

# **The role of sheltered housing in Northern Ireland and future issues**

## **Final Report**

**September 2012**

**prepared for the Northern Ireland Housing Executive  
by Fiona Boyle**

**Northern Ireland**  
**Housing** Executive

# Contents

	<b>Page</b>
Acknowledgements and thanks.....	3
Executive summary.....	4
Section 1: Introduction and research methodology.....	10
Section 2: Background and context.....	15
Section 3: Sheltered housing in Northern Ireland.....	22
Section 4: Key findings.....	30
Section 5: Conclusions and key issues for consideration.....	67
Appendix A: Sheltered Housing – Literature Review.....	76
Appendix B Calculation of total number of Category 2 schemes and accommodation units, by housing association.....	88

## **Acknowledgements and thanks**

A number of people and organisations have helped to organise this research study, provide access to information and sheltered housing schemes during this project, and input their own views and comments. Firstly, thanks are noted to the Research team at the NI Housing Executive including Joe Frey, Gillian Greer, Kate McKeown, Diane Eller and Heather Porter. In addition, the project received valuable assistance and input from the Research Advisory Group and ERoSH NI.

In particular, thanks are noted to Dr Karen Croucher for enabling our use of parts of research survey tools from similar work conducted in Scotland (referenced in this report). Also to Engage with Age (EWA) for their help in setting up two focus groups with older people and the Housing Community Network for their assistance in organising two focus groups with younger older people.

Statistics and detailed information were kindly provided by Sharon Jeffers of NIFHA and John Bond, Supporting People team, NI Housing Executive.

Our appreciation goes to the 15 housing associations who organised ongoing access to speak to tenants and scheme coordinators, provided information including tenant satisfaction surveys and completed a detailed e-questionnaire as part of this project. Finally, a sincere thank you to all the tenants and members of the public who agreed to be interviewed or took part in a focus group.

## **Executive summary**

This research – *The Role of Sheltered Housing in Northern Ireland and Future Issues* – draws on a number of primary research sources including surveys of sheltered housing providers and their tenants, a survey of people who turned down sheltered housing, focus groups of older people not living in sheltered housing and of younger people who may consider it as a housing option.

This study provides a clear picture of the level and make-up of sheltered housing in Northern Ireland and reports on the current tenant profile. In addition, with a lack of previous published work in this area in Northern Ireland, it outlines the key factors in the management of sheltered housing schemes.

The rationale for the study was based on a combination of issues including changing demographics and a growing older population; the range of other housing options; changes in the housing market; myths about voids and occupancy; the age at which people enter sheltered housing; the term 'sheltered housing'; and changing expectations and desires. Full details of the research rationale and methodology are outlined in Sections 1 and 2.

### ***Level of stock***

The provision of Category 2 sheltered housing in Northern Ireland has grown considerably since the 1980s, although with minimal growth in the last five years. This study concluded that the level of stock in 2011/12 was 289 sheltered housing schemes providing 7,926 units of accommodation.

### ***Fitness and viability of stock***

In addition, this study concluded that the majority of sheltered housing accommodation is viable and fit for purpose. Housing associations rated the physical condition of their sheltered housing stock as very good/good (88%) and accessibility as very suitable/suitable (87%). However, they indicated that one in five units (19%) were not very suitable in terms of space standards. Regarding absolute non-viability, only five housing associations felt they had some non-viable sheltered housing stock, equating to around 120 units or 1.5% of the total Category 2 sheltered housing stock in Northern Ireland.

This overall picture is in contrast to the findings from research in England, where concerns about the poor physical condition of stock and over-provision of bedsit accommodation have been noted. However, housing associations in Northern Ireland identified 448 units (6%) of stock which they suggested were in need of remodelling.

### ***Satisfaction with sheltered housing***

The overall conclusion from those currently living in sheltered housing is that they are in the main satisfied with their accommodation and the services/facilities connected to sheltered housing, including actual accommodation, facilities, the role of the scheme coordinator, the number and type of social activities, the cost of accommodation and charges for accommodation, etc. The physical and social benefits of living in sheltered housing were noted throughout the study and from different sources.

In particular, it was found that current tenants were satisfied<sup>1</sup> with the size of their accommodation overall (92%), space in their living room (95%), heating (94%), condition of accommodation (93%), space in their bedroom (90%) and space in their kitchen (85%). In addition, safety was noted as a key benefit, with 99% of respondents indicating they felt safe, both inside their own accommodation and inside their own sheltered housing scheme, and only a small proportion (4%) noting they did not feel safe in the area around their sheltered housing scheme.

Specific issues raised by current tenants included the role of scheme coordinators, levels of paperwork and the type and range of social activities. There was also some level of dissatisfaction with factors such as storage space for mobility scooters and aids (42%), car parking (20%), and kitchen space (13%).

### ***Current profile of tenants and changing needs***

This research has provided, for the first time in Northern Ireland, an up-to-date profile of tenants currently living in sheltered housing. This profile and information from NICORE point to a reduced age of entry into sheltered housing, decreasing slightly from around 73 to 70 years of age over the last 10 years. In addition, the proportion of under-55s entering sheltered housing has increased to 7% of new entrants.

The profile of tenants in sheltered housing indicates a wide range of ages (a span of 70 years between the two extremes, with 16% of tenants aged 64 and under) and needs. In terms of current tenants, the survey found that, whilst more than half (53%) were aged 75 and over and a further third (33%) were aged 65 to 74, 16% were under 65 (10% aged between 55 and 64 and 6% between 24 and 54).

Feedback from scheme coordinators indicated that increased numbers of people with mental health problems and alcohol or other addictions – and increased numbers of younger people with physical or other health problems – are now living in sheltered housing. In addition, the survey of tenants highlighted poor health amongst 50% of males and 38% of females. In terms of physical health, 78% of men and 74% of women had difficulty climbing stairs, and 68% and 54% respectively had difficulty walking short distances. Respondents also noted trouble with eyesight (36% of men and 45% of women) and with hearing (32% of men and 25% of women).

Overall, the study found that the needs of tenants have changed since sheltered housing was first developed and that a widening age span and range of reported other needs, e.g. learning difficulties, alcohol addiction, loneliness and depression, have different implications for both management and service delivery, as well as tenants' peaceful enjoyment of their accommodation.

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<sup>1</sup> Combination of very satisfied and satisfied ratings.

### ***Moving to sheltered housing***

This study also provided an opportunity to explore in detail people's reasons for moving to sheltered housing. It concluded that the move appears to be less about the cost or condition of the person's current home, or indeed a desire for more company, but more about personal concern about health and deteriorating mobility and also a positive desire to remain independent for as long as possible. Conversely, it was noted that for those living in the wider community, the factors preventing an individual moving into sheltered housing included loss of privacy and independence.

### ***Demand for and popularity of sheltered housing***

One premise of this research was that sheltered housing had a voids and occupancy issue. However, this study overturns the myth that occupancy levels are a major issue and concludes that voids per se do not appear to be at a significant level or widespread.

Analysis of Supporting People data for 2010/11 indicated that voids were relatively low within Category 2 sheltered housing: 62% of schemes indicated no voids and a further 24% only one void during the course of the year. A further 12% of schemes had voids of two to five units during the year. Only a small number of schemes (8; 3% of schemes) had voids of more than eight during the year.

In 2010/11 there were 269 voids in total, accounting for around 3% of sheltered housing units, a figure slightly lower than void levels within wider housing association stock.

However, whilst occupancy is high, it was concluded that the reason for this was related to the operation of the Common Selection Scheme<sup>2</sup> and the resultant increasing number of allocations of sheltered housing to individuals and groups who do not fit the definition of older, independent adults for whom sheltered housing was originally designed.

The expanding age range of people being offered sheltered housing and the inclusion of tenants with a wide range of physical disabilities and learning difficulties was clear through both the survey of tenants and data collection from housing associations and scheme coordinators. The age profile outlined in the report suggests that high occupancy levels within sheltered housing have been achieved and maintained through offering sheltered housing to younger people. However, the additional needs of many of these younger tenants are at odds with the original concept of sheltered housing as a model with low levels of housing support and no care provision.

It is likely that the level and distribution of voids would have been much more significant and widespread in the absence of the Common Selection Scheme, which allocates tenancies in sheltered housing on the basis of points and need, rather than primarily or solely with regard to age and/or ability to live independently.

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<sup>2</sup> Category 2 sheltered housing is treated as 'General Needs' accommodation under the Common Selection Scheme.

Furthermore, difficulties with occupancy appear to be mainly localised or for a specific reason, rather than directly related to the concept and practical configuration of the form of housing and/or the delivery of services. In this study, the specific reasons for a small number of sheltered housing schemes experiencing difficulties in terms of achieving full occupancy were: location within a town (including hilly terrain and distance from services); type of housing or development and mix of types of housing; over-supply of units and/or schemes in particular areas; lack of demand in certain areas, e.g. rural villages/hinterlands; reduced demand for specific reasons, e.g. decline in housing market; and reduction in services available within a town.

Factors such as access to services were noted as particular issues affecting occupancy levels. In the survey of tenants one third of respondents indicated that they did not live within walking distance of key shopping and other services. Furthermore, the proportion increased in terms of other key services for older people such as a GP (46%) and a post office (41%).

### ***Perceptions of sheltered housing and reasons for turning down an offer***

This study concluded that around two thirds to three quarters of all offers of sheltered housing are turned down; this is in line with the pattern of offers and acceptances across the social housing sector. During 2010/11, 24% of offers of sheltered housing were accepted, and 76% turned down. This level of acceptance and refusal is similar to the broader pattern across social housing as a whole. Where reasons for refusing an offer of sheltered housing were recorded (data set April-June 2011), the most frequently stated was that the location of the dwelling was unsuitable (21%); other reasons given included: the applicant did not take up the tenancy (10%), the dwelling type (9%) and dwelling size (7%) were unsuitable.

The responses of those who participated in the research suggest that the benefits of sheltered housing do not always appear to reach the target group of older people who might be interested in this form of accommodation, with many older (and younger older) people indicating limited knowledge of what sheltered housing is and what services are on offer. This study found – not unsurprisingly – that understanding, knowledge and perception of sheltered housing vary considerably between those who live in sheltered housing and those who do not.

The qualitative elements of this research also pointed to perceptions and attitudes as being key factors in putting people off applying for sheltered housing and/or accepting an offer of tenancy, mainly due to a perceived lack of both privacy and independence. There was also general agreement that both the term (or concept of) 'sheltered housing' and the actual form of provision can put some older people off.

The fact that most of the tenants surveyed had moved to a sheltered housing scheme close to their previous home (61% within two miles and a further 17% within five miles) suggests that the best ways of changing perceptions lie in the immediate vicinity of every sheltered housing scheme.

### **Other factors impacting provision of sheltered housing**

The research concluded that a range of factors impacted the provision and management of sheltered housing in Northern Ireland. These included the mix of age groups and tenant needs, the operation of the Common Selection Scheme, increasing levels of paperwork for scheme coordinators, the role and presence of scheme coordinators, levels of support from housing associations and wider family support for tenants.

The term 'sheltered housing' was also considered. The changes in age and needs groups who are now offered sheltered housing suggest that the concept and term may no longer be appropriate to the type of housing and support being provided and the tenant profile.

### **Future issues for sheltered housing in Northern Ireland**

This research has highlighted that occupancy is not, in itself, of major concern within sheltered housing provision in Northern Ireland, that current tenants are largely satisfied with their accommodation and services, and that the physical condition of schemes is also considered to be of high quality. Of more concern is the shifting profile of tenants and their associated needs and support requirements, with increasing numbers of younger people with learning difficulties, people with mental health and addiction problems and older people who have aged in place and now have considerable support and care needs. This broadening tenant mix is important, both for those living in sheltered schemes and those managing them.

Any debate on terminology and definitions needs to dovetail closely with discussions on the assessment and allocation process for sheltered housing. For example, whether sheltered housing remains within the broader process for allocation of general needs accommodation and is administered by the NI Housing Executive or whether there is a reversion to housing associations making individual assessments and allocations for all or some targeted sheltered housing provision. At best, the present system is achieving near to full occupancy, and at worst it has resulted in accommodation which is for all age groups and all needs groups, thus diluting its original concept and purpose.

The key conclusion from this research has been to highlight the changing mix and needs of sheltered housing tenants and to suggest that this trend will continue into the future, if current assessment and allocation policies and processes remain in place. If this trend continues, services need to change and adapt accordingly.

If, however, moves are made to retain sheltered housing – as a definition and a concept – exclusively for independent older people, then changes need to be made to the allocation process to effectively ensure that the type of tenants offered places in sheltered housing can live independently.

Key issues for consideration in future for sheltered housing providers and strategic stakeholders include:

- Adequacy of space, given increasing expectations and space standards in the wider housing market and the changing needs of tenants, particularly in relation to care and support coming into their home.

- Options for re-modelling – in areas of high demand – in particular to ensure that physical condition, the configuration of schemes, access and space are all up to standard.
- Options for rationalisation – in areas of low demand and/or over-supply – should be looked at in terms of the future use and direction of particular schemes.
- The need to ensure that services and provision operationally meet the needs of current tenants.
- The need to look to the future in terms of the current and anticipated profile of tenants, to ensure that services and provision will meet their needs.
- The need to address specific issues raised by current tenants, including the role of scheme coordinators, levels of paperwork, and type and range of social activities.
- The need to look at the assessment and allocation process for sheltered housing, in particular how and when information is shared on prospective tenants, and how the suitability of services and accommodation are matched to the needs of a client.
- The need to look at opportunities for wider community involvement in sheltered housing schemes, in particular as a mechanism for delivering services to older people living in the community.
- The need to re-examine promotional information and literature relating to sheltered housing, based on the findings of this study.

## Section 1: Introduction and research methodology

This research was undertaken across Northern Ireland between April 2011 and January 2012. It was led by Fiona Boyle (external research consultant), with fieldwork input from the Northern Ireland Housing Executive (NIHE).

The research was commissioned by the NIHE in order to look to the future in terms of the need for, and possible configuration and delivery of services within, the sheltered housing market. In particular the research aimed to *“examine current sheltered housing developments in Northern Ireland with a view to making recommendations on obtaining the optimum use of such accommodation in the future by remodelling sheltered housing and ‘rebranding’ its image with a view to making it a more popular form of housing for older people and for those with a mental or physical disability.”*<sup>3</sup>

Full details of the research methodology are provided below, whilst further information on the provision and development of sheltered housing in Northern Ireland is outlined in Section 2.

### **Research methodology**

The research had the following key objectives:

- To provide a comprehensive picture of the physical design and support services available in sheltered housing across Northern Ireland, including information on physical features and design such as size, lifts and electronic technology provision.
- To provide a profile of existing residents living in sheltered housing schemes across Northern Ireland.
- To gather information on care needs, waiting lists and voids.
- To explore reasons for refusal of sheltered housing.
- To gather information on tenants’ current and future needs and expectations and how these are being met.
- To gauge residents’ views on scheme coordinators.
- To assess the provision of communal facilities within schemes and usage of such facilities.
- To research the support mechanisms available for older people in the wider community within the vicinity of sheltered schemes.
- To examine options for change.

This research focussed exclusively on Category 2 sheltered housing<sup>4</sup> and did not look at other types of sheltered housing or indeed other housing options and housing with care options available to older people. Alternative options include staying put in own home (with or without support), downsizing or moving (including equity release options), residential and nursing home care and retirement parks.

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<sup>3</sup> From research specification

<sup>4</sup> See pages 15 and 16 for definition/further information.

The research was supported by a Research Advisory Group comprising the following membership:

Joe Frey, Head of Research, NI Housing Executive (Chair)  
 Gillian Greer (until September 2011) and Kate McKeown (from September 2011)  
 research team, NIHE  
 Colm McQuillan, Brian O’Kane, Mary McDonnell and Joan Finn  
 Supporting People team, NIHE  
 Chris Williamson, Maire Kerr, Sharon Jeffers, NIFHA  
 Roger O’Sullivan, CARDI  
 Eileen Patterson, FOLD  
 Louise Roberts, Helm

The terms of reference for the project were agreed by the Research Advisory Group. Overall, the research aimed to establish:

- the scale and nature of difficulties within sheltered housing;
- why some sheltered housing schemes (generally and specifically) become hard to let;
- what can be done in terms of refurbishment, marketing, reviewing allocation policies, changing the whole use of the scheme, disposal of the scheme.

The main approaches in terms of primary data collection included:

- semi-structured interviews with key players in the field (GB and Northern Ireland);
- visits to sheltered housing schemes at the outset of the research;
- focus groups with tenants at the outset of the research;
- a survey of current sheltered housing tenants;
- a survey of all 15 housing associations providing sheltered housing<sup>5</sup>;
- a survey of those refusing an offer of sheltered housing;
- a survey of scheme coordinators; and
- focus groups with older people and younger older people not living in sheltered housing.

**Table 1: Interviews with key stakeholders**

<b>Name(s)</b>	<b>Representing/organisation</b>
Eileen Patterson	FOLD Housing Association
Grainia Long	Chartered Institute of Housing NI
Billy Graham	Alpha Housing
Lynn Jennings	Trinity Housing Association
Dr Karen Croucher	The Housing Centre, University of York
Brendan Whittle	Southern Health & Social Care Trust
Rebecca Mollart	Policy Consultant for ERoSH
Colette Moore	Clanmil Housing Association
Colm McQuillan, Brian O’Kane, Mary McDonnell, Joan Finn	Supporting People, NI Housing Executive

<sup>5</sup> Based on research tools from research undertaken for the Scottish Executive by Karen Croucher et al *Review of sheltered housing in Scotland*, 2008

**Table 2: Range of respondents**

<b>Research approach</b>	<b>Details</b>
Visits to sheltered housing schemes at outset	Ten scheme visits Northern Ireland wide
Focus groups with sheltered housing tenants at outset	Eight focus groups with 66 tenants and face-to-face interviews with four tenants (total of 70 tenants)
Survey of sheltered housing tenants	Completed July/August 2011 – 150 tenants
Survey of housing associations	Completed response to e-questionnaire from 15 housing associations
Survey of those turning down/refusing offer of sheltered housing	Completed Nov/Dec 2011 across three housing associations for month of November and from NIHE list
Survey of scheme coordinators	Survey with eight scheme coordinators face to face and further two by phone. These Schemes were selected on the basis of higher voids and/or had been identified by their Housing Association in terms of other management issues.
Focus groups with older people not in sheltered housing	Two focus groups with those aged 65 plus – (total of 28 individuals), and two focus groups (total of 12 participants) with younger older people - those aged from 50 - 67

**Table 3: Initial scheme visits – including interviews with scheme coordinators and focus groups/interviews with tenants**

<b>Name and location of sheltered housing scheme</b>	<b>Housing association</b>
Tonic Fold, Bangor	FOLD Housing Association
Forthriver Fold, Belfast	FOLD Housing Association
The Savoy, Bangor	Clanmil Housing
Rathmore Manor, Newtownabbey	Alpha Housing
Agherton Grange, Portstewart	Alpha Housing
Elmgrove Manor, East Belfast	Trinity Housing
Mcllroy Court, Newtownabbey	Helm Housing
Abbey House, Derry	Apex Housing Association
Culmore Avenue, Derry	Apex Housing Association
St Canice's, Eglinton	Apex Housing Association

**Table 4: Second stage interviews with scheme coordinators**

<b>Name and location of sheltered housing scheme</b>	<b>Housing association</b>
Forest Glen, Glenarm	Clanmil Housing Association
Tullyvallen FOLD, Newtownhamilton	FOLD Housing Association
Corliss FOLD, Crossmaglen	FOLD Housing Association
Stronge Court, Portadown	Clanmil Housing Association
Oran FOLD, Portadown	FOLD Housing Association
Ballinascreen FOLD, Draperstown	FOLD Housing Association
Lisnavar Court, Waterside, Derry	Oaklee Housing Association
Bryans Court, New Mossley	Wesley Housing Association
Brennan Court, Magherafelt	Clanmil Housing Association
Bessie Bell Court, Newtownstewart	Clanmil Housing Association

The research also included the analysis and interrogation of statistical databases, to provide background and contextual information on sheltered housing stock and tenants. This included information provided by the NI Housing Executive Supporting People team, the PRAWL system, housing association information and also NICORE and other statistics from NIFHA.

All research tools were piloted appropriately. The sampling process for the survey of tenants comprised 35 schemes, chosen on a random basis using the Supporting People spreadsheet of schemes/services as a sampling frame. The drawn sample was boosted to ensure coverage of as wide a selection as possible of housing associations and some geographical areas, e.g. Derry which was under-represented in the random sample.

The sampling frame for the second tranche of interviews with scheme coordinators was a combination of schemes identified by housing associations via the e-questionnaire and schemes where voids range from two to five per year.

### **Research findings – Outline of report**

The structure and contents of the report are outlined below. Section 2 provides the background and context to the study, setting the scene in terms of both the concept of sheltered housing and outlining the rationale for the research project.

The research has had a number of outputs, namely a comprehensive survey of sheltered tenants, providing first hand insight into their experience of this form of housing. An overview of the profile of current tenants is provided in Section 3.

In addition, feedback from housing associations, both at Head Office level and from scheme coordinators working on the ground, has proved invaluable in enabling assessments to be made of both the current physical form of sheltered housing schemes and their actual operations and delivery of service. This is summarised in Section 3 in terms of the current level of sheltered housing provision (schemes and units) and in Section 4 in terms of issues such as physical condition, accessibility, the mix of age groups and needs of tenants, the role of scheme coordinators, and the provision of social activities.

The research confirmed on a number of levels the continuing benefits of sheltered housing for tenants, and high levels of tenant satisfaction; these issues are examined in more detail in Section 4.

In terms of future outlook, the research focussed on:

1. Establishing the current and potential need for sheltered housing, looking at current levels of voids and occupancy and also obtaining feedback from those living in the wider community, in particular their perceptions of and thoughts about sheltered housing and whether it might be an option for them in the future.
2. Examining the changing needs and requirements of tenants and, linked to this, the ongoing viability of sheltered housing and need for remodelling as indicated by housing associations.
3. Other factors that may impact on the provision and management of sheltered housing.

Appendix A provides an overview of wider literature relating to sheltered housing. This mainly focuses on developments and reviews/evaluations of service provision in England and Wales, where there is a considerable bank of research, and also Scotland in terms of a recent review of sheltered housing. Whilst many of the current difficulties outlined in this literature review are relevant to Great Britain only and have been drawn from English research (e.g. over-provision of bedsits, sheltered housing viewed as a last option, specific difficulties with particular types of provision, terminology and knowledge), they provide some important findings and inferences for this piece of work in Northern Ireland.

Qualitative comments from sheltered housing tenants, scheme coordinators, housing associations and other stakeholders are indicated in *italics* and are indented in the text. Quotations from other reports and commentators are in italics and inverted commas.

## Section 2: Background and context

This section provides the background and context for the research study, looking specifically at:

- What is sheltered housing? – definitions
- Classification of sheltered housing
- The history and context of sheltered housing in Northern Ireland
- Who is sheltered housing for?
- Rationale for this research project.

### ***What is sheltered housing?***

There are a number of definitions related to sheltered housing, in terms of their breadth and inclusion of different types of sheltered scheme. For the purposes of this research and report, the following definition<sup>6</sup> was agreed by the Research Advisory Group.

*“Sheltered accommodation is a term used to describe a group of dwellings built in accordance with specific guidelines set by DSD<sup>7</sup>, designed for older or disabled people and with support provided on site.”*

The Research Advisory Group and the commissioning body, NIHE, agreed that this research should concentrate solely on Category 2 sheltered housing schemes, rather than looking at the broader range of Category 1, Category 3 and Category 4 housing.

### ***Classification of sheltered housing***

The different categories of sheltered housing, as defined in the DSD's Development Guide for housing associations, are based on the person's level of support and care needs, combined with the type of accommodation and services provided. What is classified as Categories 1 and 2 sheltered housing accommodation is defined as being for older people able to live independently with limited support and Categories 3 and 4 sheltered housing is for those requiring some level of care with their accommodation. These categories are as follows:

- **Category 1** – self-contained accommodation for the more active elderly, which may include an element of scheme supervisor support and/or additional communal facilities;
- **Category 2** – scheme supervisor supported self-contained accommodation for the less active elderly, which includes the full range of communal facilities;
- **Category 3** – supported extra care accommodation for the frail elderly, which comprises the full range of communal facilities, plus additional special features, including wheelchair user environments and supportive management; and
- **Category 4** – scheme supervisor supported shared accommodation for the less active elderly with full range of communal facilities.

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<sup>6</sup> This is the Housing Executive's definition of sheltered housing as it appears on its website ([www.nihe.gov.uk](http://www.nihe.gov.uk)) and is also used by ERoSH (the Consortium of Sheltered Housing Providers – the Essential Role of Sheltered Housing) in its 2005 NI Directory of Sheltered Housing in Northern Ireland.

<sup>7</sup> Department for Social Development NI

Overall, the various definitions and categories of sheltered housing concentrate on different aspects of the housing type and configuration and/or the service provided, for example the functions of a scheme warden or coordinator. However, the agreed aim of sheltered housing is to enable older people to continue to live independently for as long as possible in the community, through providing support at the level and timing required. Residents of sheltered accommodation are independent, free to come and go and have visitors as they wish.

The NIHE<sup>8</sup> summarises this as follows:

*“Sheltered accommodation aims to promote residents’ independence for as long as possible while at the same time ensuring contact with support staff and others, enabling residents to access help and assistance when needed. Contact with other tenants ensures that an active social life can continue to be enjoyed even as one becomes frailer.”*

### ***The history and context of sheltered housing in Northern Ireland<sup>9</sup>***

Registered Housing Associations<sup>10</sup> first came into being in 1976. At one point there were more than 40 housing associations, but with amalgamations the number had fallen to 34 registered housing associations, including the Northern Ireland Co-Ownership Housing Association, by spring 2012.

The Department for Social Development NI website<sup>11</sup> states that Registered Housing Associations:

- provide rented accommodation
- specialise in accommodation for special needs groups
- are the main developers of new social housing for rent in Northern Ireland.

The Department is responsible for the funding, monitoring, regulation and issue of guidance and policy directives to registered housing associations and has a statutory duty to consult with their representatives.

The NIHE’s *Northern Ireland Housing Market Review & Perspectives 2010-2013* noted that *“housing associations are independent social housing organisations which provide good quality, affordable accommodation for households in housing need, on a not-for-profit basis.”*<sup>12</sup>

Housing associations have tended to specialise in one particular aspect of housing need, and 15 housing associations have built up considerable expertise in relation to housing for older people.

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<sup>8</sup> [www.nihe.gov.uk](http://www.nihe.gov.uk)

<sup>9</sup> Information for this section has been taken from the DSD’s website and *Joint Review of the Social Housing Needs of Older People in Northern Ireland*, NIHE and NIFHA, July 1997.

<sup>10</sup> From [www.dsdni.gov.uk](http://www.dsdni.gov.uk) – A Housing Association is a society, body of trustees or company established for the purpose of providing; constructing; improving or managing; facilitating and encouraging the construction or improvement of housing accommodation; and does not trade for profit and their constitution and rules prohibit the issue of capital with interest or dividend exceeding rates prescribed by the Department of Finance and Personnel, with or without differentiation between share and loan capital.

<sup>11</sup> [www.dsdni.gov.uk](http://www.dsdni.gov.uk)

<sup>12</sup> *Northern Ireland Housing Market Review & Perspectives 2010-2013*, NIHE

Although originally developed to provide an alternative to residential care, sheltered housing primarily “remains a form of housing with basic support aimed at reducing social isolation, and feelings of vulnerability and insecurity”.<sup>13</sup>

### **Who is sheltered housing for?**

Eligibility for sheltered housing has traditionally been viewed as solely for people who are aged over 60, although some organisations and housing associations advertise sheltered housing as an option for people aged 55-plus. Category 2 sheltered housing is accessed via the Common Selection Scheme, and the findings from this research show that sheltered housing is increasingly being offered to younger people and those with additional needs<sup>14</sup>. Sheltered housing is available for those in couples<sup>15</sup> or who are living alone.

Older people (aged 60 and over) represent 17.6% of the total population in Northern Ireland – that is 297,113 out of 1,685,267 people<sup>16</sup>. Demographic trends impact the overall need and demand for sheltered (and other types of older people’s) housing.

The increasing number of older people in Northern Ireland is well documented, as is the increase in longevity. Table 5 illustrates the age distribution of the older population in the region according to the 2001 Census.

**Table 5: Age distribution of older population in Northern Ireland (2001)**

<b>Age group</b>	<b>Percentage of total population (%)</b>	<b>Actual number of older people</b>
60 – 64	4.4%	73,646
65 – 74	7.3%	123,193
75 – 84	4.6%	76,848
85 – 89	1.0%	16,179
90 and over	0.4%	7,247
<b>Total older people</b>	<b>17.6%</b>	<b>297,113</b>

Source: NI Census 2001

### **Rationale for this research project**

This research project was commissioned by NIHE in early 2011 to look to the future in terms of the need for, and possible configuration and delivery of services within, the sheltered housing market. In particular, the research aimed to “*examine current sheltered housing developments in Northern Ireland with a view to making recommendations on obtaining the optimum use of such accommodation in the future by remodelling sheltered housing and ‘rebranding’ its image with a view to making it a more popular form of housing for older people and for those with a mental or physical disability*”.

<sup>13</sup> Op cit, Croucher et al, 2008

<sup>14</sup> This research evidenced an increasing age bracket and the inclusion of people with additional needs, e.g. alcohol and drug addiction, those with a learning difficulty, etc.

<sup>15</sup> This may include married couples, cohabiting couples, two siblings, parent with adult child etc.

<sup>16</sup> NI Census, 2001

Whilst the various housing stakeholders have collected data and produced a number of reports on sheltered housing (e.g. internal housing association satisfaction surveys and some work by NIHE<sup>17</sup>), the overall amount of secondary data and literature relating to sheltered housing in Northern Ireland is relatively limited. In addition, much of what has been undertaken to date relates to statistical returns to both DSD and NIFHA (and analysis of these), work by ERoSH (including publication of the Northern Ireland Directory of sheltered housing - 2005), and the availability of ERoSH minutes on their website.

With relatively limited published material, a number of key questions have remained unanswered and can be viewed (in part at least) as forming the rationale for this research project. These are outlined below with some of the contextual background.

- **Demography**

The older population in Northern Ireland is growing fast. The number of people aged over 75 will increase by 40% between 2009 and 2020. Furthermore, the population of over 85-year-olds in Northern Ireland will increase by 19.6% by 2014, and by 58% by 2020 over the 2009 figure<sup>18</sup>. Recent predictions also suggest that one third of babies born in 2012 will reach the age of 100<sup>19</sup>.

Housing for older people will therefore remain a key issue, particularly when combined with other factors including care and support needs, changing expectations, and the range of housing options.

- **Other housing options**

The number, range, availability and affordability of general needs housing which older people live in and specialist housing for older people is a key factor in influencing the interest in and demand for sheltered housing. Some choices are predicted to become more limited, such as residential and nursing care, as referenced below in the recent Compton Review<sup>20</sup>, whilst the opportunity to have extended care in the home – the concept of *home as the hub* – may reduce the need for older people to move into accommodation designed to meet their specific requirements.

Changes in the range and availability of housing options are factors in determining need and demand for sheltered housing, and analysis to date in Northern Ireland – and further afield – suggests that people move into sheltered housing for a range of reasons, including company, social inclusion, communal facilities, and the fact that it is cheaper to run and manage.

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<sup>17</sup> *Sheltered Housing Schemes Survey*, Prepared for Housing and Regeneration by NIHE Research Unit, November 2002

<sup>18</sup> NI Neighbourhood Information Service, 2011, referenced in Compton Review, *Transforming Your Care*, 2011

<sup>19</sup> Office of National Statistics, *What are the chances of surviving to age 100?*, March 2012

<sup>20</sup> Compton Review, *Transforming Your Care*, 2011

- **Changes in the housing market and other factors**

Various stakeholders, in the initial stage of this research, alluded to the number and range of changes that have taken place in the housing market, employment law and service delivery models since sheltered housing came into being. There was a general feeling, albeit with no specific research evidence, that some or all of these factors have made – and would continue to make – a difference to both the delivery of sheltered housing and tenants' experience of it. Initial discussions about this project included references to Care in the Community, the introduction and rolling out of the Common Selection Scheme, the EU working time directive, and the shift from resident wardens to non-resident scheme coordinators.

- **Changing age at which people enter sheltered housing**

Another factor, influencing the need to examine the current picture relating to sheltered housing and consider the future need and demand for this type of provision, was the changing pattern of when people are most likely to make a move to sheltered housing. Some practitioners noted a shift towards later moves to sheltered housing; in the 1970s and 1980s people moving into this provision were in their sixties, but there was a general feeling that, more recently, people have been aged 70 plus and in some cases 80 plus when they have made the move.

This research therefore aimed to establish the age profile of current sheltered housing tenants, make some comments on age of entry, and suggest how changing age profiles may impact on needs and therefore services required.

- **Confusion about the term 'sheltered housing'**

Anecdotal evidence suggested that over time people have become confused by the term 'sheltered housing' – what it is, who it is for and what it provides. In Northern Ireland there has also been a long tradition of referring to any sheltered housing as a 'FOLD', although FOLD Housing Association is only one of fifteen providers. A number of housing associations indicated that prospective tenants were being put off applying for sheltered housing because they did not see themselves as needing housing for older people, or indeed did not view themselves as being old(er). Research, undertaken by the NIHE in 2001/02<sup>21</sup> to investigate why some people turned down sheltered housing, noted a lack of demand in certain areas for sheltered housing schemes despite the level of need amongst older people on the housing waiting list. It pointed to an apparent reluctance amongst a growing proportion of elderly people to accept sheltered accommodation, and a continuing desire for independent bungalows.

A further aspect of the 2001/02 research, in which applicants (aged 60 plus) on the Common Waiting List were interviewed (nr=204), concluded that applicants were unsure of what 'sheltered' housing provided, viewing it as a loss of independence and not fully understanding the difference between 'sheltered' and 'residential care'. In addition, it concluded that potential applicants from the owner-occupied sector were facing considerable difficulties in accessing this type of accommodation, e.g. in terms of timescales to sell property once an offer of sheltered accommodation is provided. Furthermore, following the sale of property the individual may not qualify for benefits, making it an expensive move.

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<sup>21</sup> Op cit, Compton Review

- **Occupancy and voids**

A further factor for consideration in this project was that there had been a feeling within the sheltered housing sector (and wider social housing sector) that there are high levels of voids in sheltered housing, associated with difficult-to-let schemes and occupancy issues. Again, this view appeared to be based on anecdotal evidence, and since there had been no previous comprehensive assessment of this issue, it was considered an important part of this research study.

- **Expectations and desires**

A number of commentators have pointed to changing expectations in terms of housing within the older population. The pre-war generation who had initially moved into sheltered housing appeared to be content with what was on offer, particularly in relation to the size and configuration of accommodation. Most potential tenants are now in the post-war generation, and may have different expectations and needs in terms of their desired housing. Consideration of design, quality and standards of accommodation was therefore a further basis for this study.

Satisfaction amongst current sheltered housing tenants is a further important factor, with people living in sheltered housing showing high levels of satisfaction with their accommodation. This is confirmed, first via housing associations' own tenant satisfaction surveys, and second, through previous research commissioned by the Northern Ireland Housing Executive, *Sheltered Housing Schemes*<sup>22</sup>. As part of the research in 2001/2, a survey of older people (total nr=158) already living in sheltered accommodation indicated that they were very satisfied with their accommodation. Those interviewed were generally satisfied with a range of physical aspects in their sheltered accommodation, and overall felt safe. Respondents were also highly satisfied with a range of facilities in their accommodation, such as laundry facilities, the warden, recreation and events.

- **Government policies**

The rationale for this research also took into account changes in government policies relating to sheltered housing and support for older people. In recent decades there has been some ambiguity over the role of sheltered housing. Reforms to community care and the focus on bringing increasing levels of personal care and domiciliary support into the home have the potential to eliminate the need for an older person to move into sheltered accommodation. This has been noted in a Northern Ireland context as follows:

*"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."*<sup>23</sup>

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<sup>22</sup> *Sheltered Housing Schemes Survey*, prepared for Housing and Regeneration by NIHE Research Unit, November 2002

<sup>23</sup> Op cit, Paris et al, 2010

The recent Compton Health Review<sup>24</sup> provided further reinforcement to the idea that everyone is entitled to continue living in their own home and remain independent, albeit with support coming in, and that the home should be the hub of care for older people. The Review confirmed that the policy aim for some time has been to shift care from institutional settings such as nursing and residential homes to the individual's own home and the community. The Compton Review recommended that steps should be taken to support greater provision of services for older people living at home or in supported accommodation, and expected to see a very significant reduction in provision of long-term residential places in the next five years. The Review also pointed to preventative approaches, other than health, which may impact on older people's wellbeing and which require intervention from other areas of public service. Whilst the Compton Review did not mention specific housing tenures or types of provision, there is no reason to doubt that sheltered housing is an older person's home, and that people may still move into sheltered housing for reasons beyond and above whether they could remain in their own home and receive support there. Such reasons may include moving to sheltered housing for company, social inclusion, provision of communal facilities, location and proximity to services, support from scheme coordinator and issues relating to cost and maintenance of housing.

In addition, the development of provision in the community, such as floating support or warden support for older people, around a sheltered housing scheme as the hub (hub and spoke model), further opens discussions around the role of sheltered housing. One example is the Newtownabbey Wardens scheme. This scheme is provided in partnership between NIHE, the Northern Health and Social Care Trust and FOLD Housing Association, to provide peripatetic support for older people in the Newtownabbey area.

Finally, the absence of a housing strategy for older people in Northern Ireland added further weight to the need to review current sheltered housing provision and consider options for the future.

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<sup>24</sup> *Transforming your care*, A Review of Health and Social Care in Northern Ireland, December 2011

### Section 3: Sheltered housing in Northern Ireland

This section provides a brief overview of the number and distribution of sheltered housing schemes in Northern Ireland, and some profile information on current sheltered housing tenants.

#### **Sheltered housing – Category 2**

Sheltered housing has grown considerably in the last 20 years. Table 6 provides an analysis of different information sources in relation to housing and other provision for older people, excluding private and voluntary sector residential and nursing care, over the twenty year period 1991 to 2010.<sup>25</sup>

**Table 6: 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

Table 7 breaks down housing stock for older people by district council area. This indicates that one third (32%) of stock is in the Belfast area, with some district council areas having minimal provision, e.g. Limavady, Cookstown, Moyle. The geographical distribution of sheltered housing was also noted by Paris<sup>26</sup> as follows: *"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."*

<sup>25</sup> Op cit, Paris et al, 2010

<sup>26</sup> Ibid

**Table 7: Stock for the elderly by district council area<sup>27</sup>**

	Stock for the elderly	
	Self-contained units	Shared/hostel bed spaces
Derry	718	68
Limavady	67	0
Coleraine	364	103
Ballymoney	102	8
Moyle	77	14
Larne	182	0
Ballymena	361	18
Magherafelt	110	0
Cookstown	89	0
Strabane	120	14
Omagh	105	25
Fermanagh	236	0
Dungannon	147	0
Craigavon	385	46
Armagh	124	0
Newry & Mourne	234	0
Banbridge	151	19
Down	197	10
Lisburn	497	0
Antrim	125	0
Newtownabbey	392	24
Carrickfergus	325	17
North Down	529	156
Newtownards	410	25
Castlereagh	444	4
Belfast	3,062	281
<b>Totals</b>	<b>9,553</b>	<b>832</b>

<sup>27</sup> Source: Table 7 is based on DSD annual regulatory returns (ARR stock controls by Housing Association) for March 2010, and indicates the total housing stock provided by Housing Associations and suitable for elderly people by District Council area. Whilst this is a catch-all category of *stock for the elderly* which includes forms of provision other than sheltered, it does provide an indicator of supply on a geographical basis.

For this research, information provided by the NI Housing Executive Supporting People Information Management System (SPOCC) and the fifteen housing associations involved in providing sheltered housing, along with information in the EROSH Directory<sup>28</sup> was analysed to provide an overview of the number of sheltered schemes and units provided by housing associations across Northern Ireland. Information relating to this exercise is outlined in Appendix B.

Table 8 details the information provided by Supporting People which was taken as the baseline for analysis of Category 2 schemes for older people. It should be noted that the number of Category 2 schemes/provision is slightly different in its classification/categorisation between Supporting People and the various housing associations. For example, Trinity Housing Association claims to have eight Category 2 schemes whilst the Supporting People spreadsheet states the number as eleven. The reason for this discrepancy is that the Housing Association has combined provision in one location (perhaps in two separate buildings) as one scheme. There were also differences in terms of what is viewed as being Category 2 accommodation for older people. For example, Oaklee Housing Association included two schemes which they defined as Category 2 for older people, but which the Housing Executive had not included in their spreadsheet, as these schemes were designated by them as provision for people with mental health issues.

**Table 8: Number of Category 2 schemes and accommodation units  
(by housing association)**

	<b>Number of Category 2 schemes</b>	<b>Number of accommodation units</b>
Alpha	31	855
Apex	12	373
Ark	2	60
Clanmil	57	921
Dungannon & District	3	70
Flax	2	63
Fold	86	2,632
Gosford	1	21
Habinteg	1	35
Harmony Homes	3	95
Helm	18	646
Newington	1	47
Oaklee	56	1,666
Trinity Housing	11	272
Wesley	4	95
Other	1	75
<b>Total</b>	<b>289</b>	<b>7,926</b>

<sup>28</sup> EROSH is the national consortium for sheltered and retirement housing – [www.shelteredhousing.org](http://www.shelteredhousing.org). During this study the majority of contact was with EROSH NI. Information was also reviewed on [www.housingcare.org](http://www.housingcare.org).

Information from Supporting People lists 289 Category 2 sheltered housing schemes for older people in Northern Ireland which provide a total of 7,926 units of accommodation.<sup>29</sup> Two housing associations provide high numbers of sheltered housing units, namely Fold and Oaklee, with Alpha, Clanmil and Helm providing the next highest level. Apex and Trinity provide smaller numbers and the remaining housing associations manage fewer than 100 units.

The supply of Category 2 sheltered housing has remained relatively steady over the last five years, with comparatively few starts of Category 2 sheltered housing in the Social Housing Development Programme, and more emphasis directed towards housing stress and the provision of general needs housing in areas of high demand. A review of the development programmes for the three years 2007/08 to 2009/10 indicates that there were no new Category 2 schemes in the programme.

**Table 9: Total new starts of accommodation for older people by year**

Year	Total new starts	Accommodation for older people
2007/08	1,595	Category 1 - 88 Category 1/General needs - 19 Housing with care - 40
2008/09	1,136	Category 1 – 161 Category 1/General Needs - 13
2009/10	1,838	Category 1 – 112 Housing with care - 24

### ***Profile of tenants entering sheltered housing***

There has been considerable speculation that the age profile of tenants in sheltered housing is changing. NICORE data<sup>30</sup> relating to sheltered housing confirms that the average age of people entering sheltered housing decreased from 72.5 in 1997/98 to 70.3 in 2010/11.

In the same period there was a decrease in the proportion of new entrants who were aged over 75 (from 46% to 39% of new tenants) and an increase in the proportion of new tenancies in sheltered housing allocated to people aged under 55 (from 5% to 8%). The proportion of new sheltered housing tenants aged 45-55 increased from 3.8% in 1997/98 to 6.6% in 2010/11 and the percentage of new tenants aged between 16 and 44 increased from 0.8% to 1.5% in the same period. Whilst the overall proportion of younger tenants remains low, the increase in the proportion of allocations to tenants in younger age groups needs to be considered against the backdrop of sheltered housing being defined as a housing option for older people.

A further significant change in the age at entry into sheltered housing has been within the 55 to 64 age group, which accounted for 14% of new tenants in 1997/98 and had increased to almost one quarter (24%) of all new entrants in 2010/11. The age profile of people entering sheltered housing is discussed in more detail in Section 4.

<sup>29</sup> Analysis of the returns from the 15 housing associations indicated a total of 267 Category 2 sheltered housing schemes, providing a total of 8,091 units of accommodation.

<sup>30</sup> NIFHA's NICORE lettings questionnaire is completed when a household becomes a housing association tenant and collects socio-economic data: age, marital status, economic status, disability status, caring responsibilities and income. Analysis provided by NIFHA.

### **Profile of tenants in sheltered housing**

No independent data are collected or stored by the NIHE or NIFHA in relation to the age range and average age of people living in sheltered housing. One aim of this study, therefore, was to provide a profile of existing residents by means of a random survey of tenants living in sheltered housing schemes across Northern Ireland. Fieldwork took place in July and August 2011 and 156 interviews were achieved, against a target of 120. The chosen sample included tenants from nine of the 15 housing associations providing sheltered housing, including the four largest, three medium-sized and two smaller.

Around two thirds of respondents (106 out of 156) were female. Approximately one quarter (26%) had been living in sheltered housing for five years or more and the same proportion (26%) for 10 years or longer. The remainder had been there between one and five years (38%) or for a year or less (10%).

Almost half (48%) of respondents had lived previously in alternative rented accommodation, e.g. other forms of housing association provision, the private rented sector, or NI Housing Executive; more than one third (36%) had moved into sheltered housing from owner occupation.

- The profile of tenants in sheltered housing indicates a wide range of ages and needs. In terms of age, the survey of tenants found an age range of 74 years and an average age of 75.
- Over half (53%) were aged 75 and over, one third (33%) were aged 65 to 74 and 10% were 55 to 64. Six per cent in total were aged 24 to 35, 35 to 44 and 45 to 54, (Table 10). Almost two thirds of respondents (62%; 103 out of 156) indicated that they had a disability.

**Table 10: Age of respondents**

<b>Age Group</b>	<b>Number</b>	<b>Percentage</b>
24 to 34	2	1
35 to 44	2	1
45 to 54	6	4
55 to 64	15	10
65 to 74	49	31
75 to 84	49	31
85 to 94	27	17
95 plus	6	4
<b>Total</b>	<b>156</b>	<b>100</b>

### **Moving to sheltered housing**

The survey indicated that the move to sheltered housing appeared to be less about the cost or condition of the person's current home – or a desire for more company – and more about personal concern over health and deteriorating mobility and a positive desire to remain independent for as long as possible. The most frequently given reasons for deciding to move to sheltered housing were:

- I was worried about my health (51%)
- I/we wanted to stay independent with some help for as long as possible (49%)
- My mobility and ability to get out and about had decreased (47%).

The reasons given least frequently (although still important to some respondents) were as follows:

- I wanted somewhere smaller because my home was too expensive to maintain (14%)
- I wanted something in better condition than my previous home (14%)
- I was bored on my own and wanted the company of other people of the same age (17%).

When reasons for moving were analysed by gender, men appear to be more concerned about their overall or general health than women (28% and 23% respectively), whereas women were slightly more concerned about their mobility (15% compared to 12% for men). In addition, women were significantly more concerned about their personal safety and security than men (20% and 12% respectively), and were more likely to cite the size of their house and ongoing maintenance issues as factors in deciding to move to sheltered housing.

### ***People involved in the decision to move to sheltered housing***

In almost two thirds of cases (61%), respondents indicated that they had made the decision to move to sheltered housing alone, with no involvement from others. One fifth (21%) had made the decision jointly with their family and a small proportion (4%) said their family had encouraged them to move to sheltered housing. Only one tenth had involvement from others (wider than the family), including GP/consultant (6%) and Social Services (3%).

### ***Source(s) of information on sheltered housing schemes***

Two fifths of respondents said they had previously known about sheltered housing. Family and friends also played a significant part in telling older people about sheltered housing with this occurring in a quarter of cases or more for family (25%) and friends (26%).

A quarter of respondents had also heard about the sheltered housing scheme they were living in from the NI Housing Executive, with smaller proportions having been informed by a housing association (8%), GP (5%), Social Services (8%) or other – including an open day (6%).

### ***Distance from previous home/accommodation***

The majority of respondents (61%) had moved to a sheltered housing scheme within two miles of their previous home – indicating people's desire to stay within their own community and area. A further 17% had moved to sheltered housing within five miles of their former home, and 8% within 10 miles. Smaller proportions had moved a distance of more than 10 miles but within Northern Ireland (11%) and from outside Northern Ireland (2%).

### ***Type and range of facilities in sheltered housing scheme***

A further aim of the research was to provide a comprehensive picture of the physical design and support services available in sheltered housing across Northern Ireland, including size of the accommodation, lifts and electronic technology provision. These issues are explored in more detail in Section 4, using information provided by the housing associations.

The survey found that the majority of respondents were in sheltered housing schemes with a lift (81%) – however, nearly one fifth (19%) did not have a lift in their scheme. The majority (91%) had an accessible shower but only one third indicated an accessible bath (34%). Almost all respondents confirmed that they had central heating (99%) and double glazing (97%), and 97% had an alarm in one or more rooms. Around one third (34%) had a personal alarm, which they could use to call the scheme coordinator<sup>31</sup>.

Respondents indicated that in the majority of cases there was a main lounge (87%) and guest room (79%) within the sheltered housing scheme. However, more than two fifths (42%) of respondents were dissatisfied with space to store mobility scooters and aids and one fifth (20%) were dissatisfied with car parking.

Most respondents (80%) were living in flats and 19% in bungalows; the majority (85%) were living in one bedroom accommodation.

### ***Facilities/services within walking distance of sheltered housing scheme and proximity to public transport***

The survey found that between one quarter and one third of tenants' accommodation was not within walking distance of a corner shop (35%) or supermarket (23%) and that this increased in terms of other key services, such as a post office (41%) and a GP (46%).

For nearly two thirds of respondents (61%) a public transport stop was within 400 yards<sup>32</sup> of the sheltered housing scheme.

### ***Facilities/services within the sheltered housing scheme***

Further aims of this research were to:

- assess the provision of communal facilities within schemes and usage of such facilities; and
- gauge residents' views on scheme coordinators.

The tenant survey provided some feedback on these areas, and this was also followed up via focus groups and interviews with tenants and scheme coordinators. These aspects are also explored in more detail in Section 4.

The tenant survey found the following:

One quarter (25%) of respondents were living in a scheme where the scheme coordinator lived on site; 62% had a scheme coordinator on site each week day and 12% each day including weekends. In one in six cases (14%) respondents indicated that the scheme coordinator visited the scheme only 'sometimes'.

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<sup>31</sup> For the purposes of the research all references to Scheme Managers and Scheme Wardens have been replaced with the term Scheme Coordinator.

<sup>32</sup> The measurement of yards was used rather than metres, given the main age bracket of respondents.

***Opinion on the work of the scheme coordinator***

Respondents were asked to indicate the type of work the scheme coordinator undertook in their scheme. The majority said their scheme coordinator helped sort out repairs (85%), had time to chat about personal issues (84%), regularly checked everyone was ok (83%) and helped with forms (72%). Conversely, 15% of respondents said their scheme coordinator did not have time to chat. More than one quarter (26%) of respondents said the scheme coordinator helped with their shopping, despite the fact that the sheltered housing model was designed to facilitate independent living.

***Usage of communal facilities for social activities***

The survey found the following in relation to social activities:

- 81% said there were social activities in their sheltered housing scheme, whilst one fifth said there were not (18%).
- One quarter (26%) said they felt some pressure to take part in social activities.
- Ten per cent said they were not happy with the number and variety of social activities.
- Twenty per cent said they would like more social activities and a wider selection.
- Only two per cent said they would like fewer social activities.
- The majority of respondents (82%) said that social activities were largely organised by the scheme coordinator or staff. The remaining 19% said social activities were largely organised by tenants.

## Section 4: Key findings

A number of key themes emerged during the research; these are reported in this section in a thematic way, drawing on the range of findings from the different strands of the research. The key findings are as follows:

- **Current tenants are satisfied with sheltered housing, and acknowledge a range of benefits**

Tenants living in sheltered housing in Northern Ireland at the time of the research were satisfied<sup>33</sup> with the size of their accommodation overall (92%), space in their living room (95%), heating (94%), condition of accommodation (93%), space in their bedroom (90%) and space in their kitchen (85%). Safety was also highlighted as a key benefit, with 99% of respondents feeling safe both inside their own accommodation and inside their own sheltered housing scheme (99%), and only a small proportion (4%) noting they did not feel safe in the area around their sheltered housing scheme. Physical and social benefits relating to sheltered housing were highlighted by both tenants and scheme coordinators.

- **Sheltered housing has low levels of voids**

In contrast with a widely-held perception, the research found that occupancy was *not* a major issue within sheltered housing in Northern Ireland. Analysis of Supporting People data indicated that voids were relatively low within Category 2 sheltered housing; 62% of schemes indicated no voids for the year 2010/11 and 24% had only one void during the course of the year. A further 11.5% of schemes ran with between two and five void units during the year, and only a small number of schemes (8; 3% of schemes) had more than eight voids during the year.

However, there was evidence that high occupancy levels in sheltered housing are partly due to growing diversification of the resident population. It was concluded that the age span of tenants – and the range of physical disabilities and learning difficulties – had increased due to the allocation of sheltered housing through the Common Selection Scheme.

- **A small number of sheltered housing schemes experience difficulties in achieving full occupancy**

The research identified a small number of sheltered housing schemes which experienced higher levels of voids and issues around attracting new tenants. The main reasons included location of the scheme within a town and/or a decline in local services; the type of housing and/or the mix of types of housing in the scheme; an over-supply of units and/or schemes in a particular area; and a lack of demand or over-supply in certain areas. Rural villages and hinterlands were particularly noted in terms of lower levels of interest and demand for sheltered housing.

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<sup>33</sup> Combination of very satisfied and satisfied ratings.

- **Significant numbers of offers of sheltered housing are turned down**

During 2010/11, 24% of offers of sheltered housing were accepted, and 76% turned down. This level of acceptance and refusal is similar to the broader pattern across social housing as a whole. Where reasons for refusing an offer of sheltered housing were recorded, the most frequently stated was that the location of the dwelling was unsuitable (21%); other reasons given included: the applicant did not take up the tenancy (10%), the dwelling type (9%) and dwelling size (7%) were unsuitable.

- **Sheltered housing is in good physical condition with good accessibility**

This study indicates that the majority of sheltered housing accommodation in Northern Ireland is viable and fit for purpose. As part of this research, housing associations rated the physical condition of their sheltered housing stock as very good (73%) and good (15%). Suitability of access scored highly, with 87% of respondents stating it was suitable (43% very suitable and 44% suitable). However, housing associations indicated that almost one in five units (19%) were not very suitable in terms of space standards.

Around 120 units (just 1.5% of Category 2 stock in Northern Ireland) were deemed to be non-viable, and housing associations suggested that 6% of stock (448 units) needed to be remodelled.

- **Tenants are getting older and are ageing in place, and the age span of tenants is extending at both ends**

The average age of tenants entering sheltered housing in the last ten years has decreased slightly from around 73 to about 70 years old. In addition, the proportion of under-55s entering sheltered housing has increased to 7% of new entrants. In terms of current tenants, the survey in this research found that over half (53%) were aged 75 and over and a further third were aged 65 to 74. Ten per cent were aged between 55 and 64 and 6% were aged 24 to 54.

This widening age profile suggests that high occupancy levels have been maintained through offering sheltered housing to younger people, a policy which presents its own difficulties in terms of both management and service delivery, and the mixed needs of tenants.

- **The needs of tenants have changed since sheltered housing was first developed, and in particular since the introduction of the Common Selection Scheme.**

Feedback from scheme coordinators indicated that increasing numbers of people with mental health problems and alcohol or other addictions and younger people with physical or other health problems are living in sheltered housing. In addition, the survey of tenants highlighted poor health amongst 50% of males and 38% of females. In terms of physical health, 78% of men and 74% of women had difficulty climbing the stairs, and 68% and 54% respectively had difficulty walking short distances. Tenants also noted problems with eyesight (36% of men and 45% of women) and with hearing (32% of men and 25% of women).

- **Tenants' changing needs and requirements raise questions about the physical environment of sheltered housing and the support mechanisms available in the wider community.**

Some level of dissatisfaction<sup>34</sup> was noted in relation to inadequate space to store mobility scooters and aids (42%) and lack of car parking space (20%). One third of tenants indicated that they were not within walking distance of key shopping and other services. Furthermore, the proportion increased in terms of other key services for older people such as a GP (46%) and a post office (41%).

- **There are varying perceptions of sheltered housing and a range of reasons for turning down an offer of sheltered housing.**

This study found that understanding, knowledge and perception of the model varied considerably between those who lived in sheltered housing and those who did not. The fact that most of the tenants surveyed had moved to a sheltered housing scheme close to their previous home (61% within two miles and a further 17% within five miles) suggests that people want to stay within their own locality and community, and that the potential for changing perceptions about sheltered housing lies in the immediate vicinity of every sheltered housing scheme.

Older people living in the community thought that the biggest factor preventing people moving into sheltered housing was an actual (or perceived) loss of freedom and independence, and an associated lack of privacy. There was also general agreement that both the term– or concept of – sheltered housing and the actual provision can deter some older people.

- **Other factors impact on the provision and management of sheltered housing.**

The research concluded that a range of factors impacted the provision and management of sheltered housing in Northern Ireland. These included the mix of age groups and tenant needs, the operation of the Common Selection Scheme, increasing levels of paperwork for scheme coordinators, the role and presence of scheme coordinators, levels of support from housing associations and tenants' family members.

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<sup>34</sup> Combination of very dissatisfied and dissatisfied ratings.

### Key Finding 1: Current tenants are satisfied with sheltered housing, and identify a range of benefits that it offers

Overall, wider research consistently indicates that most residents are happy with sheltered accommodation,<sup>35</sup> in terms of the type of housing and its services.

Drawing on a number of sources of evidence, including the survey of 156 tenants living in sheltered accommodation, this study also shows that there are high levels of satisfaction with sheltered accommodation and services provided. Tenants indicated that it was their independent choice to move to sheltered housing. In addition, whilst housing associations (in the e-questionnaire responses) indicated that space and the lack of a second bedroom were issues, tenants in sheltered housing did not see these as major concerns. Tenants also rated the feeling of safety and security as a positive factor.

The survey indicated that overall there was a high level of satisfaction – amongst sitting tenants – with most aspects of their accommodation. Interestingly, the greatest level of dissatisfaction was with space in the kitchen (13%) – which was higher than dissatisfaction with overall accommodation space and space in the bedroom (8% and 7% respectively). The majority of tenants (90%) were very satisfied or satisfied with both the cost of their accommodation and the charges for their accommodation (Table 11).

**Table 11: How satisfied are you with the following aspects of your accommodation?**

	<b>Very satisfied/ satisfied</b>	<b>Neither satisfied nor dissatisfied</b>	<b>Quite/very dissatisfied</b>
Size of accommodation overall	144 (92%)	0 (0%)	12 (8%)
Space in bedroom	141 (90%)	4 (3%)	11 (7%)
Space in kitchen	133 (85%)	3 (2%)	20 (13%)
Space in living room	148 (95%)	0 (0%)	8 (5%)
Condition of accommodation	144 (93%)	3 (2%)	9 (6%)
Heating in accommodation	146 (94%)	4 (3%)	6 (4%)
Cost of your accommodation	141 (90%)	9 (6%)	6 (4%)
Charges for accommodation	141 (90%)	9 (6%)	6 (4%)

**NB: Due to rounding, some percentages do not total 100**

<sup>35</sup> See Croucher *et al*, 2008; Southern Health and Social Care Trust, 2008; Cullen *et al*, 2007. References to satisfaction in sheltered housing schemes in England tend to highlight more negativities around issues of physical build and configuration, location and maintenance.

In this survey, more than one third of tenants (36%) had come into sheltered housing from owner occupation, and would not previously have had to pay weekly rent or charges. Discussion later in the report suggests the perceived cost and charges are factors that deter prospective applicants (Section 4 – Key Finding 9), but this does not appear to be a significant issue once tenants have moved in.

Cost was also frequently mentioned in the focus groups with sheltered housing tenants, particularly in relation to the cost of maintaining their previous home and also heating costs. As Table 11 indicates, the vast majority of sheltered housing tenants surveyed (94%) were content with the heating system and cost in their sheltered housing scheme.

Twenty-one tenants made other comments about their accommodation. The most frequent response related to a desire to have more storage (5 respondents) followed by two respondents who suggested that there was a need for more space in single accommodation.

The main negative issues raised by tenants regarding their accommodation were dissatisfaction with space to store mobility scooters and aids (42%), car parking spaces (20%), and lack of space in their kitchen (13%), and also the distance for some tenants from some key services (not within walking distance of a GP – 46%; post office – 41%) and shops (33%). This is examined in more detail later in this section (Key Finding 8).

The fifteen housing associations participating in this research were asked (via the electronic questionnaire and via EROSH) to provide their most recent tenant satisfaction surveys. Six housing associations provided survey findings<sup>36</sup>, and examination of these again indicated high levels of satisfaction amongst their sheltered housing tenant groups, including the physical nature and condition of their home and the overall service provided by the housing association and the scheme coordinator. Most dissatisfaction in the associations' surveys was centred on how and when repairs and maintenance were carried out, the frequency and way in which social activities were organised and concerns about wider security in the area/ community and anti-social behaviour.

The qualitative aspects of this study identified high levels of tenant satisfaction with their accommodation and experience of living in sheltered housing in a wider sense. The research methodology included initial focus groups and interviews with some 70 tenants across 10 sheltered housing schemes, and interviews with scheme coordinators, both at the outset of the study and, in greater depth, at the end of the project. These qualitative approaches found that tenants linked their satisfaction with sheltered housing to what they considered to be the key positive benefits of living there. All of the tenants in the focus groups and interviews indicated that they were content living in sheltered housing and overwhelmingly were happy that they had made the move, although many indicated that it had not been an easy transition.

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<sup>36</sup> Alpha Housing Association, Clanmil Housing Association, FOLD, Flax Housing Association, Newington Housing Association, Trinity Housing Association

Tenants provided the following feedback on the benefits of living in sheltered accommodation, both via focus groups and one-to-one interviews at the outset and through the survey of tenants.

**Security** featured highly as one of the key benefits of living in sheltered housing; it was both a real (or perceived) reason to move, as well as a factor that tenants appreciated as they lived in their scheme:

*“You know everyone – it’s the security of the place – security is the highest issue – but there’s security once you’re somewhere like this.”*

A number of tenants gave positive feedback on their personal security, the security of their car (if they had one) and the fact that their home is secure when they go away.

The **scheme coordinator** was mentioned in interviews and focus groups by a number of tenants, and there was clear evidence of strong friendship with and respect for the scheme coordinators and the role they played (or were perceived to play) in the tenants’ lives:

*“He is very supportive with any problem you have – he’s up to see you every day.”*

Tenants in schemes where the scheme coordinator lived on site also mentioned the benefits of this arrangement:

*“Having an on-site warden...she is amazing, nothing is a bother, she goes to extremes to help – she goes the extra mile.”*

The majority of tenants also mentioned the combination of having their own front door and retaining their **privacy**, albeit within a communal living scheme, and the retention of independence and opportunities to keep doing their own domestic chores and live their own lives:

*“You can do as you please – it gives you freedom but also security.”*

The **range and diversity of activities** – both organised by the scheme staff and by tenants – was noted by most respondents in the focus groups and then in the survey of tenants. Tenants in the focus groups indicated the pleasure and company these activities provided, as well as the fact of knowing there were things to go to/ happening in their social diary. The wider aspect of having company – meeting people in the scheme or its common facilities – was also viewed as a key benefit, whilst retaining the right or choice not to socialise or to stay in their own accommodation:

*“It’s a community – if you want to participate you can but you don’t have to – that’s your choice, nothing is forced.”*

Activities mentioned included traditional events such as coffee mornings, lunch clubs and bingo, as well as other options such as a drama club, musical evenings, themed nights (e.g. for St. Patrick’s evening) and Boccia (armchair bowls).

There were clear differences between schemes in terms of the amount and types of activities organised, and who did the organising. Depending on the scheme coordinator, the housing association and the type of scheme, in some cases all activities were led or organised by the scheme coordinator, whilst in others – many with younger tenants – activities were organised by residents’ committees or representatives.

*“Impossible for the coordinator to do all on their own. In a lot of these places nothing happens because tenants don’t chip in – everyone here does bits and pieces.”*

Overall, most tenants in the focus groups felt their sheltered housing scheme was well located and they could access the services they needed. These perceptions were often linked to a comment on retaining independence. For example, in one focus group, tenants mentioned that local shops provided a delivery service and the local pharmacist would bring any prescription or items that customers wanted to the scheme. They also noted that a bus from the local supermarket, a chiropodist and two hairdressers came into the scheme.

Personal safety and security were noted in the survey of tenants as significant factors in the decision to move to sheltered housing. This was also borne out by the fact that most respondents felt safe, both inside their own accommodation (99%) and inside their own sheltered housing scheme (99%). A small proportion (4%) said they did not feel safe in the area around their sheltered housing scheme.

The survey of tenants examined the scheme coordinator’s role. Respondents were asked to describe the type of activity undertaken by the scheme coordinator in their sheltered housing scheme. The majority said that their scheme coordinator helped sort out repairs (85%), had time to chat about personal issues (84%), regularly checked everyone was ok (83%) and helped with forms (72%). Conversely, 15% said their scheme coordinator did not have time to chat. This is explored in more detail later in this section (Key Finding 10).

The tenants who participated in the survey were asked about the occurrence of social activities, the range and variety of activities, who organised them and whether they were content with the number and selection. The survey found that:

- 81% said there were social activities in their sheltered housing scheme, whilst almost one fifth said there were not (18%).
- 10% said they were not happy with the number and variety of social activities.
- Only 2% said they would like fewer social activities.
- The majority of respondents (82%) said the scheme coordinator or staff largely organised social activities. Conversely, almost one fifth (19%) said tenants largely organised social activities.

Two important findings, to be taken into account by sheltered housing providers, were that (i) more than one quarter (26%) of respondents said they felt some pressure to take part in social activities, and (ii) one fifth (20%) of respondents were living in schemes where there were *no* social activities. One fifth of respondents said they would like more social activities and a wider selection.

Scheme coordinators (both at the outset of the project and in follow-up towards the end of the research) also provided feedback on what they perceived to be the benefits of sheltered housing for older people needing support. They noted five main benefits: security and safety; retention of independence; sense of community, company and reduced isolation; services, support and input of the scheme coordinator and assurance for the wider family.

All the scheme coordinators, both at the outset and at the end of the study, mentioned the social aspect of living in a sheltered housing scheme and they also outlined the type and range of activities available in their scheme. An emerging factor in many of the schemes was the tenants' involvement in organising and running these activities:

*"Started slowly and have built it up – tenants now have their own residents' committee."*

In addition, a number of schemes provided a range of activities for members of the wider 'older' community, and received significant numbers of referrals from Social Services, Age NI, and nursing homes for these activities. Some schemes did not provide formalised activities on a schedule, but provided what the tenants wanted when requested:

*"There's no set list of activities, (apart from 10.30 cup of tea). There are no set activities – they are not interested in this – we tried it all but they don't want to be tied to a set time and place....regular activities don't suit here."*

One scheme coordinator summed up the attraction of sheltered housing as follows:

*"Gives you a flat of your own, company, opportunities to socialise in common areas, so that you're not lonely – but you can also have private space when you shut your own front door."*

The following quotes sum up what scheme coordinators viewed as being the benefits of sheltered housing:

*“See this day and daily. All the preventative angle. Vibrant communities – people who are keeping active and volunteering.”*

*“I think it’s absolutely brilliant – that they can live independently and have someone on-site they can relate to. Someone to talk to if they wish or not, with local amenities just a short distance away.”*

It was noted by many tenants in the focus groups that it had been a *“difficult move – but best move I ever made”*. Overall, there was feedback that sheltered accommodation is a good type of housing, offering support mechanisms for older people:

*“Older people in sheltered housing are much better off than older people living on their own.”*

## Key Finding 2: Sheltered housing has low levels of voids

One aim of the study was to gather information on voids, and this research indicates that sheltered housing in Northern Ireland has a relatively low level of voids.

Part of the original premise of this research was that there was concern about occupancy levels within Category 2 sheltered housing provision<sup>37</sup>. However, as demonstrated in the initial stages<sup>38</sup>, voids did not appear to be a significant issue. This finding was confirmed through analysis of Supporting People data, which indicated that there were 269 void places during 2010/11.

The schemes with eight voids or more (total over the year) were as follows:

**Table 12: Sheltered housing schemes with eight voids plus, 2010<sup>39</sup>**

Housing Association	Scheme	Voids (based on 2010 average) <sup>40</sup>	Percentage voids <sup>41</sup>
Clanmil HA	Giboney Court	8	50%
Clanmil HA	The Savoy	11	46%
Ark HA	Cumain House	10	40%
Clanmil HA	The Savoy 2	12	39%
Fold HA	Forthriver Fold	15	38%
Helm Housing	Mount Vernon Court	10	33%
Helm Housing	Sloan Court	9	25%

Analysis indicated that voids were relatively low within Category 2 sheltered housing; 62% of schemes indicated no voids for the year 2010/11 and 24% had only one void during the course of the year. A further 11.5% of schemes had voids of between two and five units during the year. Only a small number of schemes (8; 3% of schemes) had more than eight voids during 2010/11.

Against a total of 7,926 units of accommodation, 269 voids amount to around 3% of overall Category 2 sheltered housing stock. This is a lower voids level than that for social housing stock in general, based on the 2009 House Condition Survey, which noted that in 2009 there were an estimated 7,000 vacant properties in the social sector, a vacancy rate of around 6%.

<sup>37</sup> Stakeholders in research undertaken by Chris Paris noted concerns about vacancy levels in sheltered housing. Op cit, Paris et al, 2010

<sup>38</sup> Initial analysis indicated that voids were only a significant issue in nine or ten schemes province-wide including Mount Vernon Court and Sloan Court (both Helm), Savoy 1 and 2 and Giboney (Clanmil), five Oaklee schemes in Belfast, and Forthriver (Fold).

<sup>39</sup> In addition, the Extra Care Warden Scheme in Newtownabbey had 26 voids during 2010 – however, this was deemed inapplicable for this table as it is not a sheltered housing scheme.

<sup>40</sup> Voids are calculated using data on any unit being unoccupied even for one or two days, not just those unoccupied for 2 – 4 weeks. Actual occupancy (the number of bed spaces occupied in that quarter) divided by full occupancy x 100 = percentage of occupancy (if that equals 98% occupancy then voids would be 2% for that reporting period).

<sup>41</sup> Voids figure compared to total number of units available in each specific sheltered scheme. Calculated as overall percentage for year based on total available units (based on 2010 average) and total voids.

The 2009 House Condition Survey indicated a significant increase in the total number of vacant properties in Northern Ireland – from 40,400 (5.7%) in 2006 to 43,400 (5.9%) in 2009. In the social housing sector the number and proportion of vacant Housing Executive and housing association properties increased from 4,900 in 2006 to 7,300 in 2009. This was a reversed trend, since the level of voids had previously decreased within the social housing stock – from 5,800 dwellings in 2001 to 4,900 in 2006.<sup>42</sup> Clearly, there are some low levels of voids within sheltered housing stock – but these are mainly localised or for a reason (explored later in this report – Key Finding 3), rather than appearing to be directly related to the concept and practical configuration of the form of housing and/or the delivery of services.

Length of time that properties are void is a further useful indication of the demand for, and interest in, a specific type of housing. Whilst sheltered housing units appear to remain void for a longer duration than general needs housing<sup>43</sup>, there are a number of reasons why this might be the case. In terms of general needs housing, there can often be a seamless or low time-span break between a tenancy being terminated and a new tenant moving in (as this will be managed by the housing allocation system). In addition, the figure of zero days void also reflects the allocation of newly-built dwellings.

In the case of sheltered housing schemes, termination of a tenancy is frequently on the death of a tenant, and, as noted by the majority of scheme coordinators, it is both unreasonable and unacceptable to clear a tenant's flat and re-let it immediately after death. In addition, it may take some time for applicants to arrange the move into sheltered housing, e.g. for an owner-occupier to sell their property, or, if renting privately, to give notice to their landlord. Overall, it can be difficult to predict when sheltered housing voids are likely to occur, and the process of making a decision to move into sheltered accommodation is somewhat different from moving into a social housing tenancy.

Analysis provided by NIFHA for the Paris study found that around 55% of sheltered dwellings let each year were allocated within two weeks; however, 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.

Occupancy is a complex issue, impacted by a variety of factors. Whilst voids in sheltered housing appear to be at a relatively low level, two other factors need to be highlighted. First, as outlined at key finding 3, voids are localised and often linked to a reason such as scheme location or supply and demand factors. Second, as outlined in Section 3 and at key findings 6 and 7, the age range accommodated in sheltered housing has expanded significantly, in particular with much younger

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<sup>42</sup> *Empty Homes Strategy for Northern Ireland: Final Report, November 2007*

<sup>43</sup> NIFHA undertook a comparison of sheltered and mainstream housing association properties over the four years to 2008/09, as part of the wider research project undertaken by Paris et al, 2010. Findings were that the housing association properties that remained void for longest in each of these years were sheltered dwellings, and 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. In addition, the median void period of sheltered units was 14 days compared with zero days for mainstream properties.

individuals being offered and accepting a tenancy, thus filling any potential voids and changing the age structure of sheltered housing residents. Further, tenants' support needs are changing, and increasing numbers of the new, younger tenants have a physical disability or learning difficulty. Occupancy rates in sheltered housing, therefore, cannot be considered in isolation; apparent shifts in the occupant profile are equally significant.

### **Key Finding 3: A small number of sheltered housing schemes experience difficulties in terms of achieving full occupancy**

Whilst voids within sheltered housing as a whole were found to be at a relatively low level, the research established that some localised schemes, or schemes in a particular geographical area, experienced higher levels of voids and issues around attracting new tenants, as well as in some cases difficulties around management of tenants. The underlying issues identified by housing associations (both at head office level and by scheme coordinators) included the following:

- **Location within a town**

Feedback from scheme coordinators indicated that the location of a sheltered housing scheme within a town was crucial to its success. In a number of schemes distance from services and hilly terrain were clearly off-putting factors:

*“The problem is the hill – it impacts our occupancy – in winter the hill isn’t salted and there are no buses. A lot of people would love a wee house like this, but the hill is the issue.”*

- **Type of housing/development and mix of types of housing**

Scheme coordinators also noted that bungalows were more popular than flats and that ground floor flats, especially those with two bedrooms, were more popular than those on the first floor or above and those with only one bedroom. In addition, there appeared to be some difficulties in renting former scheme coordinators’ houses because of internal stairs and higher rents.

- **Over-supply in particular areas**

In some town- or city-based sheltered housing schemes, the scheme coordinator suggested that a number of schemes in their area were competing to attract the same people.

*“Not enough older people there – the area is saturated. This was a new thing when it was built and we had a healthy waiting list. Ten years ago it started to dwindle.... We are getting folk that no one else wants.”*

- **Lack of demand in certain areas e.g. rural villages/hinterlands and reduced demand for specific reasons e.g. decline in housing market**

There was clear feedback from Scheme Coordinators in a number of rural sheltered housing schemes that interest in and demand for sheltered housing was lower in rural areas, because of people’s attitudes and lack of inclination towards community living. One rural scheme noted that they operate with an average of four voids and have been full on only two occasions in 22 years, suggesting that there was an over-supply of units in this rural location from the outset.

*“In rural areas people are not used to living in close proximity. They prefer their own front and back door and a garden. It’s a country thing – people don’t want to declare their income, savings and house. They don’t want to come in and pay rent. They don’t want you to know their business... People see this as the last resort – there’s still the stigma that you’re going into the workhouse – it’s an old country thing that you stay at home until you die.”*

Some scheme coordinators also felt that the decline in the housing market had negatively impacted on people's willingness and ability to sell their own house, prior to a move to sheltered housing. One coordinator referred to a couple who were offered a tenancy in her scheme but who had not moved in yet and had been paying rent for six months, as they could not sell their house. She noted that this had happened to another couple who had previously been allocated the same flat. As a result of the slump in the housing market they were unable to sell their house and had kept the offer on hold by paying rent for one year, but in the end had to withdraw.

*"Because of the recession there is a real lull – people not tending to move around. People are scared – they stick with the situation the way it is. The papers are full of places to let – they're not being filled and it impacts the area."*

Similar issues were raised in the 2001/2002 NIHE research, which noted that potential applicants from the owner-occupied sector were facing considerable difficulties in accessing sheltered housing, e.g. in terms of timescales to sell property once an offer of sheltered accommodation was made, and also that following the sale of property the individual might not qualify for benefits, making it what was perceived to be an expensive move.

- **Reduction in services available within a town**

The issue of services and support mechanisms available for older people in the wider community, within the vicinity of sheltered schemes, was also explored.

In a number of cases, scheme coordinators pointed to the reduction in the type and range of services available locally, affecting interest in their scheme. One scheme coordinator noted that, over a ten year period, the number of general convenience shops in the village had reduced from three to one, and no bank or post office was available locally. Tenants therefore had to travel considerable distances for basic services:

*It's beautiful here, but there's no bank (it went 10 years ago) and no post office (it went last year). You have to find ways round this. There used to be three shops here and now there's only one. Three of our tenants who are car owners have re-located.*

- **Supply and demand**

Demand for sheltered housing and occupancy issues were also explored in the survey of housing associations. They suggested that one third of their stock (33%) matched demand from older people and a further 36% was in high demand. Conversely, housing associations suggested that one in five of their units (21%) were hard to let.

Housing associations reported that supply and demand impacted factors such as the average number of applicants per vacancy and the average time older people had to wait for a sheltered housing unit. The survey of housing associations found that the average number of applicants per vacancy varied greatly, with some housing associations indicating one or two, whilst others had up to 20 applicants for each vacancy. The following average waiting times were recorded:

**Table 13: Survey of housing associations – average time on waiting list**

<b>Average waiting times</b>	<b>Number of housing associations</b>
Zero to one month	4
2 months	1
6 months	2
7 months	1
10 months	1
12 months	1
No response	5
<b>Total housing associations</b>	<b>15</b>

In line with the comments made by scheme coordinators, housing associations indicated that location and type of dwelling were the main factors contributing to local demand patterns. Eleven of the 15 housing associations said the type of dwelling was a factor, and made comments regarding the specific type of dwelling and the size of accommodation. Ten said that location (other than urban/rural issues) was a factor, whilst six noted that urban/rural issues were a factor.

Housing associations had mixed thoughts on future demand; six expected that demand would stay the same, seven suggesting there would be an increase in demand and six expected a decrease.<sup>44</sup>

Reasons why demand might increase included demographic changes, changes in benefits and the cost of living, changes in what other housing options are available, a widening of traditional criteria for sheltered housing and changes in what people want. Reasons put forward around why demand may reduce or stay the same included: increased options to stay at home, difficulties selling own home and loss of amenities (e.g. shops and post offices), resulting in an over-supply of sheltered accommodation in some areas.

In addition, scheme coordinators pointed out that voids occurred regularly due to people dying or moving into nursing homes, and that at times there could be an even higher level of voids than normal.

*“We’ve had a run of people going into nursing homes or who have died. You get this in a scheme about every 5 – 6 years. If you have one or two voids you can fill these quickly but if you have 5 – 6 it’s more difficult.”*

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<sup>44</sup> Totals do not add to 15 housing associations, as some respondents indicated demand would increase in some of their schemes and decrease in others.

#### **Key Finding 4: Significant numbers of offers of sheltered housing are turned down**

High proportions of applicants who are offered sheltered housing turn down the offer. Qualitative research undertaken with housing associations and scheme coordinators suggested that this was largely for three reasons: first, that the individual had not chosen sheltered housing as an option, but had been offered it or they were not aware that they had asked to have sheltered schemes included in their options; second, that many individuals, whilst considering moving home, did not feel ready for the move when an offer came through; third, a small number of individuals turn down an offer of sheltered housing on the basis of its size, location or type of accommodation. Reasons for turning down offers of sheltered housing are explored in more detail under Key Finding 9.

During 2010/11 there were 2,541 refusals of sheltered housing across all housing associations, and including NIHE sheltered provision, as outlined in Table 14.

**Table 14: NIHE statistics on acceptances and refusals of sheltered housing offers**

<b>Year</b>	<b>Number of offers refused</b>	<b>Percentage refused of total offers</b>	<b>Number of offers accepted</b>	<b>Percentage accepted of total offers</b>	<b>Total offers</b>
2010-11	2,541	76%	789	24%	3,334
2009-10	2,846	78%	821	22%	3,667
2008-09	2,357	74%	820	26%	3,177
2007-08	1,605	69%	729	31%	2,334

The total number of offers accepted in 2010/11 was 789 (24% of all offers), and this pattern of acceptance levels against offers has declined slightly over the last 4-5 years, with around one quarter to one third of offers of sheltered housing being accepted and two thirds to three quarters refused or turned down. It remains to be seen whether this level of decline in offers accepted will level out or continue.

This level of acceptance and refusal of sheltered housing offers is very similar to the levels of acceptance and refusal of offers across social housing stock as a whole, as illustrated in Table 15 overleaf. In addition, the level of acceptance has declined at a similar rate – from 31% of offers of both social housing and sheltered housing respectively in 2007/08 to 24% in 2010/11.

**Table 15: NIHE statistics on acceptances and refusals of all social housing offers**

Year	Number of offers declined	Percentage declined of total offers	Number of offers accepted	Percentage accepted of total offers	Total Offers
2010 - 2011	33,996	76%	10,546	24%	44,542
2009 - 2010	36,282	75%	11,862	25%	48,144
2008 - 2009	29,656	73%	10,735	27%	40,391
2007 – 2008	29,692	69%	9,416	31%	30,108

Table 16 provides an analysis of recorded reasons for refusal of sheltered housing (where a reason was given)<sup>45</sup> for the period April-June 2011.

**Table 16: NIHE statistics – reasons for refusal of sheltered housing, April – June 2011 (where reason was given)**

Reason for refusal	Number	Percentage
Dwelling location unsuitable	27	21%
Tenancy non-start	13	10%
Dwelling type unsuitable	12	9%
Dwelling size unsuitable	9	7%
No longer interested in estate	7	5%
Financial reason	4	3%
No longer interested in NIHE	4	3%
Other reasons (including application withdrawn [E205], termination of tenancy, dwelling condition unacceptable and offered by mistake)	55	42%
<b>Total</b>	<b>131</b>	<b>100%</b>

Where a reason for refusing an offer of sheltered housing was recorded, the most frequently given reason was that the location of the dwelling was unsuitable (21% of recorded reasons), the tenancy was a non-start (10%), or the dwelling type (9%) or dwelling size (7%) was unsuitable.

Further analysis of reasons for turning down an offer of sheltered housing is provided in Key Finding 9.

<sup>45</sup> 81% of refused offers have been extracted from this analysis – namely 327 (41%) where there was no reply to the offer, 170 (21%) where no reason was recorded or inputted (148 of these applicants were rehoused by a housing association or NIHE), 158 cases (20%) where it was a multi offer-which was accepted by a higher pointed applicant and nine cases (1%) where it was recorded as 'reason not stated'.

### **Key Finding 5: Sheltered housing in Northern Ireland is in good physical condition with good accessibility**

Concerns about sheltered housing in England centre on poor physical condition and the life expectancy of some schemes, as well as over-provision of bedsit accommodation. However, this study appears to confirm that these issues are not significant in Northern Ireland and that the majority of sheltered housing accommodation is viable and fit for purpose.

Paris noted the following:

*“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.”<sup>46</sup>*

The survey of housing associations that provide sheltered housing in Northern Ireland found the following:

- They rated the physical condition of their sheltered housing stock as very good (73%) or good (15%).
- Suitability of access scored highly, with respondents stating that 87% of stock was suitable (43% very suitable and 44% suitable).
- In terms of space standards, associations indicated that 40% of stock was very suitable and 29% was suitable, although they considered one in five units (19%) as not very suitable.

Overall, housing associations felt that the majority of their Category 2 provision was very suitable in terms of physical condition.

*“All of the stock is in very good physical condition as shown by our stock condition survey. It all meets the decent homes standard. We have a rolling programme of cyclical maintenance. As schemes approach their programmed slot they may look in need of a repaint etc. but the physical condition is very good.”*

Housing associations had some concerns, however, about access to and within their Category 2 schemes and space standards within individual and scheme accommodation.

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<sup>46</sup> Op cit, Paris et al, 2010

## **Access**

Housing associations raised issues about access, including schemes where there is no lift to the upper floor; access to apartments down flights of stairs; and heavy main entrance doors which are difficult for tenants to open. In addition, they noted that these factors became more problematic when tenants had mobility problems or had become frailer.

## **Space standards**

Whilst accommodation was considered to be accessible and to meet basic space requirements, there was also acknowledgement of changing expectations, for example that tenants may have additional needs, such as room for a personal computer.

*“Our sheltered housing stock is suitable in terms of meeting DDA requirements and it also meets the basic space requirements deemed necessary for single persons. However, we have been finding that the traditional one bed space standards are falling below some people’s expectations and at times find that interest from persons has diminished because of the current space standards.”*

It was noted that what would have been acceptable two or three decades ago is less desirable to current applicants:

*“Due to their age when they were built, some schemes have smaller sized flats and not much storage space. Some tenants have commented they would like an additional bedroom if they had the choice.”*

In addition, space standards were noted as a concern, particularly in the bedroom, for hoists and other equipment, and more generally within an accommodation unit, for mobility scooters/equipment. Feedback from scheme coordinators indicated that this is a growing concern, given the widening age range of tenants and the increasing number with significant mobility and/or care needs.

Housing associations were asked to consider the viability of their sheltered stock and the potential need for remodelling. Five felt they had some sheltered housing stock which was non-viable<sup>47</sup> – around 120 units or just 1.5% of Category 2 stock in Northern Ireland. The most frequently noted reason for non-viability was lack of demand, followed by inappropriate location and dwellings being too small, rather than the physical condition or accessibility of a scheme. It was also noted that non-viability mainly related to one scheme in a housing association’s portfolio. Housing associations also noted examples where changes had already been made to take stock out of non-viable Category 2 provision and into different usage.

Five housing associations (three of which had indicated that they had non-viable stock) said they had units and schemes that needed to be remodelled. All noted that no course of action had been agreed to date. The total number of units these five housing associations suggested needed remodelling was 448 or 6% of overall Category 2 sheltered housing stock in Northern Ireland.

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<sup>47</sup> A further housing association said that, whilst they had no stock that was non-viable, some of their stock can be difficult to let.

Two associations indicated that they had previously remodelled<sup>48</sup>, and what they had done was at a very low level and low cost. In one case, remodelling had resulted in a large increase in income whilst in the other case income had decreased marginally. A third housing association indicated that they had hoped to remodel a number of schemes and had submitted applications to this end, but that these were not funded.

Some housing associations indicated that particular schemes were non-viable, but did not suggest that they were in need of remodelling. This was because of both a perception that no funding would be made available for remodelling and an acknowledgement that location and demand were critical factors that could not be fully influenced by bigger and better units and the reconfiguration of a scheme. Other housing associations said they had not thought about remodelling to date, but that they might consider it in future.

There was also some suggestion that whilst one-bedroom accommodation can be unpopular in terms of space standards, future demand may increase, given changing Housing Benefit regulations<sup>49</sup>.

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<sup>48</sup> One housing association noted that two sheltered schemes were adapted to provide Housing with Care services, and another housing association noted that they had converted nine one-bed flats into six two-bed flats and done considerable work to the scheme overall and communal areas.

<sup>49</sup> As part of the Welfare Reform Bill 2011, from 2013 onwards, the Government proposes to introduce size criteria for new and existing working-age Housing Benefit claimants in the social sector. Those deemed to be 'under-occupying' their home will be subject to a reduction in the applicable maximum rent for HB purposes, depending on how many bedrooms the household is considered not to require.

## **Key Finding 6: Tenants are getting older and are ageing in place, and the age span of tenants is extending at both ends**

Various research studies have questioned the suitability of sheltered housing for tenants as they become older and their health deteriorates, dependent on the range and type of care and support which can be brought into their home. In terms of ageing in place, this research has provided some insight into the age of current tenants in sheltered housing in Northern Ireland, both through the survey of tenants and also through feedback from scheme coordinators.

The survey of tenants found an age range of 70 years in sheltered housing. At its extremes were a small number of tenants in their 20s and 30s, as well as tenants in their 90s and aged 100 plus. The average age was 75. Whilst over half (53%) were aged 75 and over and a further third were aged 65 to 74, 16% were aged under 65; of these, six per cent were aged 24 to 54..

As noted earlier in this report<sup>50</sup>, the average age of tenants entering sheltered housing in the last ten years has decreased slightly, from around 73 to about 70. In addition, the proportion of new entrants aged under 55 has increased to 7%.

This picture provides clarity on two factors, which were further confirmed via in-depth interviews with scheme coordinators: namely that the population of sheltered housing is ageing in place – with over half of tenants aged 75 plus – and, conversely, there is an increasing number of younger people living in sheltered housing. Table 17 provides a breakdown of the age range indicated in the ten in-depth interviews with scheme coordinators, in relation to the sheltered housing schemes they managed.

**Table 17: In-depth interviews with scheme coordinators – current age range<sup>51</sup> accommodated in sheltered housing scheme**

<b>Scheme</b>	<b>Current age range</b>
Scheme 1	45 – 97
Scheme 2	40 – 83
Scheme 3	53 – 97
Scheme 4	40 – 91
Scheme 5	55 – 94
Scheme 6	55 – 98
Scheme 7	55 – 85
Scheme 8	61 – 94
Scheme 9	48 – 93
Scheme 10	50 - 87

<sup>50</sup> NIFHA – NICORE data

<sup>51</sup> For these schemes the 'oldest' age at start of tenancy was 61 – the other nine schemes had tenants moving in from as young as 40.

The key issues arising from the age profile outlined in Table 17 are as follows:

- **Occupancy is maintained through expansion of age of entry**

Levels of occupancy and voids were explored in Key Finding 2. Analysis of the age profile of tenants accepted into and living in sheltered housing indicates a much younger age profile than might be expected, with 6% of tenants aged 24 to 54 and a further 10% aged 55-64. Extracting the lower age groups (under 55) would effectively increase the number and level of voids, on the one hand resulting in potential issues relating to occupancy and individual scheme sustainability, but on the other hand reducing the age range of occupants and the potential age-related disparity in residents' needs and interests. Whilst occupancy in itself does not appear to be an issue for sheltered housing in Northern Ireland, the lowering of age at entry impacts the management of mixed needs within a scheme.

- **Ageing in place has its difficulties**

Ageing in place was noted by the majority of scheme coordinators in both the first and second tranche of interviews, with particular reference to their tenants aged 80-plus. There were mixed views on how best to respond to ageing in place, with some indicating that tenants should not feel they have to move on if support packages can be put in place, and others recognising that this was a growing issue, in terms of tenants' health and safety, and their role in managing a sheltered housing scheme.

On the positive side, some scheme coordinators expressed the view that, if people at time of entry into sheltered housing are reasonably fit, healthy and have good mobility, additional support can be introduced as required over time when the individual needs more help in order to live independently.

*"If they move in when relatively healthy then services can be brought in as and when needed. I am often asked 'Do I have to go into a nursing home?' – and I say No – all help you need can be arranged. I say it's my job to keep you out of a nursing home – and that's what they want."*

*"Ageing in place – there's a woman living here and dementia is setting in – but she has her routine here and everyone knows her and she knows everyone."*

A more negative view, expressed by some scheme coordinators, was that the design of sheltered housing was not suitable for the provision of certain aspects of care. This included the size of rooms and the accommodation overall and the space and provision to enable assisted bathing and personal care

*"I don't think it is a home for life. The accommodation is far too small for hoists and aids – the bedroom size and getting in and out of the bathroom and hallways. There's not enough care to keep people here – there's no care package for care through the night."*

The important role and input of wider family was also recognised in relation to ageing in place.

*"They can age in place with good care packages along with family. We have three tenants in their 90s – one original tenant – they get personal care and help with shopping and cleaning. You still need the family behind you – carers can only do so much."*

- **Scheme coordinators reported that in some cases the mix of age groups worked very well, whilst in other schemes it provided more of a challenge**

*“Younger people coming in – works well in my scheme – there are activities throughout and young people seem to help out with these and this gives them some self-worth. Both groups look out for each other – it’s like a wee community but maybe that’s because we’re a small village.”*

*“Fantastic thing for people – but you end up with a bit of a bag of allsorts – you have to ensure people realise this when they move in or it could be chaos between young and old.”*

- **Scheme coordinators reported that the range and type of activities they provide have changed in the last ten years**

*“Age range within the scheme – three people in their 90s – and one in their 40s and six in their 50s – massive range of age and associated needs. This has resulted in a difference in what they want us to do.”*

- **Sheltered housing has become an option for younger people with additional needs, through the Common Selection Scheme**

*“I think because for some people there’s no other housing choice for them. Someone with a mental health problem or sensory impairment can live independently but there’s nothing else available for them – supported housing isn’t independent enough for some.”*

This section highlights the fact that younger people (those aged under 55) are increasingly applying for – and being accepted into – sheltered housing via the Common Selection Scheme and as a result of sheltered housing being allocated alongside general needs housing. This leads to dilemmas of provision and practice for scheme coordinators, both in terms of the range and type of activities offered, and in integrating and helping to support different age groups who frequently have different needs and requirements from their sheltered housing tenancy. Crucial to the success of any sheltered housing scheme is the element of communal living, that is sharing common parts of the building and communal facilities, e.g. laundry, common room, outdoor space. Rating the ability of prospective tenants to both physically function within communal living, and to have the emotional and social aspiration for sharing space and facilities, is a vital part of the assessment process for people moving into sheltered housing. The introduction of the Common Selection Scheme, in some respects, may overlook this vital element of decision-making around matching people’s housing and support needs to the type of housing on offer through sheltered housing.

### **Key Finding 7: The needs of tenants have changed since sheltered housing was first developed, and in particular since the introduction of the Common Selection Scheme**

This study has found, via the focus groups and interviews with tenants and the initial and second stage interviews with scheme coordinators, that the needs and range of needs experienced by tenants have changed, particularly since the introduction of the Common Selection Scheme<sup>52</sup>. All scheme coordinators interviewed (total nr: 20) and tenants in the focus groups/interviews (total nr: 70) reported that sheltered housing, in their opinion, has more people with mental health problems and alcohol or other addictions than in the past. In addition, it was noted that increased numbers of younger people with physical or other health problems have been offered a tenancy in sheltered housing via the Common Selection Scheme.

The survey of tenants (nr: 156 tenants) found that 50% of men interviewed and 38% of women said that they did not have good health. In terms of physical health, 78% of men and 74% of women had difficulty climbing the stairs, and 68% and 54% respectively had difficulty walking short distances. Tenants also noted trouble with eyesight (36% of men and 45% of women) and with hearing (32% of men and 25% of women).

In the second stage of interviews with ten scheme coordinators, an assessment was made by each of them of the different needs within their sheltered housing scheme. This is outlined in Table 18.

**Table 18: Assessment of tenants' needs – by scheme coordinators**

<b>Needs</b>	<b>Number of tenants</b>	<b>Percentage of tenants*</b>
Physical disability	53	20.0%
In receipt of personal care	55	20.0%
Mobility issues	44	16.0%
Mental health issue/depression	42	16.0%
Loneliness/social isolation	41	15.0%
In receipt of domiciliary care	38	14.0%
Alcohol or addiction issue	23	8.5%
Wheelchair user	4	2.0%
Bed bound	4	2.0%
Mobility scooter user	1	0.5%

**Base: 269 tenants across 10 sheltered housing schemes**

**NB: More than one category applied to some tenants, so percentages do not total 100%**

<sup>52</sup> It should be emphasised that needs were changing prior to the introduction of the Common Selection Scheme in 2000, as tenants became older and as different types of needs emerged. However, the introduction of the Common Selection Scheme has also impacted separately on the entry of a range of different age groups and needs groups into sheltered housing.

It is likely that the calculations by scheme coordinators (Table 18) include undercounting or underestimations, as this assessment was done through recall knowledge of each tenant, rather than through an overall assessment of each tenant's Support Plan. That aside, it is clear that factors such as physical disability and mobility issues feature highly amongst tenants' needs, which is not unexpected given the age groups. In addition, needs around personal and domiciliary care, mental health and depression, loneliness and social isolation, as well as alcohol and addiction issues, feature in between one in five and one in six of tenants. Clearly some tenants have multiple needs, whereas others have just one highlighted or obvious need.

One specific issue noted by a number of scheme coordinators was the challenges presented by the allocation of places in sheltered housing via the Common Selection Scheme. Scheme coordinators noted that they were receiving people into their scheme with minimal or inaccurate information, at best. This was noted as a lack of information before move in, a lack of communication from relevant agencies already involved with the individual and a lack of transparency in the overall process. There was a concern that sheltered housing was then being allocated to people who could not live independently, which resulted in difficulties for staff and tenants, had an impact on the make-up and occupancy of their schemes, and in turn had a bearing on services provided, management of situations by staff and negative experiences/impacts for other tenants.

The following range of different issues and themes resulting from how prospective tenants are assessed and offered sheltered housing, and the resultant changing mix of tenants, were noted by scheme coordinators.

### ***Control of assessment and allocation process***

Scheme coordinators highlighted their concern that decision making around who is suitable for sheltered housing in general and for their scheme in particular had been taken out of control of the individual housing association as a result of the introduction of the Common Selection Scheme. In the absence of control or input from themselves, they were concerned that this leads to wrong allocations – for the individual tenant, for the other tenants and the scheme overall.

*“Our own housing officers used to assess people – we knew exactly what we were getting in. I have never seen a successful outcome of a complex needs assessment – it doesn't happen. We had one man with mental health issues who was discharged from hospital as an emergency. He was with us for one year and drank constantly.”*

A further obstacle highlighted was the lack of information or knowledge that scheme coordinators receive about a new tenant, as a result of the assessment process being undertaken by the NI Housing Executive rather than housing associations.

*“Offer is made and we don't have information or input into the assessment...we don't meet with them. There is no recourse – once the offer is made – even though you have a feeling that this is a bad move....double moves are stressful.”*

Scheme coordinators talked about the impact of a mix of age groups and needs in their sheltered schemes, on other tenants and the management of the scheme. In particular, scheme coordinators talked about the impact of the selection scheme in terms of the age range and mixed needs in the scheme and that this can negatively impact a sheltered scheme – both (a) the other tenants and (b) the running and management of the scheme.

Overall, there was concern that accommodating people with other needs such as alcohol addiction or mental health problems impacted negatively on other tenants, and the overall reputation of a scheme.

*“Common Selection Scheme – has made a big impact in terms of people getting in with issues – this puts people off. They bring problems with them – they bring friends. You get them in and then you can’t get them out – one tenant had no electricity and we found him boiling his kettle and cooking on the landing. We don’t have a say in who gets allocated.”*

*“It’s very difficult to manage that type of issue as it impacts on other tenants and also on the name of the scheme – and then it can be hard to bring new tenants in.”*

A number of scheme coordinators talked about tenants with significant alcohol dependency problems.

*“Sheltered housing was not suitable for him – he should never have been put in here. He is an acute alcoholic...I knew the minute I interviewed him and I made the Housing Association aware of this – and now we’re in court again trying to get him moved on....When the Housing Association were doing the picking he would not have got past the door.”*

A small number of scheme coordinators said that the Common Selection Scheme had not negatively impacted the tenants coming to their schemes.

*“No problem with it – we haven’t crossed that border yet – and it hasn’t impacted.”*

A further area which was seen as an obstacle to tenants being able to remain independent in their accommodation was difficulties in accessing suitable domiciliary and personal care, or referrals on to other more appropriate accommodation, if the individual’s health deteriorated. Scheme coordinators referred to tenants being allocated a tenancy in sheltered housing when their needs were already beyond what independent living should and can provide.

*“Noticed that they (Social Services) are dropping back – it’s a struggle to get the services – we’re constantly doing things that Social Services should be doing.”*

However, access to and provision of Social Services were not viewed negatively by all scheme coordinators, with some more than content with the level of support they received in their area. One scheme coordinator highlighted that they had moved from a situation of having four separate home helps coming in to now having just one, covering three tenants.

*“No problems at all with the duty social worker or indeed care packages – they organise them right and quick. We try to accommodate them with a spare key.”*

In terms of feedback from tenants themselves in the focus groups and tenants' interviews, the most frequently reported drawback was a feeling (perceived and in many cases actual) that the age and type of tenant offered sheltered housing had changed and were still changing. Many tenants were worried about the impact (mainly negative) this was having on their sheltered housing scheme and essentially their living space. Some tenants were particularly well versed in the operation of the Common Selection Scheme and how a different approach since 2000 had impacted the tenant profile in their sheltered housing scheme. Tenants mentioned people with physical disabilities, mental health issues, alcohol and other addictions and overall issues around anti-social behaviour within the schemes.

*“We are sheltered accommodation – we are not a residential home. But the Government are placing tenants here who should be going into residential care. Many of us feel a sense of responsibility to other tenants – yet that isn't our role – we're not geared up to this.”*

*“Housing associations should take their own control back...people making the decisions are office based – they don't consider the other people living here – the actual tenants. Some of these tenants – it's very upsetting – they are very vocal in terms of their language. And there's no way we can get them out.”*

*“Times have changed. I'm here four years and I've seen a lot of change. Before, you couldn't get in here. Now anyone can walk in – we have men sitting around drinking.”*

Changing needs – and a changing *mix* of needs – have an impact on the number of tenants who wish to socialise, as well as the type of social activities on offer and in relation to the scheme coordinators' knowledge base and training. Whilst concerns about occupancy levels were an initial rationale for this study, occupancy levels have proved not to be a key issue per se. However, the assessment and allocation policy relating to sheltered housing is resulting in a fast changing age profile and needs mix within sheltered schemes, which may be considered as one of the key factors threatening the future of this type of housing and who it is for in the longer term.

### **Key Finding 8: The developing needs and requirements of tenants impact on the physical environment of sheltered housing and the support mechanisms available in the wider community**

One important aim of this research has been to provide a comprehensive picture of the physical design and support services available in sheltered housing across Northern Ireland.

As noted above, whilst the survey of tenants indicated that the majority were satisfied with most aspects of their physical accommodation, e.g. size of accommodation (92%) and/or the size of the bedroom (90%), there was also some negative feedback. More than two fifths (42%) of tenants were dissatisfied with space to store mobility scooters and aids, one fifth were dissatisfied with car parking and 13% were dissatisfied with kitchen space.

In addition, as noted earlier the survey of tenants also enabled an assessment to be made of the facilities and support mechanisms available in the wider community. For nearly two thirds of respondents (61%), a public transport stop was within 400 yards<sup>53</sup> of the sheltered housing scheme. Substantial proportions stated that their scheme was not within walking distance of a post office (41%), a GP (46%), a supermarket (23%) and other services (46%).

Access to wider services was also limited for many, with only 30% of respondents within walking distance of either a day centre for older people or a leisure centre. In contrast, higher proportions of respondents had better walking access to a place of worship/church (71%) and a pharmacy/chemist (66%).

Taking this together with the previously reported information on the level of physical disability and mobility issues (both within the survey of tenants and through interviews with scheme coordinators), it is clear that there is some level of dissatisfaction with both specific aspects of the physical environment in sheltered housing and the impact of tenants' needs on their physical requirements. Clearly over time a tenant's needs develop, and in most cases physical health and mobility decline with age, therefore raising issues around the tenant's ability and opportunity to age in place in the longer term.

Interviews with scheme coordinators highlighted issues around the lack of car parking at sheltered housing schemes, particularly given the higher numbers of younger and disabled tenants who have cars.

*"More and more people are coming in who drive and have a car. When these schemes were built there wasn't enough provision made – we're totally full."*

Whilst tenants did not highlight the lack of a bigger or second bedroom as a key factor for them, it was highlighted by scheme coordinators as a drawback.

*"Some would like them a bit bigger or to have two bedrooms, for a family member coming to stay. They say to me – where am I going to put all my furniture – but I arrange with another tenant to show them how good the flat can look."*

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<sup>53</sup> The measurement of yards was used rather than metres, given the main age bracket of respondents.

### **Key Finding 9: There are varying perceptions of sheltered housing and a range of reasons for turning down an offer of sheltered housing**

One overall aim of the research was to explore reasons for refusal of sheltered housing. As reported above (Key Finding 4), whilst there were some 795 refusals of sheltered housing in the period April-June 2011, the main reasons do not appear to be directly linked in the main to the type or suitability of housing or services on offer, but are more about whether the person, first, is ready to move, or second, has been re-housed elsewhere. This section looks in more detail at the push and pull factors that govern whether someone is likely or interested to move into sheltered housing, and the attitudinal and perceptual factors that may mean that someone is not inclined towards viewing sheltered housing as an option for them. In addition, this section reports on follow-up interviews with individuals who had turned down an offer of sheltered housing.

Throughout the study there was acknowledgement that the benefits of sheltered housing are not always promoted and highlighted to prospective tenants and older people in general, and that many older people have limited knowledge of what sheltered housing is and what services are on offer. This has been confirmed by other research and by experience elsewhere in the United Kingdom.

*“Many of the benefits of ... sheltered housing are not fully appreciated by tenants until after they have moved in. Making more of the positive points might help to persuade some people to make a move.”<sup>54</sup>*

This study found, not unsurprisingly, that understanding, knowledge and perceptions of sheltered housing varied considerably between those living in sheltered housing and those not living in sheltered housing.

#### **Survey of tenants**

The survey of tenants found that two fifths (40%) of respondents said they had previously known about their sheltered housing scheme. In addition, family and friends had also played a significant part in telling respondents about sheltered housing, which had occurred in around a quarter of cases for both family (25%) and friends (26%). A similar proportion (25%) of respondents had also heard about the sheltered housing scheme they were living in from the NI Housing Executive, with smaller proportions from a housing association (8%), GP (5%), Social Services (8%) and other – including an Open Day (6%).

The fact that most respondents (78%) had moved to a sheltered housing scheme close to their previous home<sup>55</sup> suggests that the best ways of changing perceptions lie in the immediate vicinity of every sheltered housing scheme. The survey found that more than three fifths of respondents (61%) had moved to a sheltered housing scheme within two miles of their previous home – indicating people’s desire to stay within their own community. A further 17% had moved to within five miles of their former home, and 8% within 10 miles. Around one tenth (11%) of respondents had moved 10 miles plus and a small proportion (2%) had moved from outside Northern Ireland.

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<sup>54</sup> Housing Research Summary Number 141, *Under occupation in social housing*, DETR, 2001

<sup>55</sup> Previous home was within 5 miles of sheltered housing scheme.

### **Scheme coordinators/focus groups with tenants**

The qualitative elements of this research pointed to perceptions and attitudes as being key factors in putting people off applying for sheltered housing and/or accepting an offer of tenancy. Overall, there was a feeling that, unless a person works in the housing field, is a tenant or has a family member living in a sheltered housing scheme, s/he is unlikely to know what sheltered housing actually means. In particular, misconceptions were highlighted in relation to the type and configuration of accommodation, the independence of people living in schemes and the type and range of services/facilities on offer. Scheme coordinators reported that many prospective tenants think that sheltered housing equates in some way to a nursing home.

*“People feel this is a nursing home – they have the wrong concept of it. The word ‘sheltered’ is a very bad word – if they could rephrase that somehow it would open the doors a bit...it needs a new name. Then there would be more of a waiting list. We do open days here – but it’s word of mouth in the community – it’s getting them across the threshold – if they just came and looked it might ease their fears.”*

The majority of scheme coordinators, both in the initial and follow-up interviews, felt that misconceptions about sheltered housing continue to be related to the actual term ‘sheltered housing’. Various suggestions were made about how this could be better defined or explained using the term ‘independent living’.

Scheme coordinators and tenants highlighted the various reasons why there may be a perceived (and in many cases actual) reluctance to go into sheltered housing, including issues around selling the house, clearance of furniture and belongings, etc.

*“Cultural barrier to move from owner occupation to sheltered housing – need to be more tenure neutral.”*

*“Sheltered housing seen as a last resort – seen as ‘have to’ move to sheltered housing – rather than a tenure of choice.”*

Many scheme coordinators noted tenants’ initial reluctance to move into sheltered housing, but suggested that once the move is made and the person is settled, they become very satisfied with their accommodation and view it as a new start.

*“Shock when they first see the size – however, some are coming from houses which are not much bigger – you have to ‘nurse’ them through week one....it’s about being positive and realistic – it’s better to make a change at the right time. All now say ‘The best move’.”*

A key factor for owner-occupiers moving into sheltered housing was recognised as the sale of their house, which was noted to be a major reason for turning down an offer of sheltered accommodation.

The majority of scheme coordinators thought steps could be taken to address the lack of knowledge about sheltered housing schemes and their aims . All suggested that both Social Services and indeed the housing officers undertaking assessments and allocating offers do not always have a clear view or understanding of this type of accommodation.

*“There is a lack of understanding in hospitals – when someone is being discharged – there’s no doubt they don’t have a clue what sheltered housing is.”*

*“NIHE lacks understanding of what sheltered housing/a sheltered dwelling is – think it’s a nursing home or residential home. They don’t realise it is independent living and that tenants can come and go as they like but with some extra support.”*

There was also recognition that the general public continue to have unclear views of what sheltered housing is, what it provides and who it is for.

*“When people first visit they say – Are my family allowed to visit? And I say they can come and go as they please. Others want to know – what time do I have to be in at?”*

Scheme coordinators had mixed views on what could be done to increase knowledge and change perceptions, with a number suggesting less traditional ways of attracting people into the scheme. Some schemes had a number of activities, e.g. craft, reminiscence etc, which are also open to the wider public

*“Need to showcase the scheme. Open days and posters don’t work – you need to get people in to have community involvement.”*

### **Focus groups with older people in the community**

Participants in the two focus groups provided a range of descriptions and definitions of sheltered housing, covering elements such as the type and configuration of housing, the availability of support and management and the concept of community and help. There was also acknowledgement that schemes varied in terms of the type and nature of provision and service available. Knowledge and understanding were often linked to having a friend or family member living in sheltered housing and/or having visited someone in a scheme.

Older people living in the community thought the biggest factor preventing people moving into sheltered housing was an actual (or perceived) loss of freedom and independence, and an associated lack of privacy. There was also general agreement that both the term (or concept of) sheltered housing, and the actual provision can be put some older people off. Factors identified also included location, availability, space, having to get rid of furniture, difficulties in selling in the current housing market and having good neighbours where they currently lived.

For these individuals who were not living in sheltered housing, feedback on reluctance to move into sheltered housing was largely around loss of privacy and independence, rather than raising issues about having to get rid of furniture and/or belongings, having to sell or get rid of other accommodation and making the physical move/upheaval. Overall, the majority of participants felt sheltered housing would not be the same as home, and they associated staying in their current accommodation with retaining their independence. However, whilst they did not see themselves as currently needing sheltered housing, and whilst some were reluctant, they also acknowledged that they may have to consider sheltered housing in the future.

This group of respondents suggested that significant factors in pulling someone towards sheltered housing included safety and security, support, confidence, reduced responsibility for property and associated costs, routine, company and overcoming loneliness, encouragement from family/family considerations and location. They also noted a number of life changes or occurrences that might require them to consider sheltered housing as an option. These included health considerations, changes in their locality and the financial implications of living alone. A number of changes were suggested in terms of sheltered housing, including: the scope and role of scheme coordinators, provision of a 24 hour service, space and size of individual accommodation units, the name and concept of sheltered housing and the range and nature of clients.

### ***Focus groups with younger older people in the community***

The focus groups with younger older people (those mainly in their 50s and early 60s) pointed to a general contentment with the tenure type<sup>56</sup>, size and configuration of their accommodation, the area in which they lived, and the length of time they had lived there.

These groups noted factors that might emerge and result in a person deciding to move as they got older:

- Proximity of services and distribution of services – group members indicated that having services such as GP and shops was important, and that older people might find it difficult if these services were to become more geographically dispersed.
- Range of services – and decrease in range of services in terms of availability and accessibility. Group members noted reduction in post office services and shops in their own area.
- Transport – timing and cost. Group members suggested that these were important factors for maintaining independence.
- Mobility – and walking distance.

Participants had no immediate reasons or desire to move and indeed wanted to stay in their accommodation and area. The general consensus was that they were more likely to think about changing housing need when they entered their 60s and that there was a mindset of not thinking about it when they were healthy and content in their current accommodation.

The focus group participants' possible reasons why older people, in general, might decide to move, included ill health or deteriorating health, bereavement or loss of partner, cost of and difficulties in maintaining their current property, desire to be nearer to their family (and their family's desire for them to be closer to them), transport, access to services, need for company and support, safety and security. Some participants thought one factor making it difficult to move was the lack of other affordable and suitable accommodation in their area.

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<sup>56</sup> The two groups were different in terms of tenure, with one group all renting their current accommodation, and the other group comprising of all owner occupiers except for one person who had a social housing tenancy.

In these focus groups, younger older people did not consider their own future accommodation and support needs, but talked more generally about older people and in some cases specific examples, such as an elderly mother. They recognised that as people get older they need more support such as Meals on Wheels, adaptations to the home, maintenance of the home including redecoration, and ongoing support from Social Services and carers.

Younger older people had less knowledge of sheltered housing – the specifics of what is provided and what is covered by sheltered housing – than participants in the focus groups with older people.

These focus group participants thought a move to sheltered housing would take a person away from their community and reduce their independence.

A number of perceived disadvantages and drawbacks were highlighted, including having no garden, difficulties in settling in, lack of space and storage, and changes in the age profile of people in sheltered housing.

Other perceived drawbacks included a *sense of being labelled* that put people off applying or thinking about sheltered housing. It was also suggested that many people – as they age – do not feel ready for sheltered housing. In addition, it was suggested that the location of sheltered housing schemes can be either their attraction or downfall, taking into account terrain and proximity to services as well as outlook and having something to look at/an active location. Participants suggested that both the NIHE and housing associations should do more to promote sheltered housing.

All six participants who were owner-occupiers said they would not be keen to move from a situation of being mortgage free to taking on a rent, and they were concerned sheltered housing rents (and other charges and add-ons) would be quite high. Lack of car parking was also a concern. Furthermore, group participants thought the timescale to make a decision is too short, which they thought was the reason for many people turning down an offer. The discussion also highlighted concerns about the nature and type of client group currently living in sheltered housing.

*“Sheltered housing has gone downhill – they’ve turned the whole concept around and you now have people with mental health and other needs because of care in the community. Some people I know are talking about coming out of it.”*

In addition, there was a perception of less input from scheme coordinators, which was considered detrimental to the delivery of services.

Group participants recognised, however, that sheltered housing is a positive move for some and that it can enable people to live independently, and could provide security, reassurances for family, opportunities for company and social interaction, proximity to services and inclusive cost structures covering heat, light, maintenance and laundry.

In addition, despite a lack of current or even short-term interest in sheltered housing, younger older people made suggestions for change or improvement to sheltered housing, as outlined below.

**Other opportunities:** Participants stressed that older people enjoy having a pet and/or tending a garden, which should be made possible by schemes making appropriate provision and changes to rules.

**Location:** Participants felt that the location of sheltered housing was vitally important. They pointed to older people needing to feel safe in their locality and to the need for good access to wider services.

**Name:** The term 'sheltered housing' was considered out-dated and often attaching stigma to a person's move into sheltered housing.

**Age:** There was repeated concern that the expanding age span for sheltered housing was not helpful to the overall management of schemes or enjoyment of living there.

**Space and size:** Increased space was suggested, particularly as potential tenants are already downsizing. Participants also noted that space is often inadequate for hobbies.

**Upgrading:** There were comments about the age of some sheltered housing schemes, and the need for refurbishment. One participant mentioned that some schemes do not have lifts and suggested it was essential that they are installed.

**Integrated housing:** It was suggested that more inter-generational work should be done in the wider community to engender mutual respect, trust and understanding between the younger and older generations.

**Other needs groups:** Concerns about the mix of needs within sheltered housing were noted as a crucial consideration.

### ***Survey of people who had refused an offer of sheltered housing***

The NIHE research team conducted a survey of people who had applied for sheltered housing, and had subsequently turned down an offer, completing 12 interviews.<sup>57</sup> Nine of the 12 respondents had viewed the property they had been offered.

The majority of respondents indicated health issues in their lives and/or a change in circumstances in relation to their accommodation or living arrangements, as the reason for turning down an offer of sheltered housing. There was also a sense that people felt they should or had been advised to put their name on a waiting list for sheltered housing.

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<sup>57</sup> This target group proved difficult to contact (many having moved on from recorded address/accommodation) and difficult to engage (lack of interest in participating). Researchers attempted to conduct face-to-face interviews with people who had refused offers between April and June 2011, but calling out at applicants' addresses proved unproductive. Follow-up was then made via three Housing Associations (Apex, Fold, and Helm) and the NIHE list with more recent refusals and a total of 12 interviews were achieved. Eleven respondents lived in urban areas and one was in a rural location. Eight were located in Belfast/Co Antrim, two were in Co Down, one was in Co Londonderry and one was in Co Tyrone. Ten respondents indicated that a member of their household had a disability. Eight respondents were living alone and four were living in a two-person household. Nine respondents were female and three were male. Respondents ranged in age from 56 to 86.

The main reason for refusal, stated by eight of the 12 respondents, was in relation to the overall size of the accommodation. Fewer respondents said they were worried about the cost and financial implications of the move (3), the absence of a second bedroom (1) and they could not face the move/upheaval (1). Respondents were asked if there were any other subsidiary reasons why they had turned down an offer of sheltered housing. These included the size of the accommodation, feeling of unreadiness to move and lack of time to make their decision.

Half of respondents (6) indicated that they had known that sheltered housing had been included as an option in their social housing application. Of these, only one respondent had expressed an interest in sheltered housing at the time of application. Four of the six respondents had heard about sheltered housing from the NI Housing Executive, one respondent said they had heard about it from a friend and the remaining respondent had been told by their GP/doctor.

The fact that six applicants had not known that sheltered housing had been included as an option for them may again point to people being offered a housing option that either they are not aware of and/or are not inclined towards.

A further factor of interest arising from these interviews was that five of the twelve respondents had previously turned down an offer of sheltered housing, indicating that there can be a delay in time between someone applying for social housing (including sheltered) and accepting an offer, and that applicants are selective in terms of what they accept and when they will accept it. In addition, this suggests that decisions are not made in isolation, and that other factors such as someone's health, their family's thoughts on the matter, other housing options etc. can impact on whether a person takes up an offer of sheltered housing.

Despite having turned down sheltered housing previously, and this more recent offer, 10 out of 12 respondents thought sheltered housing might be a viable option in the future.

## **Key Finding 10: Other factors impact on the provision and management of sheltered housing**

Throughout each stage of the research, other factors were highlighted as impacting on the provision and management of sheltered housing in Northern Ireland. Some of these factors interconnect to issues and themes discussed above, such as the mix of age groups and tenant needs, and the operation of the Common Selection Scheme. Further issues are discussed below.

### ***Paperwork***

The majority of scheme coordinators mentioned Supporting People regulations and increasing levels and complexity of paperwork as being directly responsible for reducing time to do face-to-face work with tenants. A number of coordinators thought the amount of paperwork had increased disproportionately over the previous 15 years, and that there was duplication across the different information requests.

*“At the beginning you were to be the friendly warden with time to chat – now with paperwork, H&S, computer work and updates there just isn’t the time.”*

### ***Changing needs – increased work***

Scheme coordinators also noted the impact of changing needs within their scheme and their tenants in terms of paperwork, meetings and files of information on their tenants.

*“We used to keep some details on tenants but now we have massive files. Because of tenants’ different needs now I have to manage relationships with different agencies.”*

### ***The role and presence of scheme coordinators***

In the survey of tenants, most respondents said their scheme coordinator helps sort out repairs (85%), has time to chat about personal issues (84%), regularly checks everyone is ok (83%) and helps with forms (72%). Conversely, 15% of respondents said their scheme coordinator does not have time to chat, which reflects what scheme coordinators themselves said about not having time to talk to people.

The benefit of having a scheme coordinator, irrespective of whether they were resident on-site or not, or what level of hours they worked, was noted by all tenants in the focus groups and interviews with tenants. Scheme coordinators also recognised this as one of the key benefits of sheltered housing, as discussed earlier in this report.

*“The service of a scheme coordinator and 24 hour service via Telecare at the touch of a button someone can be here. We can provide a range of support – arrange care packages and OT referrals to increase their quality of life.”*

**Support from housing associations**

Whilst noting the amount of paperwork and the increasing complexity of the job, some scheme coordinators also acknowledged the level of support they have from their parent housing association.

*“Great back-up team who we can call on for support and maintenance. You’re not left out on a limb. The Supervisor’s Manual refers to everything and how to deal with difficult issues.”*

**Support from residents’ families**

The presence of, or level of support from, residents’ families was also raised in discussion with scheme coordinators. It was noted that in some cases families would like the sheltered housing scheme to take on the support of the older person. In addition, some tenants have no family and no next of kin.

*“Families – it’s very important that they get involved in everything – some don’t and people are very lonely.”*

## Section 5: Conclusions and key issues for consideration

Two important aims of this research were to gather information on tenants' current and future needs and expectations and how they are being met, and to examine options for change. This section sets out conclusions in relation to the current provision of sheltered housing and some key issues for consideration, in terms of how it can be further utilised and developed, for both current and future tenants.

The main conclusions are:

- The majority of sheltered tenants are satisfied with their accommodation and associated services/facilities.
- There is a relatively low level of voids/occupancy issues (any voids specifically relating to demand and location).
- Many older people in the community have limited knowledge of sheltered housing and/or do not consider it as an option for themselves.

In addition, the needs and requirements of tenants in sheltered housing have changed. Not only have more tenants aged in place and particularly in the 85-plus bracket now have a range of support and care needs, but the operation of the Common Selection Scheme has resulted in a widening of the age groups and needs groups being offered sheltered housing. Sheltered housing now accommodates people from their 20s right up to age 100 plus, ranging from those with no additional support needs to those with complex, multiple health and social care needs. This changing mix of tenants is perhaps the biggest challenge for sheltered housing as it moves into the future.

Occupancy in itself is not a significant issue – individual schemes and accommodation units are in the main fully occupied – but the emerging range and complexity of the tenant mix, in order to fulfil the goal of low voids, may in itself be detrimental to the longer-term appeal of sheltered housing for older people. Indeed, in one sense with such a mixed occupancy the definition of and term 'sheltered housing' or 'sheltered dwellings' is called into question.

The changing profile of sheltered housing tenants has implications for the type and range of services provided by the housing associations and by wider service providers, and in some cases there may be the need to assess the ongoing viability of particular sheltered housing schemes and to look at opportunities around remodelling, marketing and branding, and re-examining age criteria etc.

This research on sheltered housing in Northern Ireland provides the following key issues for consideration:

**Conclusion: Sheltered Housing – Category 2**

The provision of sheltered housing has grown considerably since the 1980s, although with much reduced growth in the last five years. This study calculated the level of stock<sup>58</sup> at 289 sheltered housing schemes providing 7,926 units of accommodation, with the largest concentration in the Greater Belfast area.

**Conclusion: Sheltered housing stock appears to be in good physical condition with good accessibility**

In contrast to the picture in England of stock in poor physical condition and over-provision of bedsit accommodation, the majority of sheltered housing accommodation in Northern Ireland is viable and fit for purpose. Most housing associations rated the physical condition of their sheltered housing stock as very good/good (88%) and accessibility as very suitable/suitable (87%). However, one in five units (19%) were considered not very suitable in terms of space standards. It was noted that whilst basic space standards are met, changing tenant expectations will be for larger accommodation, larger bedrooms and the provision of two bedroom accommodation. These were factors noted as reasons for refusal of sheltered housing.

**Key Issue 1:** *The space standards set by DSD for Category 2 sheltered housing may need to be re-examined, to ensure adequate space for changing expectations and also provision of additional care and support as the needs of tenants expand, or as tenants age in place.*

Five housing associations thought they had some sheltered housing stock which was non-viable, equating to 118 units or 1.5% of the total Category 2 sheltered housing stock in Northern Ireland. Furthermore, they indicated that 448 units (6% of overall Category 2 sheltered housing stock in Northern Ireland) were in need of remodelling. This feedback was provided in the context of wider discussions about demand, voids and occupancy, management factors, changing needs and requirements of tenants, changing expectations of tenants, etc. Given this level of indicated need for remodelling, it may be worth reopening the debate on the concept and potential funding of remodelling.

**Key Issue 2:** *There may be merit in re-examining the options to remodel schemes and units, which are still in high demand areas/locations, to ensure that provision is of a good standard in terms of physical condition, configuration, access and space standards.*

**Conclusion: Current profile of tenants and changing needs**

This research has provided an up-to-date profile of tenants living in sheltered housing.

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<sup>58</sup> Using information from the NIHE Supporting People Information Management System (SPOCC), the 15 housing associations involved in providing sheltered housing, along with information in the ERoSH Directory

The average age of tenants entering sheltered housing in the last 10 years according to data collected by NIFHA<sup>59</sup> has decreased slightly from around 73 to about 70. In addition, the proportion of under-55s entering sheltered housing had increased to 7% of new entrants. In terms of current occupancy, the survey of tenants found an age range of 70 years in sheltered housing at its two extremes – from a small number of tenants in their 20s and 30s, to tenants in their 90s and 100 plus. The average age of tenants was 75, and more than half (53%) were aged 75 and over, with a further third (33%) in the 65 to 74 age bracket. Overall, 16% of tenants were aged 64 and under.

This ageing tenant group, the widening age span and the range of reported other needs, e.g. learning difficulty, alcohol addiction, loneliness and depression, have implications for the management of sheltered housing. These include the type of social activities provided, the need for more personal and domiciliary care input and the need for scheme coordinators.

Feedback in the study concluded that ageing in place has its difficulties. There were mixed views on how providers should respond, with some scheme coordinators indicating that tenants should not feel they have to move on if support packages can be put in place. Others recognised that increasing need over time was a growing issue, in terms of tenants' health and safety, and scheme coordinators' role in managing a sheltered housing scheme.

The important role and input of wider family was also recognised in relation to ageing in place.

A further challenge identified by some scheme coordinators was the mix of age groups in a scheme, which worked in some schemes but not in others. As a result of age range and interests, scheme coordinators noted a change in the range and type of activities over the previous ten years.

The impact of the Common Selection Scheme in terms of bringing younger people into sheltered housing schemes, particularly those with additional physical or mental needs, was also noted. Scheme coordinators reported high representation of factors such as physical disability and mobility issues amongst tenants' needs, and also reported needs around personal and domiciliary care, mental health and depression, loneliness and social isolation, as well as alcohol and addiction issues in between one in five and one in six of tenants. Lack of, or inaccurate, information on new tenants was also noted as a difficulty, particularly in relation to clients who could not live independently in the scheme. Overall, there was concern that accommodating people with needs such as alcohol addiction or mental health problems impacted negatively on other tenants, and the overall reputation of a scheme.

Difficulties in accessing suitable domiciliary and personal care, or being referred on to other more appropriate accommodation if health deteriorated, were highlighted within the study.

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<sup>59</sup> NIFHA's *NICORE* lettings questionnaire is completed when a household becomes a housing association tenant and collects socio-economic data: age, marital status, economic status, disability status, caring responsibilities and income. Analysis provided by NIFHA.

**Key Issue 3:** *This research has highlighted the differing, and sometimes conflicting needs of tenants in individual sheltered housing schemes. There may therefore be opportunity for individual housing associations to review their profile of current tenants in their sheltered housing schemes and actively look at the operational issues arising from this, e.g. including type of activity, appropriate placement of tenants within sheltered housing schemes, appropriate policy manual developments, appropriate training and support for staff working in sheltered housing etc.*

*Planning for the future of sheltered housing at a strategic level should utilise the quantitative tenant profile information and the qualitative feedback gathered in this study. This could be used to lobby for sufficient funding and services to be able to deliver appropriate services in sheltered housing.*

**Conclusion: Moving to sheltered housing**

For those moving to sheltered housing the move appears to be less about the cost or condition of the person's current home, or indeed a desire for more company, and more about personal concern about health and deteriorating mobility and also a positive desire to stay independent for as long as possible. Conversely for those living in the wider community, the factors that would prevent an individual moving into sheltered housing included loss of privacy and independence.

**Conclusion: Satisfaction with sheltered housing**

This study highlighted from a number of sources<sup>60</sup> a high level of overall satisfaction with sheltered housing, particularly with the accommodation, facilities, role of scheme coordinator, number and type of social activities, cost of accommodation and charges for accommodation etc. The physical and social benefits of sheltered housing were also highlighted by scheme coordinators, focussing on five key factors:

- security and getting away from anti-social behaviour in the community;
- sense of community, company and reduced isolation;
- support and input from scheme manager, and removal of stress;
- retention of independence; and
- assurance for families.

There was some dissatisfaction with specific factors. These included two fifths of tenants dissatisfied with space to store mobility scooters and aids, one fifth dissatisfied with car parking. There was also some dissatisfaction with kitchen space (13%), which could be reviewed for any future Category 2 developments. Whilst tenants did not indicate high levels of dissatisfaction with space in the bedroom (7%), scheme coordinators did note that bedroom size may inhibit provision of additional care and is a key disincentive for prospective tenants viewing sheltered accommodation.

In addition, 15% of tenants noted that their scheme coordinator did not have time to chat to them, which was also noted by scheme coordinators themselves. This issue should be taken into account in the ongoing debate about the role of the scheme coordinator.

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<sup>60</sup> Tenant satisfaction surveys, survey of tenants, focus groups and interviews with tenants, etc.

Whilst both tenants and scheme coordinators expressed positive views overall, they also raised some concerns. One fifth of tenants said there were no social activities in their sheltered housing scheme and the same proportion would have liked more social activities and a wider selection. In addition, more than one quarter (26%) of tenants said they felt pressurised into taking part in social activities.

**Key Issue 4:** *This research study has highlighted specific factors in terms of dissatisfaction, including the role of scheme coordinators in terms of having time to spend individually and collectively with tenants, the level and complexity of paperwork required for each tenant and each scheme, to be completed and reviewed by scheme coordinators, and the current level and type of provision of social activities. There are opportunities to explore these key issues within individual housing associations, the sheltered housing movement and in conjunction with Supporting People.*

**Conclusion: Demand for and popularity of sheltered housing**

The debate about the demand for and popularity of sheltered housing in Northern Ireland centres on two key areas – firstly, supply and demand linked to levels of occupancy and voids, and secondly, factors relating to individual attitudes and perceptions.

This study concluded that voids do not appear to be a significant issue in the management of sheltered housing in Northern Ireland. In 2010/11 there were 269 voids, accounting for around 3% of the overall total of 7,926 units of sheltered housing, a figure slightly lower than void levels within wider housing association stock.

In addition, nearly two thirds of schemes (62%) indicated no voids during 2010/11 and a further 24% with only one void during the course of the year. A further 12% of schemes ran with voids of two to five units during the year. Only a small number of schemes (8; 3%) had voids of more than eight during the year.

Differences in occupancy levels appear to be mainly localised or for a specific reason, rather than directly related to the concept and practical configuration of the form of housing and/or the delivery of services. The specific reasons for a small number of sheltered housing schemes having difficulty achieving full occupancy, as identified in this study, were: location within a town (including hilly terrain and distance from services), type of housing or development and mix of types of housing, over-supply in particular areas, lack of demand in certain areas, e.g. rural villages/hinterlands, reduced demand for specific reasons, e.g. decline in housing market and reduction in services available within a town.

Housing associations suggested that one third of their stock matched demand from older people (33%) with a further third (36%) in high demand. Conversely, they indicated that one in five of their units (21%) were hard to let.

Although sheltered housing tends to be void for longer than general needs housing, there are clear reasons why this might be the case, including: the lack of prediction of a void arising from the death of a tenant; the sensitivities and time needed to allow the deceased's family to clear belongings from their accommodation; and the fact

that many applicants for sheltered housing do not respond to an offer or indeed turn it down. During 2010/11, 24% of offers of sheltered housing were accepted, and 76% turned down. This level of acceptance and refusal is similar to the broader pattern across social housing as a whole. Where reasons for refusing an offer of sheltered housing were recorded (data set April – June 2011), the most frequently stated was that the location of the dwelling was unsuitable (21%); other reasons given included: the applicant did not take up the tenancy (10%), the dwelling type (9%) and dwelling size (7%) were unsuitable.

In addition, this study highlighted the wide range of ages and needs of people in sheltered housing and pointed to the resulting policy implications for supporting those with alcohol and mental health problems, through to ageing in place and supporting those with complex health needs. It seems likely that, given the extent of housing stress in the general waiting list, sheltered housing will continue to be offered to a wider range of age and needs groups.

**Key Issue 5:** *This research suggests that in areas where there is an over-supply of sheltered housing and/or a shift in population or need, it may be worthwhile to examine options of rationalisation, including changing the use of the accommodation from what it was initially funded for.*

**Conclusion:** *There are varying perceptions of sheltered housing and a range of reasons for turning down an offer*

Qualitative and quantitative data collected in this study point to a relatively high level of refusals of sheltered housing (around two thirds to three quarters of offers are turned down), and the reasons for this have been explored above.

Throughout the study it was noted that the benefits of sheltered housing do not always appear to reach the target group of older people who might be interested in this form of accommodation, with many older (and younger older) people having limited knowledge of what sheltered housing is and what services are on offer.

The fact that most of the tenants surveyed had moved to a sheltered housing scheme close to their previous home suggests that the best ways of changing perceptions lie in the vicinity of every sheltered housing scheme. The qualitative elements of the research pointed to perceptions and attitudes as being key factors in putting people off applying for sheltered housing and/or accepting an offer of tenancy, focused mainly on a perceived lack of both privacy and independence. In addition, the term 'sheltered housing' was viewed as having negative connotations. Wider issues concerning the upheaval and difficulty in selling a property and clearance/moving furniture and belongings were also noted.

The survey of applicants who had turned down an offer of sheltered housing found that the main reason for refusal was the size of the accommodation, followed by concerns about the cost and financial implications of making a move. Subsidiary reasons included lack of time to make a decision and/or to get their house sold, not wanting the upheaval and hassle of the move, and not feeling ready to make a move.

These respondents reported that the main reasons for applying had been around health issues in their lives and/or a change in circumstances in relation to their accommodation or living arrangements. In addition, they noted that they felt they should or had been advised to get their name on a waiting list.

Half of those surveyed had not known that sheltered housing had been included as an option for them, suggesting a lack of awareness of sheltered housing. Of those who knew about sheltered housing, five out of six had turned down a previous offer. Most respondents (10 out of 12) thought sheltered housing might be an option in the future.

**Key Issue 6:** *Scheme coordinators suggested that both Social Services and the housing officers undertaking social housing assessments should have more information and better training on the scope and option of sheltered housing, to enable them to accurately explain it to prospective tenants.*

*In addition, the research findings suggest that more could be done across the sheltered housing market to encourage community use and opportunities for wider community involvement in sheltered housing schemes. Furthermore, the research conclusions indicate that individual housing associations could adapt promotional and publicity materials and methods to take into account the findings from this study, e.g. highlight availability and benefits of sheltered housing, reinforce positive level of independence and privacy, etc.*

### **Future issues for sheltered housing in Northern Ireland**

Key issues for future consideration by sheltered housing providers and strategic stakeholders include:

- Adequacy of space, given
  - (i) increasing expectations and space standards in the wider housing market and
  - (ii) changing needs of tenants, particularly in relation to care and support coming into their home.
- Options for re-modelling – in areas of high demand – in particular to ensure that physical condition, the configuration of schemes, access and space are all up to standard.
- Options for rationalisation – in areas of low demand and/or over-supply in certain areas –in terms of the future use and direction of particular schemes.
- The need to ensure that services and provision operationally meet the needs of current tenants.
- The need to look to the future in terms of the current and anticipated profile of tenants, to ensure that services and provision will meet their needs.
- The need to address specific issues raised by current tenants, including the role of scheme coordinators, levels of paperwork, type and range of social activities.
- The need to look at the assessment and allocation process for sheltered housing, in particular how and when information is shared on prospective tenants, and how the suitability of services and accommodation are matched to the needs of a client.
- The need to look at opportunities for wider community involvement in sheltered housing schemes, in particular as a mechanism for delivering services to older people living in the community.
- The need to re-examine promotional information and literature relating to sheltered housing, based on the findings of this study.

This research has confirmed that occupancy levels in sheltered housing as a single issue is not a major concern, that tenants are largely satisfied with their accommodation and services, and that the physical condition of schemes is also considered to be of high quality. Of greater concern is the shifting profile of tenants and their associated needs and support requirements, with increasing numbers of younger people with learning difficulties, people with mental health and addiction problems and older people who have aged in place and now have considerable support and care needs. This emerging tenant mix is an issue for tenants of sheltered schemes and those managing them.

This research has identified a need for social housing commissioners and providers to re-examine the definition of sheltered housing. In short, is it still independent age-specific living for older people, or has it become a different type of model which is more about supporting people (young and old) to live independently?

Any debate on terminology and definitions needs to dovetail closely with discussions on the assessment and allocation process for sheltered housing. For example, whether sheltered housing remains within the broader process for allocation of general needs accommodation and is administered by the NI Housing Executive, or whether there is a reversion to housing associations making individual assessments and allocations for all or some targeted sheltered housing provision. At best, the present system is achieving near to full occupancy, and at worst it has resulted in accommodation which is for all age groups and all needs groups, thus diluting its original concept and purpose.

Discussions and debates on definitions, terminology, assessment and allocation policies also need to tie in closely with discussions on the forthcoming Supporting People strategy and the OFMDFM Older People's strategy.

If the current delivery approach and model continue, then clearly service providers including housing associations and social services need to think through the implications for current and future tenants. A strategic approach will need to take into account factors such as:

- how to respond to the diversity of the tenant group covering seven decades of age;
- how to deal with specific needs including dependence on alcohol, antisocial behaviour, care needs resulting from ageing in place and increased frailty;
- how to respond to misperceptions of sheltered housing, particularly in the light of the changing age and needs profile of current tenants.

At present, housing support is delivered at one level, irrespective of a tenants' age, care or other support needs, which is appropriate for many tenants. However, the changing nature of sheltered housing indicates that lower levels of support may be adequate for some (younger people who are fully independent) and inadequate for others (people with learning difficulties, mental health or addiction problems and those with increasing care and support needs). Although the profile of tenants is changing, the range of services on offer has not significantly changed, other than via the introduction of more housing with care schemes and changes made to the role of scheme coordinator. The demographic trends outlined in this report, together with

the changing and increasingly complex needs of current sheltered housing tenants, highlight the need for housing associations to think differently about the range of services they offer. This links directly to funding streams, and the opportunity to access funding for the provision of add-on services including personal and domiciliary care.

Furthermore, the increasing older population and the move to ensure people can remain at home for as long as possible may be an opportunity for housing associations and sheltered housing schemes in terms of the development of service delivery, using the scheme as the 'hub' and people's homes in the community as the 'spokes', in what is commonly referred to as a 'hub and spoke' model.

The key conclusion from this research has been to highlight the changing mix and needs of sheltered housing tenants and to suggest that this trend will continue into the future, if current assessment and allocation policies and processes remain in place. If this trend continues, services need to change and adapt accordingly.

If, however, moves are made to retain sheltered housing – as a definition and a concept – exclusively for independent older people, then changes need to be made to the allocation process to ensure that prospective tenants offered places in sheltered housing can live independently.

## Appendix A: Sheltered Housing – Literature Review

### **Introduction**

Accommodation needs vary as people grow older; for example, physical mobility may decrease, making climbing stairs, maintaining a garden and generally looking after a bigger house more difficult. In addition, as children and dependants move away, and in many cases through the death of a partner, older people often find themselves living on their own.

Sheltered housing provides the older person with the opportunity to leave accommodation that is no longer suitable in terms of size, location and mobility, and to obtain affordable and accessible accommodation that meets their needs in terms of support (scheme coordinator), size and facilities, and social interaction with peers.

Research by Boaz et al<sup>61</sup> noted that whilst older people would prefer to live at home with assistance; failing that, their preference is to live in sheltered accommodation rather than a nursing home.

An initial component of this research was to review literature and opinion, in both Northern Ireland and Great Britain, to establish the perceived and actual popularity and benefits of sheltered housing and whether it provided the type of accommodation and services that people both wanted and needed. In addition, the literature review sought to review the modernisation experience in Great Britain.

The key findings from this literature review are outlined below, as a mechanism to provide some reference points for this research study, whilst acknowledging that much of the literature is based on research in England and Wales.

### **Previous research in Northern Ireland**

A survey of *Sheltered Housing Schemes*<sup>62</sup>, carried out by the NI Housing Executive, was published in November 2002. The original research question centred on a lack of demand in certain areas for sheltered housing schemes, despite the level of need amongst older people on the housing waiting list. It was suggested that there was an apparent reluctance amongst a growing proportion of elderly people to accept sheltered accommodation, and a continuing desire for independent bungalows.

As part of this research, in 2001/2 a survey of older people (total nr=158) already in sheltered accommodation found that they were very satisfied with their accommodation.

*Those interviewed were generally satisfied with a range of physical aspects in their sheltered accommodation, and overall felt safe. Respondents were also highly satisfied with a range of facilities in their accommodation, such as laundry facilities, the warden, recreation and events.*

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<sup>61</sup> Boaz, A., Hayden, C. and Bernard, M. *Attitudes and Aspirations of Older People: A Review of the Literature*, 1999, DSS Research Report 101

<sup>62</sup> *Sheltered Housing Schemes Survey*, Prepared for Housing and Regeneration by NIHE Research Unit, November 2002

A further aspect of the research, in which applicants (aged 60 plus) on the Common Waiting List were interviewed (nr=204), concluded that applicants were unsure of what 'sheltered' housing provided, viewing it as a loss of independence and not fully understanding the difference between 'sheltered' and 'residential care'.

In addition, this piece of work concluded that potential applicants from the owner-occupied sector are at present facing considerable difficulties in accessing this type of accommodation, e.g. in terms of timescales to sell property once an offer of sheltered accommodation is provided and following the sale of property the individual may not qualify for benefits, making it an expensive move.

### **Benefits of sheltered housing**

The perceived and actual benefits of sheltered housing are well documented, and earlier in this report (Section 4), the benefits highlighted by both tenants of sheltered housing and scheme coordinators during this research have been outlined.

A report by the National Federation of Housing, *More than just a few kind words*<sup>63</sup>, notes:

*Sheltered housing has been a home of choice for many older people in our society for the last 30-40 years. Giving that little bit of extra help when needed and providing opportunities for ongoing social activity with peers, it has proved a valuable setting in which older people have been able to live safely and maintain their independence.*

The report also recognises the benefits of sheltered housing and points to the value of prevention, value of mutual support, value of community links, value of local hub etc.

*Sheltered housing continues to be one of the nation's great assets for meeting the needs of older people. It should be a crucial part of Joint Strategic Needs Assessments. Sheltered housing is a preventative service where people are able to offer mutual support, and often plays an important role as a community hub. Any change to support services should ensure that these values are not diminished or lost.*

Research by Croucher, as part of the New Horizons Programme for Communities and Local Government, pointed to comments made by older people themselves about the benefits of sheltered housing:

*Participants could see that the appeal of sheltered housing was the combination of independence (i.e. having your own home and space, being able to come and go as you want) but also having help at hand should you need it. Sheltered housing was seen to be a useful way of prolonging people's independence.*<sup>64</sup>

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<sup>63</sup> *More than Just a few kind words* - Reshaping support in sheltered housing: a good practice guide for housing providers and local authorities A project commissioned by the CLG Ministerial Working Group for Sheltered Housing, National Federation of Housing, 2009

<sup>64</sup> *Housing Choices and Aspirations of Older People*, Karen Croucher et al, page 30

Some individuals in this research *had made a positive decision to move to sheltered housing. For most of them, health concerns and the difficulties they had been experiencing in their previous homes (for example with stairs) had prompted their decision to move. Other factors also played a part, e.g. whether family support was available, whether other housing options were available to them, and the deterioration in the neighbourhood where they lived.*<sup>65</sup>

Paris et al, 2010<sup>66</sup>, noted that another commonly cited advantage of sheltered housing is the fact that it offers a secure environment, linked to fear of crime (Scottish Executive, 2006).

A further documented benefit of sheltered housing is the opportunity for older people to overcome social isolation and loneliness. Paris notes that *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).

The wider cost benefits of sheltered housing have also been measured<sup>67</sup>. Research by Cap Gemini for the Communities and Local Government (CLG) Department in 2009 demonstrated that Supporting People funding of £198.2 million for older people living in sheltered housing provided a net financial benefit of £646.9 million through reduced need for residential or nursing care, hospital admission and home care. This research indicated that:

*Support to those living in sheltered housing helps to promote health, well-being and social inclusion and prevents anxiety, depression, falls, isolation and admissions to long-stay care.*

Furthermore, sheltered housing has been indicated as a model *increasingly being used as a resource for older people with more complex needs, including a history of homelessness and substance misuse.*<sup>68</sup>

### ***Recorded and perceived current difficulties with sheltered housing***

A number of government departments (in both Northern Ireland and Great Britain) as well as a range of academic researchers and organisations have sought to examine and reflect on the uptake (or lack thereof, in some cases) and use made of sheltered housing and to measure satisfaction with and the success of this type of provision. There has been considerable debate around the nature and extent of sheltered housing provision, the amount already provided and the future needs of older people.

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<sup>65</sup> Ibid, page 32

<sup>66</sup> *Analysis of the future need and demand for appropriate models of accommodation and associated services for older people*, Paris et al, 2010, NI Housing Executive

<sup>67</sup> ERoSH Briefing to Directors of Adult Social Services, *Speaking up for sheltered housing – The Benefits of Sheltered housing*, Summer 2009

<sup>68</sup> [www.homeless.org.uk/Prevention-of-homelessness-in-older-people](http://www.homeless.org.uk/Prevention-of-homelessness-in-older-people)

A number of claims and counter-claims have been made about the value and worth of sheltered housing, with specific references to supply, type and configuration of accommodation etc. A wider policy debate has also developed about whether sheltered housing is a necessary type of housing, summed up as follows:

*Sheltered housing is also considered by many people to be outdated. It is seen as specialist provision that is no longer appropriate, given the philosophy of community care to provide services to people in ordinary housing. As a result, there have been calls for traditional sheltered housing to justify its continued existence and demonstrate that it is providing an effective service to local communities.*<sup>69</sup>

In the mid-1990s, research published by the Joseph Rowntree Foundation<sup>70</sup> highlighted that whilst *sheltered housing had been a popular choice for many older people, housing providers and policy makers for many years ... some of it has now become difficult to let.*<sup>71</sup>

Amongst other things, this research has found that Category 2 sheltered housing was the most difficult to let, a combination of factors contributed to schemes being difficult to let. For example, bedsits and shared bathrooms were unpopular and letting difficulties often arose when schemes were located in 'problem' areas or where local shops or public transport were lacking. In addition, over-provision was cited and the impact of the growing number of ways in which older people can remain at home.

The JRF research noted the following as difficulties:

*A dislike of bedsits and shared bathrooms is a major reason for schemes becoming difficult to let. They might have been acceptable when they were built but are not now. Older people now expect higher standards. Some schemes were badly sited and were a distance from shops, transport and other amenities. Others were in run-down areas. Rural areas posed special problems where there did not appear to be enough elderly people in the area to fill the schemes.*

*Other reasons were over-provision of sheltered housing in the area, the high costs of some schemes, and the growing number of ways in which elderly people can be enabled to remain in their own homes -older people are less and less likely to consider moving to sheltered housing in their sixties and seventies. Sometimes only part of a scheme was difficult to let, such as a first floor when a scheme lacked a lift. There were often a combination of factors at work.*

Many of these recorded difficulties have been specific to England. For example, research by Tinker et al<sup>72</sup> found that 87% of both local authorities and housing associations overall had some difficult-to-let sheltered housing. NFHA noted a *saturation of sheltered housing in some areas.*<sup>73</sup>

<sup>69</sup> *Effective sheltered housing: A Good Practice Guide*, CIH, Lyn Thompson and Dilys Page, 1999

<sup>70</sup> *Difficult to let sheltered housing*, Anthea Tinker, Fay Wright, Hannah Zeilig, December 1995

<sup>71</sup> According to the NFH 1996 – *Appraisal Guide for sheltered housing*, page 13 – *there is no one definition of 'difficult to let'. Tinker et al (1995) in Difficult to Let Sheltered housing found that housing associations tend to use void levels as the most important criteria, whilst local authorities place more emphasis on refusal rates.*

<sup>72</sup> Op cit, Tinker et al, 1995

<sup>73</sup> *Rented Housing for Older People: Implementing a New Framework Policy White Paper*, NFHA, 1993

In addition, the following extract from a report commissioned by Dover District Council<sup>74</sup> illustrates the difficulties this Council faced in terms of type of sheltered stock, people's aspirations and possible solutions. This was also the situation across England.

*The Council has 18 sheltered housing schemes providing 476 units of accommodation for older people in the District. This amounts to around 10% of the Council's housing stock. The problem for the Council is that much of this accommodation is substandard being bedsits with shared amenities (i.e. bathrooms and or toilets). Clearly this standard of accommodation is unacceptable for older people and these schemes need to be modernised or replaced.*

Research undertaken by the NI Housing Executive and published in 2002<sup>75</sup> looked at the lack of demand in certain areas (Belfast – District 5 and Omagh) for sheltered housing schemes, despite the level of need amongst older people on the housing waiting list. It was suggested that there was an apparent reluctance amongst a growing proportion of elderly people to accept sheltered accommodation, and a continuing desire for independent bungalows.

Perceived and actual difficulties are outlined below in more detail in relation to a number of specific perceptions (and possibly misconceptions) that people have about sheltered housing.

### ***Sheltered housing - last option?***

Research findings indicate that the majority of older people are determined to stay where they currently live for as long as possible, although there is also acknowledgement that their health would ultimately be the factor that determined where they live.

*With regard to future housing intentions most of the participants expressed their intention or hope to stay where they were currently living. Some were determined to stay put come what may, and were prepared to put up with what others might have thought were serious shortcomings in their home.<sup>76</sup>*

Even within Croucher's research (2008) those who had looked at and/or moved into sheltered housing made comments.

*Others, usually single people, had looked for rented sheltered housing. Here there were issues about service charges, and the size, condition, and location of properties. Properties were often too small or in poor condition. Often it had taken many months, and viewing a number of properties before something suitable had been offered.<sup>77</sup>*

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<sup>74</sup> Dover District Council, *Review of Sheltered Housing Report*, July 2004

<sup>75</sup> Op cit, NIHE Research Unit, 2002

<sup>76</sup> Op cit, Croucher et al, 2008

<sup>77</sup> Ibid

### ***Dissatisfaction with specific types of provision***

A number of commentators have pointed to concerns about difficult-to-let sheltered housing (Tinker et al (1995) and Croucher et al (1998). Reflections on this issue have pointed to low demand in some areas and poor locations, poor quality of some accommodation, both in terms of space (for example, large numbers of bed-sitting room accommodation) and access for disabled people, over-supply of non-self-contained accommodation and accommodation which is not up to modern standards.

*Changing expectations of older people – older people are expressing preferences for a greater degree of privacy than some sheltered schemes were designed to provide – for example, shared bathrooms are generally disliked, and bedsits are also unpopular with many older people.<sup>78</sup>*

In a 2010 study for the NI Housing Executive, Paris noted the following with reference to ageing sheltered housing stock and design standards in Northern Ireland:

*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.<sup>79</sup>*

### ***Terminology of sheltered housing***

The use of the term 'sheltered housing' has long been a factor for consideration in terms of its appeal or otherwise. A discussion paper prepared by CRUS<sup>80</sup> identified the current problems of the definition of sheltered housing, and put forward a new definition as follows:

*Grouped housing particularly aimed at people over retirement age. This housing can best be described by identifying the specific mix of different design features and support and/or care services included in each development.*

### ***Lack of knowledge***

Another aspect impacting the interest in and uptake of sheltered housing is older people's perceptions about what it can provide for them as potential residents.

*It was clear that many people did not know very much about the housing options available to older people, usually basing their views on personal experiences or experiences of close friends and family. As one participant noted, what many older people need is good information about all types of housing options, including maintenance, adaptations, benefits, equity release, places to move to, where to get assistance with moving and so forth, so that decisions are made in full awareness of the available options.<sup>81</sup>*

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<sup>78</sup> Op cit, NFH 1996

<sup>79</sup> Op cit, Paris et al, 2010

<sup>80</sup> Centre for Urban and Regional Studies, University of Birmingham, 1999, *The case for common currency: Clearer Definitions and Descriptions for Sheltered and Supported Housing – a discussion paper.*

<sup>81</sup> Op cit, Croucher et al, 2008

### **Attitudes**

The Strategy for Housing Older People in England (March 2003) noted that people in sheltered housing are very content with it (recent surveys suggested that 94% of tenants of sheltered housing are very or fairly satisfied with their housing). However, this report also noted that people move into sheltered housing later now than they did 20 years ago, often as a result of a crisis, rather than in a planned or positive way.

*Croucher noted that people's attitudes towards sheltered housing appeared to be shaped by what they knew about other people's experiences, and sometimes these were positive and sometimes not. Some felt that living in sheltered housing could promote gossip and 'bitchiness'.<sup>82</sup>*

Overall, there was also often an attitude that sheltered housing was only for very old or very infirm people.

*The general view among the participants who were in good health and living in their own homes was that sheltered housing was a 'good thing', but only really necessary for the very old or for those who were infirm, for whom it was a more attractive option than a care home.<sup>83</sup>*

Tinker et al (1995) summed this up by stating *older people do not feel old at the same age as earlier generations*. In addition, they noted *there is a new generation of older people whose expectations are different from those who have gone before. People have got used to more spacious accommodation and they are not prepared to accept small flats*.

Overall, therefore, changes in older people's expectations have had a widespread impact on sheltered housing. As a result, it is acknowledged that *many providers have begun to respond to the higher aspirations of the current 'younger generation' of older people, and to anticipate what future customers are likely to demand.<sup>84</sup>*

### **Impact of ageing in place**

The impact of people ageing in place – in sheltered schemes – also has a clear impact on both the use of sheltered accommodation and the range and type of services that have to be brought to the older person.

*There are also concerns about the increasing frailty of sheltered housing residents, including people who have lived in sheltered housing for many years and have aged in place, and also among some new residents.<sup>85</sup>*

It is clear that low-level support and traditional sheltered schemes may not be the place for an older person as they live on into their late 80s and 90s.

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<sup>82</sup> Ibid

<sup>83</sup> Ibid

<sup>84</sup> *Sheltered and Retirement housing: A Good Practice Guide*, CIH, Imogen Parry and Lyn Thompson, 2005, page 8

<sup>85</sup> Op cit, Croucher et al, 2008

*Since the warden service is essentially supportive, a problem arises when frail or confused sheltered tenants stay and care is not immediately available. Wardens are not intended, trained or paid to give 'hands on' care but, without sufficient input from other sources, they may feel obliged to try to do so, despite the possible serious consequence for the warden, their employer and the residents.*<sup>86</sup>

This trend means that sheltered housing may not be a home for life, if the type and levels of care and support cannot be brought to the older person.

*Changing needs of older people – as the general population has aged, there has been an increase in the average age, and, therefore, needs of residents of sheltered housing. This corresponding increase in the need for care and support can have major implications for the management of a scheme.*<sup>87</sup>

It is clear that some providers have remodelled hard-to-let schemes to create Extra Care provision, in partnership with health and social services, in order to meet the needs of a more frail client group.<sup>88</sup>

### **Contradictory policies and practices**

The fact that older people prefer to stay in their own homes, and over recent years there has been increasing support to enable them to do so, clearly has an impact on the level and nature of interest in sheltered housing as an option for older people.

Paris noted the following:

*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.*

### **Modernisation experience in Great Britain**

Modernisation of sheltered housing in Great Britain has been on the agenda over the last 10 – 15 years because of many of the issues outlined above, including high levels of voids, over-supply of bedsit and small accommodation, lack of lifts, etc. Adapting, making changes and developing what is known as sheltered housing is therefore not a new phenomenon. In research commissioned by JRF<sup>89</sup> it was noted that nearly all the housing organisations involved in the research had attempted to do something about the problems they had encountered i.e. voids and hard to let schemes. *Refurbishment, marketing strategies, lowering the age limit, providing a higher level of care and admitting another group (such as younger old people discharged from long-stay hospitals) had all been attempted with mixed success.* Remodelling<sup>90</sup> as a concept has been just part of the debate.

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<sup>86</sup> *Joint Review of the Social Housing Needs of Older People in Northern Ireland*, NIHE and NIFHA, July 1997. Section 5.17

<sup>87</sup> Op cit, NFH 1996

<sup>88</sup> Op cit, Parry et al, 2005

<sup>89</sup> Op cit

<sup>90</sup> Remodelling, such as conversion of bedsits to one bed flats, installation of lifts, installation of level access showers and/or assisted bathrooms, while residents remain 'in situ'.

The value of sheltered housing is recognised within this debate, not least because the level of capital funding for sheltered (and other) housing has decreased in the last 15 – 20 years. In addition, the provision (and future development) of sheltered housing takes place in the wider context of strategic planning and Supporting People funding. Croucher et al identified four principal processes driving change in the role of sheltered housing – new regulation, funding, new service developments and supply and demand factors.

*The existing sheltered housing is a very important asset, which must be used to best possible advantage, particularly since there is limited opportunity for new developments.*<sup>91</sup>

In addition, various guides have been produced to help social landlords appraise the effectiveness and quality of their sheltered housing, for example, *Appraisal Guide for sheltered housing*.<sup>92</sup> And in a similar vein Croucher noted: *Services providers in some cases are moving towards more flexible, tenure-neutral, support services (for example, so-called 'floating' warden support, community alarms fitted in general needs housing) that do not require older people to move to particular locations to receive services and allow them to stay living in their own homes, and focusing on decommissioning accommodation considered no longer fit for purpose or remodelling some sheltered housing to increase its capacity to accommodate the very frail. One such scheme – the Newtownabbey Warden Support Scheme – is outlined in this report.*

The JRF research noted above outlined what had been done in these various areas:

### **Refurbishment**

Refurbishment was the most popular strategy for local authorities. The usual option was the conversion of bedsits to one-bedroom flats, but other action included the installation of lifts, redecorating the scheme and improving communal facilities. Inexpensive solutions such as redecorating and sprucing up the scheme and the surrounding area were helpful.

### **Marketing**

Housing associations were more likely to try to solve the problem by marketing the schemes. The most popular option was advertising in the local press. Marketing is a good way of increasing lettings but may be a double-edged sword if the scheme fills up with discontented people.

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<sup>91</sup> NFH 1996 – *Appraisal Guide for sheltered housing*, page 2

<sup>92</sup> Ibid

**Reviewing allocation policies**

Both local authorities and housing associations reviewed their allocation policies. In the main, it consisted of lowering the age limit (which could bring problems to the scheme over free television licences which are only allowed for people of pensionable age). There are also problems when groups other than those for whom the scheme was intended are given tenancies, for example, people discharged from psychiatric hospitals, homeless elderly people with a high degree of physical and mental problems and the very frail. Allocating tenancies like this may fill the scheme, but was found to build up problems later on, either because they needed more support than was provided or because existing tenants were unhappy with it.

**Changing the use of the whole scheme**

Some local authorities and housing associations adopted this strategy. This sometimes involved enhancing the level of care to provide for frail elderly people, but sometimes it was to change it for other groups such as young single homeless people.

**Disposal of the scheme**

This was the most drastic procedure adopted by some organisations. This might mean handing the scheme on to another organisation – for example, from a local authority to a housing association. In a few cases it meant demolishing the property. The problems of finding new homes for existing tenants must not be underestimated.

Most housing providers adopted a number of different strategies, sometimes combining a number in a single scheme. Few strategies have been fully evaluated. There is no guaranteed route to success. But one clear message is that it is crucial to consult and work with tenants.

In a similar vein, the National Federation of Housing report *More than Just a few kind words* – looked at a range of current and ongoing changes being made to sheltered housing schemes. These were defined and summarised as follows:

**Developing the service structure:**

The most common structures are:

- scheme manager (an updated version of the traditional warden model);
- community-based support, meeting the needs of older people wherever they live;
- 'hub and spoke' model, providing support from a scheme base to older people who live in the scheme and others living independently in the community.

**Developing the service content by:**

- increasing the use of telecare and assistive technology;
- changing to a service offering housing management only;
- developing a menu of options;
- developing a fully personalised service;
- extending the target group for the service to include older homeless people and people with complex needs;
- undertaking an asset management review and consultation on services to both improve the quality of the stock and service delivery arrangements.

In addition, references to moving towards extra care housing – for older people with higher needs – have been well documented (Tinker et al, 1995, Riseborough and Fletcher, 2003)

*Sheltered housing is now being allocated to people who may not be independent or able to look after themselves and who may need a package of care from the beginning of their tenancy in order to be able to live in their own home.*<sup>93</sup>

The CSHS Good Practice Guide<sup>94</sup> provides a clear summary of a number of options arising from individual and wider area sheltered scheme reviews. These are listed as follows:

**Improved marketing:** can be an option to help address falling demand. Open days, more proactive and targeted literature and improved websites are just a few methods of improving the marketing of sheltered housing.

**Changing the allocations policy/change of use:** reference made to this – alongside need to do this in partnership with all stakeholders to ensure that all parties are content. This will help to avoid short-term solutions to falling demand with related long term management problems, often caused by insufficient support for non-traditional allocations, such as to people abusing alcohol.

**Extending the scheme manager service to older people in the community:** this can increase the viability of a scheme – but again needs to be done in full partnership. Increasing numbers are working outside the boundaries of the scheme with older clients throughout the community, whether in provision managed by their own organisation, or in owner-occupied or rented private sector accommodation in the local area. This offers some of the advantages of living in sheltered housing to a wider range of clients, giving them support as well as access to social activities in the sheltered scheme itself.<sup>95</sup>

**Remodelling:** such as conversion of bedsits to one bed flats, installation of lifts, installation of level access showers and/or assisted bathrooms, while residents remain 'in situ'. This guide points to the need for careful planning and communication and the involvement of scheme managers.

**Closure/decommissioning:** decommissioning of a scheme may be decided following review because the scheme is no longer economically viable – due to insufficient demand or because the costs of repair/improvement are not sustainable. Again, reference is made to involving and consulting tenants.

*The physical and psychological impact of closure on residents, many of whom may have lived there for years, under the impression that it would be their 'home for life' should not be underestimated. For frail older people the consequences of a poorly*

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<sup>93</sup> *Effective sheltered housing: A Good Practice Guide*, CIH, Lyn Thompson and Dilys Page, 1999, page 22

<sup>94</sup> CSHS, No 3: Scheme and Service Reviews November 2006

<sup>95</sup> *Sheltered and Retirement housing: A Good Practice Guide*, CIH, Imogen Parry and Lyn Thompson, 2005, page 28

*handled closure can be severe trauma or even death. Residents in the early stages of dementia or those with sight impairment may find moving home particularly difficult. If the landlord involves residents from an early stage, the process is more likely to be harmonious.*

The changing role of the scheme coordinator is also well documented. There have been increasing numbers of off-site or non-resident scheme coordinators, having occurred for a number of reasons – not least because of factors such as Working Time Directive (and *Davies et al v LB Harrow 2003*) and reductions in the number of people willing/interested to apply for on-site positions.

All of these appear as useful suggestions on paper – and in many cases changes have been implemented, but at this stage there are limited evaluations to assess how successful re-modelling changes have been, and secondly the impact on older people themselves.

*...changes in how sheltered housing is delivered. Sometimes these changes have been done very well, but the report by Help the Aged – Nobody's Listening – captured the concerns of a growing number of older people where changes hadn't been done well, leaving them feeling vulnerable, distressed and unsure where to go with their complaints.<sup>96</sup>*

In addition, whilst debate on remodelling and recommissioning is important, it must also take place in a wider strategic context and vision. It is particularly important that appraisals do not lead to short-term solutions which might solve immediate problems, but overlook longer-term issues. For example, a refurbishment which takes into account current residents' wishes, but fails to consider what future residents might want will necessarily only provide short-term conclusions.<sup>97</sup>

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<sup>96</sup> Joint Executive Summary - Summary of the two documents: *Effective Resident Involvement and Consultation in Sheltered Housing*, produced by the Centre for Housing and Support and TPAS and *More than just a few kind words!* produced by the National Housing Federation.

<sup>97</sup> NFH 1996 – *Appraisal Guide for sheltered housing*, page 3

## **Appendix B Calculation of total number of Category 2 schemes and accommodation units, by housing association**

The following notes relate to Table 8 on page 24, Section 3.

1. For this research study information provided by the NI Housing Executive Supporting People Information Management System (SPOCC) and the 15 housing associations involved in providing sheltered housing, along with information in the EROSH Directory, was analysed to provide an overview of the number of sheltered housing schemes and units provided by housing associations Northern Ireland wide.
2. The spreadsheet provided by the Supporting People (SP) team covered all older people's services funded by SP. Category 2 schemes are not separately identified and were therefore extracted by the researcher by the removal of any schemes defined as very sheltered housing, residential extra care or supported housing (Category 3) and the removal of any schemes which had no manager input and/or no Telecare (Category 1) schemes. Services such as Floating Support and the Home Improvement Scheme were also removed from the spreadsheet. Care was taken using this filter system to ensure that the resultant spreadsheet tallied to the information provided by housing associations about the number of Category 2 schemes and units of accommodation they had.
3. Housing associations provided full information on the number of schemes and units of sheltered accommodation they had, via the electronic questionnaire. The following information was noted, and discrepancies of information are highlighted:
  - Alpha Housing Association advised 34 schemes with 865 units of accommodation, whereas the SP spreadsheet indicated 31 schemes with 855 units.
  - The SP spreadsheet indicates 373 units of Category 2 accommodation for older people with Apex. Apex has indicated 347 units.
  - Clanmil advised 31 schemes – but the SP spreadsheet breaks a number of these into two parts – thus producing a total of 57 for Clanmil. In addition, the SP spreadsheet indicates 921 units of Category 2 accommodation for this client group, whilst Clanmil suggested 954.
  - Dungannon & District indicated 72 units, whereas the SP spreadsheet noted 70.
  - FOLD noted 90 Category 2 schemes for older people with 2,690 available units, whilst the SP spreadsheet indicated 86 schemes with 2,632 units of accommodation.
  - Trinity categorise their number of schemes as 8 rather than 11 – but indicate the same number of units as SP.
  - Other - Extra care, Newtownabbey Warden Service – this scheme was not included in the sampling frame for tenant interviews.