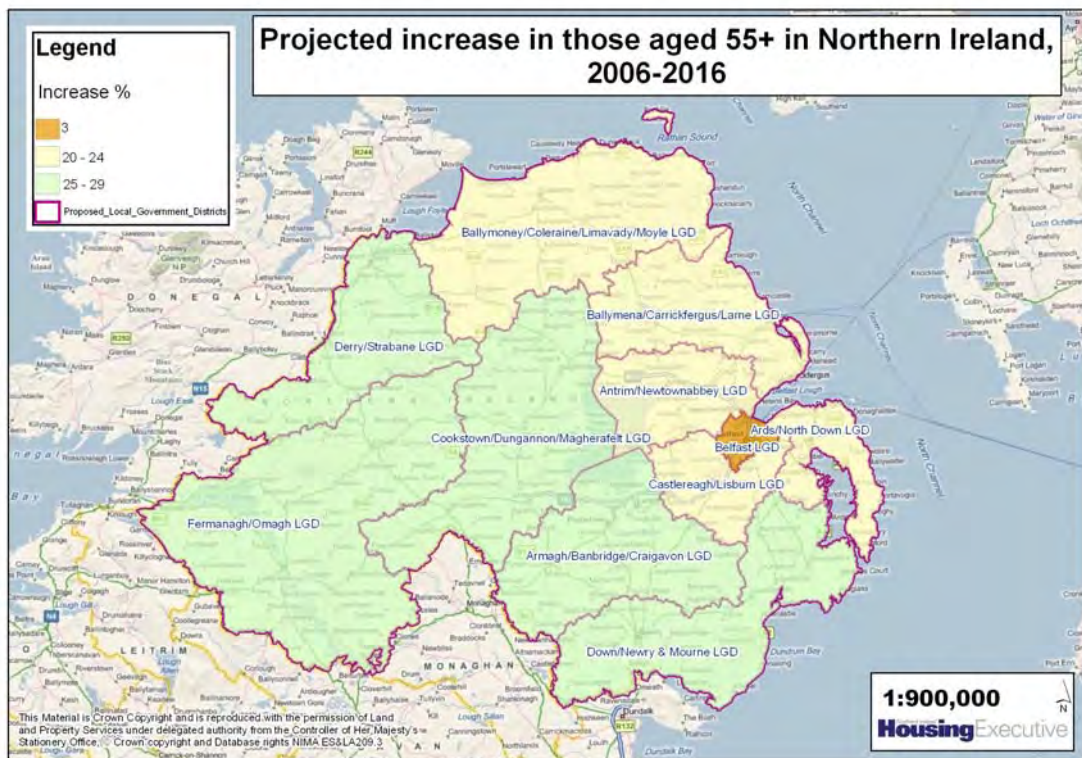
Note: columns and totals may not sum due to rounding

2.3.14 Belfast stands out even more starkly as having the lowest proportional increase in over-55s by 2016: around 3% compared to all other proposed LGDs which have projected increases of 20-28%. This anomaly can be at least partly explained by the fact that Belfast is the only proposed new RPA

council area that is expected to experience a *decrease* (of around 10,000 people/-4%) in total population between 2006 and 2016. The most significant overall population growth has been projected to take place in the proposed Mid Ulster (+25,960; 20%), Armagh City & Bann (+31,330; 17%) and Newry City & Down (+26,310/16%) council areas.

2.3.15 In terms of the over-55 population, there is a small north-east to south-west contrast across other LGDs as illustrated in Figure 2.5. The Fermanagh & Omagh LGD is projected to have the largest increase, around 29%, with the lowest increase of around 20% projected in Antrim & Newtownabbey.

**Figure 2.5: Projected increase in those aged 55+ in N Ireland, 2006-2016**



Source: NISRA 2006-based population projections 2006 to 2031

## 2.4 Issues and arguments from the wider policy-related literature

### Housing arrangements and preferences

- 2.4.1 The literature on housing and ageing identifies complex inter-relationships between many factors influencing older people's living arrangements. With reference to older people, Bevan (2009b: 237) suggested that 'housing is only one part of the jigsaw of people's lives, but it is crucially linked with a range of practical issues such as access to services and facilities and healthcare, as well as a broader sense of well-being'.
- 2.4.2 Research in the UK and Ireland has shown that the vast majority of older people live in mainstream housing (Scottish Executive, 2006; Bevan, 2009b),

and, of these, the largest proportion are owner-occupiers (Cullen *et al*, 2007; Northern Ireland Census 2001; Northern Ireland House Condition Survey, 2006). Furthermore, there is a strong consensus from research and consultation that most older people wish to remain living independently in their own home for the rest of their lives, or as long as possible. Boaz *et al* (1999) identified a consistent commitment amongst older people to stay in their own home, and the Department of Health (2009) National Dementia Strategy reported this preference to be the case both for older people generally and people with dementia specifically.

- 2.4.3 Locally, research carried out among older people living in rural areas identified ‘...an overwhelming desire to stay independent rather than have to ask for or seek assistance’ (Housing Executive and Rural Community Network/NIHE, 2007: 29). One respondent commented that ‘What I want is to be boxed out of here...I never want to leave (op cit: 32). Focus groups held by the Southern Health and Social Care Trust (2008: 19) as part of its review of statutory residential care found similar views. Older people who participated ‘were happy with their current home and anticipated remaining where they were as they continued to age’. The Northern Ireland Department of Health’s twenty-year vision for health and wellbeing also reported that ‘research has consistently shown that around 80 per cent of older people would prefer to remain independently in their own homes.’ (DHSSPS, 2004: 68). The evidence from Northern Ireland confirms the conclusion of the Scottish Executive (2006: 19), that all researchers were agreed ‘that older people are keen to live in their own homes and maintain independence for as long as possible’.
- 2.4.4 Given the strong preference among older people to remain in their own homes, Bevan (2009b) noted criticism of the extent to which previous UK policies had equated the housing requirements of older people with specialised, age-specific accommodation. Recent strategies to address older people’s needs, by way of contrast, have been predicated on the assumption that the majority of older people wish to remain in their own homes.
- 2.4.5 However, Boaz *et al* pointed out that as people get older their housing situation often becomes inextricably linked to their health and care. The inter-dependence between older people’s physical and mental health and their housing circumstances is emphasised by frequent references to housing issues in strategies at all levels from UK-wide to Northern Ireland Health Trusts. Gradual or sudden deterioration in health can necessitate a change in accommodation arrangements. The Scottish Executive (2006) gathered evidence from many previous studies showing that health-related issues and the disabling effects of ageing were the *overriding* reasons for older people to move. Crucially, in this context, the evidence gathered by Boaz *et al* (1999) found that older people sought to deal with changes in health status and mobility in ways that did not compromise their independence.

## Independence and control

- 2.4.6 Independence is a key theme across the literature on older people's preferences in relation to their living arrangements. The Southern Health and Social Care Trust (2006) identified a number of issues that were particularly important to older people and their carers. Most were related to the desire to remain independent and the benefits associated with remaining independent: living independently; having control over their lives; living in their own home near family and friends; receiving help and support to meet their needs to help them to maintain independent living; and, of great importance for many participants, not having to move into institutional care. Boaz *et al* (1999) had described similar attitudes in a previous survey: older people would prefer to live at home with assistance, and, failing that, would prefer to live in sheltered accommodation rather than a nursing home.
- 2.4.7 The Housing Our Ageing Population Panel for Innovation (HAPPI) (2009) identified related themes showing that older people and those approaching older age were keen to maintain their chosen lifestyle and maintain a feeling of control over their destiny. While the theme of independence was closely related to remaining in the family home or current accommodation, the two concepts are not necessarily identical. The HAPPI analysis pointed out that:
- UK housing provision widely assumes that as we age we will wish to stay put in family homes acquired over a lifetime – often houses with gardens – even though the priorities that led us to choose these homes no longer apply. As a result, there is little choice for those who do wish to move. This reinforces the notion that moving is always a last resort. (However) ... case studies show that a housing 'offer' tuned to the priorities of older age can have real appeal, tempting 'empty nesters' and those prepared to plan for future care needs, to trade in homes that have often become a burden, for something new.* (HAPPI, 2009: 1)
- 2.4.8 In his examination of planning and design issues in England, Bevan (2009b) asked how much the desire to remain in current homes is due to the lack of attractive options available within a reasonable distance. He framed this issue in relation to rural areas, so it has much relevance in Northern Ireland where dispersed settlement patterns are common. His argument was consistent with a survey by the Southern Health and Social Care Trust (2008: 6) which reported a consensus among participants that 'the current range of housing options and community supports available within the Southern Trust area are not sufficient or appropriate to meet the expected increase in the numbers of older people. People felt that they needed a greater choice'. Opinions expressed during the Southern Trust's consultation pointed towards a need for more information on the options available, and for a choice of tenure options. Other issues were also highlighted: many participants expressed reluctance to give up their home ownership status; and, if faced with having to move, most people did not want to have to move far away from what was familiar to them.
- 2.4.9 The dilemmas faced by older people in making decisions about their current and future housing arrangements help to explain 'the large proportion of people aged 65 years and over who currently reside in substandard or

unsuitable accommodation' (Cullen *et al*, 2007: 16). Many older people are unwilling to leave familiar surroundings, are unaware of other options and/or unsure of the impact of a change in circumstances on future financial arrangements, thus they stay where they are.

2.4.10 The 2008 Northern Ireland Life and Times Survey asked respondents what they considered to be the main problems facing older people in Northern Ireland at that time (ARK/QUB, 2009). Table 2.5 shows the five main problems identified by all respondents, by 'younger old' respondents, and by those aged 65 and over. The fear of crime rated very highly among all groups, as did keeping warm in winter. A notable omission from this list was concern about *housing*. The fact that accessibility to housing was *not* seen as a major issue of concern may be partly because 'the majority of older people stay in general needs housing and may move within this to a property that more closely suits their needs'(Scottish Executive, 2006: 2). The factors listed in Table 2.5 have housing-related dimensions, but only 12% of persons aged 65 and over considered access to suitable housing to be a problem for older people. Whether by choice or due to lack of alternatives, therefore, most older people's housing needs are satisfied in their present homes, whether in the owner occupied sector, where access is open to those with adequate resources, or in various forms of secure social housing.

**Table 2.5: Main problems facing older people in Northern Ireland**

	All respondents	'Young old': 55-64	'Older' 65+
	% citing issues as a problem facing older people		
Fear of crime	66	73	69
Keeping warm in winter	63	68	70
Loneliness	56	63	54
Making ends meet	57	62	55
Isolation	38	43	30

Source: ARK/QUB 2009

2.4.11 A review of the literature from various sources points towards an amalgamation of 'pull' and 'push' factors that influence older people's housing choices (Boaz *et al*, 1999; Cullen *et al*, 2007; CLG *et al*, 2008; HAPPI, 2009; Oldman, 2006; Scottish Executive, 2006; Southern Health and Social Care Trust, 2008); see Figure 2.6. There is evidence of commonality between the five issues identified by all age groups as being problematic for older people in Northern Ireland (Table 2.5), and the push factors that can necessitate a move from current accommodation (Figure 2.6).

2.4.12 The findings of the Northern Ireland Life and Times Survey, and the 'push' and 'pull' factors that have been identified as impacting on older people's decision-making about their housing arrangements echo themes in the literature: income and poverty; health; neighbourhood, location and isolation; and safety and security. These are similar to factors identified by the Audit Commission (2010) as reducing the quality of life in later years: financial hardship; health and mobility problems; lack of trusting relationships with family and friends; and low opinions of the neighbourhood.

2.4.13 Another cross-cutting theme may be that older people have a range of aspirations, albeit influenced by these four broad issues, and that



expectations around service delivery and standards of living have risen and are likely to continue to rise among successive cohorts of older people (Eastern Health and Social Services Board, 2006; Appleton, 2008; Southern Health and Social Care Trust, 2008.)

**Figure 2.6: Pull and push factors facing older people in their current housing**

HOME ←	<p><b>Positive ‘pull’ factors to remain in current accommodation</b></p> <ul style="list-style-type: none"> <li>• control and independence</li> <li>• emotional and practical ties to home and community</li> <li>• proximity of family</li> <li>• space requirements</li> <li>• like neighbourhood and do not want to leave</li> <li>• retention of ownership and value of asset</li> </ul>
HOME ⇐	<p><b>Negative ‘pull’ factors to remain in current accommodation</b></p> <ul style="list-style-type: none"> <li>• lack of information about alternatives</li> <li>• lack of realistic/local alternatives</li> <li>• fear of upheaval and change</li> <li>• reluctant to lose home and/or savings by going into rented housing</li> <li>• fear of the cost of any other type of care</li> </ul>
HOME →	<p><b>‘Push’ factors necessitating a move</b></p> <ul style="list-style-type: none"> <li>• living in substandard/unsuitable accommodation and unable to access grant funding for adaptations/repairs</li> <li>• loneliness/isolation</li> <li>• security, including concern about security</li> <li>• physical impairments/ill health</li> <li>• burden of repair, maintenance, garden upkeep etc</li> <li>• need to be nearer facilities and amenities</li> <li>• fuel poverty &amp;/or making ends meet in current home</li> </ul>

### Income, poverty and wealth

2.4.14 The English inter-departmental strategy for Housing in an Ageing Society (CLG/Department of Health/Department for Work and Pensions, 2008) noted that although there is increasing affluence among older people, there is also more wealth polarisation. This trend was also highlighted by the Scottish Executive (2006), which pointed out that financial considerations play a major role in older people’s decision-making about their housing. Perhaps because older people living on low incomes present a more pressing policy challenge than those who are affluent, the literature tends to concentrate on the issues faced by those experiencing poverty. The picture that emerges from research findings and official statistics is a mixed one, again reflecting the wide disparities in older people’s circumstances. Research in Sweden, Germany, the UK, Hungary and Latvia suggested that the economic situation of older people had generally deteriorated between 2002 and 2004. Of the five countries surveyed, the deterioration was found to be worst in Latvia, Hungary and the UK (Czischke and Pittini, 2008.)

- 2.4.15 In the UK, the Department for Work and Pensions (DWP, (2009a) suggested that while pensioners' incomes were lower than the average for the population as a whole, they grew faster than average earnings between 1998/99 and 2007/08. Indicators on households living below average income suggested that in 2007/08: single pensioners living alone had a higher risk of low income than all other groups; the older the age of pensioners, the greater the likelihood of low income; and most pensioners in low-income households were outright home owners (Department for Work and Pensions, 2009b).
- 2.4.16 In February 2009, about one third of those aged 60 or over in Northern Ireland received pension credit, guaranteeing a minimum income for pensioners, including some who have savings or a second pension. The Northern Ireland figure was the highest rate of all UK regions by some margin, but may be partly the result of a strong campaign to encourage uptake of benefit entitlements (McCormick *et al*, 2009).
- 2.4.17 Data from the DWP (2009a) show the proportion of different types of pensioner units who had income *in addition to* state benefits in the UK and NI during 2006/07 (the most recent year for which comparative statistics are available). While the majority of pensioner households had sources of income other than the state pension and other benefits, those in Northern Ireland were less likely to have other income sources than in the UK as a whole, and single pensioners were least likely to have an additional income source. The higher instance of additional income among recently retired pensioners is likely to reflect earned income.

**Table 2.6: Sources of income 2006/07**

	State benefits	Occupational pensions	Earnings	Investment income	Personal pensions/other
	% of average gross pensioner income				
UK (all pensioners)	44	25	17	10	3
NI (all pensioners)	55	20	14	7	4
NI pensioner couples, recently retired	54	17	18	6	6
NI pensioner couples, head <75	42	24	22	7	6
NI pensioner couples, head 75 and over	64	21	1	8	6
NI single pensioners, recently retired	57	15	24	2	2
NI single pensioners <75	66	14	13	3	3
NI single pensioners 75+	67	15	7	9	3

Source: Pensioners Income Series 2007/08; DSD Pensioners Income Series 2006/07  
[www.dsdni.gov.uk/section\\_2-12.doc](http://www.dsdni.gov.uk/section_2-12.doc)

- 2.4.18 Table 2.6 shows the proportionate breakdown of average pensioner income according to source across the UK by comparison with various types of pensioner household in Northern Ireland in 2006/07. The figures indicate that state benefits tended to account for a larger proportion of pensioners'

income in Northern Ireland than in the UK as a whole. Within Northern Ireland single pensioners and those aged 75 and over were most reliant on state benefits. Occupational pensions accounted for a smaller proportion of income across all pensioner household types in NI than the UK average. Pensioner couples headed by someone under the age of 75 had the most income from occupational pensions. Earnings accounted for a significant proportion of income among all pensioner groups, with the exception of those headed by or consisting of someone aged 75 or over.

- 2.4.19 The DWP (2009a) data on incomes also indicated that there has been a gradual upward trend in pensioners' weekly incomes both across the UK as a whole and in Northern Ireland. Although pensioners' gross weekly incomes appear to be significantly higher in the UK as a whole, housing costs incurred by pensioners in Northern Ireland appear to be slightly lower. The result is a narrower gap between pensioners' net incomes in the UK and Northern Ireland after housing costs are taken into account. The gross weekly income of single pensioner households in Northern Ireland – and consequently also their net income – appears to have reached a plateau in recent years.
- 2.4.20 While average figures disguise the extent of variation in pensioners' incomes, there were signs of slow but steady increases in older people's incomes in Northern Ireland. However, the cost of living – and particularly the price of fuel – has also increased in recent years. In their study of the financial circumstances of older people in Northern Ireland, Evason *et al* (2004: 9) found 'good grounds for concluding that the problem of poverty amongst pensioners in Northern Ireland is an extensive one', along with cause for concern that 'the extent of this problem is not adequately captured in the methodologies conventionally used'. Evason *et al* (2009) revisited the topic through an analysis that discounted Attendance Allowance and Disability Living Allowance from income calculations. On the basis of this work, they argued that the current official methodology did not fully capture the true volume of poverty amongst all groups in Northern Ireland – especially pensioners – and that it had negative implications for persons with a disability – who also were likely to be older people. Moreover, McCormick *et al* (2009) suggested that one in five pensioners in Northern Ireland (21%) lived in poverty in 2004/05, with the rate varying between 12 per cent in the Belfast Metropolitan Area and 33 per cent in rural areas.
- 2.4.21 With owner occupation becoming more widespread among older people, the issue of being 'asset rich and income poor' is a common theme in the literature. Evason *et al* (2004a), Harding (2008) and the Southern Health and Social Care Trust (2008) are among those who have drawn attention to the issue, and the Scottish Executive (2006) highlighted two key areas where poverty interacts with housing for older people: fuel poverty and home maintenance.
- 2.4.22 Boaz *et al* (1999) CLG/Department of Health etc (2008), Oldman (2006), Rural Community Network/NIHE (2007), Eastern Health and Social Services Board (2006) and Cullen *et al* (2007) all highlight the difficulties that older people can face in heating their homes, as well as carrying out or arranging

– and paying for – maintenance to ensure that their homes are kept in good repair, and to deal with cold and damp.

2.4.23 There is a strong consensus that housing conditions have a significant impact on the lives and health of inhabitants:

*...poor housing contributes to depression, anxiety and stress and older people are most susceptible as they are more likely than other age groups to spend long periods of time at home'.  
(Allen, 2008: 58)*

*...poor housing combined with poor health is cited as a key reason for people moving to care homes prematurely.  
(CLG et al, 2008: 122)*

2.4.24 The 2006 Northern Ireland House Condition Survey (NIHCS) showed that of the 10,100 occupied properties found to be unfit, around two thirds (68%) were households with reference persons aged 60 or over. It also showed that more than two fifths (42%) of unfit properties were occupied by households with reference persons aged at least 75. A total of 57% of unfit properties were home to 'older' households – either 'lone older' (40%) or 'two older' (17%).

2.4.25 Researchers also have noted (a) limited awareness among older people about the assistance available (either in the form of one-off grants or ad-hoc support through 'care and repair' schemes), and (b) barriers presented by means-testing. The Southern Health and Social Care Trust suggested that there is tension because limited resources result in strategy and policy that target the greatest need, thus little or no assistance may be available for capital-rich but income-poor households that own their own homes. The DSD fuel poverty strategy for Northern Ireland is a good example.

*We fully support the right of older people to live independently in their own homes for as long as they choose. ...However, a difficult choice has had to be made in relation to the Warm Homes Scheme and any other similar schemes funded by DSD. We have limited resources to allocate and must ensure that they are used to provide the best possible support for the maximum number of people.  
(DSD, 2004: 24)*

2.4.26 The provision of 'care and repair' services in Northern Ireland is the subject of another study in this suite of Housing Executive research, as is equity release, which – particularly during the recent property boom – has been viewed as a potential solution for asset-rich, cash-poor households living in owner-occupied accommodation requiring repair or improvement (Harding, 2008; CLG et al 2008). Harding (2008) underlined the need for high-quality, reliable equity release schemes that would build consumer confidence in the product, while Oldman (2006) drew attention to factors that might discourage uptake of equity release for property repair: difficulty obtaining relatively small amounts of capital through mortgage-based schemes; reluctance to

take out a loan against the value of the home once the initial mortgage has been paid off; and preference to pass on the value of the home to children.

2.4.27 On behalf of the Housing Executive, Boyle (2010) undertook an initial scoping study which sought to refine the definition and understanding of equity release, explore the range of products available in Northern Ireland, elicit the views of stakeholders and assess the level of interest in equity release products among financial providers. The study found that:

- A cohort of older owner-occupiers in Northern Ireland live on low incomes in properties that have some level of disrepair; the size of this group is likely to increase.
- While there has been a fast-developing market of equity release products in Britain, not all are available in Northern Ireland; more than a dozen lenders were offering a range of equity release products in the region at the time of the research.
- Having assessed the market, the commercial/retail banks cited reasons including possible limited demand, concerns over cost, profitability and value-for-money to the customer, and negative perceptions of equity release (with associated reputational risk) for choosing not to develop equity release products in Northern Ireland.
- Stakeholders saw scope for the voluntary and statutory sectors to provide advice and sign-posting on equity release, and perhaps to develop tailored, not-for-profit products specifically to fund housing repairs.
- A number of issues that might influence the demand for, and uptake of, equity release products in Northern Ireland (by comparison with GB) were identified. They included the local culture with regard to inheritance expectations, the relatively large rural population and associated attachment to land and property, lower average and disposable incomes, and traditionally lower property values.
- There is scope for further, more detailed research on the subject of equity release in the region, possibly following the development of Age NI's proposed product for Northern Ireland.

2.4.28 The research literature frequently draws attention to the benefits of relatively low-cost measures which can alleviate some of the difficulties faced by older people, make their surroundings more comfortable and manageable, and enable them to remain in their own homes. This type of preventative approach has been emphasised by an Audit Commission (2010) report on how local authorities might approach the dual challenges of an ageing population and reduced public spending; it stated unambiguously (p122) that 'decent homes mitigate social care costs'. The report also acknowledged that the argument for 'primary' intervention, involving low levels of investment and relatively low level 'need', is often weakened by difficulties making a clear financial case, but drew on evidence from England which suggested that spending on prevention *can* be linked to savings in health care.

2.4.29 While there is evidence that significant numbers of older people in Northern

Ireland have relatively low incomes, and that poverty, especially fuel poverty, is a problem for many, others have a *considerable* asset in their homes, along with a reasonable income and/or a reserve of savings. Some remain in their current/family home, while others make the choice to move to a more convenient and/or manageable property.

- 2.4.30 The CLG *et al* (2008) suggested that while some older owner-occupiers would be happy to sell up and move to renting their home, many would prefer to remain full or part-owners. Although the private sector provides the majority of solutions in such situations, the CLG *et al* (2008: 140) advocated a growing role for housing associations in providing 'creative options to buy or part-own housing'.
- 2.4.31 Cullen *et al* (2007) and the CLG *et al* (2008) both argued that in terms of specialised accommodation for older people, sheltered models provided by the public sector and non-government organisations tended to predominate in both Ireland and the UK. Private markets are beginning to emerge, however, following well-developed trends in the United States and Australia, where better-off older people pay market rates for the housing and services they receive in retirement and continuing care communities (Boyle, 2008).
- 2.4.32 Boyle (2008) looked at retirement villages in Britain and Ireland, and the potential for their development in Northern Ireland. The research included two surveys, which indicated variable awareness of retirement villages as a general concept, but suggested that respondents were generally supportive of the model as an option for older people
- 2.4.33 The Southern Health and Social Care Trust (2008) consultation found that relatively few participants were aware of retirement villages. Most liked the idea of having their own home with access to care, support, amenities and leisure services, but the majority were uncomfortable with the thought of leaving their local community and/or immediate family and friends. A question also arises in relation to affordability; the Scottish Executive (2006) concluded that 'retirement communities [abroad] have proven popular with those able to afford them, though the high costs of living in such communities mean that they are not appropriate for the majority of older people'.
- 2.4.34 Based on the conclusion that 'many older people would like a wider choice of tenure options in specialised housing', the CLG *et al* (2008) advocated support for private sector developers and provision of wider tenure options as important elements in improving choice for older people. Mindful of the income polarisation that had been identified among older people, however, Appleton warned that:

*Unless providers are willing to offer genuinely mixed tenure schemes in which social renters and home owners live side by side they will contribute to, rather than dilute, the emergence of a two class old age.*  
(Appleton, 2008: 31)

2.4.35 In the absence of any compelling evidence to suggest that there is significant demand among older home owners to move to mixed schemes, then the likely reality would be for class and income residential segregation to continue to exist in old age, just as during the rest of people's lives.

### Health and well-being

2.4.36 While income and assets are major elements in older-people's planning processes, changes in health can occur suddenly and unpredictably, resulting in irrevocable shifts in what people require from their accommodation. Similarly, cognitive impairment and the onset of dementia have gradual but significant implications for how people interact with their surroundings.

2.4.37 As society ages and average life expectancy has risen, attention has turned increasingly to the type and duration of care and/or support that older people are likely to need. Analysis on life expectancy (LE<sup>5</sup>), healthy life expectancy (HLE<sup>6</sup>) and disability-free life expectancy (DFLE<sup>7</sup>:) suggests that increases in LE in Britain have outpaced increases in HLE or DFLE. The result has been that periods of life spent in poor health or with a limiting chronic illness or disability increased between 1981 and 2006. (Smith *et al*, 2008)

**Table 2.7: Life expectancy, HLE & DFLE, UK and Northern Ireland 2004-06**

	UK				Northern Ireland			
	Males		Females		Males		Females	
	At birth	At age 65	At birth	At age 65	At birth	At age 65	At birth	At age 65
Life expectancy	77	17	81	20	76	17	81	19
HLE	68	13	70	15	67	13	69	14
Years spent in ill health	9	4	11	5	9	4	12	6
DFLE	62	10	64	11	60	9	61	9
Years with disability	15	7	17	9	16	8	20	10

Source: based on Smith *et al* (2008) Table 2

2.4.38 Comparative figures for the UK constituent countries show that Northern Ireland has had a gradual upward trend in LE, but that both males and females are likely to spend longer periods in poor health and with a disability than their counterparts elsewhere in the UK (Table 2.7). Recent work by the Institute of Public Health (2010) suggested that the burden of chronic conditions (hypertension, angina and heart attack, stroke, and diabetes) will rise dramatically in Northern Ireland between 2007 and 2020. The number of adults with these conditions was expected to increase by around 30% with

<sup>5</sup> LE: Average expected lifespan.

<sup>6</sup> HLE: Total years spent in good health.

<sup>7</sup> DFLE: Years lived without a chronic illness or disability.

relatively more of the burden of the conditions among adults in the older age groups.

2.4.39 Evason *et al* (2005s: 9) summarised some key points relating to the health of older people in Northern Ireland: the majority of older people (around two thirds) reported their health to be good or fairly good, and the majority of those with longstanding health problems were, nevertheless, able to undertake basic tasks such as doing the housework. Disability and the need for care were found more frequently among those aged 75 or over, with this age group making most use of health and community care services.

2.4.40 Bearing the demographic trends in mind, the Caring Choices coalition suggested that:

*Between 2002 and 2026, the projected growth in the population of older people, and a lengthening of the period of old age during which long-term care is required, is likely to increase the number of people requiring care by more than 50 per cent. Rising unit costs and limits to the supply of unpaid care will cause the total cost of care to double in real terms, even without significant improvements in quality.*

*(Caring Choices, 2008: 12)*

2.4.41 Numerous recent reports and strategies have considered the challenge posed by the likely increase in the number of people living with dementia that will result from ageing population trends (Luego-Fernandez *et al*, 2010; Department of Health, 2009; Knapp *et al* 2007a and 2007b; Northern Health and Social Care Trust, 2007). The vast majority of dementia cases (more than 90%) occur among people aged 65 or over (Luego-Fernandez *et al*, 2010), and attempts have been made to calculate the prevalence rates for different age groups.

2.4.42 Knapp *et al* (2007b) calculated that rates of dementia increase with age, from 1.3 per cent among those aged between 65 and 69 to 32.5 per cent among people aged 95 and over. Of an estimated total of 684,000 people with dementia in the UK, Knapp *et al* (2007b) suggested that around 15,000 were living in Northern Ireland. More recently, the Alzheimer's Research Trust's *Dementia 2010* report suggested that previous analyses have underestimated the scale of dementia in the UK, and that currently almost 822,000 people live with the illness (Luego-Fernandez *et al*, 2010). On the basis of the Alzheimer's Research Trust's findings, the BBC subsequently reported that the number of people in Northern Ireland who live with dementia may be in the region of 24,000.

2.4.43 Knapp *et al* (2007b) reviewed the UK policy emphasis on community care for people with dementia, and the Department of Health's (2009) National Dementia Strategy has drawn attention to research findings indicating that flexible home care services can contribute significantly to maintaining people's independence, reducing isolation, preventing admissions to care homes and hospitals and supporting carers. However, neither this policy emphasis, nor the fact that an estimated two thirds of people with dementia live in their own homes in the community, negates the need for long-term



care (Department of Health, 2009); rather, the evidence indicated a growing need for residential care and home care, and Government has acknowledged this to be the case:

*The evidence does not suggest that in future we will all live in mainstream housing until the end of our lives. One in four of us can expect to live in a care home at some point in our lives.*

(CLG *et al*, 2008: 135)

- 2.4.44 In Northern Ireland, the Bamford Review (2007) commented on the limited housing options available for people with dementia and functional mental illness, and recommended that future planning must allow for a wider range of options. Acknowledging that many people with dementia will remain in their own homes, the report nevertheless advocated a choice of supported self-contained dwellings which are domestic and homely, as well as a choice of small group settings for those unable to live independently, but for whom a large nursing unit would prove unsuitable. Bamford also recommended that housing provision should include floating support, home support/personal care services and supported living accommodation.
- 2.4.45 The King's Fund *et al* (2007) reviewed research on the range of factors leading to institutionalisation in care homes or residential nursing homes. A wide range of issues were identified, but those appearing most frequently in the research were: age, mental impairment/confusion/cognitive impairment; living alone; dementia; prior admission to a nursing home; number of days in hospital; and activity of daily living restriction<sup>8</sup>.
- 2.4.46 In response to some of these issues, there has been an increasing emphasis on early intervention and new housing options to delay or remove the need for care home admission. Models of supported accommodation that provide a more intensive level of care while continuing to facilitate independent living have become increasingly popular in England, and have also been developed in Northern Ireland. In addition, there has been growing recognition of the potential benefits for older people in general, and those with dementia in particular, of telecare/assistive technology, which, according to the Audit Commission (2010: 43) 'has allowed some councils to transform services and increase choice and independence for vulnerable people, while also reducing costs'.
- 2.4.47 Oldman (2006) noted the cost-saving potential of assistive technology in comparison to personal care and the greater independence and control that it offers older people (see also National Housing Federation, 2009; Department of Health, 2009; Scottish Executive, 2006). However, Oldman argued that 'human back-up' is still required to support older persons and to react quickly in emergencies, and questioned whether low-income older

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<sup>8</sup> Activities of Daily Living have been described as 'the things we normally do in daily living, including any daily activity we perform for self-care (such as feeding ourselves, bathing, dressing, grooming), work, homemaking and leisure.' [www.mondofacto.com/facts/dictionary?activities+of+daily+living](http://www.mondofacto.com/facts/dictionary?activities+of+daily+living)

people living in mainstream housing would be able to access assistive technologies.

2.4.48 The same question was raised in Northern Ireland. Many agencies have reviewed the potential benefits of assistive technology, and stated an intention to explore or implement its use (Department of Health, Social Services and Public Safety, 2004; Southern Health and Social Care Trust, 2008; Western Health and Social Service Board, 2007; Northern Health and Social Care Trust, 2006; Eastern Health and Social Services Board, 2006). The Northern Trust (2006: 33), however, raised concerns about potential costs, stating that 'the Trust and other statutory organisations cannot be the sole providers of assistive technology and many people may choose to buy their own equipment'.

2.4.49 Whoever pays for the provision of assistive technology, there are examples of its successful application. Bamford (2007) cites the facilities at Sydenham Court in Belfast, where each tenant has an individually tailored monitoring package that produces an alert if a normal lifestyle pattern is broken. The non-intrusive support allows levels of assistance to be adjusted as necessary, as well as early detection of deterioration in people with dementia, and timely intervention. The result has been a low turnover of tenants, who can generally be accommodated by a flexible support service that is responsive to their changing needs. On the basis of the evidence on the benefits of assistive technology, Bamford recommended that its use should be promoted and extended. The report acknowledged that this would require adequate resourcing and clear assignment of budgetary responsibility.

### **Neighbourhood and location**

2.4.50 Several issues converge around the broad theme of neighbourhood and location. The literature suggests that older people's experiences, health and decisions are influenced by how safe and secure they feel in their surroundings, how much interaction they have with other people and the wider community, and the accessibility of essential services and amenities. Two of the four main reasons for social care need, identified by the Audit Commission (2010), have neighbourhood-related themes: *poor or inappropriate housing and environment*; health, mobility and rehabilitation problems; lack or breakdown of informal care/ stress on carers; and *social reasons: loneliness, fear of crime, abuse*.

2.4.51 The 'HAPPI'<sup>9</sup> report (2009: 32) drew attention to research showing neighbourhood to be 'a powerful determinant of housing choice' for older people. With convenience and a sense of community and participation in mind, HAPPI (2009: 29) argued that 'we should integrate housing for older people into existing towns, cities and suburbs, as well as incorporating it into future plans'.

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<sup>9</sup> HAPPI: Housing Our Ageing Population: Panel for Innovation.

- 2.4.52 In England, the strategy for housing in an ageing population has focused on the idea of 'lifetime neighbourhoods', which are 'welcoming, accessible and inviting for everyone, regardless of age, or health, or disability, [and where] transport services, housing, public services, civic space and amenities all make it possible for people to have a full life and take part in the life of the community around them' (CLG *et al*, 2008: 96). Locally, the Department of Health, Social Services and Public Safety's 20-year vision for health and well-being in Northern Ireland (2004) recognised the important influence of housing and living conditions, and the social and community environment, on health and social wellbeing.
- 2.4.53 The 'lifetime neighbourhoods' concept aims to remove or reduce the 'physical' barriers that can discourage older people's economic and civic participation and that thus impact on their mental and physical health. The strategy is based mainly on the argument that older people who remain active socially and physically tend to live longer and experience a better quality of life, and that the most important factors underlying older people's mental health and wellbeing are social and community participation (Department of Health, Social Services and Public Safety, 2004). While the suitability of the home itself is important in meeting an older person's needs, its location and proximity or ease of access to services and social networks are also significant, particularly in rural areas. To the extent that these factors have positive or negative outcomes for health and wellbeing, there is an implication that living in a 'lifetime neighbourhood' can help foster independence and delay the need for care.
- 2.4.54 Concerns about loneliness and isolation have been reviewed by many commentators and agencies (Cullen *et al*, 2007; Evason *et al*, 2005a; Department of Health, 2009; Southern Health and Social Care Trust, 2008; Eastern Health and Social Services Board, 2006). All have noted that many older people experience loneliness and isolation, and that these can be linked with depression and mental ill health. Age Concern Help the Aged (2009: 48) reported that: '11 per cent of people aged over 65 often or always feel lonely. Moreover, 48 per cent say that the television is their main form of company and 12 per cent feel trapped in their own home'. The report argued (*loc cit*) that 'there are diverse reasons, including bereavement, ill-health and poor physical environment, why people become increasingly isolated in later life. People aged over 80 who live alone are at much greater risk of being lonely than those who live with a partner – particularly in the case of men'.
- 2.4.55 Allen (2008) argued that with a rising proportion of people aged between 25 and 44 living alone, policy intervention and support for social engagement for older people living alone would become more important. In order to maintain independence and delay dependency, the Audit Commission (2010: 58) suggested that targeted services should be aimed at 'those in the older community who have not yet become dependent, but who have started to develop early signs of isolation or ill health'.
- 2.4.56 Czischke and Pittini (2008: 4) suggested that 'solutions that encourage social, inter-generational mix and communal living are very welcome, as they represent an important tool to combat solitude and isolation'. For the

majority of older people, this may simply mean remaining where they have always lived. In other cases, however, a desire for security and companionship can make changing accommodation more attractive. Cullen *et al* (2007) identified loneliness/isolation as one of the reasons why older people move, and suggested that moving seems more likely for older people living alone. The prospect of having more company is often mentioned as a factor attracting older people towards sheltered housing (Boaz *et al*, 1999; Croucher *et al*, 2008; Cullen *et al*, 2007; Scottish Executive, 2006; Southern Health and Social Care Trust, 2008).

- 2.4.57 Another commonly-cited advantage of sheltered housing, that it offers a secure environment, is linked to fear of crime (Scottish Executive, 2006). The 2008 Northern Ireland Life and Times Survey identified fear of crime to be the most commonly-cited problem for people aged 55-64, and the second most common issue raised by those aged 65 and over. Age Concern/Help the Aged (2009: 48) suggested that in many areas older people's fears are misplaced, but nevertheless 'fear of crime can be a major impediment to older people's quality of life, often confining them to their homes, particularly after dark, and preventing them from taking a full and active part in their neighbourhoods'.
- 2.4.58 Evason *et al* (2004: 12) argued that 'a significant minority' (around 41%) of pensioners in Northern Ireland were not satisfied with their accommodation. Issues of concern included street noise, condensation and damp, but the most frequently-cited problem did not relate to the accommodation itself; 18 per cent of male pensioners and 21 per cent of female pensioners were found to be unhappy with where they lived because of vandalism and crime. Similarly, Boaz *et al* (1999: 30) reported that crime, vandalism and drug abuse were the key social concerns of older people surveyed in 1997, and that the fear of crime and burglary were factors that affected older people's attitudes when making decisions about housing.
- 2.4.59 Acknowledging that the fear of crime is an important issue for older people, both the Scottish Executive (2006) and Appleton (2008) recommended that safety and security should be taken into account in the design of new schemes and developments for older people. In Northern Ireland, the OFMDFM (2005: 21) report *Ageing in an Inclusive Society* recognised that making a difference to older people in their homes and communities would involve tackling the 'crime and fear that often blights the quality of later life at home'.
- 2.4.60 The real or perceived threat of crime and anti-social behaviour presents a degree of tension where older people's accommodation arrangements are concerned. Many commentators have argued that it is beneficial for people to age in place, in an 'inter-generational' setting, and many wish to do so. Some, however – particularly the older old – would prefer to live among their peers in what they consider to be a more secure setting, such as sheltered housing or a retirement community (Czischke and Pattini, 2008). Such variation in attitudes among older people draws attention to the need for a range of options. Many issues, often operating in combination, influence the

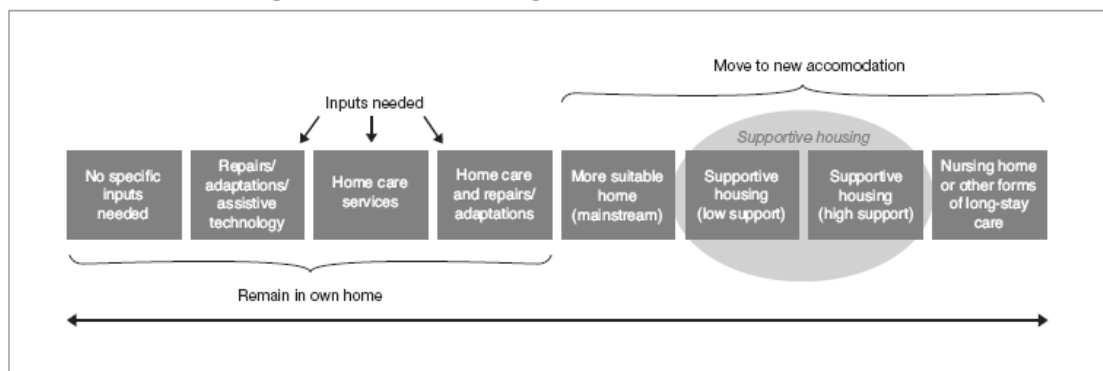
choices available to older people in respect of their accommodation, which can in turn have important implications for health and quality of life.

## 2.5 Models and solutions

2.5.1 The Housing Our Ageing Population Panel for Innovation (HAPPI, 2009) and Cullen *et al* (2007) have provided useful summaries of the wide and growing continuum of housing and care for older people in the UK and Republic of Ireland. The HAPPI (2009) report included a housing typology with three main categories – mainstream housing, specialised housing and residential care or care homes – with further sub-categories. Such typologies sit alongside what the Audit Commission (2010: 27) has referred to as an ‘inverted triangle’ of action, which shifts from broad measures that aim to involve and inform the entire older population, through low to moderate needs, substantial needs, and finally the complex needs that affect relatively small numbers of people but are highly resource-intensive.

Cullen *et al* (2007) identified two *main* options: remain in own home or move to new accommodation. They also identified a range of sub-options. Their illustration of this continuum is reproduced in Figure 2.7

**Figure 2.7: A Housing-with-Care Continuum**



Source: Cullen *et al* (2007) p 58.

2.5.2 Our analysis draws heavily on both Cullen *et al* (2007) and the HAPPI (2009) report, as well as other research and policy evidence, with a range of models from no support in mainstream housing through to high support in housing with care.

### **Mainstream housing: remain at home with no specific inputs**

2.5.3 The majority of older people will remain in mainstream housing for all of their lives. The literature identifies broad-level measures to ensure that this remains the case, including actions to improve health and wellbeing as people age, and better design of homes and their settings, which facilitate adaptations and support changing mobility.

*Primary intervention*

- 2.5.4 The Audit Commission (2010) argued that strategic ‘primary’ intervention across a range of areas including health, leisure, community safety and the voluntary sector can pay dividends by maintaining and improving older people’s physical, mental and social well-being, reducing the demand for care services.

*Lifetime Homes*

- 2.5.5 The Audit Commission (2010: 88) described the Lifetime Homes Standard as ‘a set of simple home features that make housing more functional for everyone including families, disabled people and older people [using] future-proofing features that enable cheaper, simpler adaptations to be made when needed’.
- 2.5.6 In Northern Ireland, the Department for Social Development requires all new build self-contained bungalows, ground floor flats, flats served with a lift, and two- and three-storey houses in the social sector to be designed to Lifetime Homes criteria. The Department has also introduced additional accessibility requirements with a view to reducing the cost of adaptations. As a long term approach to meeting the needs of an ageing population, it is the Government’s aim that *all* new housing should be designed to Lifetime Homes standard.
- 2.5.7 There is, however, a growing sense that amendments to the Building Regulations may be required to make this aspiration a reality. In his commentary on Lifetime Homes, Bevan (2009b: 246) pointed out that some have considered the standard too narrowly-focused on physical access. Acknowledging that Lifetime Homes are not a panacea, Bevan nevertheless concluded that they represent a real step-change in the way that housing can accommodate a wider range of people of any age.

**Mainstream housing: with repairs/adaptations/assistive technology**

*Repairs*

- 2.5.8 Many commentators have advocated ‘early intervention’ to enable older people to continue living in their own homes. The suggestion that ‘assistance with small repairs can reduce health and safety hazards, keeping older people safe and well in their homes for as long as possible’ (Audit Commission, 2008: 61) has been backed by evidence in Northern Ireland of strong interest in help with basic repairs and ongoing internal and external maintenance (Rural Community Network and NIHE, 2007). The Audit Commission (2008) referred to Blackpool Care and Repair as a good practice example of an organisation providing a range of services, including essential repairs, small jobs around the home and home safety checks.

*Adaptations*

- 2.5.9 Both the Scottish Executive (2006) and the Audit Commission (2010) have highlighted the value for money offered by property-based services for older people in their own homes, particularly adaptations. They suggested that payback periods can be very short if the work enables people to remain in their own homes. Heywood and Turner’s *Better Outcomes, Lower Costs*

report (Office for Disability Issues, 2007) brought together numerous case studies to demonstrate that provision of housing adaptations and equipment for disabled (and older) people could produce savings to health and social care budgets by:

- reducing or completely removing an existing outlay (e.g. residential care or intensive home-care);
- preventing an outlay that would otherwise have been incurred (e.g. falls prevention);
- preventing waste (e.g. additional home-care costs incurred while awaiting delayed adaptations); and
- achieving better outcomes for the same expenditure (e.g. in terms of independence and quality of life).

#### *Grants*

2.5.10 Northern Ireland's Strategy for Ageing in an Inclusive Society (OFMDFM, 2005) highlighted the important role of private sector grants in addressing problems such as unfitness, disrepair, energy efficiency and accessibility, enabling older people to live independently for longer. In the short term at least, however, there are questions over the availability of grant funding in Northern Ireland. Disabled facilities grants will continue to be available normally, as will mandatory repair grants linked to public health notices or notices of disrepair. Discretionary grants for renovation, replacement and home repair assistance, however, have been affected by budget shortfalls and are likely to be approved only in 'exceptional circumstances'.

#### *Assistive technology*

2.5.11 Assistive technology is another key area of relatively low-level intervention to enable people to remain in their own homes. The Alzheimer's Society (2010: 1) defined assistive technology as 'any device or system that allows an individual to perform a task that they would otherwise be unable to do, or increases the ease and safety with which the task can be performed'. Thus the term covers a wide range of measures that can help people remain independent in their own homes for longer. The Northern Ireland Strategy for a Healthier Future saw a role for the creative use of such technology, (DHSSPS, 2004) and its potential has also been recognised by the Health Trusts.

2.5.12 It has been argued that 'promotion of independence through a range of care and support incorporating tools, technology and services for living rather than residential or home care is deemed to be the way forward for the 'baby boomer' or 'internet' generation of older people' (DHSSPS, 2007), while the Audit Commission (2008) drew attention to the usefulness of technology for delivery of services to older people who need low-level help (emergency pendant; basic and enhanced telecare).

### **Mainstream housing: with home care/domiciliary care services**

- 2.5.13 Domiciliary/home care services were described by the DHSSPS (2010: 5) as 'the range of services put in place to support an individual in their own home'. Such services can include routine household tasks within or outside the home, personal care of the client and other associated domestic services necessary to maintain an individual in an acceptable level of health, hygiene, dignity, safety and ease in the home.
- 2.5.14 The Department of Health, Social Services and Public Safety has advocated expanded use of domiciliary care as part of a range of actions to support an increasing number of people to live independent lives – preferably in their own homes – as an alternative to residential accommodation<sup>10</sup>. In September 2009 almost 23,400 clients, mainly aged 65 or over, were receiving domiciliary care in Northern Ireland (DHSSPS, 2010); of these, some 6,630 were receiving intensive domiciliary care (more than 10 contact hours per week).
- 2.5.15 The need for help at home in Northern Ireland is assessed according to eligibility criteria. Domestic services or 'home help' are still available, but as in the rest of the UK such services are being cut back<sup>11</sup>. The percentage of people cared for in their own home increased by almost one third (32%) over the last decade, but there was a reduction in less complex support services, suggesting targeting of resources at those with the most intensive needs (UKHCA, 2009).
- 2.5.16 Home care was identified by the Department of Health (2009) as a particularly important service in supporting people with dementia in their own homes, with flexible home care services found to contribute significantly to maintaining people's independence, reducing isolation, preventing admissions to care homes and hospitals, and supporting carers.

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<sup>10</sup> DHSSPS web site: [www.dhsspsni.gov.uk/index/hss/ec-community-care.htm](http://www.dhsspsni.gov.uk/index/hss/ec-community-care.htm) (22/03/10)

<sup>11</sup> The Department of Health, Social Services and Public Safety's Adult Community Statistics show that the number of people receiving Home Help Services has decreased steadily over the last decade. At 31/03/99 there were 28,115 recipients; 31/03/00- 27,844; 31/03/01- 27,401; 31/03/02- 26,948; 31/03/03- 26,339; 31/03/04- 26,408; 31/03/05- 26,198; 31/03/06- 24,866; 31/03/07- 23,913; 31/03/08- 22,599; 31/03/09- 21,039



### **Move to new accommodation: more suitable mainstream housing**

2.5.17 A move to more suitable mainstream accommodation does not necessarily involve any support. Bevan (2009b: 236) noted 'the primacy of mainstream housing amongst the range of housing options that older people choose', and the Scottish Executive (2006: 2) drew attention to the fact that most older people stay in general needs housing, and may move within it to a property that more closely suits their needs.

### **Move to new accommodation: park home**

2.5.18 In Britain, an alternative form of accommodation that does not involve any support is provided by the **park homes** sector. CLG has described park homes as mobile homes used for residential purposes.

2.5.19 In 2008 it was estimated that around 2,050 park homes sites in England and Wales provided 89,500 homes for an estimated 170,000 residents (CLG, 2008a). They are a unique type of tenure, covered by specific legislation in England, where the properties vary in size and condition. CLG has stated its commitment to a vibrant park home sector which meets the needs of residents, offers a safe and affordable housing option, and is well-managed and maintained by reputable owners. Residents who live in park homes generally own their dwellings, but not the land on which they sit; they therefore pay a pitch fee to the owner of the site. In recent years, the Government has sought to improve the regulation of the park homes sector in response to concerns about charges and some management practices.

2.5.20 Bevan (2009a) has described the relatively rapid development of park homes as a housing option for older people over the last two decades, drawing attention to a strong emphasis on 'retirement lifestyle' as a selling point. In England, the parks are generally located in rural/semi-rural areas, and the park home population overwhelmingly consists of elderly households without children (ODPM, 2002). Research carried out almost a decade ago indicated that park home residents on average had significantly lower incomes than the wider retired population, and were more likely to have no or only moderate savings. The majority of residents had previously been owner occupiers and most of these households had been able to buy their home in the park outright. Around one quarter mentioned equity release as a reason for choosing to live in a park home.

2.5.21 Bevan's more recent research (2009a) identified two main groups of older residents in park homes: those who moved there primarily as a result of affordability constraints within the wider housing market, and people who chose park homes primarily because of the lifestyle they offer. The latter group were often downsizing from larger dwellings, and some were unable to afford 'bricks and mortar' accommodation in their chosen area. Most of the respondents expressed considerable satisfaction with their accommodation and the associated lifestyle. Benefits identified by the research included: having resources to enjoy a comfortable lifestyle and/or fund holidays and extended stays abroad; ease of maintenance and upkeep; a strong sense of

community; and a sense of security. Negative aspects included some concerns about day-to-day running costs and accessibility to services and shops, since many park homes developments are located in rural areas.

- 2.5.22 There are fewer examples of park home models in Northern Ireland, but at least two exist in Co. Down, and one in Co. Tyrone. In Co. Down, two-bedroom bungalows exclusively for people aged over 45 are marketed for sale on the basis that they offer the opportunity to release equity tied up in the family home whilst helping to improve lifestyle and facilitate a financially secure retirement. Advantages highlighted by the company include a safe and secure, gated environment, minimal maintenance, and reduced household costs. Monthly pitch fees cover the costs of park upkeep, security and an on-site warden. ([www.lifestylehomesireland.com](http://www.lifestylehomesireland.com))
- 2.5.23 Park homes have attracted some negative publicity in England, mainly due to disputes between site owners and residents; the type of problems identified in Bevan's (2009a) research included difficulties with the process of purchasing a park home; site owners blocking sales on the open market (and therefore forcing residents to sell their dwellings to the owner at a reduced price); poor maintenance and non-adherence to site licence conditions; large increases in pitch fees; alleged attempts to force residents from their homes; and alleged harassment and intimidation. Bevan suggested the use of 'light touch' licensing of park home owners – along the lines of the arrangements recommended for the private rented sector by the Rugg Review – to help address some of these difficulties.
- 2.5.24 Although the sector remains relatively small, Bevan concluded that park homes have the potential to play a significant role in meeting the housing aspirations of the growing number of older people. In order to maximise park homes' contribution towards broader policy objectives for housing in an ageing society, he suggests that providers might offer more formal support for residents, moving towards a retirement community-type model that would meet the changing health needs of older people and facilitate ageing in place.
- 2.5.25 The Caravans Bill (progressing through the Assembly at time of writing) is expected to bring the situation in Northern Ireland more closely into line with the rest of the UK, by providing improved legal protection for households which occupy caravans (on approved sites) as their main residence.

### **Move to new accommodation: supportive housing**

- 2.5.26 This category can be considered as 'low support'. Cullen *et al* (2007) use the term 'supportive housing' as an integrative concept that embraces variants such as 'sheltered housing' and 'extra care' housing but is not restricted to any one of these more commonly-used terms. In this context, supportive housing refers to group or sheltered housing schemes for older people where the residents have their own bedsits, apartments or houses. Integral aspects include: clustered nature of accommodation; targeting of older people as client group; having one's own self-contained home; and provision of some level of supportiveness (at a minimum, that which is

provided through the cluster). Cullen *et al* (2007) suggested that while these aspects should be employed independent of the financial dimension, in practice most supportive housing in Ireland has tended to include a strong affordability dimension.

#### *Sheltered Housing*

- 2.5.27 Across the UK, sheltered housing has been the most common form of low-support specialised accommodation for older people. In Northern Ireland, the term describes a group of dwellings built in accordance with guidelines set by the Department for Social Development. Most sheltered schemes provide the following services: self-contained accommodation; central heating; scheme supervisor service; 24-hour call centre support; communal rooms for social use; laundry room; and a guest room for friends or relatives.
- 2.5.28 Research studies have consistently shown most residents to be happy with sheltered accommodation (Croucher *et al*, 2008; Southern Health and Social Care Trust, 2008; Cullen *et al*, 2007). Safety, security and company emerge as key perceived benefits, as identified by a 77-year-old participant in the Southern Health and Social Care Trust (2008) consultation: 'I have company when I want it and I don't have to worry about home maintenance and repairs any more and, most importantly, I feel safe and secure'. With amenities close at hand and accommodation designed specifically for older people, some residents have reported that living in sheltered housing has helped them become more independent and less reliant on either formal or informal support and care (Southern Health and Social Care Trust, 2008). There is, however, evidence of a slightly less positive view among non-residents, and a general lack of knowledge on the type of lifestyle offered by the model.
- 2.5.29 In Britain, as the sheltered housing stock has aged, outdated design standards and specifications have presented problems in some schemes (Croucher *et al*, 2008) including: stock in the form of bedsits; lack of lift provision; inadequate communal facilities; aged heating systems and layouts inappropriate for disabled residents. We are not aware that such problems have been identified generally in Northern Ireland though some respondents in our interviews of key stakeholders raised concerns about high levels of vacancies in some sheltered developments, as well as a need for refurbishment in some schemes and re-modelling in others.
- 2.5.30 The question of space standards recurs in relation to sheltered housing in Northern Ireland as well as Britain. Residents have commented on the lack of space for storage, hobbies, entertaining family and friends and having them to stay, and manoeuvrability within their home. The research suggests a preference for two-bedroom accommodation, but there are difficulties in terms of the financial feasibility of such provision within the current funding regime, while obtaining finance for refurbishment and re-modelling would also probably present problems as the main emphasis is on new build. The Bamford Review (2007) recommended that, in future, housing for older people with mental health issues should be developed to include two bedrooms as standard, facilitating adequate space and privacy for individuals and their permanent or temporary carers. More generally, the

HAPPI report (2009) emphasised that, since people are likely to spend more time in their homes as they grow older, good space standards (as well as light, comfort and convenience) are essential in housing for older people. Specifically, the report commented that 'most of us will need a second bedroom for visiting friends or family, or a carer staying overnight' (HAPPI, 2009: 34)

- 2.5.31 Oldman suggested that a changing tenure profile and changing expectations among older people have rendered sheltered housing less attractive to those groups for whom it had originally been intended: fit and active older people. Thus sheltered housing may have become more relevant to frail older people who need some support. However, Appleton (2008) suggested that increased provision of home care services has made the idea of going into sheltered housing less popular and likely to be delayed until people reach a crisis point or can no longer be supported in their own homes. The average age of residents in sheltered accommodation certainly appears to have increased rapidly in the last 20 years (Appleton, 2008). Croucher *et al* (2008) warned against having unrealistic expectations about the level of care that traditional sheltered housing may be able to offer. Locally, the Western Health and Social Services Board (2007) suggested that the size and layout of most existing sheltered housing was not suitable for people with higher care needs. These questions relating to the suitability of sheltered schemes for what may be a changing clientele are highly relevant to the planning of future provision, including both whether to consider re-modelling or replacing existing schemes and also what kinds of new provision may be appropriate.
- 2.5.32 Warden services have been identified as one of the most important 'pull factors' towards sheltered housing for non-residents, and as an 'integral' aspect of sheltered housing as far as residents are concerned (Croucher *et al*, 2008). In recent years, however, there has been a shift in the way that support is delivered, with widespread adoption of 'flexible' approaches whereby managers work across a number of schemes (National Housing Federation, 2009). It has been suggested that changing funding arrangements are the main reason for the move away from residential warden services (House of Commons Library, 2010). Such changes have not been without controversy. The removal of resident warden services by Barnet and Portsmouth Councils was challenged in the High Court, which held that the Councils had behaved unlawfully by failing to take into account the terms of residents' tenancy agreements and their duties under the Disability Discrimination Act (op cit). However, ERoSH, the national consortium for sheltered and retirement housing in the UK, argued that many residents are pleased with the changes, particularly if they have been fully involved in the process. The organisation favoured 'hub-and-spoke' models of support, which use sheltered/extra-care housing schemes as a base for delivery of support and other services to people who need them, whether or not they are tenants within the scheme (op cit).

2.5.33 Providers interviewed in Scotland identified four principal processes driving change in the role of sheltered housing (Croucher *et al*, 2008): (i) new regulation; (ii) funding; (iii) new service developments; and (iv) supply and demand factors.

- (i) *New regulation* included both working time directives and administrative pressures.
- (ii) *Funding* cuts and uncertainties related especially to restrictions on capital investment and more generally regarding the operation of Supporting People.
- (iii) *New service developments* included the promotion of independent living, increasing home support provision, use of new technology, aids and adaptations, and the development of extra care housing.
- (iv) *Supply and demand factors* were extremely important, especially the changing expectations of older people themselves, including a strong preference for retention of housing equity rather than renting, though in some cases there was insufficient equity to purchase private sector provision. There was a perceived growing need for new developments to meet the needs of frail older people, especially as there was evidence of increasing numbers of existing tenants becoming aged and frail. Supply and demands factors also included problems related to mismatched supply and demand, with many new applicants having complex needs.

#### *Retirement villages*

2.5.34 Boyle (2008) has described various models of retirement villages in the UK and further afield. According to the definition used in her survey<sup>12</sup>, there are currently no retirement villages in Northern Ireland.

2.5.35 The Scottish Executive (2006: 38) concluded that retirement communities had proven popular with those able to afford them, but that the high costs of living in such communities mean that they are not appropriate for the majority of older people. Such models provide a barrier-free housing environment with associated autonomy, and offer a wider range of facilities and activities that are not care-related, generating opportunities for both formal and informal social activity (Institute of Public Care, 2007: 23). It has also been argued that retirement villages can help address the current shortage of homes suitable for later life by developing housing that is purposefully designed to meet older people's current and future needs (Croucher *et al*, cited in Institute of Public Care, 2007: 26).

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<sup>12</sup> 'Retirement villages are for people aged 55 and over. They offer housing in a secure development, often with gates/restricted access. Residents have their own front door, a range of facilities and social activities, alongside a range of care and support services that can cater for a person's health and care needs as they get older'.

**Move to new accommodation: ‘extra care housing’/‘housing with care’**

2.5.36 This model can be considered as ‘high support’. The terms ‘extra care housing’ and ‘housing with care’ appear to be interchangeable umbrella terms that encompass various forms of specialist housing for older people where care services are provided or facilitated<sup>13</sup>. Common features include: a clustered development of independent living units; aiming at an older clientele than sheltered housing; designed to mobility standards; and, 24-hour site staffing for emergencies (DHSSPS, 2007: 67).

*Extra Care/Housing with Care*

2.5.37 The ‘extra care/housing with care’ model may offer a number of advantages for residents, commissioners and providers alike, including: a balanced and mixed community; a home for life for all, including people with dementia; improvements in health (both mental and physical) or the capacity to sustain it; opportunities to mix with others and join in the local community, and to sustain quality of life and friendships; an alternative to residential or nursing care; reduced or maintained levels of need for formal care and support packages; reduced likelihood of admission to care homes and nursing homes; reduced hospital (re-)admission; an environment that can support other older people (non-occupants) in the community through outreach; and an environment and model which facilitates services to promote quality of life and health and well-being, sustaining older people in a housing setting (Institute of Public Care, 2007).

2.5.38 A review of the literature on extra care/housing with care (Institute of Public Care, Oxford and Bath, 2007) considered some of these claims. It found that extra care housing can provide a home for life and an alternative to residential care, but not in every instance; this being the case, it might be better described as a ‘prolonged residence’. While not an alternative to care homes *per se*, extra care housing can facilitate more choice both for older people and care providers, and can provide a useful alternative for people with dementia. There will, however, always be some people who need, or prefer, residential care. It was considered to be difficult to determine the impact of extra care housing on sustaining or improving health. While not always the case, some residents have reported improved health, often for reasons such as: living in safer, warmer, more accessible accommodation; reduced social isolation; and recognition and treatment of previously unidentified health/care needs. The benefits of living in purpose-built accommodation in terms of aspects such as accident prevention and targeting of health initiatives were also highlighted. The review provided some evidence that availability of extra care housing can help facilitate early discharge from hospital. Aside from this, the *impact* of extra care on health services was considered difficult to judge.

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<sup>13</sup> See [www.extracarehousing.org.uk/](http://www.extracarehousing.org.uk/)

- 2.5.39 The review went on to report that residents were generally satisfied with the independence offered by extra care housing, as well as its layout, design and welcoming environment (with opportunities to entertain friends and relatives) and the benefits of age-segregated living. Whether extra care housing in itself helps to reduce social isolation or encourage active engagement was more difficult to ascertain, and there was a suggestion that the very frail and those with sensory and cognitive impairments (perhaps not surprisingly) are often on the margins of social groups and networks. Residents were reported to have mixed views on the prospect of sharing their communal facilities with non-residents and there was insufficient evidence to confirm that schemes can benefit older people in the wider community. Carers and family members appeared to be more involved with residents in extra care housing than people who live in residential care settings, and there was evidence of particularly beneficial impacts in relation to facilitating the involvement of those who cared for people with dementia.
- 2.5.40 Many of the benefits of extra care housing described by residents had points in common with sheltered housing: independence, security, control and choice over lifestyle, and opportunities to maintain friendships. For those funding their own care, however, and with limited funding options available, affordability may be an issue. As far as the cost of provision is concerned, previous research had suggested that, for persons receiving total support, extra care housing can prove more expensive for the state than a care home when all funding streams are taken into account. It is, however, almost impossible to generalise on the subject, or to weigh up the comparative costs of extra care and residential accommodation, especially bearing in mind the difficulties associated with measuring qualitative aspects such as relative quality of life and independence. The review suggested that tenure mix and scheme layout have been shown to be important in facilitating integration and a balanced community. Flexible and responsive service provision that is available when needed by residents at different stages in their lives is also a critical factor.
- 2.5.41 Laing (2005) argued that extra care has been promoted as an important extension of choice for older people who need care and support, while the Scottish Executive reported evidence of high satisfaction with a model that replicated the advantages of living at home while providing flexible care, and predicted an increasing role for extra care, especially as a preventative service for those wishing to move before they would develop intensive support needs.
- 2.5.42 Hanover Housing (2009) reviewed the development and success to date of extra care housing and commented on high levels of resident satisfaction and high levels of demand. However, it also suggested that future provision of extra care 'will become more challenging because of the scale of developments required to meet demographic change and because of the costs, both capital and revenue, of the model', and that 'the capital cost of communal space is very high, and the services are increasingly at "financial" risk from personalisation and reduced Supporting People funding' (Hanover Housing, 2009:31).

*Close care accommodation*

2.5.43 Close care accommodation, defined as self-contained independent living units located within or adjacent to the site of a nursing or residential home, is a relatively new concept that does not yet appear to have developed to any great extent in Northern Ireland, or have been the subject of research. Elderly Accommodation Counsel (EAC) has estimated that there are around 300 close care schemes in the UK, and suggests that this form of accommodation can be particularly suitable for couples where one partner needs to be in a care home but the spouse does not, and they do not wish to be separated ([www.housingcare.org/guides/item-close-care-housing.aspx](http://www.housingcare.org/guides/item-close-care-housing.aspx)).

2.5.44 According to EAC, close care models can also be useful for people who have had a diagnosis of a deteriorating condition, but want to remain as independent as possible for as long as possible, and for people who are particularly anxious and appreciate the reassurance of having care professionals nearby.

2.5.45 The range of services provided to residents in close care accommodation, which can be rented or purchased, varies from scheme to scheme, but can include the following: a midday meal; housework or laundry services; emergency response service to alarm calls; short term support from care staff if necessary; and a buy-back facility where people move into the associated care home.

*Nursing homes and other forms of long-stay care*

2.5.46 The HAPPI report (2009) described three main models that fall under the broad umbrella of *institutional accommodation*, which provides suites of bedrooms with care services and facilities: residential homes providing accommodation with meals and personal care (physical and emotional), and with staff on call; nursing homes, providing 24-hour nursing care; and, specialised care homes for specific needs including dementia.

2.5.47 Bell (2010) noted that of the four UK countries, Northern Ireland had the highest share of care home places per thousand population aged 65 and over, and that the balance of care in Northern Ireland was weighted more towards care homes than in other parts of the UK. Cullen *et al* (2007) estimated that around five per cent of older people in the Republic of Ireland live in nursing homes or other long-stay care. Considering the characteristics of long-stay care residents in Ireland, Cullen *et al* (2007) highlighted a number of issues: the age of residents was increasing; large numbers had low/medium dependency levels; significant numbers appeared to be residents in long-term care for 'social' reasons and had social needs; and the majority had health and social care needs. Bamford (2007) cited previous research findings indicating that at least 60-70 per cent of older people in care homes suffered from dementia.



- 2.5.48 Many studies have provided evidence showing that long-term residence in institutional accommodation is generally a last resort for older people, most of whom prefer to remain in their own homes or some form of sheltered accommodation (Boaz *et al*, 1999; Cullen *et al*, 2007; Northern Health and Social Care Trust, 2009). But there is also evidence that those living in residential care identify advantages (a safe environment, the care received and the company of others (Boaz *et al*, 1999)), and that admission to care homes remains a preferred choice for some, particularly those who would otherwise face isolation if housebound (Kings Fund *et al*, 2007).
- 2.5.49 An audit of statutory residential homes for older people in Northern Ireland carried out for the DHSSPS by KPMG (2007) found that almost three quarters (72%) of statutory homes, whilst operationally sound, had elements that would need repair or replacement within three years. The audit referred to a DHSSPS survey to assess compliance with registration and inspection standards, which showed that 83% of bedrooms in existing statutory residential homes did not meet the minimum size requirements that would be applied to new provision, and that 8% of residential homes were in an unacceptable condition overall. The 2007 audit also made unfavourable comparisons between the cost of statutory and voluntary/private residential care provision within Northern Ireland, and the costs of similar types of care provision in Northern Ireland and Great Britain.
- 2.5.50 Concerns about the extent to which existing arrangements pushed people towards residential accommodation, regardless of whether it was the most suitable solution, were raised as early as 1991 (Department of Health and Social Services (NI), 1991). Both nationally and at regional level, there has subsequently been a sustained policy emphasis on flexible community care services that support and enable older people to remain in their own homes.
- 2.5.51 More recently, the Northern Ireland Department of Health has advocated development of intermediate care services<sup>14</sup> to promote rehabilitation and independent living 'in a way that will see a shift away from traditional residential and nursing home care, towards flexible and responsive domiciliary care services' (DHSSPS, 2009). With such strategies and policies in place, Appleton (2008) suggested that in future the UK will see an overall reduction in traditional residential care (public and private).
- 2.5.52 The policy approach to residential care, and particularly *statutory* residential care, appears to have been influenced by a combination of older people's stated preferences and the cost of this model of care provision in its current form. Indeed, it seems that the 'problem' with residential models is mainly cost-related, in terms of service delivery and property maintenance and improvement.

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<sup>14</sup> Age Concern (2009:1) described intermediate care as 'a range of health and social care services that may be available to promote faster recovery from illness, avoid unnecessary admission to hospital, support timely discharge from hospital and avoid premature long-term admission to a care home'.

- 2.5.53 A number of points emerge from the residential care literature to complicate the view on this type of provision. The KPMG audit identified high levels of satisfaction with the quality of care provision in statutory residential homes (DHSSPS/KPMG, 2007) and the Northern Health & Social Care Trust (2006) reported that staff and users saw a continuing need for access to residential and nursing care where other forms of support were inappropriate or unavailable. Laing's study in London suggested that many care home residents were already so dependent that diverting more resources to home care services would neither save money nor enhance people's quality of life (Laing, 2005). Boaz *et al* (1999) had concluded that a need remained for both sheltered housing *and* residential and nursing home care for older people who did not feel able to stay in their own homes, and Knapp *et al* (2007b), taking account of demographic trends and estimated dementia prevalence rates, suggested that demand for long-term care would increase substantially over the next three decades and beyond.
- 2.5.54 On balance, the need for long-term and relatively intensive care provision, in whatever form, is unlikely to diminish. Having considered the options, however, the Northern Health and Social Care Trust (2009) proposed the closure of five statutory residential homes, to be replaced with supported living accommodation. Based on a view that the money needed for upkeep, maintenance and improvement of the physical standards of some of its homes would be better spent developing a range of services to help people live in their own homes as long as possible (op cit), this approach is crucially reliant on the availability of funding for enhanced domiciliary care support.
- 2.5.55 Bamford (2007) emphasised the need for a range of supported housing and community care services to help service users fulfil their aspiration of remaining at home. However, the report also acknowledged that some people will reach a stage where the complexity of their care needs requires a more intensive support package which can be provided only in a residential or nursing care setting. Thus, it was argued that any care continuum developed for older people with mental health issues should incorporate residential or nursing provision.
- 2.5.56 Whatever the model, finally, the demographic projections for Northern Ireland suggest that in the longer term the delivery of appropriate services for older people with intense care needs will remain a challenge as far as funding is concerned.

### **Complementary issues and services**

- 2.5.57 A number of complementary issues and services sit alongside the range of accommodation options available to older people, and may influence the choices available to them.

#### *The role of carers*

- 2.5.58 Recent policy and strategy have acknowledged the importance of the role played by unpaid carers – often family members or a spouse – in helping older people remain independent and delaying moves to specialist or residential accommodation. Help the Aged *et al* (2004) cited 2001 findings

from Northern Ireland suggesting that almost two-thirds of dependants (i.e. recipients of informal care) were aged 65 or over, and more than two-thirds were women. In addition, 42% of dependants who lived in the same household as their carers were 65 or over, while more than three quarters of dependants who did not live with their carer were aged 65 or over. Informal care was seen to be a crucial factor in helping older people to retain a level of independence in their own home (op cit). The type of assistance provided for 'dependants' not living in the same household as their informal carer tended to include shopping, keeping company, 'keeping an eye' and taking out.

2.5.59 A more recent survey analysed the experiences of individuals providing care services to people aged over 65 (DHSSPS, 2006b). The research found that the majority (75%) of people being cared for were aged 75 or over and almost two thirds were female. Around 80% of people cared for had physical disabilities, while half had mental health problems.

2.5.60 In its *Caring for Carers* Strategy, DHSSPS (2006a) acknowledged the important role played by carers in helping vulnerable people who need support to continue to lead independent lives, and also in reducing the amount of input that health, social services and other agencies need to make. The strategy anticipated rising demand for care due to increasing longevity, but foresaw that social trends<sup>15</sup> could have a negative impact on the number of people available to assume a caring role. It also drew attention to the fact that one fifth of all carers in Northern Ireland are aged 60 or over, and highlighted findings from a Help the Aged report which suggested that the number of *older carers* is increasing, probably as a result of policies aimed at enabling older, ill or disabled people to remain in their own homes for as long as possible. With many older carers providing intensive levels of care over a long period of time, possibly while suffering from health problems themselves, the DHSSPS strategy emphasised the need for more overall support for older carers, to alleviate the impact of caring in old age.

2.5.61 Carers of all ages have also called for flexible support services to assist, and fit, with individual needs and requirements, and the Department of Health has consistently stated its commitment to support carers, who form 'the backbone of community care' (DHSSPS 2006a: 8). The Department's annual *Priorities for Action* documents (see DHSSPS 2009b) have highlighted the necessity for assessment of long-term care needs to take account of the role of unpaid carers in supporting independent living. In addition, a standardised Carer's Assessment was developed for use in conjunction with the Northern Ireland Single Assessment Tool<sup>16</sup>, which was launched in February 2009.

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<sup>15</sup> Growth in the number of lone parents; falling birth rates; higher divorce rates; increase in the number of people living alone; greater family mobility and increasing numbers of women employed outside the home.

<sup>16</sup> The Northern Ireland Single Assessment Tool (NISAT) was designed to capture the information required for holistic, person-centred assessment of the health and social care needs of the older person, with the aim of focusing on their abilities rather than their disabilities. One of the aims of

### *Day care services*

- 2.5.62 Another related issue is the availability of day care services. *Defining Day Care* (DHSSPS, 2004b) described how day care has developed in Northern Ireland, with older people becoming the predominant user group. The service has been seen as part of a package of domiciliary support that could enable people to remain in their own homes, but has been 'a very neglected domain within both research and policy fields' (DHSSPS, 2004b: 2). The Northern Health and Social Care Trust (2006) has described how day centre services help people remain at home by relieving social isolation, providing basic personal care services and offering respite to carers, and almost one third (30%) of respondents to the survey of carers for older people in Northern Ireland (DHSSPS 2006b) received support in their caring role through day care services. More recently, the Audit Commission (2010) emphasised the role of day care, as part of a range of interventions and services to assist informal care.
- 2.5.63 Some of the literature suggests that day care services in Northern Ireland have proved particularly useful in providing a therapeutic environment for older people with dementia, as well as respite for their carers (Bamford, 2007; Southern Health & Social Services Board, 2006). On a broader level, Boaz *et al* (1999) found that while day centre-type provision is not a preference for all older people, it is valued by some because it offers an opportunity for social interaction. In this context, Boaz *et al* emphasised the role of transport in facilitating access to day care, a theme that was also evident in Northern Ireland. When asked what would happen if they had no bus to collect them or club to go to, respondents replied: 'we would stagnate' and 'well, we might as well pull the blind down and die' (Help the Aged/OFMDFM/NI Human Rights Commission, 2004; 48).
- 2.5.64 Mindful of such findings, and with particular reference to older persons with dementia and mental illness, Bamford (2007) recommended that there should be increased access to day care in Northern Ireland, including a range of models of day-time support that would respond to carer and user need, while also taking account of people in rural settings. Boaz *et al* (1999) reported that older people surveyed in London felt that prevention was better than cure, and day centres would make it easier for older people to have an active and stimulating old age.
- 2.5.65 A review of support provision for carers in Northern Ireland (DSD/DHSSPS, 2009) detailed recurrent DHSSPS spending of £630 million on services for older people, and explained that the Department had secured additional funding to deal with the demographic increase in the numbers of older people who will require support in the community. The investment was earmarked for a range of community care services (including domiciliary care, respite care, support for carers, intermediate care and expansion of direct payments) to support a minimum of 1,500 additional older people in

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NISAT implementation was that assessment and care planning processes should be standardised and streamlined, thereby simplifying access to community care services and reducing duplication.

the community by March 2011. Further resources had also been allocated to fund additional dementia respite places.

2.5.66 At a time of increasing budgetary constraint, however, the impact on services for older people remains to be seen. The *One Voice* report by Age Concern/Help the Aged (2009) presented a view of an English social care system in crisis and likely to deteriorate further without additional resources. Commenting on older people's reports of unmet need for help with everyday tasks, *One Voice* stated that the number of people receiving a low level of support had fallen in recent years due to tightening eligibility for services, and called for more funding to support the social care system as it, in turn, supports older people.

*Floating support*

2.5.67 The National Housing Federation and Housing Corporation's toolkit for identification of the need for supported housing has drawn attention to shifts in the way that services are delivered, which, arguably, have been more evident in Britain than in Northern Ireland:

*Supported housing is not the only mechanism through which housing-related support can be delivered to vulnerable people. There is a growing feeling that such support can often be delivered equally well via non-accommodation-based services such as floating support, resettlement and outreach schemes.*

*(NHF/Housing Corporation, 2007: 5)*

2.5.68 Attempts to change the structure of accommodation-based services for older people (including the removal of the live-in warden service) have been controversial, but a number of housing associations in England have restructured their service provision towards floating support teams, which work to meet assessed need among older people in the local community, irrespective of tenure (CLG, 2008b). Similarly, floating support has also been used to deliver flexible care packages for people with dementia (Department of Health, 2009) and ad-hoc, short-term intervention to assist individuals through low-level depression, bereavement and hospital discharge. Such models have been considered useful in helping people to remain living independently in general needs housing by filling gaps where there are needs that would not be picked up by social services (CLG, 2008b).

2.5.69 EROSH has suggested that routine visits from a warden can have institutionalising impacts on residents in sheltered housing, and that such services may not be needed or used by all residents. Nevertheless, the organisation has also stated that it would not be in favour of large-scale floating support models, advocating instead the use of sheltered housing schemes as a resource to the wider community (House of Commons Library, 2010).

2.5.70 Research on floating support in England has shown that older people are one of the client groups that have provided the main focus for the joint commissioning of floating support between Supporting People and social

care. Approaches to charging for floating support services vary; some local authorities offer a charging 'menu' for older people, who may choose from (for example) 'alarm only', 'alarm and support', or 'support only' options. Indeed, floating support and assistive technology have been viewed as *complementary* services for older people, and there is also potential for assistive technology to 'float' with an individual who moves to different accommodation. The National Housing Federation has suggested that the flexibility and choice offered by a mix of floating support, assistive technology and supported housing will become more relevant as the personalisation agenda increases access to individual budgets and more tailored services (NHF, 2009).

- 2.5.71 Floating support services can play a useful role in preventing older people from having to move into residential care by providing general support alongside a domiciliary care package (CLG, 2008b). However, some concerns have been expressed about the risk of social isolation among floating support clients. While a degree of isolation from other service users can be to the benefit of some client groups, it may be to the detriment of others. Older people can already be at risk of loneliness and isolation, and one of the main benefits of accommodation-based support is the prospect of company and opportunities for social interaction with other residents.
- 2.5.72 Floating support services for various older client groups, including tenants in the social and private rented sectors, people with dementia and older people with addictions, have been provided by statutory and voluntary/charitable organisations at locations throughout Northern Ireland. A research project to consider the effectiveness of floating support by comparison with accommodation-based services has been programmed by the Housing Executive and should help to provide more evidence on floating support in Northern Ireland.

#### *Co-housing*

- 2.5.73 Featuring regularly in the literature, co-housing is a model that developed in Denmark and has since been embraced by the Dutch, where the government has encouraged it as a means of preventing isolation and dependency among older people – and thus reducing demand on health and social services. Described as 'self-managed housing planned and built by groups of older people' (Oldman, 2006:29), Dutch models tend to accommodate mainly renters in the social sector, but groups of owner-occupiers or mixed owners/renters also exist.
- 2.5.74 Co-housing offers each person their own place within a housing complex that aims to provide mutual support and companionship (Oldman, 2006), and is based on the idea of 'growing the community' before finding or providing a building ([www.owch.org.uk/owchpages/article%20pages/article1d.html](http://www.owch.org.uk/owchpages/article%20pages/article1d.html)). Active participation and shared responsibility are key aspects of the co-housing ethos, as is the maintenance of a healthy age balance, from active 'young old' to very old (Brenton, 2008). The model has been described as 'a way of tapping into the energies and preferences of the 'young old' to encourage

them to think ahead, mobilise resources and make a lifestyle change for a more supportive and neighbourly old age' (Brenton, 2008: 1).

- 2.5.75 The Government's national strategy for housing in an ageing society cites co-housing as a strategic option for those faced with the isolation of living alone – particularly older women looking for ways to live with mutual care and support (CLG *et al*, 2008). However, the hurdles faced by older people who have already attempted to initiate co-housing schemes in Britain appear to support the assessment that although co-housing could be a useful additional option for older people, its take-up is likely to be limited (Scottish Executive, 2006).
- 2.5.76 The only reportedly successful co-housing communities developed in Britain to date have been for singles and families. An older women's group in London has been seeking for a number of years to develop a mixed-tenure co-housing project, but has found that British housing finance, law and policy are not as favourable to facilitating the model as the system in the Netherlands (Scottish Executive, 2006). Furthermore, a 'cultural reluctance' to live in this type of community (Scottish Executive, 2006: 54), the higher rate of owner occupancy in Britain, and needs-based allocation systems have been identified as factors that could impede the development and/or success of co-housing models (Scottish Executive, 2006; Brenton, 2008). At the same time, however, it has been suggested that successive cohorts of older people might find the prospect of living in a co-housing community more appealing than sheltered or extra care accommodation (Scottish Executive, 2006).

### **Estimating need**

- 2.5.77 A number of recent reports have sought to provide a framework within which to estimate the future need and demand for accommodation specifically for older people. Factors that tend to be taken into account include: the age structure of the population; the number/proportion of people living alone; health/limiting long term illness; housing circumstances (tenure/ property type/ housing conditions/ property value); informal care provision; the availability of services such as day care, domiciliary care, meals on wheels, home adaptations and care home places; the availability of age-specific accommodation (e.g. sheltered and extra care housing); and the incidence of cognitive impairment.
- 2.5.78 The findings of borough-based housing needs surveys may also be taken into account in England. Such surveys may include specific questions about elderly household members and their need to move to accommodation where they can receive care and support, or whether there is a need for support services to be delivered to older people in their own homes (NHF/Housing Corporation, 2007).
- 2.5.79 In 2007, the National Housing Federation, Housing Corporation, Mayor of London and London Supported Housing Forum published a report and toolkit aimed at formulating a methodical approach to assessment of need for new supported housing in London (NHF/Housing Corporation, 2007). The toolkit

categorised older people as a ‘client super-group’ requiring ‘independence with support’, and developed a predictive model to estimate the supported accommodation needs of a range of client groups (including older people), which was based on seven key concepts (Figure 2.8).

**Figure 2.8: Key concepts in identifying the need for supported housing (NHF/Housing Corporation)**

Population at risk	Numerical estimates of categories of people who share a characteristic that is often, but not invariably, associated with a requirement for housing-related support. The population at risk was considered to increase with age.
People in need	The sub-set of the ‘at-risk’ population likely to need some housing-related support. The proportion, which is driven by a variety of factors, may vary across locations and over time. Strategically agreed priorities for service provision are a factor in determining the size of the ‘at-risk’ population. Toolkit indicators include the number of persons in receipt of pension credit, and prevalence rates of moderate/severe cognitive impairment.
Service balance	Denotes a strategic decision about the balance between supported housing and non-accommodation-based support services for those in need. The toolkit identified three elderly client groups (older people with support needs, older people with dementia/mental health problems and frail elderly), and estimated that 35% of those in need would require accommodation-based services.
Duration	Planned usage patterns of existing stock. In London, it was estimated that most older people (around 80%) would have a long-term need duration (i.e. more than two years).
Demand adjustments	Facilitate local authorities in adjusting the apparent demand to take account of specific local factors.
Repurposing capacity	The degree to which existing supported accommodation, for which there is no longer sufficient demand, can be recycled for use by <i>other client groups</i> within the same ‘super-group’, <i>without</i> significant additional public investment.

Source: National Housing Federation/Housing Corporation, 2007

2.5.80 The toolkits and needs estimation methodologies developed elsewhere have drawn attention to a number of issues to be borne in mind:

- (i) Data on the current population by age may be an unreliable indicator of the need for/use of care services; the same is true for health and long term illness indicators, especially as ‘there are no official forecasts of the future health of older people’ (Laing, 2005: 4).
- (ii) Informal care provision is critical, so ‘the massive impact that any major reduction in informal care would have casts a “funnel of doubt” on all predictions of the shape and cost of care services’ (Laing, 2005: 4).



(iii) Workforce issues also may limit the development of care services, although anecdotal evidence of problems in recruitment and retention can be difficult to substantiate (Laing, 2005: 7).

2.5.81 Thus any conclusions regarding who is in need and what type of assistance they require are, to some extent, aspects of wider policy decision-making processes and the balance between accommodation and non-accommodation based services may be ultimately a matter for local planners and commissioners (NHF/Housing Corporation, 2007: 12).

2.5.82 The *More Choice, Greater Voice* strategy toolkit (Appleton, 2008) considered the provision of specialised accommodation for older people (specifically sheltered, retirement and extra care housing), within the context of housing-related care and support services for people living in general housing. The document highlighted a number of emerging policy directions and aims:

- A drive towards personalisation of accommodation and accommodation-related care and support services and movement towards a more comprehensive and 'connected' service for older people living in general housing (with information, advice and practical support geared towards managing the home and maintaining an independent life within it).
- A probable *reduction* in conventional sheltered housing to rent, partly through withdrawal of older/less attractive stock, along with reduction in traditional residential care in both the public and private sectors.
- Ongoing development of extra-care housing and housing-based provision for people with dementia, enhancement of some existing sheltered stock and increasing development of new retirement housing communities.
- All models would be expected to be offered across a range of tenures: renting, shared ownership and outright sale.
- Housing options would be supported by a range of matching care and support services that allow people to delay or eliminate moving to more specialised accommodation.

2.5.83 Similar aspirations were expressed in the Northern Ireland context in the Department of Health's 20-year vision for health and wellbeing, which identified the need to

*...provide a comprehensive range of supported housing and long term care in partnership across sectors and in a continuum from high levels of ability to high levels of disability and the contrasting care needs associated. This will mean planning services that include housing with a choice of different levels of support around a core residential/nursing/day and social support centres.*  
(DHSSPS, 2004a: 69)

2.5.84 Considering the situation in the Republic of Ireland, Cullen *et al* (2007) commented that levels of both need and demand among older people for 'supportive housing' are not easy to assess, given that people may only consider this option when the need arises. They also point out that demand can be at least partially supply-led and will be influenced by the alternative options available. In light of these issues, Cullen *et al* turned to occupancy levels and waiting lists, 'which can provide useful indications about aspects of demand' (Cullen *et al*, 2007: 128)<sup>17</sup>. Cullen *et al* termed the information generated by such analysis an indicator of 'visible' demand (op cit: 139).

2.5.85 Others, including Boaz *et al* (1999) and Croucher *et al* (2008) have sounded notes of caution where use of waiting list data is concerned; there is a view that applying for sheltered housing can be an 'insurance policy' for people who aim to stay in their own homes, rather than a plan for people who wish to move. On the other hand, Croucher *et al* also found evidence that many applicants seek sheltered housing at a crisis point, in an unplanned move that might not have seen them spend much time on a waiting list for accommodation.

2.5.86 Concluding that the need for supportive housing is relative rather than absolute – depending on the availability, practicality and attractiveness of other options and services – Cullen *et al* identified indicative 'normative' yardsticks against which to assess the supply of supportive housing for older people in Ireland (Figure 2.9). Their work suggested that in the Republic of Ireland by 2007, only the lowest yardstick had been achieved, and there was widespread variation in the extent of provision across the country. The likely acceleration of population ageing led Cullen *et al* to conclude that the number of units required in the 20 years from 2007 would almost double, whichever yardstick was applied.

**Figure 2.9: Normative yardsticks of supportive housing supply for older people**

Yardsticks	Places per 1,000 people aged 65+	Examples
Low	20	Czech Republic, France, Germany
NCAOP target by 2000	25	Ireland
High	50+	UK, Norway, Finland, Sweden

Source: Cullen *et al*, 2007

Note: NCAOP –National Council on Ageing and Older People (Ireland)

<sup>17</sup> Cullen *et al* acknowledge that waiting list data in itself is a fairly crude indicator of need; nevertheless, they point out that 'it does give an indication of the scale of *expressed demand* of this kind' (Cullen *et al*, 2007; 129).

## Other issues and conclusions (to Section 2.5)

2.5.87 ARK/ QUB (2009, 1) highlighted the findings of a 2007 report on UK devolution, older people and public policy, which suggested that Northern Ireland had 'the most disjointed and limited approach to ageing issues' in the UK. McCormick *et al* (2009) also considered developments in Northern Ireland in relation to older people's policy across the UK.

*Progress in developing distinctive policies for older people has been less clear in Northern Ireland. This reflects the faltering start to devolution. Strategies on ageing and tackling fuel poverty among older people were developed by UK Ministers during periods of direct rule. These were clearly consistent with UK Government approaches, spanning income maximisation, transport accessibility and independent living in the community, as well as reflecting the need to address higher levels of poverty among older people in rural areas. It is only since the election of the NI Assembly in 2007 that trends in devolved policy can be measured. Since then, taking forward the two strategies considered here [Ageing in an Inclusive Society (OFMDFM, 2005); and Lifetime Opportunities, the anti-poverty and social inclusion strategy (OFMDFM, 2006)] appears to have been a low priority. However, ministerial commitment to the strategies rose during 2009 and a fairer test of Northern Ireland's approach to older people can be made by the end of the Assembly's current term in 2011.* (McCormick *et al*, 2009: 30)

2.5.88 Northern Ireland has not been short of policy or advocacy on older people's issues. Furthermore, there is evidence of a clear desire to listen to the voices of those already in – and those approaching – older age, and to plan for their changing requirements. The planning process is not without difficulty, however, and Bevan's (2009b) comment that housing is only one part of the jigsaw of people's lives is certainly true for older people. While the type, state of repair, accessibility, adaptability and location of housing, and the range of housing options in terms of models and tenure are in themselves important, they are only part of the picture. The range of factors that have been shown to impact – to a greater or lesser extent – on older people's housing circumstances and choices demand a joined-up response that encompasses long term policy approaches to health promotion, health care, social care, poverty and income, planning and housing design, housing services and grants provision.

2.5.89 Two other important points emerge from the broader research on older people's housing needs. The first is that around half of people over 60 have never thought about whether they may need to move in order to meet their future housing needs (Scottish Executive, 2006). The second is that successive generations of older people are likely to expect a different type of old age than those that have gone before:

*In looking to future patterns of provision we need to be conscious that the future will be characterised by the aspirations of a rising generation of older people rather than simply by an assessment of their needs. If we are not to design in obsolescence then those aspirations need to be taken seriously. 2011* (Appleton, 2008: 30)

2.5.90 There is evidence of a need to raise awareness, both of the housing options available to older people, and the benefits of taking time to consider living arrangements in advance of any crisis that may arise due to changes in health. Research carried out for the Housing Executive (Social Research Centre, 2008) found that older people perceived a need for information on financial issues, housing and housing-related, social, and personal/medical issues. The research also concluded that much of the necessary information already existed, but it was dispersed and sometimes difficult to find, and that rationalisation of information sources would help reduce duplication and simplify access.

2.5.91 This type of approach has been adopted in England, where FirstStop Advice ([www.firststopadvice.org.uk](http://www.firststopadvice.org.uk)) has been supported by CLG, as part of its strategy for housing in an ageing society, to provide free advice and information for older people, their families and carers about care and housing options in later life. The service, provided jointly by Counsel and Care, Elderly Accommodation Counsel, Age UK and NHFA (specialist care fees advisers), uses a single telephone number and web site to offer advice on care and support, housing options, finance and rights. An early evaluation of the service suggested an increasing volume of enquiries and high levels of customer satisfaction (Cambridge Centre for Housing & Planning Research, 2010).

2.5.92 In practice, of course, many of the models reviewed here may be considered highly idealised and funding levels and priorities will remain crucial determinants of what public policies actually are developed and implemented.

## 2.6 Planning policies and older persons' housing provision

2.6.1 Our brief required consideration of the extent to which planning policies and practices in Northern Ireland may affect future housing provision for older people. A literature review had not revealed any issues before we conducted semi-structured interviews in September 2009 with key actors to explore planning issues in greater depth.

2.6.2 The research team met officials from the Housing Executive, NIFHA and key government departments: DoE, DSD and DRD. Discussions were focussed on one core question: whether regional policies and strategies, including local land use planning, have potential impacts on the housing needs of older people in Northern Ireland between 2006 and 2016. This general question was also explored specifically in relation to a range of possible forms of housing provision, including: group accommodation; sheltered accommodation; developments combining accommodation and care in specialised facilities; and retirement villages and park homes.

2.6.3 The key issue raised by planning officials in the DoE and DRD related to land use classification. There is no separate land use classification for

different types of housing development, thus proposals for age-related accommodation would be treated in the same way as other planning applications. The crucial consideration would be how land proposed for development is designated in land use plans. Then normal planning considerations would apply regarding site densities, adjoining land uses, access and so on. In other words, there would be nothing about age-specific housing development in itself that would detract from or add to the likelihood of obtaining planning permission. No changes were likely to be forthcoming in the period under investigation in terms of the treatment of the residential land use class. The DoE and DRD also suggested that there was a considerable amount of available housing land in Northern Ireland, and that the house price spike between 2004 and 2007 was *not* due to land shortages. It would be almost inconceivable that developments would be allowed in areas designated as green belts, or that had other forms of high protection, such as Areas of Outstanding Natural Beauty, Sites of Special Scientific Interest or a National Park. The fact that a proposal was for age-specific or age-related development would not *add* any weight to an application in these circumstances.

- 2.6.4 A number of respondents noted that caravan parks are not a 'residential' land use and at present in Northern Ireland there is no equivalent of the 'Park Homes' legislation that exists in Great Britain.<sup>18</sup> Caravans are not considered to be permanent structures, therefore proposals for parks would not be considered as 'residential' land use. Rather, caravan parks would be considered separately from the type of 'orderly' planning that seeks to influence housing development. This matter could be explored further under the review of the Regional Development Strategy (RDS), but no proposals were imminent in September 2009.
- 2.6.5 The DRD pointed out that Housing Growth Indicators (HGIs) were based on factors including population projections and household formation. A new regional figure and new figures for council areas have now been produced, but the council-level household figures were likely to be more flexible in future and not to be viewed as a cap. The housing figures in the RDS were seen as an indication of total housing need, based on NISRA calculations taking account of household formation among different age groups. A total of 798,300 households were projected in 2021. The housing figures were expected to act as a reference point for councils in formulating their development plans.
- 2.6.6 Respondents agreed that the planning system cannot control which groups of people live in an area, but the DRD and DoE advocated an approach to facilitate community development, efficiency of service and adaptable designs that help people remain in their local communities. The general strategic view was that development should take place within settlements,

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<sup>18</sup> The gap in park homes legislation in Northern Ireland will be at least partly addressed by the Caravans Bill, which is expected to receive Royal Assent, and become law, in spring 2011. The Bill was introduced to put in place statutory protections (in line with those already in place in Great Britain) for those who occupy a caravan, as their main residence, on a site approved for that purpose.

rather than in the open countryside. Living in settlements was seen to be preferable in the sense that it provides easier access to services, public transport and shops. All respondents agreed that age-specific developments would be more likely within or on the edge of existing built-up areas or within the urban footprint, partly due to accessibility factors and availability of public transport.

- 2.6.7 Beyond broad categories such as 'affordable', 'social' or 'supported' housing, the RDS does not discuss specific groups. It advocates mixed tenure and mixed use, with 'mixed' rather than 'segregated' communities (in all senses, presumably including different age groups). The DoE and Housing Executive officials emphasised the objective of assisting the development of 'sustainable' and 'balanced' communities so age-specific developments could be a desirable way of retaining a range of age groups within existing communities. Community safety, design and form are issues in terms of older people's integration within both new and existing communities.
- 2.6.8 Planners and others in the Housing Executive saw a need for diversity and a variety of models of accommodation for older people. They noted that the range of models in Northern Ireland was currently more limited than in Great Britain or elsewhere. They thought that one major challenge would be the transition to new structures of local government, following the Review of Public Administration (RPA), especially local planning and the shift to community planning. Older people's needs may be taken into account as part of the Housing Need Assessment/Housing Market Assessment, and fed into local strategies as part of the community planning process.
- 2.6.9 In terms of land use planning, PPS12 was seen to provide the facility to identify need specifically for *social* housing. Should a requirement be identified within the social housing need assessment for specific older people's provision, the facility exists to programme for this need. Housing Executive officials commented that older people tend to wait longer for social housing; though it was not clear whether this is a form-related issue, or a reflection of preferences.
- 2.6.10 Housing Executive officials also raised issues related to allocation and transfers: how many transfer applications (within the social sector) were from older people, to what extent older people were under-occupying social dwellings, and what options might be available under these circumstances. They noted that as the total Housing Executive stock has decreased, an increasing proportion is designated for older people; this is consistent with the analysis of the changing housing system in the next section. These concerns are explored further in Section 3.3 of this report.
- 2.6.11 Other Housing Executive officials noted a shortage of proper 'housing with care' facilities, and suggested that the Health Trusts' accommodation portfolio is much stretched. They referred to a report by KPMG (Audit of Statutory Residential Homes for Older People, 2007) that summarised findings on all Trust-run facilities for older people in Northern Ireland. It was concerned that some stock already was uninhabitable, failing RQIA and/or HMO standards, and that much of the rest of the stock was approaching this

stage: hence there was a programme of closures. This raises the problem that those currently occupying this accommodation will have to be rehoused elsewhere (in supported living type accommodation) as more facilities close. These officials also suggested that it would be useful to have an evidence-based perspective on older people's actual preferences and expectations about their housing futures: ideally in a specialised survey or as part of an existing survey.

2.6.12 The DSD noted changes related largely to the Bamford Report, and raised concerns about residential facilities being closed without reference to other policies, as there appeared to be a lack of forward thinking. Closure is often based on assumptions about what could be done with the land and/or its value. The assumptions may be incorrect to start with, or rendered incorrect by changing market/economic conditions. It was noted that the Department of Health had offered to gift land for the purpose of providing alternative accommodation, but the land was at inappropriate locations for the different type of accommodation that would be needed in future. One example was a long term residential facility that was due to close, but the land was not zoned for housing, and there were covenants attached to the property because it was originally gifted for the purpose of providing specific accommodation. Even if sites were sold, the receipts may not necessarily be used to purchase land at appropriate, alternative locations for the purpose of providing new accommodation due to Government accounting rules.

2.6.13 The NIFHA raised questions relating to the way the Housing Executive plans overall, and specific groups' needs. In common with views articulated by the NIFHA, other issues raised by Housing Executive officials working in Strategic Partnerships related more to aspects of funding and management of age-related specific provision rather than regional strategies or local land use planning. Issues included:

- What proportion of older households that were allocated social housing previously had been owner occupiers? Are such allocations typically on the grounds of homelessness due to accommodation not being reasonable?
- What proportion of the social housing that may be considered suitable for older people is *occupied* by older people? Much of this stock, especially bungalows, is occupied by younger households including single people, couples without children and lone parent families.
- There is evidence not only of vacancies within sheltered housing, but also of demand for sheltered housing. There may be a case for refurbishing some of the existing sheltered accommodation, perhaps merging units within it to form two dwellings out of three or four. Funding, however, might be problematic, in that schemes have to be a certain age to qualify for further HAG, and new build is currently the main priority.

## SECTION 3: EXISTING SUPPLY OF ACCOMMODATION IN RELATION TO OLDER PEOPLE

### 3.1 Introduction

Previous reviews of the future housing needs of older people in Northern Ireland have focused primarily on social housing needs and specialist forms of housing provision including housing with care (NIHE and NIFHA, 1997). Even in 1991, however, over half of pensioner households were owner occupiers rather than tenants. Continuing changes in the overall housing system, combined with a strong preference for ageing at home, require a more holistic perspective on current and future housing provision and options for older adults. Thus section 3.2 presents an overview of the changing housing system in Northern Ireland to provide a context for consideration of the existing supply of accommodation in relation to older people in section 3.3. Future needs and demands are explored in Section 4.

### 3.2 The changing housing system in Northern Ireland

3.2.1 There have been enormous changes in the Northern Ireland housing system during the last 30 years, so the most recent census in 2001 simply recorded a particular moment in a still-changing structure of housing provision. Census data has become dated by 2010, but is supplemented here by survey and administrative data, plus NISRA population and household estimates and projections. Table 3.1 combines data from the censuses of 1981, 1991 and 2001 with data from the 2006 NIHCS to show broad tenure trends over a 25 year period.

**Table 3.1: Households by tenure, Northern Ireland 1981-2001**

	1981 <sup>1</sup>	1991	2001	2006
	<i>% of all households<sup>1</sup></i>			
Owns outright <sup>2</sup>	49}	{26	29	33
Owner with mortgage or loan <sup>3</sup>		{36	40	38
Rented from Housing Executive	39	29	19	14
Rented from housing associations	1	3	3	3
Private rented & others	10	7	9	12
TOTAL ('000)	462	530	627	659

Source: Censuses 1981, 1991 and 2001; NIHCS 2006

Note: <sup>1</sup> Percentages may not sum due to rounding;

<sup>2</sup> outright ownership not identified separately in 1981; <sup>3</sup> includes co-ownership

3.2.2 The Housing Executive stock had fallen substantially by 2001 due to 20 years of sales under the House Sales Scheme (HSS), while its new building programme was falling, then ended in 1998. Around 100,000 homes had been sold by 2001 with the total of sales at 117,000 in 2009 (DSD, 2009; Table 3.16). Housing associations had specialised in sheltered housing for older people, but after the introduction of the Common Selection Scheme (CSS) in November 2000 they have increasingly housed more varied applicants on the basis of general needs and homelessness. Housing associations have become the main suppliers of *new* social housing, but for a number of years building had fallen below the level of need indicated by the net stock model and annual Housing Executive housing market reviews.



- 3.2.3 Many of these changes have resulted in significant differences in the pattern of housing opportunities and constraints between generations. People entering old age in 2010 do so within a very different housing context from 20 or 30 years ago. Thus any census-based snapshot records the progression of different cohorts through their individual and household life courses. The next generation of older people will have different experiences and requirements from those of previous generations.
- 3.2.4 Three trends stand out strongly between 1981 and 2006 (bearing in mind the different bases of the data relating to 2001 and 2006):
- (i) There was a huge expansion of home ownership over a 25-year period during which the total number of households grew by 30%. The proportion of home owners increased from under 50% to over 70% of households and the number of owner occupiers *doubled*.
  - (ii) The supply of social rented housing fell in absolute and proportional terms and the balance shifted between the Housing Executive and housing associations. The number of social housing tenancies fell by over 40%, from around 195,000 in 1981 to 114,000 in 2006, mainly due to Housing Executive sales. Nearly 40% of households had been Housing Executive tenants in 1981, 30% in 1991, but only 14% in 2006. The proportion of households renting from housing associations grew from 1% to 3% in the 1980s but did not change over the next 15 years.
  - (iii) The long-term decline of private renting was reversed during the 1990s as buy-to-let investors increased the supply of tenancies.
- 3.2.5 These trends are *not* likely all to continue in Northern Ireland between 2006 and 2016, for the two main reasons. First, home ownership will *not* grow at the same rate. The House Sales Scheme has run out of steam with sales falling from nearly 6,000 in 2003-04 to just 62 in 2008-09. The future of home ownership more generally is heavily influenced by the wider housing market and economy. Ten years of growing private house building in Northern Ireland and three of rampant house price inflation came to a halt in 2007 and the future of the private housing market is uncertain. There are signs of reduced first time buyer activity and the proportion of households owning their homes with a mortgage or loan has fallen since 2006-07 (DSD, 2009).
- 3.2.6 Second, the future of social housing, including the HSS and stock transfer, is sensitive to policy decisions. Unlike other UK countries, no public housing has been transferred to housing associations but that could change after policy decisions related to the RPA and the new Local Government Districts. The total social housing stock could increase if housing association new building exceeded net social housing sales, though a low rate of house building by associations could lead to a decline in the *proportion* of households renting in the social sector. As well, the falling number of younger people could result in reduced demand for private renting, though DSD housing statistics for 2008-2009 and the 2009 NIHCS both indicate that the private rental sector *expanded* between 2006 and 2009. Continued reduction in the availability of social housing, moreover, could stimulate more private sector rental provision.

- 3.2.7 It is thus impossible at present to distinguish fully between short-term fluctuations in trends due to the recession and its housing market consequences, and new directions of change in Northern Ireland, as elsewhere in the UK (Malpass and Rowlands, 2010).
- 3.2.8 Fluctuations caused by the recent recession, especially regarding levels of entry into home ownership, are *not* likely to have major effects between 2006 and 2016 on older people's accommodation needs and demands, though falling property values since their peak in 2007 have reduced the notional asset value of most residential property. This has clear implications for owners' capacity to withdraw equity from their homes and may reduce the willingness of some households to trade down to a smaller home. Uncertainty about the future housing market may also reduce the likelihood of new accommodation options for older people emerging, such as retirement villages.

### 3.3 Existing housing supply for older people

- 3.3.1 The main element of existing supply of accommodation for older people is the homes that they occupy now and into the future, whether owned or rented. Data from the 2001 census show that most pensioner households<sup>19</sup> were owner-occupiers (63%), with the proportion having increased from 57% in 1991. A third of pensioners were Housing Executive tenants in 1991, but this had decreased to 23% by 2001. Over the same period there had been small increases in the proportions of pensioners renting from housing associations (from 4% to 6%) and in the private rented and other category (up from 7% to 9%).

**Table 3.2: Pensioner households by tenure, Northern Ireland 1991 and 2001**

<i>Tenure</i>	% of pensioner households <sup>1</sup>	
	<b>1991</b>	<b>2001</b>
Owner-occupied <sup>2</sup>	57	63
Rented from Housing Executive	33	23
Rented from housing associations	4	6
Private rented and others	7	9
<b>TOTAL</b>	<b>100</b>	<b>100</b>

Source: Census 2001 and NIHE/NIFHA (1997)

Note: <sup>1</sup> Percentages do not sum due to rounding; <sup>2</sup> includes co-ownership

<sup>19</sup> Tables 3.2 and 3.3 are based on NISRA tabulations which count pensioners as men of 65 and over and women of 60 and over. There were also changes in definitions and categorisation of household types between the 1991 and 2001 censuses which also would have minor but trivial marginal effects on Table 3.2; these data provide the best available comparison of tenure circumstances of pensioner households and are valid for purposes of inter-censal comparison.

- 3.3.2 Other pensioners were not recorded by the census as living in households but as persons in communal establishments<sup>20</sup>: around 8,400 women over 60 and nearly 3,000 men over 65, mainly in nursing homes or residential care facilities (2001 Census Table S301). The proportion of those aged 85 and over that were living in communal establishments increased through each 5-year grouping, from 19% of those aged 85-89 to 66% of those aged 100 or over. Women outnumbered men aged 85 and over within each 5-year band and they were more likely than men to live in communal establishments rather than households (Census 2001 Table S001).
- 3.3.3 Although most pensioner households are home owners, Table 3.3 shows that there was a lower rate of home ownership among pensioner households in 2001 than among younger households: 63% compared to 71%. Pensioners who were renting were much more concentrated than younger households in social housing, especially housing associations. Pensioners accounted for 20% of all households but 47% of other social housing tenancies, and 24% of Housing Executive tenancies but just 18% of private tenants. Younger households, especially aged under 30, were more heavily concentrated in the private rental sector.
- 3.3.4 These distributions reflected three separate tendencies with related consequences and implications.
- (i) Sheltered housing and some other dwellings deemed 'suitable' for older people were excluded from the House Sales Scheme (HSS), as purchasers tended to be younger and middle aged rather than older households. Older Housing Executive tenants tended less to buy their homes under the HSS and more to remain Housing Executive tenants or transfer to housing associations. These cohort effects will become less significant over time partly due to the falling supply of social housing and its continuing residualisation. Many dwellings designed for older households or that had been considered suitable for older households are actually occupied by younger households, including lone parent families and singles. In some places, therefore, such dwellings and their localities have become much *less* suitable in practice for older persons. Such changes raise management questions: relating to how elements of the stock are defined; concerning allocations and transfers policies; concerning how to make best use of the existing stock; and, whether to undertake re-modelling of existing dwellings and estates.
  - (ii) Housing associations had specialised in the provision of sheltered housing for older people and a large proportion of their stock was occupied by pensioners. This cohort effect also will reduce as housing associations accommodate a wider range of client groups, especially if there should be stock transfer from the Housing Executive to other

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<sup>20</sup> See Appendix 3 for a definition of the term 'communal establishment'.

social landlords. The existence of a substantial stock of sheltered housing, however, remains a resource for older households.

- (iii) The private rental sector became primarily a transitional tenure for younger households, including students, with a falling proportion of older tenants. This may intensify if young households are unable to buy or delay home purchase.

**Table 3.3: Households by tenure: pensioner/non-pensioner comparisons 2001**

	'000 and percentages				
	<i>Owner-occupiers</i>	<i>Housing Executive tenants</i>	<i>Other social tenants</i>	<i>Private renters</i>	<i>All</i>
Pensioner households	79 63%	29 23%	8 6%	11 8%	126 100%
Other households	357 71%	88 18%	9 2%	47 9%	501 100%
<b>TOTAL</b>	436 70%	117 19%	16 3%	58 9%	627 100%

Source: NISRA Census 2001 Table S357 Household Composition by Tenure and Occupancy; some numbers do not sum due to rounding.

3.3.5 The overall growth in owner-occupation between 1991 and 2001 was spread across the whole age spectrum. Table 3.4 shows that in 2001, every 10-year grouping had a higher level of home ownership than in 1991, with the highest rates of increase among *older* age groups. The proportion of over-55s owning their own homes increased by around 10%, whereas there was smaller proportional growth in younger age groups. This was also a cohort effect: for example, most of the home owners aged 63 years in 2001 had been 53-year-old home owners in 1991. Compared to previous cohorts, therefore, *much* higher proportions of households entering older age in future will be home owners. The recent housing market turmoil may have reduced activity among younger first time buyers, but they will probably return to the market as lending restrictions ease, especially given the large stock of unsold new dwellings available at prices nearer 2004 levels than the peak in 2007.

**Table 3.4: Households by tenure and age 1991 and 2001**

<i>Age Group</i>	<i>Owner-occupiers</i>				<i>All in age group</i>	
	'000		%		'000	
	<u>1991</u>	<u>2001</u>	<u>1991</u>	<u>2001</u>	<u>1991</u>	<u>2001</u>
<34	66.0	75.5	55.1	58.8	119.7	128.3
35-44	70.5	100.2	69.5	73.9	101.5	135.6
45-54	63.4	88.7	70.3	76.3	90.2	116.3
55-64	54.6	72.7	65.7	75.2	83.1	96.7
65<	75.1	99.1	56.4	66.2	133.1	149.7
<b>TOTAL</b>	<b>329.6</b>	<b>436.2</b>	<b>62.5</b>	<b>69.6</b>	<b>527.6</b>	<b>626.7</b>

Source: NISRA Census 2001 Table S357 Household Composition by Tenure and Occupancy

3.3.6 There was also a marked increase in the level of *outright* ownership among all age groups between 1991 and 2001, especially older households. Table 3.5 shows that the increase in the level of outright home ownership, like home ownership overall, was highest among older age groups. This

suggests that between 2006 and 2016 a *growing* proportion of people reaching the age of 65 will be outright, rather than mortgaged, home owners.

**Table 3.5: Outright owner-occupiers by age of HoH<sup>1</sup> 1991 and HRP 2001**

Age group	'000		% of households in age group	
	1991	2001	1991	2001
<34	5.2	12.5	4.3	9.7
35-44	11.1	16.6	10.9	12.2
45-54	20.5	27.2	22.7	23.4
55-64	34.0	42.1	40.9	43.5
65<	66.6	85.7	50.0	57.2
<b>TOTAL</b>	<b>137.4</b>	<b>184.1</b>	<b>26.0</b>	<b>29.4</b>

Source: NISRA Census 1991 and Census 2001 Commissioned Tables

Note: <sup>1</sup>Differences between HoH and HRP are not significant at this level of analysis.

- 3.3.7 The 2006 NIHCS provides the most recent data on the distribution of tenures by household type. This data could not be incorporated into the previous two tables as the NIHCS uses different age categories from the Census, but Table 3.6 shows that there was continued growth of home ownership in all age categories between 2001 and 2006, especially among those aged 60 and over.

**Table 3.6: Households by tenure and age of HRP, Northern Ireland 2006**

	Percentages					Age group as % all households
	Own outright	Owner, buying	Housing Executive	Housing association	Private rented and others	
17-24	} n/a	n/a {	18	3	54	4
25-39			14	3	19	23
17-39	5	53	14	3	25	27
40-59	24	51	14	2	8	37
60-74	61	16	13	3	7	24
75<	65	6	15	8	7	13
<b>TOTAL</b>	<b>33</b>	<b>38</b>	<b>14</b>	<b>3</b>	<b>12</b>	<b>100</b>

Source: NIHCS 2006, table A4.1 and special tabulations  
percentages may not sum due to rounding

- 3.3.8 However, more recent data from the 2009 NIHCS and the DSD housing statistics 2008-09 indicate that overall homeownership fell slightly from 2006 to 2009, with outright ownership increasing to nearly 40% of households but fewer mortgaged home buyers. It remains to be seen whether this is a short-term effect of the recession or the start of a longer-term fall in home ownership, though it will have little effect in the period up to 2016.
- 3.3.9 The 2006 House Condition Survey examined the mix of household types in different tenures (Table 3.7). High proportions of lone older people and lone parent households were living in social housing, especially housing association properties. Housing associations in particular accommodated a very high proportion of lone older person households and an above-average proportion of lone parent households. The Housing Executive had very high concentrations of lone older, lone adults and lone parent households, but low proportions of families. By way of contrast, two older and family households

tended to be owner-occupiers rather than tenants. Lone parent households were mainly tenants, with few owner-occupiers; single person households also were mainly private tenants, especially those aged between 17 and 24. Private tenants were mainly single, two adult, or lone parent households.

**Table 3.7: Household type and tenure, Northern Ireland 2006**

Household type	Owner occupied	Housing Executive	Housing association	Private rented and others	% of all households
	% of household type in each tenure group				
Lone adult	52	25	3	20	14
Two adult	75	9	1	15	14
Small family	80	9	1	9	12
Large family	83	9	2	5	10
Large adult	85	7	1	8	13
Two older	87	8	1	4	16
Lone older	60	20	10	10	15
Lone parent	21	33	9	37	6
<b>All</b>	<b>71</b>	<b>14</b>	<b>3</b>	<b>12</b>	<b>100</b>
					N=(658,700)

Source: NIHCS 2006, Table A4.5; percentages may not sum due to rounding

3.3.10 There are a number of geographical variations in the distribution of households by type and tenure. This analysis has to use 2001 Census data to achieve an adequate level of representation of all household types and tenures across proposed LGDs and compare pensioner with non-pensioner households. Table 3.8 shows considerable variations in the distribution of tenures of all households across the proposed LGDs. The main contrasts are between metropolitan and non-metropolitan areas, with Belfast standing out as having a very low level of home ownership and high levels of social and private renting; Derry & Strabane exhibited a similar albeit less extreme pattern. Most non-metropolitan LGDs had high levels of home ownership and lower levels of social renting. The lowest levels of other social housing, primarily housing associations, were in non-metropolitan LGDs in the west and south, especially in areas with higher proportions of Catholics.

3.3.11 Owner occupation was around 70% overall, but much lower in Belfast (56%) and Derry & Strabane (63%), average on the Causeway Coast (70%) and higher in all other LGDs (73-76%). The spatial distribution of Housing Executive homes, accommodating 14% of all households, was almost the direct opposite of owner-occupation: high in Belfast (26%) and Derry & Strabane (25%), average (18-19%) in metro Belfast LGDs (Lisburn & Castlereagh, Antrim & Newtownabbey) and the Causeway Coast, but much lower in other LGDs.

3.3.12 Other social housing, provided mainly by housing associations, accounted for 3% overall with a similar geography to the Housing Executive: very high in Belfast (5%), average (3%) in Derry & Strabane and Armagh City & Bann; lower elsewhere, only around 1% in Fermanagh & Omagh, Mid Ulster and Newry & Down. Private renting (9% overall) was also high in Belfast (13%), above average in Fermanagh & Omagh, Newry & Down, Causeway Coast

and Mid Ulster (all 10-11%) and lowest in the suburban LGD of Lisburn & Castlereagh (5%).

3.3.13 There were similar geographical variations by tenure among pensioner households, including the split between metropolitan and non-metropolitan LGDs. The range of variation in owner-occupation was smaller, from 55% to 69%, and there were larger variations in terms of social renting, with a slightly higher overall representation and a wider range than for all households. A larger proportion of pensioner than non-pensioner households were renting privately in non-metropolitan areas, reflecting a different and more residual form of private renting than the growing buy-to-let sector catering for younger households in metropolitan and student areas. The lower levels of private renting among pensioner households in metropolitan areas reflected the higher level of housing association provision for older households in those areas.

3.3.14 Owner-occupation among pensioner households (63%) was lower than among all households (70%) but had a similar geographical distribution: lowest in Belfast (55%), below average in Derry & Strabane (60%) and Armagh City & Bann (61%, but well above average in Newry & Down and Fermanagh & Omagh (69%).

3.3.15 There was a relatively high proportion of pensioner households in Housing Executive homes (23%), especially in Belfast (30%) and Derry & Strabane (26%), around average in most other LGDs but lowest (17-18%) in Ards & North Down, Fermanagh & Omagh, Mid Ulster and Newry & Down.

**Table 3.8: Variations in tenure and households by proposed LGDs, 2001**

	<i>All households</i>				<i>Pensioner households<sup>1</sup></i>			
	Owner-occupier <sup>2</sup>	NIHE	Other social	PRS <sup>3</sup>	Owner-occupier	NIHE	Other social	PRS
	% of households in each LGD by tenure							
Antrim & N'abbey	73	18	2	7	63	23	6	8
Ards & North Down	76	14	2	7	66	18	7	8
Armagh City & Bann	73	16	3	9	61	23	7	9
Belfast	56	26	5	13	55	30	9	7
Causeway Coast	70	18	2	11	66	20	4	10
Derry & Strabane	63	25	3	9	60	26	7	7
Fermanagh & Omagh	73	14	1	11	69	17	3	11
Lisburn City & C'reagh	74	19	2	5	66	24	6	5
Mid Antrim	74	16	2	7	64	21	6	8
Mid Ulster	75	14	1	10	67	17	3	13
Newry City & Down	74	15	1	10	69	17	4	10
<b>TOTAL</b>	<b>70</b>	<b>19</b>	<b>3</b>	<b>9</b>	<b>63</b>	<b>23</b>	<b>6</b>	<b>8</b>

Source: NISRA Census output Table s357

Note: <sup>1</sup> pensionable age for men 65 and 60 for women; <sup>2</sup> includes shared ownership; <sup>3</sup> includes other and not stated

3.3.16 The proportion of pensioners living in other social housing, 6% overall, was highest in Belfast (9%), above average in Derry & Strabane, Ards & North Down and Armagh City & Bann (each 7%), but much lower in Fermanagh & Omagh and Mid Ulster (3%).

Pensioners living in privately rented housing, 8% overall, were highly represented in Mid Ulster (13%), above average (10-11%) in Fermanagh &

Omagh, Causeway Coast and Newry & Down, below average in Belfast and Derry & Strabane (both 7%), and lowest in Lisburn & Castlereagh (5%). This distribution probably reflects the relatively low proportion of sheltered housing available outside of Belfast compared to other areas.

As Table 3.6 indicates, the overall position had changed by 2006, with higher levels of home ownership and private renting (together up from 79% to 83% of all households) and relative decline in the proportion of households in social housing (from around 21% to around 17%). These changes will have affected the geography of housing provision in Northern Ireland and are explored further below in an analysis of the relationship between the distribution of pensioner households and the availability of social housing around mid-2009 and projected to 2016.

### Waiting list and homelessness data

3.3.17 Some indicators of the existing supply of accommodation for older persons can be derived from statistics relating to the Common Waiting List (WL), housing stress (HS) and homelessness.

The total numbers of households on the WL *and* deemed to be in housing stress (HS) both increased substantially between 2002 and 2008 (Table 3.9). The total increased by over 50% from 26,000 to nearly 40,000 and the number in HS went up by more than 70% from around 12,400 to 21,400.

**Table 3.9: Elderly households on the WL and in HS, 2002 and 2008**

	<i>Waiting list by household types</i>			<i>Housing stress by household types</i>		
	Elderly	All households	Elderly % WL	Elderly	All households	Elderly % HS
2002	5,567	25,903	21.5	2,433	12,449	19.5
2008	7,050	39,675	17.8	3,878	21,361	18.2
Change	1,473	13,772	-3.7	1,445	8,912	-1.3
<i>Change %</i>	<i>27%</i>	<i>53%</i>		<i>60%</i>	<i>72%</i>	

Source: NIHE statistics

3.3.18 The number of elderly households on the WL increased much less rapidly than the total WL (27% compared to 53%) but the proportional growth in elderly households in HS was nearer to the total in HS: 60% compared to 72%. It cannot be determined from these statistics how much these changes were due to administrative decisions and/or availability of different types of suitable accommodation.

3.3.19 There were some geographical variations in the proportions of elderly households on the WL and deemed to be in HS, though overall there was a close relationship within each of the proposed LGDs between numbers on the WL and HS (Table 3.10). Elderly households were highly represented in both 2002 and 2008 in Ards & North Down, Lisburn City & Castlereagh and Mid Antrim. The lowest proportions of older households were in Derry & Strabane, Newry City & Down and Mid Ulster. There was little change in relativities between 2002 and 2008, but there were some minor variations around the totals.



3.3.20 Overall, older households appear to have been increasingly likely to be deemed in HS, relative to the overall growth of the WL, though the elderly as a proportion of all households in HS fell slightly due to a much higher overall increase of others in HS.

3.3.21 In March 2009, the Housing Executive had 7,600 transfer applicants, of whom 1,900 were defined as 'elderly'. This represented around 25% of transfer applicants which is roughly proportional to the number of older tenants, thus there was no indication that older tenants were either more or less likely than other groups to seek a transfer. Almost 2,200 housing association residents were also seeking to transfer, with about 33% classified as 'elderly'. This represented a lower proportion of older tenants than overall, so it appears that older housing association tenants were less likely to seek transfers than younger tenants.

**Table 3.10: Elderly on the WL and in HS, 2002 and 2008**

	2002		2008	
	% WL	% HS	% WL	% HS
Antrim & Newtownabbey	18	22	21	23
Ards & North Down	38	33	29	30
Armagh City & Bann	18	18	16	20
Belfast	18	17	15	16
Causeway Coast	19	13	15	14
Derry & Strabane	14	12	12	11
Fermanagh & Omagh	20	22	15	13
Lisburn City & Castlereagh	29	24	24	25
Mid Antrim	27	28	23	28
Mid Ulster	17	11	12	10
Newry City & Down	16	12	14	13
<b>TOTAL</b>	<b>21</b>	<b>20</b>	<b>18</b>	<b>18</b>

3.3.22 The number of households presenting as homeless between 2003-04 and 2008-09 did not increase as much as the total WL or households in HS; and there was very little change in the proportions of various household types presenting as homeless (Table 3.11). The total had increased from around 17,000 in 2003-04 to 21,000 in 2006-07, but fell back to 18,000 in 2008-09. The proportion of pensioners<sup>21</sup> represented 8% of households presenting as homeless in 2003-04 but increased to 11% in 2008-09. Single person households made up by far the largest proportion of households at both times (around 51%), especially single males (around 34%). Families accounted for 34-35% at both times and couples for 4-5%.

<sup>21</sup> The definition of 'pensioners' in this case is anyone over 60. Vulnerability due to 'old age' can be one of the indicators of priority need for homeless applications under the CSS; the Housing Selection Scheme Guidance Manual states that '*the test is not whether the relevant person has reached 'old age' but whether as a result of old age the relevant person is less able to fend for himself. All applications from persons over 60 years need to be considered carefully. Each case will need to be considered in light of the individual circumstances*'.

**Table 3.11: Households presenting as homeless, 2003-04 and 2008-09**

	<i>Percentages</i>	
	<i>2003-04</i>	<i>2008-09</i>
<b>Household type</b>	%	
Single males 16-25	12	11
Single males 26-59	23	22
Single females 16-25	10	9
Single females 26-59	8	8
Couples	5	4
Families	35	34
Pensioners	8	11
<b>TOTAL ('000)</b>	<b>17,150</b>	<b>18,076</b>

Source: DSD 2009, Table 34.5; percentages may not sum due to rounding

The published data on households awarded priority status do not identify household types, so it is impossible to analyse the proportions presenting as homeless in relation to the proportions awarded priority status.

### Data relating to dwelling conditions

3.3.23 The NIHE/NIFHA report (1997) on the social housing needs of older people drew attention to the high concentration of older people living in unfit housing in 1991; it also noted that 28% of private rental dwellings and 9% of the owner-occupied stock were unfit. It emphasised that 14,000 older households, with 22,000 individuals, were occupying unfit dwellings in 1991.

3.3.24 The 2006 NIHCS recorded a vast improvement in overall dwelling conditions, with just 3.4% of the stock, around 24,000 dwellings, deemed to be unfit and more than half of those (58%) lying vacant. Overall, just 1.5% of occupied dwellings were unfit. Preliminary results from the 2009 HCS suggest that the reduction in unfitness has continued, with the total down to 17,500, including over 10,000 vacant, so just 1% of the occupied housing stock was unfit. Overall unfitness has fallen considerably since 1991 due to a combination of economic growth, new private sector construction and successful policies of the Housing Executive and housing associations. The 2006 and 2009 NIHCS reports have shown that remaining unfitness is widely distributed across Northern Ireland, albeit with higher concentrations in the south west.

3.3.25 Despite an overall improvement in housing condition, older households remained disproportionately concentrated in much of the worst housing in 2006. Table 3.12 shows that there was a very close relationship between levels of dwelling unfitness and the ages of HRPs. Older households, especially over-75s, were *much* more likely to occupy unfit dwellings than younger age groups. Older households made up 36% of all households but they inhabited 68% of occupied unfit dwellings.

**Table 3.12: Dwelling unfitness and disrepair by age of HRP, Northern Ireland 2006**

Age Group	<i>Unfit</i>	<i>Fit</i>	<i>No disrepair</i>	<i>Some disrepair</i>	<i>Total</i>
	% of age group				'000
17-24	<0.5	100	5	55	26.7
25-39	1	99	49	51	149.6
40-59	1	99	49	51	240.2
60-74	2	98	53	47	158.2
75+	5	95	48	52	84.0
<b>TOTAL ('000)</b>	<b>10.1</b>	<b>648.6</b>	<b>325.4</b>	<b>332.3</b>	<b>658.7</b>

Source: NIHCS 2006, Table A5.6 and special tabulation; percentages may not sum due to rounding

3.3.26 The 2006 NIHCS identified three main factors likely to explain the high correlation between unfitness and the age of HRPs:

- (i) Older people may be reluctant to commit to the cost and inconvenience of improvements or major repairs.
- (ii) Older people may be reluctant to seek grant aid towards improvements and repairs due to anxiety concerning their own contribution to total costs.
- (iii) Older people may be reluctant to move to other accommodation and prefer instead to remain in unfit property.

3.3.27 The 2006 NIHCS also considered the issue of disrepair and noted high levels across much of the housing stock. Table 3.9 shows that disrepair in general, albeit much at a low level, is more widely spread across age groups than unfitness. In future, as absolute unfitness reduces further, it is likely that public policy concerns will increasingly focus on issues relating to disrepair. In the period 2006 to 2016, however, the relatively high proportion of older households occupying unfit dwellings remains a cause of concern and potential target for action.

### **Specialised accommodation/dwellings especially suitable for older households**

3.3.28 There is a range of varied, complementary and occasionally contradictory data relating to the supply of accommodation especially suitable for older people in Northern Ireland. These sources provide a current perspective which can be compared to the situation in 1991 described in the report by NIHE/NIFHA (1997).

3.3.29 The supply of social housing available for older households can be derived from a range of sources: Housing Executive records, DSD returns, and the national consortium for sheltered and retirement housing (ERoSH). Other sources relating to retirement housing, care homes and elderly care are available from the Department of Health, Social Services and Public Safety (DHSSPS), the Regulation and Quality Improvement Authority (RQIA) and EAC ([www.housingcare.org](http://www.housingcare.org)). At present, however, there is no single authoritative official source of data on these various forms of housing and care-related accommodation provision.

3.3.30 Figure 3.1 represents an attempt to synthesise information from the earlier report (NIHE/NIFHA, 1997) and contemporary sources. Some of the accommodation is relatively specialised, particularly housing association sheltered housing, but much comprises dwellings deemed to be 'suited to older people' (in 1991 terminology) or 'appropriate' for older people (in 2010).

**Figure 3.1: Social housing and other specialised provision for older people**

<b>Housing Executive</b>	
<b>1991</b>	<b>2009/10</b>
Dwellings 'suited to older people' * 17,185 bungalows * 12,525 ground floor flats * 1,777 sheltered & intermediate TOTAL: 31,151 dwellings	Dwellings listed as 'appropriate' * 18,095 bungalows * 9,300 ground floor flats TOTAL: 27,485 dwellings
<b>Housing associations</b>	
<b>1991</b>	<b>2009</b>
'Accommodation for older people': * 5,039 sheltered accommodation * 848 Category 1 accommodation TOTAL: 5,887 dwellings Plus: 272 bed spaces in shared accommodation	NIFHA/EAC/DSD data * 9,140 sheltered accommodation * 1,135 supported * 915 (without support) TOTAL: 11,190 dwellings
<b>Private and voluntary sector residential and nursing care</b>	
<b>1991</b>	<b>2009</b>
'Little information available': * 13,657 places noted in Appendix E	DHSSPS community statistics, RQIA registered establishments: * 10,450 bed places in 252 nursing homes (including 487 residential beds in nursing homes) * 4,875 bed places in 239 residential care homes (September 2009) TOTAL: 15,046 bed places

Sources: for 1991: NIHE/NIFHA 1997; for 2009: NIHE Research Unit

3.3.31 The data relating to the Housing Executive show a fall between 1991 and 2009 in the total number of dwellings defined as 'appropriate' for older persons: from around 31,200 to 27,500. Many of these dwellings, however, are *occupied* by younger households, so these definitional categories may have become outdated. In 1991, of course, it also was the case that not all of these dwellings were occupied by older residents. In some cases, the changing mix of household types and ages may mean that some developments considered to be suitable for older households contain *no* older households or are considered by local housing managers *not* to be suitable for older people, due to the current household mix.

3.3.32 There has been a significant increase in housing association provision for older persons, from under 6,000 to over 11,000 units of sheltered housing, supported housing and housing without support. Again, some dwellings may be occupied by households that are not elderly but the proportion is likely to be much lower than within the Housing Executive stock.

- 3.3.33 There appears to have been some growth in the provision of bed places in nursing homes and residential care homes, from around 13,700 places in 1991 to over 15,000 in 2009. The available data, however, record numerous fluctuations from time to time as well as appearing to include changes of definition and recording methods. These data probably should be considered to be 'ballpark' figures rather than a precise count. In any case, they record situations that frequently *are* changing, rather than a constant and perfectly steady state.
- 3.3.34 There are numerous geographical variations in terms of provision, with significant differences in the distributions of Housing Executive and housing association dwellings, and in terms of the distribution of older persons. The distribution of social housing accommodation that is specialised or 'appropriate' for older people is set out in Table 3.14. These data are then reviewed in different ways in Tables 3.15 and 3.17 which use 'location quotients' (LQs) to describe the supply of accommodation that is specialised or 'suitable' for older persons in relation to the distribution of older persons in proposed LGDs. The LQs compare the distribution of persons aged 55 and over, as required in the project brief, in 2006 and 2016, based on NISRA population estimates and projections. The tables show the ratio of supply to the population aged 55 and over as estimated in 2006 and projected for 2016 on the basis of population projections and on the assumption that there is no net change in social housing provision during this period. This is *not* considered the most likely scenario; rather it shows where differences between existing supply and projected population changes would have most impact if there were no change in supply. The analysis also forms a basis for considering priorities for additional supply in terms of location by LGDs.
- 3.3.35 LGDs with an LQ of 1.2 or above have a relatively high proportion of dwellings in comparison to the population of over-55s and those with LQs of 0.8 or below have a relatively low proportion. This does *not* infer 'over-' or 'under-supply', as a low LQ does not necessarily mean that older people are being treated better in other LGDs. For example, places with low LQs may have high levels of home ownership and low demand for social housing. Older people in LGDs with low LQs may be housed in non-specialised social housing; indeed, many older people, often single persons, live in 2- or 3-bedroom Housing Executive houses.
- 3.3.36 Table 3.13 forms the basic building block for the subsequent tables and analysis. It shows that the stock of specialised dwellings and housing appropriate for older people is widely distributed across Northern Ireland. There was considerably more 'appropriate' than specialised accommodation, especially Housing Executive bungalows (18,400) and ground floor flats (9,300), with around 10,300 more specialised dwellings, including 9,100 units of sheltered housing provided by housing associations. Thus housing associations are the predominant provider of specialised older persons' housing, but the Housing Executive remains by far the largest provider of 'appropriate' dwellings and has a larger overall stock within which many older people continue to reside. Belfast has by far the largest concentration of housing association sheltered housing. Lisburn City & Castlereagh, Ards

& North Down and Armagh City & Bann also have large proportions of the total of all specialised and 'appropriate' housing.

**Table 3.13: Specialised and appropriate social housing by proposed LGDs 2010**

Proposed LGD	'Appropriate'			'Specialised'		TOTAL
	NIHE bungalows	NIHE ground floor flats	HA no support	HA sheltered	HA supported	Appropriate and specialised dwellings
Antrim & Newtownabbey	1,030	1,105	25	560	25	2,745
Ards & North Down	1,730	905	90	950	180	3,855
Armagh City & Bann	2,440	720	30	660	60	3,910
Belfast	1,940	2,545	280	2,800	335	7,900
Causeway Coast	1,810	430	115	565	200	3,120
Derry & Strabane	1,945	780	115	815	160	3,850
Fermanagh & Omagh	1,390	230	45	350	70	2,085
Lisburn City & C'reagh	1,550	1,145	50	890	30	3,665
Mid Antrim	1,220	820	25	820	55	2,940
Mid Ulster	1,190	250	55	280	10	1,785
Newry City & Down	1,850	460	50	450	10	2,820
<b>TOTAL</b>	<b>18,095</b>	<b>9,390</b>	<b>915</b>	<b>9,140</b>	<b>1,135</b>	<b>38,675</b>

Source: NIHE Research Unit

Note: housing association supported accommodation includes Abbeyfield Shared Housing, housing with care, residential/nursing care managed and/or owned by housing associations and schemes specifically designed for people with dementia.

3.3.37 The total amount of housing considered appropriate for older households, including specialised accommodation, becomes more meaningful in comparison with potential need or demand for such accommodation. It is only possible here to compare supply with the population of persons aged 55 or over in each LGD. This does not take into account factors that would be considered for evaluating the effectiveness of meeting needs, such as households' resources or current housing circumstances, needs and demands, and/or who actually lives in this housing. We simply derive measures of the extent to which the supply of these dwellings is proportionally greater or smaller than the number of over-55s, both estimated in 2006 and projected for 2016.

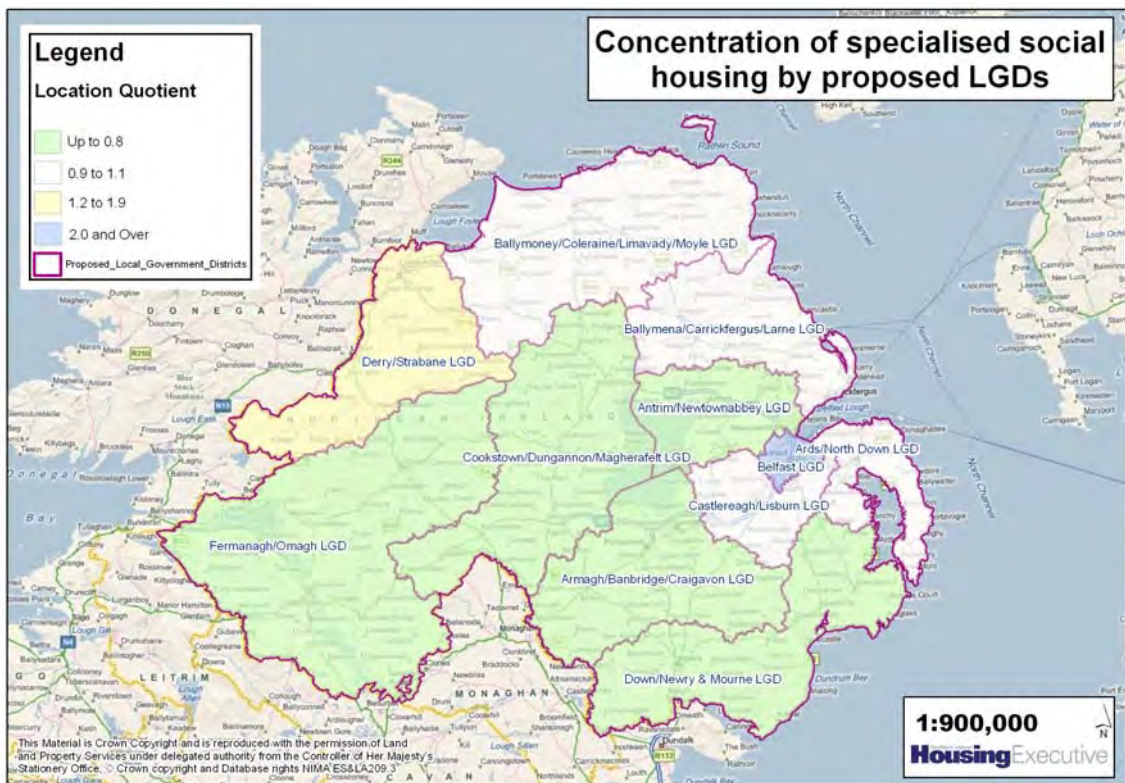
3.3.38 On that basis, Table 3.14 and Figure 3.2 show the distribution by LGD of share of specialised accommodation in comparison with the proportion of persons over 55. LGDs in the range of 0.9 to 1.1 are considered to be average; those LGDs with a ratio of 1.2 or above may be considered 'high' and those of 0.8 or below are 'low'. As noted above, the figures for 2016 are based on the assumption that there is no net change in this stock between 2009 and 2016 and are purely indicative of what would be likely to happen under those circumstances.

**Table 3.14: Specialised social housing and older people by proposed LGDs**

LGD	% LGD population 55+		Specialised housing 2006	LQs	
	2006	2016		2006	2016 <sup>1</sup>
Antrim & Newtownabbey	7.8	7.7	5.7	0.7	0.7
Ards & North Down	10.6	10.6	11.0	1.0	1.0
Armagh City & Bann	10.4	11.0	7.0	0.7	0.6
Belfast	15.6	13.3	30.5	2.0	2.3
Causeway Coast	8.1	8.3	7.5	0.9	0.9
Derry & Strabane	7.3	7.6	9.5	1.3	1.3
Fermanagh & Omagh	6.2	6.6	4.1	0.7	0.6
Lisburn City & Castlereagh	10.5	10.5	9.0	0.9	0.9
Mid Antrim	8.3	8.5	8.5	1.0	1.0
Mid Ulster	6.6	6.9	2.8	0.4	0.4
Newry City & Down	8.6	9.1	4.5	0.5	0.5

Sources: Tables 2.4 (NISRA household estimates 2006 and projections 2016) and 3.13.  
 Note: <sup>1</sup> 2016 LQs if there are no changes to the net stock listed in Table 3.14 constant.

**Figure 3.2: Concentration of specialised social housing by proposed LGDs**



Source: as for Table 3.14

3.3.39 Belfast stands out with an *extremely* high proportion of specialised accommodation in 2006 in relation to the older population. Given the low projected growth of older population in Belfast, which will have a *falling* share of the overall population of 55 and over, the ratio will be even *higher* by 2016 unless additional supply were to be located primarily outside of Belfast. This suggests that there may not be sufficient demand to fill all of this specialised

stock, though we do not have data on vacancy rates for specialised housing compared to other accommodation. Derry & Strabane also had a relatively high LQ. At the other extreme, there were very low LQs in Mid Ulster and Newry City & Down, and low LQs in the two suburban metropolitan LGDs of Lisburn City & Castlereagh and Antrim & Newtownabbey as well as in Fermanagh & Omagh. Outside of Belfast, there were not likely to be major changes in LQs between 2006 and 2016, though higher growth in the older population in non-metropolitan LGDs suggests that their already low LQs will fall even further.

3.3.40 Table 3.15 shows the distribution of social housing ‘appropriate’ for older persons in 2006 and LQs for 2006 and 2016. This contains a different geographical pattern from the previous table, due to the more even spatial distribution of the Housing Executive stock than to the highly concentrated stock of housing association sheltered housing. There are no very high or very low LQs, though again the highest LQs are in Belfast and Derry & Strabane in both 2006 and 2016. Due to a higher projected increase in the proportion of over-55s in Derry & Strabane, that LQ would fall whereas Belfast’s would increase by 2016.

**Table 3.15: Non-specialised appropriate social housing by proposed LGDs**

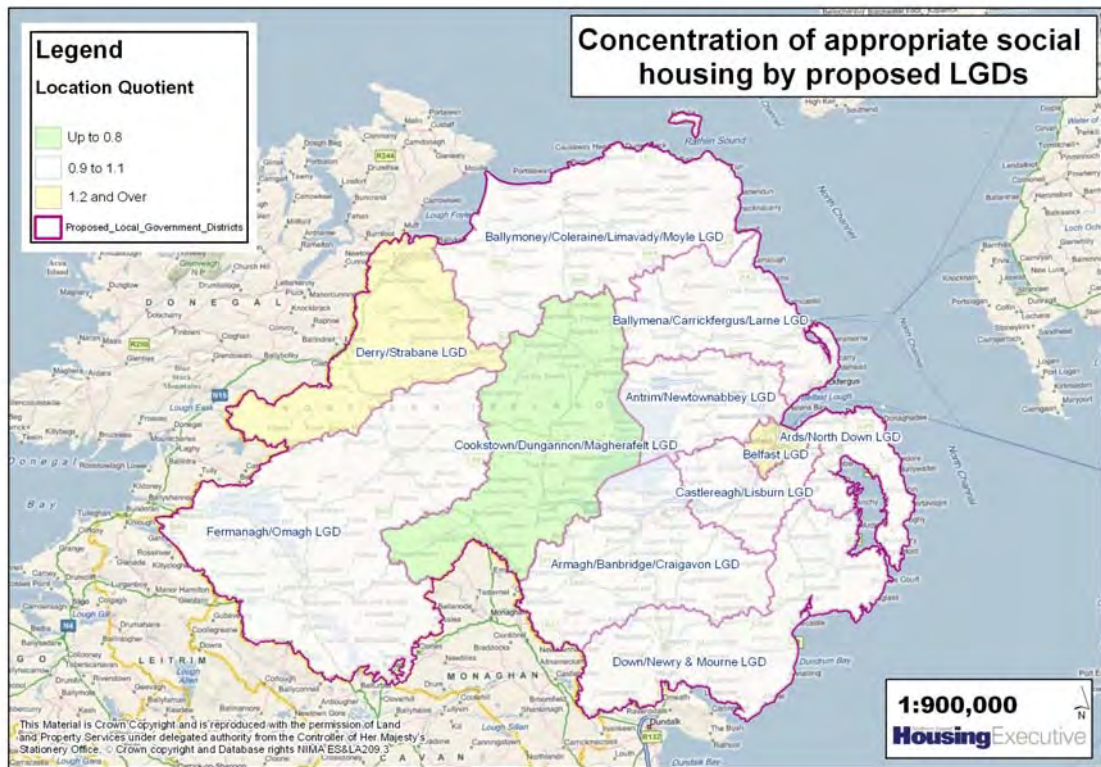
LGD	% LGD population 55+		Appropriate housing 2006	LQs	
	2006	2016		2006	2016 <sup>1</sup>
Antrim & Newtownabbey	7.8	7.7	7.6	1.0	1.0
Ards & North Down	10.6	10.6	9.6	0.9	0.9
Armagh City & Bann	10.4	11.0	11.2	1.1	1.0
Belfast	15.6	13.3	16.8	1.1	1.3
Causeway Coast	8.1	8.3	8.3	1.0	1.0
Derry & Strabane	7.3	7.6	10.0	1.4	1.3
Fermanagh & Omagh	6.2	6.6	5.9	1.0	1.0
Lisburn City & Castlereagh	10.5	10.5	9.7	0.9	0.9
Mid Antrim	8.3	8.5	7.3	0.9	0.9
Mid Ulster	6.6	6.9	5.3	0.8	0.8
Newry City & Down	8.6	9.1	8.3	1.0	0.9

Source and note: as in Table 3.14

3.3.41 The dwellings in this analysis (also illustrated in Figure 3.3 overleaf) are accommodating much higher proportions of *non*-elderly households than the more specialised accommodation. Bungalows and ground floor flats, for example, often may be allocated to small adult or lone parent households. The extent to which this is the case will depend partly upon allocation practices both recently and in the more distant past. In the light of the mix of household types on the common waiting list, moreover, in future *more* of these dwellings may be allocated to younger single persons, childless couples or lone parent households.



**Figure 3.3: Concentration of appropriate social housing by proposed LGDs**



3.3.42 Our brief did not require a review of issues relating to density of dwelling occupancy, though concerns were raised in the stakeholder interviews. Table 3.16 shows that the mean household size in Housing Executive dwellings in 2009 was the *lowest* of all tenure categories: 2.1, with 2.2 for other renters and outright owners and 3.1 for households buying their homes. This is consistent with Tables 3.3, 3.6 and 3.7 which show a high proportion of older tenants in Housing Executive homes, and the argument that this represents a cohort effect which may reduce substantially over time. Given the high level of single- and two-adult households on the waiting list, however, there may also be a more general issue relating to a growing mismatch between dwelling size and household type within Housing Executive stock.

**Table 3.16: Persons per room and household size by tenure, 2008-2009**

Persons per room	Percentages				
	Owned outright	Owned with mortgage	Rented from NIHE	Other rented <sup>1</sup>	All tenure types
Under 0.5	78	46	52	54	60
0.5 to 6.5	12	25	27	26	21
0.66 to 0.99	7	22	14	15	15
1 or more	3	6	6	5	5
	Numbers				
Mean persons per room	0.36	0.52	0.48	0.48	0.45
Mean household size	2.16	3.10	2.13	2.23	2.48

Source: DSD, 2009, table 6.5

Note: <sup>1</sup> based on household survey data with cells too small to differentiate between non-NIHE tenants

- 3.3.43 There could be a growing issue concerning the future use of the stock, as single people and small adult households together make up 50% of the waiting list, and large families account for only 5% of the total (NIHE, 2009). Thus it may become necessary to re-model the stock and/or accept the allocation of dwellings above the bedroom standard as the norm. There is no widespread issue of over-crowding in Northern Ireland: only 2% of households were deemed to occupy dwellings that were one or more bedrooms below standard; 81% overall and 70% of Housing Executive tenants occupied dwellings *above* the bedroom standard (DSD, 2009, Table 6.6).
- 3.3.44 The issue of vacancies within sheltered housing was raised during discussions with stakeholders. For the purpose of informing this research project, a simple comparison was carried out between 'sheltered' and 'mainstream' housing association properties over the four years to 2008/09, using data collated by the Northern Ireland Federation of Housing Associations (NIFHA) on the number of days housing association properties remain void before letting.
- 3.3.45 The housing association properties that remained void for longest in each of these years were sheltered dwellings. The effect of these longer-term empty properties was that the average number of days sheltered properties remained void was considerably higher than for mainstream properties. Similarly, the *median* void period for sheltered dwellings was 14 days, compared with zero days for mainstream properties. (The zero median for mainstream properties suggests that more than half of mainstream lettings followed immediately from the termination of the previous tenancy, or involved new builds for which a lead-in period facilitated timely allocation on completion of the dwelling.)
- 3.3.46 Around 55% of sheltered dwellings let each year were let within two weeks, but around one third remained void for more than four weeks. By comparison, around 80% of 'mainstream' properties let each year were allocated within two weeks. While it is difficult to generalise, the figures suggest that there may be problems with re-letting at least some sheltered dwellings, either for location-specific or more general, form-related reasons.

### 3.4 The changing housing system and accommodation for older people

- 3.4.1 This review has indicated that the system of housing provision in Northern Ireland changed considerably during the last thirty years. Some of the trends are *unlikely* to continue into the future, partly due to the reduced level of sales of Housing Executive homes and also uncertainties caused by the recent recession, plus wider changes in housing and mortgage markets.
- 3.4.2 One consequence of the House Sales Scheme has been that specialised stock and dwellings considered especially appropriate for older persons were not sold, thus they made up a larger proportion of the Housing Executive stock in 2006 and a relatively large proportion of older households were renting Housing Executive homes. This situation is likely to change over time, including the period 2006 to 2016: existing older households, often single persons, will not be replaced in aggregate by a similar pattern of households, due to:
- (i) the changing pattern of entry into social housing, in terms of age and household types, and
  - (ii) a smaller number and proportion of middle-aged households than 20 years ago, which is set to age in place in Housing Executive dwellings.
- 3.4.3 There is likely to be a reducing pool of older Housing Executive tenants wishing to transfer to rented sheltered accommodation, with implications for the pattern of demand for that stock. These changes, however, are likely to have minimal impact by 2016.
- 3.4.4 This review of the existing supply of accommodation for older people has shown that an increasing proportion of people entering older age are likely to be home owners rather than tenants, including a growing proportion of people owning their homes outright. This could have the effect of reducing demand for some specialised forms of social housing provision, unless subsidised accommodation is available for and attractive to more affluent households, and/or there is increasing demand for other types of specialised accommodation provided by market mechanisms.
- 3.4.5 The geographical distribution of social housing that is specialised or 'appropriate' for older people shows a strong but potentially falling concentration in Belfast and Derry & Strabane. This analysis could not factor in the likely pattern of new development between 2009 and 2016, but it suggests that higher priority for any additional specialist accommodation could be given to places *outside* Belfast and Derry & Strabane, especially Antrim & Newtownabbey, Mid Ulster and Lisburn City & Castlereagh. The latter three LGDs, however, all had above average proportions of home owners (Table 3.8), so there may be little demand for specialised age-specific *social* housing. Overall, therefore, we need to consider whether there is *any* demonstrated need for additional provision of age-specific social housing. If there *is*, what forms should it take?

## **SECTION 4: PROJECTED HOUSING NEEDS 2006 TO 2016**

### **4.1 Introduction**

#### **4.1.1 The brief for this study specified three objectives:**

- To provide an analysis of demographic and policy trends, including best practice from elsewhere, to support informed decision making regarding future housing need assessment for older people.
- To collate information on the existing supply of accommodation for elderly people and relate this to the distribution of the elderly population.
- To draw up a ten-year projection, from 2006 to 2016, of the future housing needs of older people across a mix of tenures. The projection was to be for Northern Ireland and at a more localised level on the basis of proposed LGDs.

The first two objectives were examined in Sections 2 and 3 and are summarised here before turning to the third objective in 4.2 below.

#### **Demographic and policy trends, including best practice from elsewhere**

4.1.2 Whereas demographic change in Northern Ireland had lagged behind the rest of the UK, especially regarding the increasing proportion of older adults, it is likely to have the highest rates of growth in the older population in the coming decades. The overall population of Northern Ireland is projected to increase by 121,000 between 2006 and 2016, with most growth likely in the older population, highest among the over-85s. The projected population growth has a strong geographical bias, with little projected growth of over-55s in Belfast (3%) but around 20% or more in all other areas, especially in the south and west.

4.1.3 The number of households in Northern Ireland is projected to increase by around 89,000 between 2006 and 2016, with strongest growth in single person (25%) and two adult (22%) households. The net growth of households, as with population growth, will be heavily concentrated among older households, in the order of around 67,000 (based on an estimate of 75% of net additional households, as AHS is lower than among younger households).

4.1.4 The literature review identified strong evidence that older people wish to maintain independence in their own homes for as long as possible. In many instances, this would require at most small levels of assistive input. But some older people prefer to move to more appropriate mainstream accommodation or to accommodation with care. Research indicates that older people do not perceive access to suitable housing as a major problem; they are more concerned about fear of crime, keeping warm in winter, loneliness, making ends meet (especially 'asset rich, income poor')

households) and isolation. Research findings question the suitability of sheltered housing models: due to both declining popularity and concern that more residents are older and frailer than previous cohorts and thus need health and other care facilities that the model does not provide.

- 4.1.5 The literature review identified a range of 'pull' factors encouraging older people to remain in their homes, and 'push' factors necessitating a move. 'Positive' pull factors included maintaining control and independence, the retention of ownership and value of assets, proximity of family, plus emotional and practical ties to home, community and neighbourhood. 'Negative' pull factors included lack of information about alternatives, lack of realistic and/or local alternatives, fear of upheaval and change, reluctance of home owners to lose their home and/or savings by going into rented housing, and fear of the cost of any other types of care. Push factors included substandard or unsuitable accommodation combined with an inability to access grant funding for adaptations or repairs, loneliness or isolation, concern about security, physical impairments or ill health, a need to be nearer facilities and amenities, fuel poverty and/or making ends meet in current home, and the burden of repairs, maintenance and garden upkeep. Health-related frailty emerged as a major reason for needing to move, thus the rapid growth in the number of older people – particularly those over 85 – implies an increasing need for care-related residential accommodation, especially in response to the near-certain rapid growth in the number of people suffering from dementia.
- 4.1.6 A continuum of housing with care was identified, ranging from mainstream housing with no specific inputs to nursing homes and other forms of intensive care:
- Mainstream housing: remain in situ with no specific inputs.
  - Mainstream housing: remain, but with repairs/adaptations/assistive technology.
  - Mainstream housing: remain, with home care/domiciliary care services.
  - Move to new accommodation: more suitable mainstream housing.
  - Move to new accommodation: supportive housing and/or retirement villages.
  - Move to new accommodation: 'extra care housing'/'housing with care; also 'close care' accommodation, nursing homes and other forms of long-stay care.
- 4.1.7 Policies generally in the UK and specifically in Northern Ireland have moved towards an 'ageing in place' perspective, partly driven by the hope that it will provide better value for scarce public resources, rather than further growth in sheltered housing or institutional forms of housing with care. The likely rapid increase in the number of older people requiring intensive care, however,

suggests that some aspects of this policy are likely to require more, rather than less, expenditure, whether by public or charitable bodies, or financed by households' own resources.

4.1.8 A range of key stakeholders were consulted about issues relating especially to land use planning and the future provision of accommodation and care facilities for older people. No specific land use planning issues were identified concerning the provision of age-related accommodation, though a range of other issues emerged in relation to older people's housing and care needs:

- The relative vacuum in Northern Ireland relating to 'park homes' legislation. (While this was true at the time of the research, it should be noted that statutory protections due to be put in place as part of the Caravans Bill are expected to improve the rights of tenure afforded to park home residents and safeguard against some of the difficulties that have been reported in other parts of the UK.)
- Concerns about allocations and transfers, with much existing stock notionally 'suitable' for older persons actually occupied by younger households.
- Overall planning of care and support needs of different groups.
- Movement by owner occupiers into specialised social housing on the grounds of homelessness due to accommodation not being reasonable.
- Concerns about vacancy levels in sheltered housing and the suitability of accommodation within residential care homes.

### **The existing supply of accommodation for older people**

4.1.9 The supply of accommodation for older people is the product of a changing overall housing system in Northern Ireland, thus the needs of the next cohort of people entering older age are likely to differ from previous and current cohorts. Three trends stood out strongly between 1981 and 2006: a big increase in home ownership from under 50% to over 70% of all households, with the actual number doubling; falling supply of social housing, by around 80,000 dwellings in absolute terms, with the proportion of households renting from the Housing Executive falling from 39% to 14% in 2006 and 12% in 2009; and the reversal of the previous long-term fall in private renting from the late 1990s.

4.1.10 These trends are not all expected to continue: home ownership may have peaked with recent evidence suggesting a fall in the number of mortgaged purchasers; the future of social housing is uncertain and sensitive to policy decisions; and there is considerable uncertainty over the future of private renting. It is impossible to distinguish fully between short-term fluctuations in trends due to the recession and its housing market consequences, and new directions of change. Recent falling house prices, however, have implications for equity withdrawal, the willingness of older households to move in general, and the potential for innovations such as retirement villages in particular.

- 4.1.11 The proportion of pensioner households in Northern Ireland that were home owners increased from 57% in 1991 to 63% in 2001, and the proportion renting from the Housing Executive fell from 33% to 23%. Older households had lower levels of home ownership than younger households, largely reflecting the previous pattern of housing opportunities and constraints. The level of home ownership among middle-aged households in 2001, however, indicated that the next generation entering old age will do so with much higher levels of ownership, especially outright ownership. The main geographical variations in tenure were between metropolitan and non-metropolitan areas, with Belfast having a low level of home ownership and high levels of social and private renting. Most non-metropolitan areas had much higher levels of home ownership and lower levels of social rental housing, with housing association accommodation at especially low levels in areas in the west and south.
- 4.1.12 Other data sources also provide evidence relating to older people's housing. The waiting list increased by 50% between 2002 and 2008, with the proportion of older households falling slightly, but a relatively greater increase in the proportion of older households deemed to be in housing stress. There was little overall growth in the number of homeless presentations during the same period; the proportion of pensioners increasing only marginally from 8% to 11% whereas most others were single persons (around 50%) and families, especially lone parents (around 35%). The overall level of unfitness in Northern Ireland has been falling steadily, with less than 2% of occupied dwellings considered unfit in 2006; older households, however, especially over-75s, were much more likely than younger households to occupy unfit dwellings.
- 4.1.13 A range of data sources relate to specialised accommodation and social housing dwellings deemed suitable for older people. There was little change between 1991 and 2001 in the number of Housing Executive dwellings considered 'suitable' or 'appropriate' for older people (around 31,000). In practice, however, many of these dwellings are occupied by younger groups; some may be considered inappropriate for older people by older people themselves and by housing managers.
- 4.1.14 Average household size was lower among Housing Executive tenancies than other tenures. This was consistent with evidence showing that a high proportion of Housing Executive tenants were small households, including older persons, but it also reflected the growing numbers of younger 1 and 2-person households on the waiting list and presenting as homeless. Thus there is little prospect of any significant increase in the density of occupation of Housing Executive dwellings as small older households in 2- or 3-bedroom dwellings appear simply to be replaced by small younger households. This situation raises a strategic issue regarding the possible need to re-model the relationship between dwelling sizes and households in social rental housing, especially within the current Housing Executive stock.

4.1.15 The number of units of sheltered accommodation provided by housing associations increased from around 5,000 in 1991 to 8,300 in 2009, while the amount of residential and nursing home accommodation provided by all sectors appears to increase from nearly 14,000 bed places in 1991 to just over 15,000 in 2009,<sup>22</sup>

4.1.16 There were some geographical variations in the distribution of specialised accommodation, albeit given the caveat that much is actually occupied by younger households. There was an extremely high concentration of specialised age-related accommodation in Belfast, especially housing association sheltered dwellings. This stood in sharp contrast with the projected increase in the aged population being predominantly outside Belfast, which raised questions about priorities for the location of any further specialised age-related social housing accommodation.

## 4.2 Projected housing needs 2006-2016

4.2.1 The brief required the development of a ten-year projection, from 2006 to 2016, of the future housing needs of older people across a mix of tenures. The projection was required for Northern Ireland overall and at a more localised level on the basis of the proposed new LGDs.

4.2.2 Overall, it is clear that older people in future mostly will be home owners, with the proportion likely to increase significantly between 2006 and 2016 simply by the ageing of those with higher levels of home ownership about to enter older age. However, there is no evidence basis for computing the likely changes by age and tenure between 2006 and 2016. First, there are no official projections of death rates by age and tenure. Second, there are no agreed ways either to reconcile differing estimates of the number of households in 2006 (NISRA estimated 672,600 whereas the NIHCS estimated 658,700) or to allocate households to tenure (which is done in the NIHCS but not in NISRA household projections). Third, there is no systematic data base from which to estimate 'flows' of households, by age and type, *out* of social housing. The Housing Executive does not necessarily capture data about reasons for termination of tenancies, and none is stored in electronic form. This information would be needed for any evidence-based estimates of trends in the age composition of social housing tenants and especially what proportions move to other tenures, to live in communal establishments or with relatives, or die. These caveats mean that any attempts to estimate changes in housing supply and demand from 2006 to 2016, by age group and tenure, could be highly contentious and contestable. Thus it is proposed here only to indicate broad orders of magnitude and some of the reasons for any estimates that are involved.

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<sup>22</sup> See Regulation and Quality Improvement Authority *Quarterly Report 3 (2009-10)* : [www.rqia.org.uk/cms\\_resources/Quarterly%5FReport%20Oct%20Dec%2009%2Epdf](http://www.rqia.org.uk/cms_resources/Quarterly%5FReport%20Oct%20Dec%2009%2Epdf) Reports for previous and subsequent quarters are available at [www.rqia.org.uk/publications/quarterly\\_reports.cfm](http://www.rqia.org.uk/publications/quarterly_reports.cfm)



- 4.2.3 There does not appear to be a strong case for much expansion of specific age-related social housing provision, but there may be a need to review a range of strategic policies and management practices, especially relating to density of occupancy, possible re-modelling of social housing dwellings, and allocation and transfer policies, including inter-generational transfer of tenancies. There is a strong case for expanding other forms of care-related accommodation, as a rapidly-growing older population is likely on actuarial grounds to imply much higher levels of health and related care needs, especially relating to dementia. NISRA population and household projections imply rapid growth in the number of persons residing in communal establishments between 2006 and 2016, with most of these persons likely to be pensioners, and the growing number of over-85s implying a rapid increase in the need for care-related accommodation provision. Current policies that favour de-institutionalisation and ageing in place, however, suggest that this scenario may be unlikely to eventuate.
- 4.2.4 In the light of these caveats, moreover, it is considered here that there is no evidential basis for any spatially disaggregated projections by LGDs between 2006 and 2016. This conclusion, however, should be treated as a finding of this research, rather than a failing, as it was not possible in advance to know all the intricacies, complexities and incompatibilities of the various data sets that have been examined.

### **Owner-occupiers**

- 4.2.5 It is not proposed here to disaggregate homeowners into outright and mortgaged, due to limitations on available data discussed in Section 3.

If we apply the NIHCS tenure breakdown (71% in Table 3.1) to the 2006 NISRA data, it generates a total of around 477,550 owner-occupier households. Then, if we apply the same tenure breakdown to the NISRA 2016 household projection (table 2.3), it generates a total of around 541,000, or an increase of around 63,500. The 2006 NIHCS indicated that around 75% of those aged 40-59 were home owners, above the 71% or so of over-65s. Thus it is likely that an increased proportion of over-65s will be home owners in 2016, say around 75%; as around 70% of the net projected population increase is likely to be among those aged over 65, then we can apply that proportion to the total of home owners to estimate that there will be a net increase of around 48,000 older home owning households. This would represent around 72% of the total increase in older households. There is no indication that this represents a 'need' that requires any additional housing construction, though it could become a demand in terms of movement from existing homes into 'other mainstream housing' in the continuum of care (above).

## Social housing and private tenants

- 4.2.6 Following from the logic regarding the changing number of older home owners, there would be a net increase in the order of 15,000-16,000 older households requiring social or private rented accommodation by 2016. On the basis simply of the tenure split identified in the 2006 HCS (see Table 3.6), this suggests an additional social housing requirement of around 11,000-12,000 dwellings (20% of older households) and an additional private rental supply of around 5,000 dwellings.
- 4.2.7 The additional social housing requirement would represent around 10% of the estimated social housing need in the latest Net Stock Model, but *not* an additional element of need over and above that model. It does *not* indicate that sheltered or other age-related social housing provision should be a major element of additional social housing construction between 2006 and 2016.
- 4.2.8 However, the future supply of social housing is sensitive to a range of policy decisions and the supply of private rental accommodation is largely determined by market forces, albeit influenced in turn by public policies. Furthermore, it is likely that the great bulk of net additional older households between 2006 and 2016 will be living outside Belfast, whereas there was already in 2006 a strong spatial concentration of specialised housing, especially housing association sheltered housing, within Belfast. The clear message of this analysis is that any additional specialised age-related social housing provision should not be in Belfast during this period.
- 4.2.9 It is impossible to know what proportion of the social housing stock that is considered 'suitable' for older adults actually is *occupied* by older adults. This suggests that the idea that some dwelling types are 'suitable' or 'appropriate' for older persons may be redundant, other than regarding very specific dwellings which are allocated *only* to such tenants. Even then, however, there may be instances of younger family members seeking to 'inherit' tenancies on the death of tenants (anecdotal evidence suggests that grandchildren often move in, on paper at least, to stake a claim on the tenancy).

## Residents of communal establishments

- 4.2.10 The overall demographic projections in Section 2.3 did not focus specifically on the number of persons likely to be resident in communal establishments. These data are available from censuses, but have to be estimated for 2006 and 2016. There are no specific NISRA estimates available, but they can be derived by comparing estimates of the numbers of people living in households (taking the estimated numbers of households multiplied by the AHS in 2006 and 2006) with the total estimated and projected populations in 2006 and 2016.

4.2.11 Table 4.1 combines census data for 1991 and 2001 with NISRA estimates and projections for 2006 and 2016. The actual number of persons living in communal establishments will be influenced by many factors, including public policies and the decisions and policies of private sector providers, so these estimates can be used *only* as a scenario, *not* a projection of the number of persons in communal establishments. This scenario, however, contains the startling implication of an *accelerating* growth in the number of persons in communal establishments, with annual average increases of around 100 recorded between 1991 and 2001, increasing to 300 between 2001 and 2006 and surging to 530 between 2006 and 2016.

**Table 4.1: Persons living in communal establishments 2001, 2006 and 2016**

	1991	2001	2006	2016
	'000			
All persons	1,577.80	1,685.30	1,741.60	1,868.20
Total households	530.40	626.70	672.60	762.00
Average Household Size	2.93	2.65	2.55	2.41
Persons in households	1,554.50	1,661.00	1,715.10	1,836.20
Persons in communal establishments	23.30	24.30	26.50	31.80

Source: Censuses 1991 and 2001; NISRA population and household estimates and projections for 2006 and 2016

4.2.12 Most additional residents in communal establishments are likely to be older people, as there is less prospect of growth in the number of other residents of communal establishments (e.g. defence and educational establishments) and hostels and prisons mainly accommodate non-pensioners. The 2001 Census showed a greater incidence of residence in communal establishments among people aged 85 and over, increasing with age as a proportion of each age group. If the provision of places in communal establishments does *not* grow at this rate, then it would be difficult to reconcile the NISRA population and household estimates for 2006 and projections for 2016. This scenario is consistent with the likely increase in 'older old' persons to 2016 and beyond and growth in the number of people likely to be suffering from dementia. At the very least, it provides a benchmark against which to review the need for additional places in nursing homes and other forms of housing with care.

4.2.13 Developments in this sector are highly sensitive to policy decisions and implementation, especially regarding the various elements of the housing with care continuum. For example, what *would* age-specific social housing look like in future, given the *reducing* relevance of the sheltered model? We could hazard a guess at the growing need for care-related provision, but this is *highly* policy-dependent.

## Other issues

- 4.2.14 A number of other issues may need to be considered in relation to the future housing needs of older adults. Firstly, there is strong evidence of generous space standards, in terms of rooms per person, in all tenures, but especially the Housing Executive. This issue was not in our brief, but may be a matter of concern if large numbers of 2- or 3-bedroom dwellings are occupied by single persons. On the other hand, the WL appears to contain a very high proportion of single-person and two adult households, rather than families; thus there may not be a significant potential inflow of larger households to occupy dwellings which may be considered to be 'under-occupied'. This raises concerns about strategic re-modelling of the stock, allocations and transfers policies (including inter-generation transfers and the 'inheritance' of tenancies). Secondly, it is possible that current household arrangements may reflect policies relating to social security and HB payments, for example encouraging single men to live separately from partners whilst they and their children's mothers get two lots of income support and HB for two tenancies. This again is outside our brief but has important implications for the *actual* use of the stock.
- 4.2.15 In addition, consideration may be given to the high proportion of older persons living in unfit housing. Does this represent a residual 'pool' of unfitness that could be remedied largely by a strong policy focus, or does it reflect a continuing issue whereby older householders are less likely to maintain properties thus there is a constant 'flow' of their homes into unfitness?
- 4.2.16 Finally, there is a glaring lack of specific age-related data on housing expectations and attitudes of older adults in Northern Ireland, so much of our understanding of many issues considered in this report is based on evidence from studies elsewhere or the arguments and experiences of 'experts'. This evidence gap may need to be filled by a specific survey or by placing questions on this topic within other surveys, for example the NISRA Omnibus Survey or the HCS.

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# APPENDICES

## APPENDIX 1: OLDER PEOPLE RESEARCH PROGRAMME

The Housing Executive's Older People Research Programme aims to:

- provide a comprehensive assessment of the current provision of housing for older people in Northern Ireland;
- determine the adequacy of this provision; and
- identify what new accommodation models and services are required, as well as the policy implications of these findings.

The programme consists of a number of separate research strands (outlined below), and has been integral to the development of the Housing Executive's Older People Housing Action Plan.

Research Strand	Subject
1.	Strategic review of housing and housing-related information needs of older people
2.	Electronic assistive technology (EAT): supporting older people within local communities
3.	Analysis of the need and demand for retirement villages in Northern Ireland
4.	Moving forward with older people's services – a home improvement agency scoping study
5.	Analysis of the future need and demand for the provision of appropriate models of accommodation and associated services for older people.
6.	Assessment of the potential of equity release for older owner-occupiers.
7.	Research into the future role of sheltered housing
8.	Barn Halt Cottages: A study of a supported living scheme
9.	Housing models for dementia

## APPENDIX 2: LOCAL GOVERNMENT DISTRICTS

The eleven proposed district council areas referred to throughout this report are based upon the recommendations of the Local Government Boundaries Commissioner (LGBC) (see [www.lgbc-ni.org/index.htm](http://www.lgbc-ni.org/index.htm)).

The local government district names used in tables and maps are those published in the Boundaries Commissioner's provisional recommendations (2008), and the Districts and their constituent councils are set out in Figure 1 below. Although the boundaries of the proposed eleven districts are largely in line with current boundaries of their constituent district councils, some changes have been proposed by the Boundaries Commissioner. Throughout this report, where existing data are translated onto the proposed new council areas, figures have simply been aggregated and do not take account of boundary changes. The exception is in relation to waiting list data, where figures for the Housing Executive's Lisburn Dairy Farm district have been added to the Belfast total.

**Figure 1: Proposed Local Government Districts referred to in the report and their constituent (existing) Districts**

LGBC District	Constituent existing Districts
Antrim & Newtownabbey	Antrim; Newtownabbey
Ards & North Down	Ards; North Down
Armagh City & Bann	Armagh; Banbridge; Craigavon
Belfast	Belfast (and parts of Lisburn and Castlereagh)
Causeway Coast	Ballymoney; Coleraine; Limavady; Moyle
Derry & Strabane	Derry; Strabane
Fermanagh & Omagh	Fermanagh; Omagh
Lisburn City & Castlereagh	Lisburn; Castlereagh
Mid Antrim	Ballymena; Carrickfergus; Larne
Mid Ulster	Cookstown; Dungannon; Magherafelt
Newry City & Down	Newry; Downpatrick

The Local Government Boundaries Commissioner's final report (2009) contained a number of changes to the proposed names of new council areas (Figure 2).

**Figure 2: Changes of proposed Local Government District names (LGBC)**

2008 Provisional Name	2009 Final Recommendation
Ards & North Down	North Down & Ards
Armagh City & Bann	Armagh, Banbridge & Craigavon
Causeway Coast	Causeway Coast and Glens
Mid Antrim	Mid and East Antrim
Newry City & Down	Newry, Mourne & Down



### APPENDIX 3: NOTES ON CENSUS AND OTHER DEFINITIONS

These notes and definitions are based on (a) communication from NISRA regarding census definitions in relation to the study of demographic trends and housing need in Northern Ireland (Paris *et al*, 2004) and (b) Housing Executive definitions of household types as used in the 2006 NIHCS.

#### *Census: persons in communal establishments*

There was a definitional change between the 1991 and 2001 censuses, from 'persons in non-private establishments' (1991) to 'communal establishment residents' (2001). The term 'non-private establishments' in 1991 and 'communal establishments' in 2001 are equivalent terms, but the definitions are not identical.

In 2001, a communal establishment is defined as an establishment providing managed residential accommodation. Managed means full-time or part-time supervision of the accommodation. The definition has changed since 1991, where a communal establishment (non-private establishment) was defined as an establishment in which some form of communal catering was provided. In addition, nurses' homes and student hostels etc. with self-catering facilities were enumerated as communal establishments only if there was someone in charge to take responsibility for issuing the census forms. Otherwise, each person or group of people sharing meals or accommodation was treated as a separate household.

The rules for small hotels and guesthouses have also changed. In 2001, small hotels and guesthouses are treated as communal establishments if they have the capacity to have 10 or more guests, excluding the owner/manager and his/her family. In 1991, small hotels and guesthouses were enumerated as communal establishments if they had 10 rooms or more. Those that contained fewer than 10 rooms were classified as communal establishments if any resident staff other than the proprietor and his/her family or 5 or more guests were present on census night.

The treatment of sheltered housing is unchanged from 1991: sheltered housing is treated as a communal establishment if less than half the residents possess their own facilities for cooking. If half or more possess their own facilities for cooking (regardless of use) the whole establishment is treated as separate households.

In 2001, the basic *Household Resident* definition applied when determining whether someone was usually resident in a communal establishment. Where clarification was needed, a resident was any person who had been living, *or intended to live*, in the establishment for six months or more. People visiting the establishment who did not have a usual address elsewhere were also classified as a resident. Absent usual residents were asked to complete a census form on their return to the establishment.

This definition has changed since the 1991 Census, where a person usually resident in a communal establishment was defined as any person who *had spent* six months or more in the establishment. In addition in 1991, absent residents were not left Census forms for completion on their return.

In 1991, the majority of tables relating to communal establishments do not relate to the usually resident population but rather to the 'population present'. The 'population present' in communal establishments includes those people actually present in the communal establishment on Census Night and all who arrived the next day and who had not been included on a Census form as present elsewhere. Non-resident staff/personnel on duty were not included. In 2001 information on the 'population present' was not collected.

A household resident is any person who usually lives at the address, or who has no other usual address. For people with more than one address (e.g. Armed Forces personnel, people who work away from home) the usual address is where the person spends the majority of his/her time, unless they have a spouse or partner at another address. In the latter instance, the usual address is where the person's family resides. Students and schoolchildren studying away from the family home are treated as resident at their term-time address.

#### *Census: household types*

The category 'all pensioner household' includes some married pensioners. It also includes cohabiting pensioners. It will also include any married, cohabiting or lone parent pensioners with a child or children if the children are also pensioners.

The category 'other households with dependent children' includes households which do not contain a 'lone parent, cohabiting couple or married couple family' and contains dependent children, e.g. an older brother or sister and a child; an aunt or uncle (or other non-parent/non-grandparent relative) and a child; anyone looking after children who are not their own and where the relationship between them was not recorded as parent-child. It does not include the following: grandparent(s) and their grandchild(ren) (parents not present); foster parent(s) and their foster child(ren) if relationship recorded as parent-child; adoptive parents and their adopted child(ren) if relationship recorded as parent-child. This category also includes: any household where the family is accompanied by other persons such as lodgers, aunts and uncles, other related persons, or other unrelated persons; any household where both parent(s) and grandparent(s) are present.

#### *Census: head of household, household reference person, and family reference person*

In 1991, the head of household was taken as the first person on the form unless that person was aged under 16 or was not usually resident in the household. In 2001 the household reference person (HRP) is selected as follows. For a person living alone, that person is clearly the HRP. If the household contains only one family (with or without ungrouped individuals) the HRP is the same as the family reference person (FRP). If there is more than one family in the household, the HRP is chosen from among the FRPs using the same criteria as for choosing the FRP. If there is no family, the HRP is chosen from the individuals using the same criteria. The FRP is taken to be the lone parent in a lone parent family. In a couple family, the FRP is chosen from the two people in the couple on the basis of their economic activity (in the priority order full-time job, part-time job, unemployed, retired, other). If both people have the same economic activity, the FRP is identified as the elder of the two or, if they are the same age, the first member of the couple on the form.

*Northern Ireland House Condition Survey: household types*

Lone adult: one adult below pensionable age (65 for men, 60 for women).

Two adults: two people, related or unrelated, below pensionable age (65 for men, 60 for women).

Lone parent: one adult living with one or more dependent children aged under 16.

Small family: two adults, related or unrelated, living with one or two dependent children aged under 16.

Large family: two adults, related or unrelated, living with three or more dependent children aged under 16; **or** three or more adults living with one or more dependent children aged under 16.

Two person older: two people, related or unrelated, at least one of whom is of pensionable age (65 for men, 60 for women).

Lone older: one person of pensionable age (65 for men, 60 for women).

## **APPENDIX 4: PARTICIPANTS IN EXPERT CONSULTATIONS**

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