Older People’s Attitudes To Their Accommodation

What WE Want

Researched by
DAVID SILKE

November, 1994
THE ALTADORE RESEARCH PROJECT

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Foreword

The Altadore Research Project was hatched as an idea by the Executive Staff of the Dublin Central Mission at a time when the Mission was developing its new Sheltered Housing Complex for the Elderly at Ailt an Oir, Dun Laoghaire. It became apparent to them that little was known about how elderly people perceive their own needs, or what preferences and opinions they have about housing particularly, but also other areas of supportive services provided.

An approach to Ms. Vivienne Darling of the Social Studies Department of Trinity College led to the setting up of a Joint Management Committee representative of the interests both of the Dublin Central Mission and of Trinity College. This Committee appointed Mr. David Silke as Research Assistant and with him identified a Project of which this report is the result.

The goal of the Project was to find out what elderly people themselves think and feel about the various options in housing that are available to them.

David Silke designed the study and then proceeded to interview a range of older people, some living alone, others with relatives, in sheltered housing or in nursing homes.

It is very clear from the report that David Silke has a way with older people. They easily shared their problems and attitudes with him and these not only provided valuable insights into their needs, but also makes the report “a good read”. Some of the conclusions in the report may seem obvious but some are surprising. They do point to some of the issues which need to be taken into consideration in the future development of housing for the elderly.

This project would not have been possible without the support of the Dublin Central Mission. In particular I should mention Mr. Basil Holland (Solicitor), who made an invaluable contribution during the initial negotiations. The Mission members of the Committee are: Rev. Des Bain, Mr. Rowlett Morris, Ms. Cherry Sleeman and the Rev. Brian Griffin. Professor Wesley Cocker was the first Chairman of the Management Committee and on the Trinity side I should mention Ms. Vivienne Darling, Ms. Noreen Kearney, Ms. Hilary Tovey and Professor Andrew Mayes. Their help and support not only initiated the Project, but has given direction during its course.

Finally, as a Committee we would thank David Silke, whose hard work this report represents. We wish him every success in his future career.

Professor T. Brian H. McMurry
Chairman Project Committee
Acknowledgements

I would like to thank everyone who contributed to this survey and to the production of this report. In particular I would like to thank the Dublin Central Mission for sponsoring this research and the Research Committee: Prof. Brian McMurry (Chairman), Ms. Vivienne Darling (Honorary Secretary), Ms. Hilary Tovey, Mr. Rowlett Morris, Ms. Cherry Sleeman, Rev. Des Bain, Ms. Noreen Kearney, Rev. Brian Griffin and Prof. Andrew Mayes for their help and encouragement, and Prof. Cocker who helped to establish the research project and chaired the meetings until September 1993, when he retired from the committee.

I would also like to take this opportunity to thank the Joseph Rank Benevolent Trust and the National Co-ordinating Committee for the European Year of Older People and Solidarity Between Generations in Ireland for their financial help to undertake the study.

I am very grateful to all those who helped at different stages of the research, those who talked over ideas with me and provided numerous leads and suggestions. Special thanks to Anthony Coughlan and Tony McCashin, both of the Department of Social Studies, Trinity College Dublin, for their insightful comments on the final draft of the report. Sara Morris provided moral support and a keen eye for my many typing errors.

Most of all I would like to thank all those who gave up their time to be interviewed.

While I thank all those above for their help, any errors which remain are my own.

David Silke
Summary

Introduction
This study was sponsored by the Dublin Central Mission to examine older people’s perceptions of their present housing, and their knowledge of, and attitudes to, housing alternatives. The study was qualitative in nature, so that participants could express their feelings in their own words, and involved interviews with forty-four people over retirement age. The sample included approximately equal numbers of people living alone, living with relations, in sheltered housing and in residential or nursing home care.

The research posed a number of questions:
- how do older people come to live in their present accommodation?
- what are their attitudes to their accommodation?
- what is their knowledge and experience of other accommodation settings; and
- what, if anything, would they like improved in their accommodation?

The main findings and recommendations of the research are outlined below.

Housing histories
Most of those living alone had lived in the same house for most of their life. Those living with relations tended to do so because they had become widowed and would be living alone otherwise; they had health problems, or they were living with an unmarried son or daughter. Respondents had moved to sheltered housing to reduce the concerns and costs of housing maintenance, and to keep their independence. Admission to nursing homes usually followed a traumatic event such as the death of a spouse or ill health.

Attitudes to accommodation
Respondents seemed to be generally satisfied with their accommodation, although some were living in accommodation which would be classified as sub-standard. Some of those who were living with relations were worried that they were taking up space in the house which was needed for children.

Respondents found sheltered housing cheaper than renting an apartment or maintaining a family home. Rent charges in schemes run by Dun Laoghaire Corporation were much lower than those
charged by the voluntary or private sectors. Respondents in schemes which were mixed in with family homes complained of problems with the local children. Some respondents, especially those in bed-sit accommodation, complained of a lack of space.

Respondents living in nursing homes mentioned that they liked the staff. They also thought it was an advantage that extra nursing care would be provided if needed and that the nursing home was not institutional in character. They also liked the fact that their families would not be worried about them. The main disadvantages were that they found it difficult to live with people who were not as well as they were and that they had to adjust to institutional living, for example, fixed meal times, especially early breakfast.

Knowledge and attitudes to housing alternatives
There was a good general knowledge of the different housing options available to respondents. Knowledge of the availability of sheltered housing was perhaps the weakest. One of the clearest messages to come from the research was that many of those who lived outside nursing homes had very negative views of them. Nursing homes were seen as expensive and institutionalised. They were very much regarded as a last resort.

Many respondents also had reservations about going to live with their relations. They were afraid that it would reduce their independence or that it would not work out. For some, such an option was not possible as they did not have any relations they could go to or their relations did not have any room.

Respondents thought that sheltered housing was good for those who wanted to maintain their independence and for those who might otherwise be lonely. However some respondents had reservations about going into sheltered housing themselves.

Conclusions and recommendations
This research concluded that older people place a great value on maintaining their independence and self-determination and that they should be provided with a level of services and support which broadens their choices to the maximum.

The main recommendations to come from the research were:

Housing
1. Older people living in the community should receive more help with maintaining and adapting their homes.
2. Able-bodied older people who wish to live with their relations should be eligible for the same level of financial support as
disabled older people now receive to build self-contained 'granny flats'.

3 All sheltered housing schemes should have a warden and alarm system as standard facilities, to maximise the welfare of their residents.

4 No more bed-sit sheltered housing should be built.

5 When integrated sheltered housing schemes are planned, the suitability of the neighbourhood should be carefully assessed.

6 Those living in sheltered housing schemes should be encouraged to establish residents' committees.

7 The development of very sheltered housing should be considered.

8 Nursing homes should not be so institutionalised and medically orientated and should expand resident choice and self-determination.

Social services and income maintenance

9 Services, such as meals on wheels and home help, should be regularly reviewed by an independent authority, to assess the appropriateness of existing services and to make suggestions for possible improvements.

10 Those who live with relations should not lose out on their entitlements to social welfare benefits and domiciliary services as a result.

11 Those who cannot use public transport should get help with the extra transport costs which they incur as an alternative.

12 There is a need for more publicly available information on housing options for older people, including an independent guide to Nursing Homes.
CHAPTER 1

Introduction

The case for government intervention
Older people, like other sections of society, are influenced by government policy. Services are either provided, regulated or subsidised by government with the general aim of improving wellbeing and quality of life. This is undertaken within the context of financial constraints. As resources are limited, money spent providing services for older people consequently reduces the amount available to provide services to other groups.

Recent research indicates that older people are not a homogeneous group and that some are no worse off than members of younger age groups (see chapter 2). Furthermore, most older people seem to live fairly normal, independent lives. Why then should government focus on the needs of older people as a distinct group? In what way, if any, are their needs different from any other age group in society? Would it not be better for older people to rely on their families and friends for help if required, rather than government services which may not be tailored to their individual needs? For those who cannot avail of help from these sources, would it not be better to allow the free market to respond to their needs and develop services which they are prepared to pay for themselves on demand? The voluntary sector could be relied on to provide services to those who could not afford to buy them.

However, there are a number of reasons why government intervention is required and has evolved over the years.¹

1. Older people have contributed to society throughout their lives, both financially and socially. Older people have therefore paid for these services, and are entitled to them as a right. In recognition of their lifetime contribution, society is responsible for their wellbeing. Furthermore, as citizens, they have a right to adequate services, as an expression of social solidarity between younger and older generations.

2. Some older people are vulnerable and require help in meeting their needs. They may not be able to receive the help they require from their families, and without government help may have to rely on the private or voluntary sectors. However, the private sector is driven by profit and may not always find it profitable to provide a service in particular circumstances (e.g. transport in rural areas or at off-peak times). Government intervention is therefore required.
Intervention is also needed to regulate the private sector to ensure that the services which it provides are of an adequate standard (e.g. acceptable standards of care for residents in Private Nursing Homes were laid down in the Nursing Homes Act 1990).

3. While the voluntary sector may respond to older people's needs in an innovative way, it often requires government funding to do so. Also, it may not be able to provide all the services all of the time. The meals on wheels service, for example, which is part-financed by government but operated by volunteers, tends to be provided mostly in urban areas and on weekdays only.

4. Government intervention is required to ensure that government policy is fulfilled. For example, the present policy preference is for older people to stay in the community for as long as possible, as this is considered cheaper and more socially desirable. Government intervention is required to finance and co-ordinate the many services such as income maintenance, personal social services and housing that are necessary if the optimum number of older people are to live independent lives in the community.

5. Government intervention in the lives of older people has evolved over a long period of time for humanitarian, political, and social reasons. Once introduced, services quickly become expected and it becomes difficult, if not impossible, to cut back on the level of provision. Not only do older people come to rely on these services, but younger people come to expect them to be available for them when their time comes.

It seems clear from the above that government intervention in the lives of older people is justified, necessary and expected to continue for the foreseeable future. It is therefore important that those financing, planning and providing such services are aware of older people's needs, experiences and preferences. This piece of research describes the experiences of a cross-section of older people living in South County Dublin and offers an insight into their attitudes to their housing. In giving older people a voice to express their housing experiences and preferences it should be of interest and value to all those involved in services for older people.

**Introduction to the research**

This qualitative research was sponsored by the Dublin Central Mission to examine older people's perceptions of their present accommodation, and their knowledge of, and attitudes towards, housing alternatives.

The research was restricted to those aged 65 and over living in the Eastern Health Board Area 1 (EHB Area 1). This area is
located in the south eastern part of Dublin, along the coast from Booterstown to Little Bray and inland to Stillorgan, Cabinteely and Ballybrack (see map in Appendix 1). This area was chosen as it has a high proportion of older people and a broad socio-economic spread.

The research is timely for four major reasons.

1. There is a projected growth in the numbers of people surviving into old age in Ireland;

2. More attention is now being paid to the link between adequate housing and successful community care;

3. The research coincided with the 1993 European Year of Older People and Solidarity Between Generations; and

4. The research formed part of the Dublin Central Mission’s centenary celebrations.

These points are discussed in more detail below.

1. **Demographic change**

Results from the 1991 census indicate that there are just over 400,000 people aged over 65 living in the Republic of Ireland, which represents just over 11 per cent of the total population. Table 1.1 compares the population distribution of EHB Area 1 with the whole of the Eastern Health Board and the total population count. It shows that Area 1 is generally representative of the larger populations, but with slightly fewer people in the youngest age category (0-14 years) and slightly more aged 45 years and over.

<table>
<thead>
<tr>
<th>Age</th>
<th>0-14</th>
<th>15-24</th>
<th>25-44</th>
<th>45-64</th>
<th>65+</th>
<th>TOTAL</th>
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<tr>
<td>EHB Area 1</td>
<td>22.1</td>
<td>18.5</td>
<td>27.7</td>
<td>20.2</td>
<td>11.5</td>
<td>125,573</td>
</tr>
<tr>
<td>Total EHB</td>
<td>25.4</td>
<td>18.7</td>
<td>29.0</td>
<td>17.4</td>
<td>9.4</td>
<td>1,245,225</td>
</tr>
<tr>
<td>Total population</td>
<td>26.7</td>
<td>17.1</td>
<td>27.2</td>
<td>17.6</td>
<td>11.4</td>
<td>3,525,719</td>
</tr>
</tbody>
</table>

Source: 1991 Census and Health Information Unit, Eastern Health Board.

Table 1.2 gives a breakdown for those aged 65 and over. The table shows that the population of those aged 65 and over in EHB Area 1 is slightly older than the EHB and country averages. Almost nine per cent (8.8%) of older people in EHB Area 1 are aged 85 or over compared to about seven percent (7.3%) for the whole of Ireland.
Unlike many other western countries, Ireland has not yet experienced an ageing of its population, but is set to do so in the next thirty years. This is in part due to the fact that our life expectancy in old age has not increased in line with our European neighbours. The life expectancy of Irish people at birth is among the lowest in the European Union (72.2 years for males and 77.7 for females). High fertility rates (at least until the last ten years) also account for the high proportion of our population aged under twenty-five.

While the proportion of older people in Irish society has remained fairly constant over the last twenty years at between ten and eleven per cent, the actual numbers of older people have risen steadily from 330,000 in 1971 to 403,000 in 1991. It is projected that by the year 2011 the numbers aged over 65 living in Ireland will have increased to almost half a million people (437,400). It is also projected that the largest percentage increase (55%) will be amongst those aged over 85 and within this age group, the largest increase will be amongst women. Regional differences are also expected with the number of people aged over 75 living in the County Dublin area projected to more than double between 1981 and 2006, from 19,900 to 51,400.

In addition, there has been a general decline in the numbers of older people living in multi-person households. The numbers of older people living alone in Ireland increased from 32,210 (10 per cent of all those aged 65 and over) to 81,174 (21 per cent of all those aged 65 and over) between 1961 and 1986. Figures from the 1986 census found that just over a quarter (25.4%) of older people in the Dun Laoghaire Borough lived alone. The 1991 census found that almost a quarter of all those aged over 65 lived alone and this proportion is expected to rise in the future.

These demographic changes will have implications for the level and type of services which older people require and the potential source of household carers available to them. These changes may also have implications for the mix of accommodation preferred by older people. This study is therefore important in
that it gives older people an opportunity to voice their attitudes to their accommodation, and offers service planners and providers an insight into what older people want.

2. The link between housing and community care
A second reason for undertaking this study was that both of the major government policy reviews of services for older people in Ireland recommended that ‘it would be better, and probably less costly, to help the aged to live in the community than to provide for them in hospitals or other institutions’. The degree to which older people can maintain independent living may be influenced by their housing circumstances. It is important therefore to examine older people’s attitudes to their housing, how they came to live there and their knowledge of alternatives. The next chapter gives further details of the development of policies for older people.

3. The European Year of Older People
Thirdly, the research began in the European Year of Older People and Solidarity Between Generations. The year 1993 was designated as European Year of Older People by the Council of Ministers of the European Community.

The objectives of the Year were:

- to increase awareness of the situation of older people, the challenges resulting from demographic developments and the consequences of an ageing population for the policies of the European Community;
- to promote the principle of solidarity between generations;
- to involve older people more in the process of European integration; and
- to highlight and help implement the social dimension of the European Community.

The Year focused on three themes:

- the positive contribution of older people;
- the need to tackle ageism and encourage intergenerational solidarity; and,
- ways of meeting the challenges of old age such as illness, disability, isolation and poverty.

Numerous events and activities arranged at a local and national level reflected these themes and grants were awarded to part-fund relevant projects.

This research shares some of the themes of the Year and amply demonstrates that older people are, like any other group in society, individuals with particular likes and dislikes and that this diversity
should be taken into consideration when planning services for this age group. The extension of personal choice for older people, by the provision of adequate information and services, should be regarded as a priority by all concerned with the planning and provision of services for older people.

The research also shows that older people have a great wealth of experience which should be utilised as a resource by planners: for example, on preferences for the location of sheltered housing and the need for adequate support services such as a resident warden, access to public transport and proximity to shops and other vital facilities and on the need for a more flexible and individually-tailored service in the area of nursing home care.

Finally, the research also gained an insight into older people's attitudes to, and experiences of, some of the challenges of old age such as housing problems, loneliness and poverty. The research involved a wide range of people, from very independent to highly dependent people, wealthy and poor, and from those who said they were very lonely to those who denied ever being so.

The Dublin Central Mission received financial support from the National Co-ordinating Committee for the European Year of Older People and Solidarity Between Generations in Ireland to help undertake this research, for which it is very grateful.

4. The Dublin Central Mission centenary
A final reason why this research is timely is that 1993 marked the centenary of the foundation of the Dublin Central Mission (DCM). The research, therefore, provides an opportunity for DCM to examine some of the social issues which have been of interest to them for one hundred years.

Since its foundation, DCM, which is part of the Methodist Church in Ireland, has concerned itself with the relief of personal and social need, irrespective of creed. In its early years the Mission concentrated its social work activities on the reduction of poverty, ill-health and malnutrition among the most needy. Its services included a “Benefit Society” (which operated like a credit union), a warmth and shelter service for soldiers, primary schools and a holiday home in Skerries.

In 1965, DCM opened a sheltered housing complex for older people in Sandymount called ‘Margaretholme’. The sheltered scheme, which was the first of its type in Ireland, was to become the national standard for such buildings. In 1976, DCM opened a Social Aid Centre as a hostel for the homeless.

In 1990, DCM opened its second sheltered housing scheme for older people, Ailt An Oir, which is located in Glenageary, South County Dublin. This purpose-built scheme consists of glass-covered ‘streets’ or courts of sheltered housing, connected to a central
community building which also contains recreational, laundry and physiotherapy facilities.

During the planning of this scheme it became clear to DCM that research into the long-term accommodation needs of older people was required. In 1991, DCM and Trinity College Dublin, established a Research Committee to oversee such a study. This report consolidates the first piece of research managed by the Committee.

Inspiration for the research

Much of the inspiration to conduct research on older people's attitudes to their accommodation came from a short article written by Dr. Anthea Tinker entitled *What Sort of Housing do the Elderly Want.* Dr. Tinker asks “Do we know what older people want or do we provide what we think they want, or ought to want?” She argues that there has been a lack of research asking questions such as: what type of tenure do older people want, with what age group do they wish to live, what sort of design and size is best for their needs, what kind of environment is wanted, do they wish to move and if so where to? This research, therefore, aims to fill this information gap and to give older people an opportunity to discuss their housing needs and experiences.

Within the Irish context there has been a lack of research addressing these issues as they apply to the broad spectrum of older people living in different accommodation settings. Research to date has tended to focus on particular tenure groups such as sheltered housing or nursing homes, or life experiences of older people, or economic aspects such as the cost of care or their economic and social circumstances. This is the first piece of Irish research based on in-depth interviews with older people along the continuum of housing status, such as living alone, with family, in sheltered housing or nursing home care.

The second chapter of this report examines the main themes to come from previous related research.

Aims and scope of the research

The central objective of this research study was to explore older people’s perceptions of their present housing, and their knowledge of, and attitudes to, housing alternatives. The research also examined older people's housing careers, from those living alone or with relatives, to those living in sheltered housing and residential and nursing home care.

This research gave older people an opportunity to talk about their housing experiences and preferences in a very open and
unstructured way. The methodology used for the study also allowed participants to describe their experiences in detail. In the final chapter of the report some recommendations are made as to how services could be improved for older people.

Structure of the report
The report is organised into nine chapters.

The first chapter provides an introduction to the study.

The second chapter reviews the policy background to the study and examines the findings of previous relevant research.

The third chapter outlines the methodology used in the study and provides a profile of participants.

The fourth chapter examines respondents' housing histories.

The fifth chapter examines participants' attitudes to their accommodation.

The sixth chapter looks at participants' knowledge of, and attitudes to, housing alternatives.

The seventh chapter consists of case studies which show the diversity of participants' attitudes and experiences.

The eighth chapter reports on participants' health, their daily routine and their experiences of loneliness.

The ninth chapter draws conclusions from the research and makes recommendations.

Notes
3 Coonan C. 1994.
4 Life expectancy refers to the number of additional years a person of a given age can expect to live.
5 Department of Health. 1994a.
8 Browne, M. 1992: 34.
17 Whelan, B. et al. 1982.
CHAPTER 2

The Policy Background and Previous Research

This chapter is divided into two sections. The first gives a background to the development of housing and care policies for older people in Ireland and the second reviews the research literature on this group.

The Policy Background

1. Housing policies

The primary stated objective of Irish housing policy is 'to ensure that, as far as the resources of the economy permit, every household can obtain a house of good standard at a price or rent that they can afford'. Achieving owner-occupation is a secondary aim of Irish housing policy.\(^1\)

A brief history

The main focus of Irish housing policy this century has been on the improvement of housing standards which included slum clearance in urban areas. Dublin's tenement housing at the end of the last century and beginning of this century was among the worst in Europe.\(^2\) On the foundation of the Free State, the government responded to the shortage of housing with what was called the 'Million Pound Scheme' which enabled 2,000 houses\(^3\) to be built.\(^4\)

Slum clearance became a priority in the 1930s and between 1931 and 1942 a total of 82,000 dwellings were built. However, progress was slowed down during the Second World War and by 1946 still only one in six Irish dwellings had all the basic amenities (for example, inside piped water (36%), inside sanitary fittings (23%), fixed bath (15%)).\(^5\) High emigration after the Second World War, and the large proportion of owner-occupiers in rural areas helped to hide the country's housing problems.\(^6\) However, between 1948 and 1952 generous grants and loan terms were introduced by the government for private dwellings. Local authorities were also given greater powers to deal with special housing need. While the late 1950s saw a reduction in local authority building, they had increased their share of property from 11% of dwellings in 1940 to one in five (20%) by 1961. Private renting was in decline (35% in 1940 compared to 18% in 1961) and owner-occupation continued to increase steadily (54% in 1941 and 62% in 1961).

The 1960s saw an upturn in the economy and a rise in population which resulted in increased demand for housing, particularly in
urban areas. During the 1960s output increased steadily and in the early 1970s increased further, reaching a peak of almost 27,000 in 1975. The Consolidated Housing Act (1966), reaffirmed the role of local authorities in providing and managing housing, and also provided grant and loan assistance to individuals to improve their housing standards.

Throughout the 1980s there was a decline in the number of dwellings completed, particularly by local authorities. In 1989, for example, only 18,068 dwellings were completed, of which only 768 were undertaken by local authorities. The early 1990s have seen an increase in building activity, both by the local authority and private sectors. In 1992 of the 22,464 dwellings completed, 1,482 were undertaken by local authorities.

Under the 1988 Housing Act, local authorities are obliged to assess the extent of need for local authority accommodation in their areas. In 1989, the first assessment of housing needs under this Act indicated that 19,376 households were in need of new or improved accommodation. Households living in overcrowded, unfit or unsuitable accommodation were considered to be in need. Just over 12 per cent (2,349) of households in need of new or improved accommodation were headed by an older person. In 1991, the second assessment of housing need indicated that while the numbers of elderly households in housing need had increased slightly to 2,379 out of a total of 23,242, their percentage share of the total housing need had reduced to ten per cent.

Grants and schemes
A number of special grants and schemes have been developed to encourage older people to stay in their own homes for as long as possible. Schemes are also in operation to assist voluntary organisations to provide suitable accommodation for older people. These are now outlined.

The Capital Assistance Scheme
Financial support from the state to voluntary organisations gradually developed from 1972 based on legislative provisions contained mainly in the Housing Act (1966) and Housing (Miscellaneous Provisions) Act (1979). The 1972 subsidy (which amounted to one-third of the loan interest charges) assisted voluntary groups with the purchase and conversion of existing houses for renting to households who would otherwise be eligible for local authority housing.

In 1984 a new Capital Assistance Scheme of financial assistance for voluntary organisations providing housing to disadvantaged groups was introduced. Originally this scheme provided fully-subsidised loans to meet 80 per cent of the capital costs of housing projects for certain categories of persons with special
housing needs, including older people and the homeless. Funding has now been increased to 90 percent (to a maximum of £22,000), and 95 per cent (to a maximum of £25,000) in the case of housing units for the homeless. 749 units have been completed under this scheme and the budget for 1994 is £13 million.

The Task Force on Housing Conditions for the Elderly
The Task Force on Housing Conditions for the Elderly was set up in 1982 to undertake an emergency programme to improve the housing conditions of older people living alone in unfit or insanitary accommodation. It was originally intended as an emergency service, providing help with emergency repairs where required, but is now a broader scheme covering a whole range of repairs. The scheme is run by each individual Health Board/Community Care Area and is administered by the Health Board Director of Community Care. The Task Force includes representatives from the Society of St. Vincent de Paul, ALONE, Local Authorities, the Departments of Environment, Health and Social Welfare and FÁS. The work is carried out by contract or by FÁS trainees and covers repairs necessary to make a dwelling habitable for the lifetime of the occupant, repairs to a chimney or fireplace, the provision of water and sanitary facilities, the provision of food-storage facilities etc. The scheme is run annually and the budget for 1994 was £4 million.

Essential Repairs Grants
This scheme is operated by local authorities in rural areas to give assistance with the carrying out of minimal repairs to prolong the life of a house for the lifetime of the occupants, who are usually elderly. Local authorities recoup half the grant they award from the Department of Environment, to a maximum of £900. Assistance under the above scheme includes jobs such as replacing a thatched roof. The Essential Repairs Grant had a combined budget with the Disabled Person’s Grant of £3 million for 1994.

The Disabled Person’s Grant
This grant applies to older people with some form of disability and is designed to provide a substantial incentive to householders to carry out necessary adaptations or improvements to their dwellings to facilitate a disabled family member. Grants of between £4,000 – £8,000 are available under this scheme. However, applicants have to find their own contractor and get planning permission if necessary. Applicants are also responsible for one-third of the costs.

The Department of the Environment has overall responsibility for the scheme but it is operated at a local level by the housing authorities, who deal with individual proposals and award payments. The Department then recoups up to half of each grant paid to the local
authority. Typically, the type of work covered by the scheme would be the provision of downstairs accommodation and services for a wheelchair user, or the widening of door openings and lowering of plug points to allow free access to all the facilities in the dwelling.

The Building Programme
The *Care of the Aged Report* (1968) recommended that a minimum of ten percent of all new dwellings provided by local authorities should be reserved for older people. This quota was achieved by local authorities and is now run in a more flexible way in that housing is built to suit those on the waiting list. For example, if 20% of those on the waiting list are older people, then 20% of new housing will be built to suit this group. In 1994, 500 new units were built by local authorities for older people.

2. Community Care

*The Care of the Aged Report*

Growing concern over the increasing number of older people in Ireland, and especially those living alone, and the inadequacy of existing services was recognised in 1965 when the Minister for Health, in consultation with the Ministers for Local Government and Social Welfare, appointed an inter-departmental committee whose function was ‘to examine and report on the general problems of the care of the aged and to make recommendations regarding the improvement and extension of services’.

When the committee began its work, the main form of care for the old and infirm was the county home, which was a product of the reorganisation of the Poor Law in the 1920s. At that time workhouses were either closed or converted into hospitals, with usually one from each county reserved for those who did not require hospital or other special treatment. These county homes accommodated an array of marginalised groups including older people, unmarried mothers and children and adults suffering from long-term illness. A White Paper of 1951 recommended that county homes should be reserved for older people and those with chronic illnesses and that the other groups should be accommodated elsewhere. The White Paper envisaged the continuation of the large county home and a programme of extensions and reconstructions followed, which by 1966 had resulted in the provision of 2,195 new or replaced beds at a cost of £3.3 million.

During this time, support for older people living at home remained severely underdeveloped except for a few pioneering organisations such as the Kilkenny Social Services Council which was established in 1963.

The recommendations of *The Care of the Aged report* were based on the idea that:
'it is better, and probably much cheaper, to help the aged to live in the community than to provide for them in hospitals or other institutions'.

It argued that the aim of services for older people should be:

(a) to enable the aged who can do so to continue to live in their own homes;

(b) to enable the aged who cannot live in their own homes to live in other similar accommodation;

(c) to provide substitute normal homes for those who cannot be dealt with as at (a) or (b) above;

(d) to provide hospital services for those who cannot be dealt with as at (a), (b), or (c).

It is interesting to note that the assumptions that it would be better and probably cheaper to help older people to continue to live in their own homes than to move to institutional care were not tested at the time. Indeed, as we discover in the next section of this chapter, the cost implications of good quality community care for older people were not tested in Ireland until recently. However, these aims have dominated the provision and planning of services for older people ever since. The Care of the Aged report formulated wide-ranging proposals to try to enable as many older people as possible to live in their own homes for as long as possible. Furthermore, it recognised the need for adequate housing, income maintenance and community care services to achieve this objective.

Over the twenty years which followed, there were considerable improvements in services for older people. Schemes introduced during the period aimed at improving the accommodation of older people have already been highlighted. Within the health services a number of important improvements affecting the elderly were also witnessed:

- in 1972 the General Medical Service was introduced, giving eligible persons a choice of general practitioner and chemist, resulting in a greater number of home visits by doctors;

- the public health nursing service was expanded in the 1970s and domiciliary visiting by nurses was extended to all parts of the country;

- the introduction in 1971 of the Refund of Drugs Scheme which entitled older people to recoup the cost of drugs purchased. At present, those suffering from certain long-term illnesses can obtain necessary drugs and medicines free of charge. Those who do not qualify for this scheme but have regular medication costing above £32 per calendar month may get a Drug Cost Authorisation Card from the Health Board and are entitled to
the rest of their supplies free for that month. Finally, those who do not qualify for either of the above must pay for their prescribed drugs and medicines and then claim a refund from the Health Board of the amount over £90 spent in a three month period:

- the introduction in 1984 of an age-allowance for medical cards so that older people in receipt of a non-contributory pension qualified for a medical card;
- the introduction of home helps, meals, laundry and day care services for older people by voluntary bodies and health boards;
- increased funding by health boards to voluntary bodies providing services for older people;
- the development of geriatric assessment and rehabilitation units;
- the reduction in the number of elderly patients in long-stay psychiatric hospitals;
- the provision of approximately 30 welfare homes for elderly people who did not need care in a hospital but who could not manage in their own homes. These welfare homes were originally intended to cater for older people not in need of continuous medical or nursing home care, those in need of terminal care who would not benefit from hospital care, those discharged from hospital who needed a period of readjustment before resuming their place in the community; and those in need of respite care.

However, less progress was made on some of the recommendations of the report, including the expansion of the dental services, the provision of physiotherapy and chiropody, the development of social work services for older people and the boarding-out of older people.

**The National Council for the Elderly**
In June 1981, the National Council for the Elderly (then the National Council for the Aged) was established 'to advise the Minister for Health on all aspects of the welfare of the aged, either on its own initiative or at the request of the Minister'. Since then the Council has offered advice on:

- the planning and co-ordination of services;
- ways of meeting the needs of the most vulnerable older people;
- ways of encouraging positive attitudes to later life and the process of ageing;
ways of encouraging greater participation by older people in the life of the community;
- models of good care for the elderly; and
- research required to plan and develop appropriate services for older people.

The Council has therefore played an important role in the development of adequate services for older people.

The Years Ahead
In 1988, the basic principles of the 1968 report were reiterated in *The Years Ahead*, the report of a Working Party appointed by the Minister for Health to review the role, function and appropriateness of existing health and welfare services for older people. The Working Party took an holistic approach to the development of services for older people and identified the need both to add years to life (ie. increase life expectancy) and to add life to years (ie. by reducing the occurrence of illness and accidents and increasing the quality of life) in the population generally and older people in particular. The report recommended better coverage and co-ordination of services for older people including the public health nurse service, home helps, chiropody, physiotherapy, housing repair and transportation services.

Keeping older people out of institutional care is seen as a key goal in increasing their quality of life, and domiciliary services such as the home help service are regarded as vital in prolonging community living for as many as possible for as long as possible. Home helps, laundry and meals on wheels services are provided under section 61 of the Health Act (1970) which empowers health boards to make arrangements to assist in the maintenance at home of persons who, but for the provision of such services, would require to be maintained otherwise than at home. It is worth noting at this stage that research has identified home helps, public health nurses and general practitioners as important positive influences on the maintenance or placement of older people in their own homes.

The meals on wheels and home help services are still very underdeveloped in Ireland, with low and variant provision around the country. In the case of the meals service, for example, almost five per cent of those aged over 65 receive a meals service in the Eastern and Western Health Boards, compared to about two per cent in the Midland and North Eastern Health Boards. Only about 3 per cent of the total population over 65 are in receipt of the home help services. Both services are run on very low budgets – the meals on wheels service relies heavily on volunteers to cook and deliver meals, while home helps suffer from very poor terms and conditions of employment, including low pay and lack of training.
In a recent policy document (discussed in more detail below), the Department of Health emphasised the need to strengthen the role of primary health care workers, including home helps, as a priority for planning services for the next four years. While this research did not focus on home helps, it was evident from talking to those older people who received this service that they often depended on it to remain living in their own homes and that their home help offered practical help and, in addition, often friendship (see Chapter 8). It was not uncommon for people to talk about how their home help cooked for them when they were ill, did their shopping or brought home laundry and called on a voluntary basis to make sure everything was all right. This important role which home helps play in maintaining older people in their own homes should receive better recognition. In particular, they should receive recognition for both the care and domestic work they undertake, especially for highly dependent older people. Their training and support structures also need to be reviewed to ensure that older people receive the best possible service.

Older people's experiences of the meals on wheels service were also gathered during this research and are discussed in more detail in Chapter 8. The meals on wheels service not only provides a hot meal to those who might otherwise not cook for themselves, but also provides regular contact with the outside world for those living alone and can act as a security check on their health and social needs and help to counteract loneliness. It is worth pointing out at this stage however, that some criticisms of the service were reported by respondents, in particular that the meals were cold or that there was a lack of choice and that they tied people down to being in the house to collect them. Some had tried the meals and decided to cancel them because they found them unsatisfactory. This research has found that a review of this service is needed, and in particular there is a need to question:

- the dominant role of the voluntary sector in the provision of meals;
- whether the state should intervene more in the provision of this service by directly providing meals itself;
- if parts of the service should be contracted out to the private sector;
- whether the assessment of service users is adequate; and
- how the service can become more client-orientated by, for example, extending the choice of meals and making the service more flexible.

Adequate transportation is also important in maintaining independence and community living. As car-ownership rates are low
amongst those over retirement age, public transport is especially important to this age group. While those in the present study did not suffer from a lack of public transport availability to the extent experienced by older people living in rural areas, problems were reported relating to the frequency/reliability of buses, the distance to bus stops, the ability to use public transport at night and gaining access to the DART. No doubt, these problems are experienced by other groups such as mothers with children and the physically handicapped.

The Dublin Transport Initiative (DTI), which was established to develop a long-term transportation strategy for the Greater Dublin Area, has reported that attention will be paid to the physical access to public transport when new buses are being purchased, or new train stations are being built. However, this research has found that adaptations need to be made to the present system. For example, some respondents could not use the DART because they were unable to use the footbridge to gain access to the trains. Others found the walk to the bus stop too long or too difficult, especially if it were uphill, the service too infrequent or unreliable, and many were afraid to use public transport on their own at night for security reasons.

Adequate convalescence and respite care are also important in maintaining older people's independence. The Years Ahead recommended the development of community hospitals which would offer an assessment and rehabilitation service, provide convalescence and respite care, nursing care for those who could no longer be cared for at home and information, advice and support for those caring for older people at home.

This research has found that there is a need for further development of designated convalescence and respite care places. Some of those interviewed, now living in private nursing homes, had been admitted for convalescence care following treatment in hospital, but had never returned home despite the fact that they had fully recovered from their illness. It was clear that many remained at the nursing home because they quickly became accustomed to the high levels of care which they received there and they feared that should they return home they would be a burden on their family. Those without family often lost the confidence to live alone again. Better developed community care services would reduce this fear. More easily accessible information on the services which are available would also make it less daunting for people to source help. Furthermore, on the supply side, there is no incentive for nursing home proprietors to restore a patient's independence as this would result in the loss of a client. This might explain why so many homes seem to adopt a very medically-orientated style of care, which encourages dependence rather than independence.
less medically-orientated service is required if older people are to regain the confidence to return to community living.

**Income maintenance**

*The Years Ahead* also identified the importance of sufficient income maintenance for older people and commented that the incomes of older people had improved through increases in the basic pension above the rate of inflation. However, the report did highlight the fact that the incomes of the elderly span a spectrum from the very wealthy to the very poor. More recent research confirms that there has been a reduction in the risk of poverty amongst older people. However, when asked about their financial situation in a European survey, substantial minorities of Irish older people said that they found it difficult to make ends meet (10.8 per cent) or that things were very difficult (2.4 per cent).

The main state income maintenance schemes are the contributory and non-contributory old age pensions. The former is paid to persons aged 66 or over who have sufficient social insurance contributions made, while the latter is based on a means test. At present, there is a fourteen per cent difference in the rates of payment of the contributory (£71.00 per week) and non contributory pensions (£61.00 per week). The retirement pension, which was introduced in 1970 is paid to those aged 65 with sufficient social insurance contributions; at age 66 they can revert to the contributory pension. Over the last thirty years there has been an increase in the numbers of older people receiving state pensions. There has been a steady decline in the numbers receiving non-contributory pensions and increase in the numbers claiming contributory pensions.

Changes in entitlement and the introduction of new benefits have helped the financial circumstances of older people. In 1970 the qualifying age for the old age pension was reduced from 70 to 66 years and in addition the means test was eased. A number of benefits in kind have also been introduced which make a substantial contribution to their standard of living. Everyone aged 66 or over and resident in the State is entitled to the Free Travel Pass which can be used on CIE road and rail services, the Aran Islands ferry service and on certain private services which have opted into the scheme. Research carried out for the National Council for the Elderly found very low usage of the travel pass in rural areas, with 70 per cent of respondents saying they never used their pass. Respondents said that they did not use their pass due to the inadequacy or infrequency of services or due to mobility problems which restricted their access to the bus or train services.

The Free Electricity Allowance consists of relief from the normal fixed charge and 300 free units per two month period between
October and March and 200 free units per two-month period between April and September. Older people aged 66 or over and receiving an Irish social welfare pension or a social security pension from another Member State of the EU and those aged 65-66 who have moved from an invalidity pension to a retirement pension are entitled to claim this benefit. They must also be living alone or with a dependent spouse, an invalid, another person who would qualify for this benefit in their own right, a dependent child, or a person who lives with the recipient in order to provide full time care and attention. Recipients may receive Free Bottled Gas Allowance, or a Free Natural Gas Allowance as an alternative to the Free Electricity Allowance.

Those awarded a Free Electricity Allowance or equivalent are also eligible for a Free Television Licence (Black and White) and a free Telephone Rental. Eligibility for the Free Telephone Rental is restricted to those who are living entirely alone or with an incapacitated person or living with a child or children aged under fifteen or with someone living with them who gets a carer’s allowance for the full-time care and attention which they provide.

Recent research in the Tallaght region of Dublin reported that older people can suffer from fuel poverty as they are at home more and need higher levels of heat. They may also be living in homes which are hardest to heat. Older people living alone or with a dependent spouse or child, a carer or other person who is eligible, may be entitled to a Fuel Allowance to help with these extra heat costs. The Fuel Scheme operates for 26 weeks from the middle of October and is means tested; however non-contributory pensioners automatically qualify. Older people may also be entitled to a medical card subject to a means test, which entitles them to a range of health services free of charge, including doctors, drugs and hospital services. At present, approximately 80 per cent of older people are in receipt of medical cards.

While these benefits in kind make a considerable contribution to the quality of life of older people, and especially those living alone, one of the disadvantages of the schemes is that they can be a disincentive for older people to live with their families as this may result in the loss of entitlement to a wide range of benefits. Some headway was made in reducing these disincentives in July 1994 when the qualifying conditions for free schemes were improved. Now people aged 75 years or over can keep their free schemes even if they are no longer living alone.

The 1990 Health (Nursing Homes) Act
In 1990 the Health (Nursing Homes) Act was passed. This introduced a scheme of compulsory registration, clearer standards for the design, staffing and management of nursing homes, new
proposals for the subvention of patient care by health boards based on dependency level and income and a voluntary code of practice aimed at fostering good quality care and high ethical standards among providers. These changes came into force in September 1993 and should, in theory, improve the standard of nursing home care and extend the choices open to older people.

**Shaping A Healthier Future**

Finally in this policy review, looking to the future, earlier this year the Department of Health published its strategy plan for the next four years. The plan is underpinned by the key principles of equity, quality of service and accountability. The strategy promotes the idea of the patient as client and specifies the development of charters for various client groups and the requirement of health authorities to include formal evaluations of patient satisfaction levels as part of their annual performance reports. This present piece of research demonstrates that older people do have views about the type of services they require and should, as service users, be regularly consulted, not only about their level of satisfaction with these services, but also on how services could be improved.

The strategy also recognises the ageing of the population (see Chapter 1) as a challenge to health planners who face increased demands on health care and personal social services in the next ten to twenty years. Furthermore, it acknowledges that community-based services are insufficiently developed to complement and substitute for institutional care, or provide adequately for those in the community who are dependent on support.

Specifically in relation to the health-care of ill and dependent elderly people the strategy emphasises the following priorities for the next four years:

- the promotion of healthy ageing;
- further support for carers who live at home;
- increasing specialist departments of medicine for old age;
- additional convalescent care for older people;
- funding for the 1990 Health Act; and
- the provision of small scale nursing units in the community.

The policy emphasis, therefore, remains the promotion of community care to help older people to maintain their independence and dignity. There is also an increased emphasis on the regulation of nursing homes to ensure better standards of care through the implementation of the Health (Nursing Home) Act (1990). The increased emphasis on accountability and client-orientated services also receives considerable emphasis. This research amply
demonstrates that older people have valid comments to make about the services they receive and it is to be hoped that, as they are considerable users of the health services, their voice and experience will be sought out and listened to by planners.

Previous research
Some of the findings of previous research have already been outlined above. This section looks in more detail at previous Irish research and highlights how this study adds to what has gone before. As stated above, research relating to the accommodation needs of older people in Ireland has tended to concentrate on particular types of accommodation (for example those living alone) to the detriment of other groups (eg those living with relations). This is the first attempt to bring together the attitudes of older people in different accommodation settings in one piece of research.

The previous relevant research is reported in the following three sections. The first reviews research on older people living alone, the second moves on to discuss the development of sheltered housing. The final section looks at research on nursing home care.

1. Living alone
The two main issues to emerge from research on older people living alone are the poor housing conditions and issues around the concept of loneliness.

Housing conditions
Power’s study in 1980 involved interviews with almost 900 older people living alone and found large proportions without basic facilities such as hot water (59%), bath or shower (57%), a kitchen sink (33%), a flush toilet (32%) and electricity (10%). However, a crucial finding of the research was that the majority of respondents (91.6%) said that they were either very pleased or fairly pleased with their accommodation.54

A study carried out by the Economic and Social Research Institute (ESRI) two years later confirmed these findings for the general population of older people.55 They found a general tendency for older people to have fewer amenities and consumer durables than other households. For example, almost a third (32%) of elderly households did not have an inside toilet and almost forty per cent lacked a fixed bath or shower. These findings held for older people in general, and those living alone in particular. The ESRI study also confirmed the finding that despite these poor standards, older people still expressed high levels of satisfaction with their accommodation.
It is generally agreed that the housing standards of older people have improved since these studies were carried out. Recent research which focused on the needs of older people living in the Athlone region provides evidence of an improvement in living conditions with large proportions reporting having basic facilities such as hot water (82%), an indoor toilet (89%), and a bath (78%) or shower (35%). However, a sizeable minority of respondents did indicate that they had problems with dampness (22%) and draughts (20%) and one in six (17%) reported that their dwelling was structurally unsound or in need of major repair. Still, the majority of respondents (92%) expressed satisfaction with their current dwelling, and the researchers concluded that social and environmental factors, such as proximity to relatives and friends and being happy with their neighbours, seemed more important than the condition of the dwelling in contributing to satisfaction.

It is worth pointing out at this stage that the results from this present study are consistent with the finding that the level of an older person's satisfaction with their accommodation does not seem to be directly linked with the physical quality of that housing and that social and environmental factors do play an important role in determining satisfaction. This research also indicates that planners of new accommodation for older people may need to be more aware of the importance of these social and environmental factors. Every effort should be made to ensure that older people can live in their own neighbourhood, or near to a family member, for as long as possible.

**Loneliness**

Much of our understanding of the family life of older people can be traced to Peter Townsend's study of those over retirement age living in the East End of London in the late 1950s. In that study he distinguished between isolation (to have few contacts with family and community) and loneliness (an unwelcome feeling of lack or loss of companionship). He found that the main cause of loneliness seemed to be the recent deprivation of the company of a close relative, usually a husband or wife or a child, through death, illness or migration. He also reported that widowers were particularly prone to feelings of loneliness as women tended to keep the family together and husbands generally saw less of their children on the death of their wife.

This study was undertaken in the shadow of the slum clearance programmes which Townsend criticised for splitting up families and neighbourhoods. He concluded that state policies should recognise the value of keeping the family together and should, for example, rehouse older people, where need be, near their family and relations. The validity and pertinence of this recommendation is
still valid today and the present study highlights the importance of giving older people the opportunity to continue to live in a community with which they are familiar.

Much of the Irish research on loneliness has focused on those living alone. Power’s study, for example, which was restricted to those living alone, found that a little under half of respondents said that they occasionally felt lonely (43%). Examining why older people get lonely, Horkan and Woods found that the lack of company and desolation following a bereavement were the two most mentioned factors in their study of older people living alone in suburban Dublin. A similar study of older people living alone in rural areas conducted by Daly and O’Connor concluded that it was those who had lived alone for a short period of time who were most likely to experience loneliness. They found that loneliness was due to a number of factors such as family situation, physical isolation and ability to adapt to living alone. Daly and O’Connor also found that women were more likely to express feelings of loneliness than men.

Although most research involving older people, and especially older people living alone, has included some questions on loneliness, there has been a surprising lack of conceptualisation of what loneliness actually means to respondents. As is shown in chapter eight, for some respondents loneliness was a natural and unavoidable feeling following the loss of their lifetime partner, and as such, presents a particular challenge.

2. Sheltered housing

The term ‘sheltered housing’ does not have a precise definition. However it is normally considered to refer to a scheme where the occupancy of dwellings is mainly restricted to elderly persons and where usually there is a resident warden and/or alarm system connected to each dwelling. The usual target population for sheltered housing is older people who, although not in need of hospitalisation, are too frail or vulnerable to remain in private accommodation.

Since the Second World War this form of housing has been encouraged in many European countries and various forms have been developed. In England, detailed guidelines for such accommodation were provided in the Government’s Housing Manual 1949. This manual stressed that accommodation for older people should be provided in self-contained dwellings, either one or two-storey, or on the lower floors of blocks of flats. The dwellings should be within easy reach of facilities such as shops and churches. The manual recommended that sheltered dwellings should be sited in pairs or in terraces in different parts of the neighbourhood, and mixed
in with other dwellings. This research has highlighted some of the problems encountered by residents in integrated schemes (see Chapter 5).

The manual also gave many detailed technical recommendations concerning the construction of the dwellings, such as their size and shape, the heating system, insulation and the avoidance of steps wherever possible. A follow-up report in 1951 stressed that sheltered housing should be designed to enable older people to take their part in the life of the community. In 1962, Peter Townsend’s research on institutional care, *The Last Refuge*, was published and recommended the building of sheltered housing as the major priority in order to ‘improve housing standards and eliminate past deficiencies’.

In Ireland, sheltered housing is still a relatively new concept. It is, however, considered more desirable than institutional care for older people who can no longer live at home. The most recent information on sheltered housing suggests that there are 117 sheltered housing schemes in the country incorporating 3,504 units, with a further 1,692 units in the planning or tender stage. The majority (69%) of schemes are located in cities (with 72 schemes in the Dublin area alone). O’Connor’s study of Irish schemes found that the three main reasons for moving to sheltered housing were poor living conditions (32%), tenancy problems (15%) and problems with relations (15%).

The main objectives of sheltered housing are:

- to prevent institutionalisation;
- to improve the housing conditions of older people;
- to allow independent living; and
- to reduce loneliness.

The O’Connor *et al* study concluded that sheltered housing was successful at preventing institutionalisation and improving housing conditions. However, they felt that its ability to allow independent living was dependent on comprehensive community care and that it was not successful at reducing loneliness.

Some questions have also been raised about the provision of sheltered housing. They include:

- by treating older people as a special group, does sheltered housing marginalise older people and reinforce a particular view of them as frail and dependent?
- does sheltered housing create a ghetto and is this what older people want?
- do schemes, and particularly those with an on-site warden, create greater dependency and isolation amongst residents?
- do those in sheltered housing receive more or less domiciliary and other services than people living in other forms of housing?
- should those who require continuous nursing care be forced to leave sheltered housing or should their needs be catered for within that environment? and
- within the Irish context, does sheltered housing fulfil more of a welfare need than housing need? 

These are difficult questions to answer, and this study is unable to provide definitive answers to all of them. However, the findings of this research do indicate that sheltered housing makes a valuable contribution to the housing options available to older people. The research also shows that sheltered housing can become a ghetto for older people if schemes are not served by, for example, adequate public transport, as this can reduce older people's ability to remain independent. It also found problems with the integrated sheltered housing schemes included in the study, relating to older people's feelings of insecurity and the need for a warden. Finally, this study also found that there is a need for more information and education about sheltered housing, so that those who opt for this form of accommodation know what to expect.

3. Nursing homes

Nursing homes for the elderly may be run privately, for profit, or by voluntary organisations such as religious organisations or charitable bodies. The Department of Health initiated an annual survey of patients in long-stay units in 1980. Results for 1990 are given below. 

| Table 2.1 Long-Stay Units in Ireland by Category 1990. |
|---------------------------------|----------------|----------------|----------------|----------------|----------------|
|                                 | Health Board  | Health Board  | Voluntary      | Private        | Total          |
|                                 | Geriatric     | Welfare Homes | Nursing Home   | Nursing Homes  |                |
| Number of Beds                  | 7,774         | 1,261          | 2,358           | 5,300          | 16,693         |
| % of Total                      | 48%           | 8%             | 14%             | 30%            | 100%           |

During the early 1980s there was a decrease in the number of beds in health board hospitals and homes and a substantial increase in voluntary and private nursing home beds. This growth has been more apparent in the Eastern Health Board region, which caters
for about half of all private nursing home patients.\textsuperscript{69} Government intervention, at the institutional level, would therefore seem to be moving away from providing to financing care.

It is generally agreed that, even with improved home and community support, and an active rehabilitation programme, some older people will require a level of support which cannot be provided in their own home. The \textit{Care of the Aged} report recommended the establishment of welfare homes, as an alternative to county homes, for those who could not live at home due to 'frailty' or for social reasons (see Chapter 2). Sheltered housing is now considered more appropriate for this group and no further welfare homes in this traditional model are planned.\textsuperscript{70}

The policy shift away from institutional care is supported by both an image of nursing homes as 'corrals of death' and the general belief that nursing home care is expensive and denies older people independence and respect. This reduction of independence and respect associated with institutional care is linked to the caring process under which most homes have been found to operate. Four models of the caring process in nursing homes have been identified, and are outlined below.

- The \textit{supportive model} is characterised by consultation and involvement of older people in the care regime. It is client-orientated with much of the impetus for activities originating from the residents.
- The \textit{protective model} also encourages some degree of choice and consultation within the frontiers laid down by staff.
- In the \textit{controlled mode} the older person is completely subordinate to the care regime.
- Finally, the most restrictive of all, the restrained model, operates purely for the convenience of care staff.\textsuperscript{71}

A qualitative study of the quality of life in Irish private and voluntary nursing homes found that the ethos of care in the homes surveyed emphasised continued dependence and not the maintenance and development of independence. The survey reported that

'In many ways the picture of services and facilities available reinforces the stereotype of the elderly as being unoccupied and separate from the rest of society. By providing care that in many cases does not respect the privacy and potential of each individual for self-determination, it creates dependence.'\textsuperscript{72}

Research involving in-depth interviews with 97 nursing home residents found that a variety of reasons usually contributed to a move to nursing home care, and while these may develop over a number of years, the final decision to enter a home was often related
to an incident which made it difficult for the older person to live in the community. The study found that residents entered care for a variety of reasons such as health, homelessness, lack of security of tenure, death of a companion, convalescence, or a planned decision over a number of years. The study also found that residents were generally happy with life in a home. The positive features to nursing home living were that residents’ day-to-day needs were being looked after, that it offered security and protection and there was no need to worry about things as others were being paid to look after them. The more negative features of nursing homes related to ill health, loss of friendship and the lack of a ‘real home life’. The research also raised the problem of lack of privacy for some residents.

It is interesting to note at this stage that the results of this research concur with the research highlighted above for nursing homes. However, a very interesting additional finding is the difference in opinion of nursing homes amongst residents compared to those living in the community. Indeed, many of those living outside nursing homes reported very negative views of them, in contrast to those living in nursing homes who reported that they enjoy doing so. It was not uncommon for those living in the community to say that they would rather die than have to enter a nursing home. The concerns which older people express about nursing homes, problems with the standard of care and their expense to name two, must be addressed. The implementation of the Health (Nursing Homes) Act (1990) may help to reduce some of these worries. The workings of the Act should be fully monitored and regularly evaluated to ensure that it is meeting its objectives. Furthermore, as this research has found, both service planners and providers must also become more client-orientated in their service-delivery. The medical orientation of most nursing homes, which encourages dependency rather than independence, should also be addressed.

**Conclusions**

This chapter has plotted the shift in Irish government intervention in the lives of older people. It began by showing how housing policy has expanded from providing basic accommodation to building purpose-built sheltered housing for older people as well as the introduction of support schemes to increase the standard of accommodation for those living at home. The character of government intervention in the health care of older people has also changed from an institutional approach to one focused more on promoting healthy ageing, providing care in the community and financing regulated private institutional care.
Irish research on older people has focused mainly on their living conditions and way of life. More attention has been paid to certain groups (those living alone in particular), while others have been given much less attention (those living with relations and those in institutional care). There has been a tendency to compartmentalise older people and to view them as a focus of un-met needs.

This research has tried to shift the agenda away from older people as a source of 'problems' and as heavy users of scarce resources to recognising them as clients of services to which they are entitled. The research also hopes to highlight the fact that older people are as diverse a group as any other in society, with wide-ranging needs and preferences, many of which they share with other groups. Finally, it is shown that older people have a valuable asset for any planner - their depth of experience - which should be tapped by asking older people what they want, as a precondition of good policy-making.

Notes

22 ibid: 308-366.
23 NESC no. 96. 1993: 452.
26 Inter-Departmental Committee on Care of the Aged. 1968: 22.
27 Department of Health. 1951.
29 Kennedy, S. 1981.
30 Inter-Departmental Committee on the Care of the Aged. 1968: 13.
31 ibid. p22.
38 See, for example, O'Mahony, A. 1986.
39 The DART is the Dublin Area Rapid Transport, a suburban train service in operation since 1984, which runs from Howth in the north of Dublin to Bray in the south, along the coast.
42 ibid: 17-19.
44 Commission of the European Communities. 1993: 17.

38
The *Commission on Social Welfare* (1986: 195) recommended that there should be a ten per cent difference between contributory and non contributory payments.

O'Mahony, A. 1986.


Curry, J. 1993. 151.

Department of Social Welfare. 1994b.


Department of Health. 1994b.

ibid: 66-67.

Power, B. 1980: 42.


Townsend, P. 1963: 188-205.


see Meghen, P. 1963. Appendix 2.

Townsend, P. 1962: 400.


O'Connor et al. 1989: 64.

ibid: 122.


ibid: 92-104.
CHAPTER 3
Methodology and Profile of the Study participants

This chapter is divided into two sections. The first section outlines the research design and methodology used, while the second provides a brief profile of those who took part in the research.

Research Design and Methodology

The study was carried out using qualitative methods - unstructured, in-depth interviews. There were a number of reasons for this:

1. the research examined people's perceptions of, knowledge of and attitudes to housing. This is best done through in-depth interviews that allow participants to discuss their feelings more fully, and in their own words.

2. a qualitative approach may be more appropriate for this age group. Some older people may find it difficult to answer a structured questionnaire for 1-2 hours, but may find it easier to talk about their feelings in a less structured way over the same period of time. Also previous research has found that older people can be less critical in their opinions - an unstructured interview can provide a better atmosphere in which they can express their attitudes in more depth.

3. the research also gathered people's housing histories (see chapter 4) and this is best done in an unstructured way which enables participants to detail where, when and why they moved and how they felt about it.

4. there is insufficient previous research in this area to allow a relevant quantitative questionnaire to be developed.

Appendix 2 contains a copy of the topic guide used during the interviews. While each interview covered the areas outlined in the guide, this was not done in a mechanical way and interviewees were allowed to structure their interview as they wished.

This methodology has been used to very good effect in a number of previous pieces of research, for example, Mary Horkan and Audrey Wood's research on older people living in suburban Dublin and Mary Daly and Joyce O'Connor's study of the experiences of rural older people. More recently, it has been used by Helen Ruddle and Joyce O'Connor to examine the experiences of carers of dementia/Alzheimer's suffers.
The Design and Selection of the Sample

The sample for the study was restricted to those aged over 65 living in Eastern Health Board Area 1. To ensure as wide a selection of housing experiences as possible, the sample was purposefully chosen to include approximately equal numbers of older people living alone, living with their relations, living in sheltered housing or in residential or nursing homes.

No single sampling frame was available from which to draw the sample and it was therefore found from a number of sources to ensure as wide a spread of views and experiences as possible.

Participants were contacted in the following ways:

- through the home help service in Dun Laoghaire;
- by visiting two day-care centres and asking for volunteers;
- through two local voluntary organisations in contact with older people;
- by writing to those on a waiting list for a local sheltered housing scheme;
- through the social work department of Saint Michael’s Hospital in Dun Laoghaire, and finally;
- by writing to nursing home managers and asking their permission to interview residents.

Copies of the letters of introduction to the research are contained in Appendix 3.

It is important to point out at this stage that of the ten private nursing home managers approached and asked to take part in the survey, only five allowed access to their home. In the case of three of the other homes, managers said that none of their residents were either willing or able to take part. In a further two, managers refused to even ask their residents if they would like to take part in the research, so denying their residents the opportunity to make their own choices. This custodial attitude which some managers appear to have adopted is an interesting finding in itself in that it suggests that some nursing home managers do not consider freedom of choice as a high priority for their residents. However, the degree to which ‘good’ nursing homes allowed access while ‘bad’ ones refused is hard to tell, but the point should be kept in mind. Residents from one welfare home were also interviewed.

Respondents living in sheltered housing schemes were selected from two local authority schemes, one voluntary scheme and one private scheme.

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In all 44 interviews were conducted. The interviews were carried out between February and August 1993. Each interview was conducted in the participant’s own home and most lasted between one to one and a half hours. All but two interviews were recorded. In these two cases participants did not wish the interview to be taped and instead detailed notes were taken by the interviewer. Those taking part in the research were assured of confidentiality, and to respect this, all identifying characteristics, including names, have been altered in this report.

Qualitative Analysis

The research began with background reading, which helped to identify and define the research topic. Following this preliminary reading, a research proposal was drafted and discussed with the Research Committee. Information-gathering meetings were then held with a number of housing and care professionals, which helped to further define the research topic and plan sampling techniques. Following these meetings a topic guide was developed and tested for use during the interviews. Participants were then contacted as outlined above and interviews conducted.

The interviews were analysed using qualitative techniques. Following the interviews, the tapes were first transcribed and then read a number of times. The themes which emerged from listening to the tapes and reading the interview transcripts were then noted and typologies or classifications were constructed. These classifications were then used to index the transcripts and construct a matrix by which all of the interviews were charted and analysed. Preliminary conclusions to come from the research were developed at this stage and discussed with the Research Committee. Further reading was undertaken throughout the research which helped to strengthen the conclusions of the study. Finally, the research was reported to the Research Committee for their comments.

The objective of this analysis was to understand people from their own frame of reference and the open-ended interviews generated data which gave an authentic insight into people’s experiences. In taking account of the whole person and their setting, the qualitative methods adopted allow a deeper understanding of participants’ attitudes, experiences and behaviour regarding their accommodation. As Walker points out, “Such methodology offers policy-makers a theory of social action grounded on the experiences - the world view - of those likely to be affected by a policy decision or thought to be part of the problem.” This research describes the experiences of a group of older people and has shown how policies have affected them. It also highlights how policies can be improved to provide better services for all.
The Nature of Qualitative Material

As was stated earlier, the qualitative approach adopted for this research is well suited to the exploration of issues and the examination of attitudes. However, it should be remembered that this methodology does not allow data on the numbers of individuals holding particular views to be applied to the population of older people as a whole.

Some numerical information is presented in the report. It is given only for the purpose of description, to give an idea of the structure of the sample, and to indicate the degree to which a given perception or attitude was shared among the members of the sample.

Profile of Study Participants

As Table 3.1 shows, the sample of 44 respondents was fairly evenly spread in terms of age, with slightly higher numbers in the 85 - 89 age group. Most respondents were female. About two thirds of the sample were widowed and a further quarter had never married. As stated above, the sample was selected so that approximately equal numbers came from each accommodation type.

<table>
<thead>
<tr>
<th>Age</th>
<th>Marital Status</th>
<th>Accommodation Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>65 - 69</td>
<td>Widowed</td>
<td>Alone</td>
</tr>
<tr>
<td>70 - 74</td>
<td>Never Married</td>
<td>With Relatives</td>
</tr>
<tr>
<td>75 - 79</td>
<td>Married/Separated</td>
<td>Sheltered Housing</td>
</tr>
<tr>
<td>80 - 84</td>
<td></td>
<td>Nursing Homes</td>
</tr>
<tr>
<td>85 - 89</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>90 - or over</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Not Stated</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Table 3.1. Characteristics of the sample

<table>
<thead>
<tr>
<th>Sex</th>
<th>TOTAL</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>35</td>
<td>44</td>
</tr>
<tr>
<td>Male</td>
<td>9</td>
<td>44</td>
</tr>
</tbody>
</table>

There was a wide spread of ages amongst those living alone and with relations. Most of those living in sheltered housing were in their late sixties and seventies, although three were 80 or older. Those living in nursing homes were generally older than the others in the study and all but one of these were 80 years or over.

In Table 3.2 (overleaf) the tenure of those interviewed is shown. This table excludes those living in nursing homes. For those living with their relatives, the tenure of the household was recorded.
The table shows that a high number of people said that they owned or were buying their home. Ten respondents were renting from Dun Laoghaire Corporation, eight of whom were in sheltered accommodation.\textsuperscript{80}

<table>
<thead>
<tr>
<th>Tenure</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owns home outright</td>
<td>11</td>
</tr>
<tr>
<td>Buying home</td>
<td>4</td>
</tr>
<tr>
<td>Renting from Local Authority</td>
<td>10</td>
</tr>
<tr>
<td>Renting privately or from voluntary organisation</td>
<td>7</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>32</strong></td>
</tr>
</tbody>
</table>

(Table excludes those living in nursing homes)

Respondents were not asked about their socio-economic status or class in any detail, although former employment was often discussed during the interview. However, these discussions did indicate that the sample contained a wide spread in terms of both class background and socio-economic status. Those living alone included a carpenter, cook/house keeper, secretary and housewives. In the case of the latter, their husbands were mainly professionals, including an accountant and a lecturer.

Those living with relations included a couple who had worked in the dry cleaning industry, former civil servants, and housewives whose husbands had been farmers or in the army. Those in sheltered housing included some former civil servants, a farmer, gardener, a dressmaker and book-keeper. Those interviewed in nursing homes were mostly widowed housewives who came from a mainly middle class background. They included the wife of an architect, the wife of a director of a department store, the wife of a local authority official and the wife of a garage owner.

Only one of those interviewed was still in paid employment. He worked as a gardener on a part-time basis to top up his income.

**Notes**

80 Breakdown not shown in the table.
CHAPTER 4

Housing Histories

This chapter examines respondents' housing histories and how they came to live in their particular housing setting.

Living Alone

As one would expect, those living alone were the most likely to have been living in their current accommodation for a long period of time. Five of those interviewed had been living in their current accommodation most or all of their adult life, four had moved there on retirement, one had moved about ten years previously to be near her daughter and one had moved after her husband died as she could not afford the expense of a large family home.

The following are three respondents' accounts of how they came to live in their present accommodation. These accounts are examples of the variety of experiences which respondents described.

“Well, I married in 1943 and when I first married, I was living down in Sandycove, near Burke the auctioneers. But anyway, I was living there for a number of years and eventually we got word that this place was vacant. Conway was after building these houses for Corporation tenants. We had our names down with the Corporation for an application for a house and this is what we got. It's a nice house to my way of thinking. We built on to it over the years. We put a wall across there and another across there, divided it all up”.

(Male, 76, widower, living alone.)

“Only to be near my daughter, yes, but it was better really because I had that four-bedroomed house and it was getting a bit of a problem really”.

(Female, 90, widow, living alone.)

“Oh I'm 18 years living here, 1974. I went to England during the War because there was no work here, you couldn’t get a house job. I was over there for about four years. Well, when I came home from England I was living with my sister in Dun Laoghaire and then she got a house in Sallynoggin and I went to live with them, the children were only small at the time... but then the children were growing up and there was only two bedrooms and they needed - the children needed the bedrooms for themselves and I was looking out for a place for myself and I went to live
with another girl in Glenageary and then someone said to me 'You're in Dun Laoghaire all your life, why don't you go to the Corporation and look for a house?'. 'Well God', I said, 'I should have done that from the beginning. I had every right to a Corporation house and all the years I've been living here'. So I went down to the Corporation, brought my birth certificate to prove that I was from Dun Laoghaire. I got this straight away, well as soon as it became vacant anyway'.

(Female, 86, never married, living alone.)

Living with Relations
Those living with relations tended to do so for three reasons: because they had become widowed and would otherwise be living alone, because they had health problems, or because they were living with an unmarried son or daughter. Below, one widowed woman talks about how she came to live with her daughter after her husband died.

“It was very easy for me to make up my own mind. In a way, of course, I was always saying 'Is it the right thing to do?', but the thing is, I was always hoping to get sheltered housing, so I felt I wouldn't be encroaching on the family indefinitely, so I felt it was the right thing to do and for security reasons too. I mean it was out in the heart of the country which isn't very pleasant at the moment”.

(Female, 74, widow, living with relations.)

Those who came to live with their families did so at the invitation of their families, and as is discussed later, some (as the quotation above indicates) felt guilty that they were taking up space in their child's house.

Sheltered Housing
For those in sheltered housing, the move in to the scheme was planned, and normally involved being on a waiting list. For those who were widowed, the move was often from their family home or from one of their relations. Those in local authority sheltered housing had usually given up larger local authority family homes or had been privately renting before they moved. Those who had been privately renting often had to move because they felt they could no longer afford the rent long-term or their accommodation was unsuitable for them due to health problems. Some of those who had moved to private or voluntary sheltered housing had also been privately renting, or in the case of voluntary sheltered housing
had been local authority tenants. However, most were previously owner-occupiers and had sold their homes to pay for sheltered housing.

Respondents had various reasons for moving to sheltered housing. The main ones were:

- because they became widowed and were living alone in the family home which had become too big for them;
- for security reasons;
- because they were lonely;
- because their health was beginning to fail and they wanted to be able to call for help in an emergency;
- because their previous accommodation was expensive or unsuitable;
- because they were living with a relation.

This final reason (living with a relation) included cases where respondents moved because they wanted their independence, and also where they felt they had to move because they were taking up room which was needed by their family.

Below, three respondents explain why they moved to sheltered housing:

"I always felt I would go to sheltered housing, I always felt that I wouldn't stay on in my house. I was afraid of staying on and not being able to manage it, not being able to manage the curtains, not being able to - it getting dirty and too much for me. Because when I was first married there was a lady across from me, she wasn't opposite me, but she was elderly and I watched her house go down and the curtains beginning to break and disintegrate and it had an impression on me".

(Female, 70, widow, sheltered housing.)

"I was living with a married sister, her husband died, her family were married and she decided to sell the house and she bought an apartment and the location didn't suit me and it wasn't convenient for the church or the bus or anything and I rented an apartment. That was a bit of a - well it was nice, but I was more active than I am now, but it turned out to be a bit of a drawback because it was very expensive. I didn't intend to live this length, to be 86, and it was very expensive and it was about 32 steps up and no lift . . . It was about £250 a month and I call that expensive for a pensioner . . . But I had a slight accident and I was in hospital and then I was referred to a convalescence home and I'm in the Voluntary Health and they covered it for two weeks, but I couldn't come home to that place after two
weeks and I had already, when I was changing to go to that flat, applied for accommodation and I think they hurried it up then after the accident and that's how I got in here. I suppose it's about two years. I'd say I was about two years on the list for accommodation”.

(Female, 86, never married, sheltered housing.)

“I was coming up to 70 and my family had all gone, the two daughters that are left are in England, and I had a bit of trouble with my wife as well so that forced me to come here as well”.

(Male, 76, separated, sheltered housing.)

Nursing Homes
Admission to nursing homes usually followed a traumatic event such as the death of a spouse or ill health. Some respondents had also moved to nursing homes for security reasons or because they did not want their families to worry about them. Below, four participants describe their experiences.

“I wasn’t very well really and once or twice I had to get the doctor in the middle of the night, and my family, they were worried about me, well they weren’t so worried but my doctor kept telling them ‘Your mother shouldn’t be living alone, your mother shouldn’t be living alone’, and so I said ‘All right I will, I’ll go in to a home’ and I did. I looked at a few homes and I decided I liked this one”.

(Female, 89, widow, nursing home.)

“I was afraid that I’d be raped and I used to say “I don’t care what they take once they leave me alone’, but there was so much rape of old women that I got all worked up”.

(Female, 86, widow, nursing home.)

“Five years ago, more than five years, I came here with broken legs you see. I had an operation, I thought I would go home, but of course I discovered - I’m living alone, I’m a widow. Then things seemed to get so bad for people living on their own. I decided it was so lovely here, this is such an exceptional nursing home I may say that, that I decided that I would stop”.

(Female, 87, widow, nursing home.)

“My husband, he became not quite up to form, he was getting a little bit weaker, and we decided that we’d look for a room to stay permanently in a nursing home. And we heard from somebody that this was good, and we thought that’s fine . . . and that is one thing that I would like to say, if I had any doubts about
staying on here they vanished with the care he got . . . So after he died I said I'd definitely decided I could never go back, so that is why I stayed on here. I mean it's not institutional, which is what I always dreaded, it's a home. I feel so contented here, as contented as I could feel away from him".

(Female, 92, widow, nursing home.)

In most cases respondents had come from their own home to the nursing home, sometimes following a stay in hospital. Two respondents had come to live in the home with their husbands when they became ill. Both stayed after their husbands had died because they appreciated the level of care they had received during their illness and they did not like the prospect of returning to an empty house. In both cases these participants said that they had no one they could go to live with; in the case of one woman she had no children, while the other had a married son, but he lived in London.

It is interesting to note that about half of those living in nursing homes had no children of their own or their children were living abroad. Those who did have children expressed negative attitudes to living with them as they felt such an arrangement would not work out because they felt that generations don't mix. They were also worried that they would become a burden on their children.
CHAPTER 5

Attitudes to Accommodation

This chapter is divided into four sections and examines respondents' attitudes to their current accommodation, starting with those living alone, then those living with their relations, those living in sheltered housing and finally those in nursing homes. Four short case studies are also included in this chapter.

Living Alone

Generally, participants seemed quite satisfied with their accommodation. This is not too surprising in view of the findings of previous research highlighted above which indicates that, for the most part, older people report high satisfaction levels with their accommodation.

It is interesting to note that those living in accommodation which lacked amenities such as an inside toilet or hot water and/or which were draughty or damp were no more likely to express dissatisfaction with their accommodation than others who did not have such problems. In other words, there seemed to be no link between the objective standard of respondents' accommodation and their subjective view of it. The houses with these problems were usually old, and it was clear that some respondents had grown accustomed to them over time or their expectations were not very high. For others, satisfaction with the environment of the house and with their neighbours also tinted their attitudes to the standard of their accommodation. They would prefer to stay in a neighbourhood with which they were familiar rather than move to a new area for better accommodation. Below, Mr. Kelly's case study illustrates these points.

Mr. Kelly, aged 80, has lived in his present accommodation for sixty-three years. He lives on his own and never married. His house is in fairly bad repair and lacks many amenities now considered as basic, with no heating in the bedroom, and no hot water or inside toilet. However, Mr. Kelly said that he loved living in his present accommodation and did not want any modern conveniences installed. He said that he did not really feel the cold and although the house could get a little damp, he accepted this and said 'you're bound to get it'. He also knew that he would be able to get help to have some repairs done on the house because he told me one of his friends had FÁS trainees in decorating for him. However, he did not intend applying for help because he did not want them around the place and, in any case, he did not think anything needed to be done.

The house is located off the main road and the main disadvantage he saw to living there was that it was a 15-20 minute walk to the shops or bus stop. However, he attends a day-centre three days a week and does most of his...
Another point to emerge from the data was that living in poor accommodation did not necessarily mean that a respondent would accept 'better' accommodation if it were offered. One woman, for example, aged 86, was living in a one-bedroomed flat, with no hot water apart from an electric shower she had recently had installed. She also complained that the flat was often damp. However, she had considered, but decided against, places in two sheltered housing schemes, the first because she felt it was too far away (about two miles) and the local scheme because it only had bed-sit accommodation which she did not want. She would however, love to move to a bungalow near the sea, somewhere local:

"Well I would love a little bungalow, all my life I have wanted a little bungalow with a small garden front and back; a small front garden for flowers and a small garden in the back for veg, and somewhere to sit in the sun".

(Female, 86, never married, living alone.)

This respondent liked the area where she was living because it was where she lived most of her life and it held great childhood memories for her. She also knew the neighbours and the area well and thought that it probably was "the safest place for old people there is around".

Many of those living alone found the cost of home maintenance a problem. Some also found it difficult to find somebody on whom they could rely to do repairs. Women who had been married, but now widowed, had often relied on their spouse to do most of the home maintenance. Since his death they often had to pay someone to do odd jobs and repairs, which could prove costly. For others, workmen they had used in the past were now retiring and they had to find somebody else that they could trust. One of those interviewed was in the process of selling her home partly because the maintenance was getting too much for her:

"But it's hard to keep a house, I mean anything you get done to a house is expensive. I mean slates fly off and you have to get them done and it's really the thought of having all my windows painted that brought me to the crux. I said I couldn't bear it anymore and also I had a lot of nice men that worked for me and like me they all got old and it's more difficult to find new people, and there's no doubt about it the young people of today don't have the know-how and that, you know. The garden there for instance, I had a lad who came, a very nice fellow he was.
but you had to tell him, whereas before I had a man who knew it all”.

(Female, 78, never married, living alone.)

One point which emerged here, but is dealt with in more detail in the section below on sheltered housing, was that some older people liked to have an extra bedroom so that they could have people to stay overnight or in an emergency.

Living with relations

As was pointed out in Chapter 2 above, little research has been conducted on the experiences and attitudes of those living with relations. This group includes a wide variety of individuals including widows and never-married aunts and uncles.

There was a variety of reasons why older people in this study were living with their relations. In some cases, following the death of their spouse, they had come to live with a son or daughter, either because they did not want to, or felt they could not, live alone. In other cases they shared the family home with an unmarried son or daughter. Finally, some were unmarried and had come to live with a brother or sister, or one of their children, due to failing health or for security reasons.

Those who took up the invitation to live with a married son or daughter often had mixed feelings about their situation. On the positive side there was general satisfaction with their accommodation, and they enjoyed living with their children and grandchildren. In many cases, they did not like the alternatives of living on their own or moving into a nursing home. However; a serious worry was that they were taking up space in the house which was needed by the family. One woman, for example, who was living with her daughter explained:

“I’m very happy here but really I feel that it’s not fair to continue living with them because they’ve only three bedrooms and two daughters and I’m really occupying a room I ought not to be occupying”.

(Female, 74, widow, living with relations.)

This feeling was much less likely where the respondent had a ‘granny flat’ (a self-contained apartment within the house) to themselves. This was maybe because in these cases respondents had a much stronger identification of their own territory. As is discussed in the next chapter, many of those living in other accommodation types said that they would not like to go to live with one of their relations. However, they did think a ‘granny flat’ would be preferable to a bedroom in the family house.

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Some of those living with relations worried that if they got sick they did not want to be a burden on their family. One respondent put this point very well:

“Well I’m telling you the truth now, I wouldn’t like to be a burden, I would go to a place if I was here and I thought I wasn’t going to get better, I think it would be very unfair to her (her daughter), she has a family. But no, I wouldn’t be a bit reluctant to go. I’d rather go to a place, and I’d settle down eventually. Where I’d go I don’t know”.

(Female, 75, widow, living with relations.)

One respondent who was living in a nursing home when interviewed, had lived with her niece for 17 years and moved to the nursing home when her eyesight began to fail because she did not want to be a burden on her niece. As she explained, it would be unfair to stay:

“... when the eyesight went I felt, you know, if I got bad I’d be a terrible burden on them and maybe not be able to look after myself, cause more trouble and heartache to them, and they had enough on their plates”.

(Female, 87, never married, nursing home.)

One lady with no children of her own had been offered a granny flat by her relatives but had decided to move to a nursing home instead as she felt she got on very well with her younger relatives and she did not want to risk this good relationship. She felt it would be very awkward if she moved in with a niece or nephew and then discovered she did not like it and wanted to move again.

Living with relations was not always the first choice of those interviewed in this setting. Some had come to live with relations in an incremental way, and the case study below highlights that some did not enjoy living with their relations, but did so because they felt they had no alternative.

Mrs. Quinn is 80 years old and lives with her sister in their family home in Blackrock. Both she and her sister are widows. She lived in Skerries, North County Dublin, most of her married life until her husband died. She then moved to live with her daughter who is married with children and lives in South County Dublin. She did not really like living with her daughter because she felt that she was taking up too much room in the house which was small. She also felt a strain in the house and she felt in the way, so she tried to stay in her room most of the time. When her sister’s husband died she offered to move in with her to keep her company - it was a way of getting out of living with her daughter.

Her sister lives in the old family home, a large four-bedroomed detached house. When Mrs. Quinn moved there she thought that her sister would soon realise that the house was far too big and expensive to run for just two people.
and that she would sell it. When she first moved there, they had to do quite a few expensive repair jobs, mainly to the roof and widows.

Although she gets on quite well with her sister, they keep out of each other's way as much as possible to the extent that they often spend their evenings in different rooms of the house watching television. However, she does resent the fact that she feels trapped into living there with her sister, whom she feels relies on her for company and security. She does not get out very much because it is a long walk to the bus stop and she cannot walk long distances since she had a hip replaced. She does not know the neighbours very well and she does not see her friends very often because they still live in Skerries. Her daughter calls a few times a week to bring her shopping, but she is busy with her family and cannot stay long.

While living with her daughter, she had applied for sheltered housing and was still waiting to be accepted for a scheme when she moved in with her sister. Although she would still prefer to move to sheltered housing, she now feels that she cannot leave her sister, who will not move. She is also a little worried about the cost of sheltered housing. She knows she would not be eligible for local authority sheltered housing because she has two good pensions amounting to about £700 a month, but at the same time she thinks some private schemes would be too expensive for her, with rates of about £400-£500 a month.

There were also advantages to living with relations. Some respondents mentioned that because the house was lively they were less likely to be lonely. They were also close to their relations and enjoyed living with them. As one respondent said of her daughter:

"... we're so close. That wouldn't apply with every mother and daughter I know or even sisters, some sisters can't live with each other. But we get on, we have everything in common, no we never have a problem, which is lovely".

(Female, 74, widow, living with relations.)

For some it was also cheaper than other alternatives, particularly a nursing home, and there was always someone at hand in case of emergencies.

**Living in Sheltered Housing**

Those living in sheltered accommodation were generally pleased with the standard of their accommodation. This is not too surprising given that all the schemes visited were built within the last 15 years and are therefore still relatively new.

The existence of an alarm system and warden were seen as advantages by those living in schemes which had them because they would be there for emergencies. Negative attitudes were expressed by the residents of one scheme included in the research which had an alarm system but no warden. Fellow residents were supposed to answer the alarm should it go off. This could cause problems,
especially if the alarm went off at night. One woman recounted how she had to get up in the middle of the night to answer an alarm and go for help as nobody else had heard it:

"We have a young couple here all right, but they don't ever hear this (the alarm) ringing. My next door neighbour, he's 90 at the moment, the other person who I told you about, her and I, she is 82. I'm 78, her and I had to get up in the middle of the night, there was an alarm going and didn't we see it was poor Mick, Mick lives beside Mary, I had to knock up Mary, saying 'Mick's alarm is ringing', and I have gone down in me dressing gown, down the laneway at 3 o'clock in the morning and I was saying to her 'will you come after me' just to see that I was all right, you know, to his home help, we had to do that and this young couple living next door to us, and we've always had to do that, no one hears the alarm".

(Female, 78, never married, sheltered housing.)

The experience from this scheme indicates that a warden is needed for emergencies. Those without a warden also mentioned that they missed not having someone who could do odd-jobs for them such as changing a light bulb.

One woman who had been living in a sheltered scheme which had an alarm but did not have a warden had moved to live with her sister and her nephew because she was frightened of not being able to get help in an emergency and of being found dead:

"There was nothing in The Close, there was a light outside the door. I said to them 'What in the name of God are you putting that for here, sure there's no one who'd come to your aid?'. I never rang it, I answered to people who rang it a few times, when I was younger . . . I think what scared me in The Close was there were two, no three actually found dead opposite me. One man was dead two or three days before he was found, and another was a lady that I was very fond of. I had her over for tea and the next morning she dropped dead, so I was always scared that I'd be found dead".

(Female, 82, never married, living with relations.)

Although some of the schemes visited had experienced break-ins, some respondents considered the extra security which sheltered housing offered as a major advantage. This was particularly so compared to living alone. As one woman said:

"I feel safe here, I must say that and that's a big thing nowadays, in these times it's important to feel secure".

(Female, 70, widow, sheltered housing.)
For many, sheltered housing was also cheaper than their previous accommodation. For the few who had been privately renting prior to the move, sheltered housing meant a reduction in their rent. For those who had owned their own homes, the move brought a reduction in maintenance costs, as one respondent explained:

"Of course this is one of the things you come up against as you get older, your house is getting older and it needs, every year, it needs something done to it and you can't do it and you've got to employ men and you've got to trust them that they'll do it right and it can cost a lot. I mean every year I did something to the house when I was alone, when my husband was alive he could do a lot of things - gutters and things like that I had to get done before I left. But I felt it was foolish to neglect things like that because it only gets worse. So you've got to spend quite a lot on the house as it gets older".

(Female, 70, widow, sheltered housing.)

One of the schemes visited during the research was part of a larger estate of family homes. Most of those interviewed in this scheme said that they had trouble with the local children. Below is one woman's account of what the neighbourhood children got up to.

"It's all right living here although the children are very bold. They throw stones at the house, they run across the rooftops, throw rubbish into the gardens, kick the football in - you can't tell them off or you just get mouthed at - very bold children. And at night time the big boys collect at this corner and every morning you're picking up cans, crisp packets and everything. You feel a little bit threatened at times".

(Female, 68, widow, sheltered scheme.)

Design features of the sheltered housing schemes were also mentioned by those interviewed. Lack of space was a problem for some who were previously used to family-size homes. This had two main impacts. Firstly, it was difficult to adjust psychologically to the reduced living space. Secondly, there was a lack of storage space and old furniture often did not fit the new room sizes which meant that it had to be replaced by smaller pieces. It was also important that the scheme should be near public transport, the local church, shops, the Post Office and such facilities. The case study below describes some of the problems which residents experienced.

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Miss Fennessy is in her late 70s and lives in local authority sheltered housing. When I interviewed her she was in bed with a cold. However, her strong personality was undeterred and she adamantly criticised some of the design features of the scheme.
Miss Fennessy has lived in her present accommodation for about twelve years. She was one of the first tenants to move into the scheme when it first opened and she recalled how the place was badly finished when she moved in. She had to do a lot of work during the first years to tidy it up and make it more homely.

However, she likes it because it is cheap and comfortable, and she has been able to make it home. However, there are a number of things about it which she does not like. The main problem is the lack of public transport. There was a bus which came close to the scheme, but it has since been re-routed and it is now a mile uphill walk to the bus stop. The shops are also a good distance away and as the land is fairly hilly around the scheme it makes carrying groceries back difficult. One of the local supermarkets has a free deliver service which she uses regularly, although she did think they were a little more expensive than the other shops. A local voluntary organisation also helps by driving residents to the post office each Friday to collect their pensions and then brings them to a local supermarket where they can do their heavy shopping for the week.

A second major problem with the scheme is that it does not have a warden and the alarm system only sets off a siren and red light outside the flat which is supposed to be answered by other residents or the general public. Miss Fennessy said that she sometimes felt nervous at night because of this and also because she felt the neighbourhood around the scheme was unsafe as there were a lot of rowdy teenagers and gangs in the area. She thought a warden was badly needed in the scheme, to keep an eye on things and to do-odd jobs such as changing a light bulb or a spot of painting/decorating which she cannot do herself. However, when we talked about whether she would move to a scheme with a warden, she told me that she had turned down the chance of a place in a warden-controlled sheltered scheme a few years ago because she felt she would lose her independence if there was a warden coming around everyday checking to see if she was all right. She also did not like the idea that the scheme was attached to a nursing home, because she felt it would further reduce her independence and she did not like the idea of living so close to a home.

Miss Fennessy used a coal fire in the sitting room and, in cold weather, an electric fire in the bedroom. She would have preferred central heating because it would be easier to manage. She had a mild stroke about ten years ago and ever since she has had a home help. One of the jobs which the home help does is to clean and set the fire, which she does not think she would be able to do herself. She also feels that the fire creates a lot of dust and dirt, and as it is an open fire she cannot put it on in the morning if she is going out in the afternoon because she does not think it would be safe.

Some residents of sheltered schemes had bed-sit accommodation and there were mixed feelings about this. While some didn’t mind, others found it a bit awkward, especially in the morning time and when they had visitors. One woman said she would not move to a local scheme because it had bed-sit accommodation only. Some of those in one-bedroomed flats mentioned that they would have liked a second bedroom so that they could have family and friends to stay.

Heating was also mentioned by many residents. Those with central heating liked it and did not seem to miss the glow of an
open fire. Stoves were popular in one scheme, although some had to rely on their home helps to clean and set the fire. Few of those with open fires used them as they required too much maintenance and could not be left unsupervised. However, one advantage of solid fuel burners was that they were there in case of an emergency such as an electricity breakdown or strike.

One point worth noting about the schemes visited was that there was a large difference in rent levels between those living in schemes run by the local authority and those run by voluntary or private organisations. While those in local authority schemes were paying between £4 and £15 a week rent (depending on their income), those in voluntary or private schemes were paying up to £75 a week (which, however, often included services such as a mid-day meal and/or central heating). While it is inappropriate to compare accommodation on the basis of rent levels only, these rent differentials do raise equality issues which should be addressed to ensure that some are not being forced to pay over the odds for their accommodation.

Related to this, one woman said that she had chosen a voluntary sheltered housing scheme because she felt that they were not out to make a profit, just to cover their costs. As she explained:

"Before I came in I felt that they're not out to make a profit, they're out just to cover their expenses. Whereas you could go in to another apartment and they're out to make money, that's a very big point here, that they're not out to make on us, they're out to cover their expenses and so consequently what you are paying must be a fair rate, as to the rate that's going. I have no idea what people pay in places like this, I have no idea. Well I can afford it at the moment, the only thing that worries me is when I get older will I still be able to afford it, because prices keep going up and you'd hope that you'd have enough to last out your life-time".

(Female, 70, widow, sheltered scheme.)

In contrast, another respondent said that he was leaving a sheltered housing scheme partly because he could not afford the rent but also because he felt that he did not fit into the scheme very well. He was in his late sixties (67) and said that as most of the other residents were both female and older than him he did not feel that he had very much in common with them. He also said that he felt lonely at times because he had no one to whom he could relate. He had decided to move into lodgings nearby because he felt he would have more company there. He was an example of those who go into sheltered housing without fully understanding what it is like or what to expect, and subsequently find it difficult to settle in.
So, in conclusion, respondents in general were happy with their move to sheltered housing. The main advantages were a reduction in housing costs (although rents varied considerably), and the piece of mind of having help at hand if need be. Those who did not have a warden considered this a disadvantage. Two other disadvantages to sheltered housing were the lack of space, especially for those living in bed-sit accommodation, and also some schemes were badly located, away from bus stops and shops and too close to family estates. Some found it difficult to settle into sheltered housing, partly because they did not know what to expect before they moved there.

This research has found that older people can play a valuable role in the improvement in the design of sheltered housing. By asking older people about their experiences and attitudes to their accommodation, planners and providers could glean useful insights into how provision could be enhanced. The research has also found that there is a need for older people living in sheltered housing schemes to be encouraged to establish their own residents’ committees so that they can have more input into how their scheme is run. This should help to reduce any feelings of institutionalism which residents might experience when living in a group setting, as it would increase their sense of control over their own lives. Furthermore, it would give everyone an equal chance of deciding how the scheme might best be run and provide a communication link between management and residents.

Living in Nursing Homes
Those living in nursing homes also expressed satisfaction with their accommodation. Below, respondents’ comments explain the reasons for this satisfaction.

"I’ll tell you what I like about it. They’re so nice, they really are, definitely. I could guarantee you that, it’s not put on or anything, and I do know that I’d be cared for, which is a great thing, at least you have security and if you’re sick the doctor will be brought in for you and if you’re dying you’ll be looked after".

(Female, 86, widow, nursing home.)

"They allowed me to bring my own carpet, lighting and chair and one thing and another, so I have those and it’s like home, you know. I always say to Sister as soon as I put my foot in the hall, ‘Oh I’m home’".

(Female, 87, widow, nursing home.)
"They're not very regimented here, that's one good thing about it. It doesn't help to be regimented. She's (matron) damn lucky with picking her staff, she's very lucky".

(Female, 84, widow, nursing home.)

"The height of comfort as you can see, no complaints whatsoever... I feel like a new woman since I came in here".

(Female, 89, widow, nursing home.)

"I enjoy not having a care in the world because I find that in old age not having to think of a pudding or what to make next, and having no financial bothers now, life was never so good for me, it's not that for everyone, I'm lucky".

(Female, 87, widow, nursing home.)

"When I first came here I said to myself 'well isn't this better than going down to see if you've locked the back door'".

(Female, 89, widow, nursing home.)

So the main advantages which people mentioned about living in a nursing home were that the staff were nice, that extra nursing care would be provided if need be, that it did not feel like an institution, that it was comfortable and felt like home and that respondents did not have to worry about housekeeping or such like.

One respondent also mentioned that nursing homes provide a valuable service to families. She thought that they gave children peace of mind that their parents are in safe hands and gave them the freedom to live their own lives.

"I think that's one of the main points of organised inspected nursing homes, that it leaves the children feeling perfectly safe that I'm here. I'm safe, she (her daughter) doesn't have to bother about me, I think that that is worth an awful lot to young families. It's so hard for them if there is a cranky old person to be looked after. Here you see there is always somebody on tap if one got a stroke or collapsed in any way. I think it's all very well but it used to be the unmarried daughter and she'd be left to be an old lady and then she'd be left in the same boat. Oh no, I'm all in favour of it, it's a must".

(Female, 87, widow, nursing home.)

However, some respondents did mention disadvantages. Some mentioned that they would like a bigger room, or a brighter room or that they would like a room to themselves if at all possible, but these did not seem to be major problems. Others mentioned that the home was too far from the bus stop or that the bus service was not very regular.
Those interviewed were generally in good health compared to fellow-residents, and some mentioned that they found this difficult at times.

“If I see something I don't like or people shouting at me I come to my room, because we have so many people who are, you know, a little bit gone in the head, you know, very, very bad”.

(Female, 67, widow, nursing home.)

“Some of them sit down in the big lounge, but as I say they're all sitting there like zombies, sitting there like that”.

(Female, 89, widow, nursing home.)

However, perhaps the most disturbing disadvantage of nursing homes was the lack of personal freedom allowed by institutional living. For example, one woman explained how she had to get used to having breakfast at 7am, while another regretted not being able to have a pet:

“They bring it up (breakfast) always at 7 o'clock, I got used to that. The first day I was here they brought it at half past 6. ‘Oh’, I said, ‘I couldn’t eat at half past 6, come back in an hour’, which they did, now we’ve settled for 7 o’clock and I’ve got used to it. You must get used to these things“.

(Female, 89, widow, nursing home.)

“That’s one disadvantage of a nursing home, you can’t have your cats. Obviously because it’s no place for them. Anyway I don’t think it’s right to keep a dog up here because they’ve always got to be on a string, yes that’s not fair”.

(Female, 87, widow, nursing home.)

The case study below expands on this negative aspect of nursing homes and asks to what extent is such a medical/institutional approach to care necessary. Older people, especially those who may feel vulnerable, may find it difficult to voice these concerns to staff, as they may be afraid that they would have to move out of the home or the staff would not be as friendly towards them. However, nursing home managers need to reassess their approach to caring for the less dependent resident – for example, is it really in the interest of those who are paying for care to be forced to have breakfast at seven o’clock in the morning? Residents’ dignity and privacy should be paramount; however, as the case study below shows, staff often treat residents like highly dependent hospital patients. Surely providers of such care could be more flexible and more responsive to catering for people on an individual basis.
Mrs. Burke has lived in a family-run nursing home for the last five years. She is 87 years old and widowed. She moved to the home to convalesce, following a fall in which she broke her legs, but stayed because she liked it and she was nervous of living on her own again, both medical and security reasons. Mrs. Burke shares her room with two others, which she does not mind too much because it makes it more affordable (her fee is almost £200 per week) and in any case she does not see her roommates very often: one is quite ill and is asleep most of the time, the other spends most of the day in the sitting room while Mrs. Burke stays in the bedroom.

It is a small nursing home, with less than ten patients. Mrs. Burke said that she is the only resident in the home that is not confused and she can find that difficult at times. However, the staff are very friendly to her and one of them even brings her large print books from the local library.

Mrs. Burke's day is very routinised – she spends most of her time in her bedroom reading or listening to the radio. She also eats in her room because she can find it a bit irritating to eat with the others because they are confused. She sometimes goes into the TV room in the evening or late at night to watch the odd programme, but not very often.

While I was interviewing Mrs. Burke her doctor called to give her an injection. He was introduced to me by the matron of the home and we chatted for a few moments. The matron then asked Mrs. Burke to stand up to have her injection and proceeded to pull down the elderly lady's pants while the doctor administered the injection. I was in full view during this and was not asked to leave the room, nor was Mrs. Burke asked if she minded my staying there. I sat and wondered if such an invasion of privacy would have occurred in anywhere other than a medical/nursing home setting.
CHAPTER 6

Housing Alternatives

Participants were asked about their knowledge of, and attitudes to, different housing alternatives. This chapter examines their comments on these issues.

Knowledge of Housing Alternatives

There was a good general knowledge of the different housing options available to respondents. Respondents' knowledge of sheltered housing was perhaps the weakest, which is understandable given that it is still at quite an early stage of development in this country. Respondents did seem to know of their local sheltered scheme and some had friends living there. Those who did know of their local scheme did, however, tend to assume that all sheltered schemes were similar.

Respondents' knowledge of nursing homes was also well-developed and many of those living in a community setting had visited friends or family in a home at some stage. Again however, many respondents did tend to paint all nursing homes with the same brush, especially those who held negative views about this form of care.

This research has found that there is a need for more information about the different housing options/choices available to older people, the application procedures and costs involved. An independent source of advice and information is needed on the different features of particular housing options and on the quality of care in different nursing homes. This could, for example, be the subject of a book, a set of information leaflets or a video (or a combination of all three) which should be available in local citizen information centres, Post Offices and libraries. GPs could also stock them in their surgeries, or distribute them when on their rounds. Like hotels and guest houses, nursing homes should be graded objectively to ensure that older people and their families can choose the type of facilities they require and the best services which are available.

Attitudes to Housing Alternatives

1. attitudes to nursing homes

Turning now to respondents' attitudes to different housing options, one of the clearest messages to come from the interviews was that many of those who lived alone, with relatives or in sheltered housing
schemes had strong negative views of nursing homes. The following quotations show how strong some people's feelings were:

"I'd rather die suddenly than have to go into a nursing home, that's the honest truth. I'd rather fall back there and just die than have to go to a home".

(Female, 86, never married, alone.)

"I'll never go to a nursing home, I don't care. I'll stay here till I'm carried out".

(Female, 77, widow, living with relations.)

"I think they're the end myself".

(Male, 67, never married, sheltered housing.)

The main reasons why respondents didn't like nursing homes were that:

- nursing homes were considered expensive and even the most expensive ones might not be that nice;
- they did not like the idea of being boxed-in or having to share or mix with people they may not get on well with;
- they had negative experiences of nursing homes from visiting friends or relations who lived in one;
- nursing homes made them feel that their family or society had abandoned them; and
- nursing homes were associated with all the negative aspects of ageing: loneliness, disability, ill health and death.

The following quotations reflect how strongly many respondents felt about this:

"... the one dread I had was I hated the idea of going into a nursing home. For one thing I couldn't afford it, at least I can look after as much as I have here... I have a very poor view of them to tell you the truth. I hate to be boxed-in with other people. I've been living so long on my own and I'm kind of used to it quiet. I like the television and the radio and things like that".

(Female, 81, never married, living with relations.)

"God, I'd hate it. I like to get up when I want to and go to bed when I want to and go out when I want to and do what I want to, but those things, you'd be all tied to time. I mean you'd be in with another group of eejits like yourself. I'd rather be on me own".

(Female, 92, widow, alone.)

"Well my experience of nursing homes from both down the country and Bray, because I know Bray nursing homes, are
that they’re the last place for an old person to go. I think they’re pathetic. I think it’s dreadful. I used to visit a lady down in a nursing home in Bray and she was paying the earth and she had another lady sharing the room with her. They were two completely different people, you couldn’t meet two people more different, and that wasn’t very pleasant, and then they came out to the main sitting room and they all sat around with their backs to the wall, no motivation whatsoever. They were all there just staring into space waiting to draw their last. I thought it was deadly, and it’s the same, any one I’ve been in. I think it’s awful these nursing homes. I really do, it’s dreadful. It’s just as if society has abandoned them and they’re just there and hoping they will go on soon and I think they’re just a money-making racket. I dislike them immensely. I hope I never have to go into one”.

(Female, 74, widow, living with relatives.)

“I don’t want to go to a nursing home. You have to be financially well-off to go into a decent home these days, really, I don’t know. I’m just living from day to day and hoping that it will be a couple of more years”.

(Female, 75, never married, sheltered housing.)

“I was out visiting somebody last week in 'The Golden Gates', and I asked her if she wanted anything and she said ‘get me out of here’ and she’s such a nice person and she’s fairly comfortable and she’s in an expensive nursing home, and it’s nice. But it just brought it all home to me it’s different altogether. If she had any way of staying in her own home she’d be better off”.

(Female, 86, never married, sheltered housing.)

Swimming against the tide, one respondent had just sold her house which she had lived in for sixty-four years to move to a nursing home. She lived alone and felt that her house was no longer suitable for her because it had steep stairs and she wanted to move before her health declined. She had fallen twice in the house over the past year and her relations were beginning to worry about her being alone. She did not want to be a burden to them, nor did she want to feel that they might be worried about her and feel that they had to come and visit her to make sure she was all right.

“Everyone else is on to getting little flats and little this and little that. I know what I want and I didn’t want it... People can be too blooming independent and they can be a nuisance being independent. I don’t want to be a nuisance to other
people. . . And you asked me about money and I'm lucky enough that if I wanted to go and stay in a small hotel or something I could do that. I could change if I wanted to. I hope I won't want to. You see it's nice to have a loophole”.

(Female, 78, never married, alone.)

One respondent thought that the advances in medicine and the raising of standards in accommodation for older people will reduce the need for nursing home care:

“... a lot of people are living here (sheltered housing scheme) in their 80s and they are quite healthy, they’re not needing nursing care at all. Nowadays I think that people are a lot healthier because the drugs they can have and the accommodation is very good, and that would make a difference”.

(Female, 70, widow, sheltered housing.)

2. living with relations
Many respondents also had reservations about going to live with their relations. The main reasons for this were:

- there was a feeling amongst some that living with relations would reduce their independence and they did not want this to happen;
- some felt that it did not always work out, mainly because they thought there would be inter-generational conflict;
- there was also a feeling that if, after moving in with a relation, they did not like it, it would be awkward to move out again and this might sour a good friendship;
- they did not want to be a burden on, or to tie down, their children;
- there was a feeling that that sort of thing is no longer done.

The following quotations allow respondents to explain their feelings in their own words:

“I wouldn’t live with anybody, not even my daughter. Independence, you can’t buy your independence”.

(Female, 89, widow, nursing home.)

“All my life I’ve always said generations don’t mix. I love my family and I think they love me, but neither could I and neither could they live together. I don’t think. They have a different way of life. I love going out to them and I take great interest in the grandchildren and they say that for my years I’m wonderfully young in that I can see their point of view. But I don’t think it’s
right to mix generations if it's possible. Even with the best will in the world I feel we've had our life”.

(Female, 92, widow, nursing home.)

“No, no, never, not under any circumstances. That doesn't work out at all. Well it just doesn't work out with another woman in the house, although I'm awfully great with both of my daughters-in-law, one of them could be my daughter she is so good. But I still wouldn't like to live with her, it would probably be different if I was living with her, it's all right when I'm out, I'm able to keep myself, they don't have to give me anything, so they don't. I'm able to pay for everything myself”.

(Female, 86, widow, sheltered housing.)

“No, no, no, I don't want to bother them and I want to do things my own way”.

(Female, 86, never married, alone.)

“No, definitely not, they're another generation and you wouldn't fit in, you wouldn't fit in and you yourself wouldn't be comfortable, you know”.

(Female, 70, widow, sheltered housing.)

“I wouldn't inflict myself on them (his two daughters). I've been to stay, yes I've been to stay, but oh no I think it would be dreadful”.

(Male, 76, separated, sheltered housing.)

“I know so many people who are tied down with their elderly parents, you know, in a way they have them living and doing everything for them and it's not fair. I mean they have their lives to live, I suppose some don't mind it, most elderly people. That's why they have gone to 'The Haven', so they won't be a bother to anyone and it's a bright place for them to be, isn't it, and they've always company”.

(Female, 90, widow, alone.)

“Well no I wouldn't really. Nobody does that anymore, it's not done much these days. One of my daughters-in-law is always saying 'Grandma I told you you should come live with us, I'm always telling you ...' but no, I wouldn't dream of doing it, I just would dream of it. You know, you feel you're sort of dependent on them, I don't know. It's not done so much nowadays as it was in olden days”.

(Female, 89, widow, nursing home.)

“I could go to a relative if I wanted to, but I'm very friendly with my younger relatives and I get on very well with them. I don't
want to change that. I don’t want to be a burden, and then it’s a matter of them having to come and visit me, you know what it’s like, the old aunt, and it gets like that, there’s no doubt about that”.

(Female, 78, never married, alone.)

Some respondents said that it was not possible for them to live with relations as they did not have any family they could go to or their relations did not have any room. As one man explained:

“Well she (his daughter) works in London and what am I going to be doing in the flat while she’s at work, you know, and then of course I’m 84 years of age. And then my son is 52, or something like that, and he’s in the Jesuits and he wouldn’t be allowed to look after me, he might just be here for an hour and there for an hour, and then the whole thing with the daughter is she’s working”.

(Male, 83, widower, nursing home.)

Another woman explained how she had no children of her own, but would have loved a granny flat similar to one her sister lived in which was attached to her son’s house:

“I’d give the two eyes out of the back of my head for it. I’d love it. But there is no use in wishing for it, it won’t happen. Oh, I’d love it, I’d really and truly love it. Unfortunately, I can never have it. That’s life, loveee”.

(Female, 86, widow, nursing home.)

In fact, granny flats were seen by some as a better idea than living in the same household as relatives because it gave both parties more space and independence. However, as one woman pointed out, this was not always possible as it is not always possible to build on or adapt the house.

“I think it’s a good idea if people can do it because it gives you the closeness to your family and you can see them and that. But in every case it doesn’t work, depending on the house they have it’s not always possible to build on. But I would have quite liked that, but it never seemed to come up, you know, that question never seemed to come up”.

(Female, 70, widow, sheltered housing.)

3. sheltered housing

Respondents thought that sheltered housing was good for those who wanted to maintain their independence and for those who might otherwise be lonely. However, some respondents did seem to have
reservations about going to a sheltered scheme themselves because they felt it would reduce their privacy and freedom to do as they pleased. As one woman explained:

"I don't know, I suppose places like 'The Paddocks' and 'Golden Gates' are places where you have your independence and yet there are people there, you have company... I think that would be ideal but it would be a very, very last resort. I like my privacy, I like to be able to get up when I like and do what I like and do what I want. I've got spoiled since my husband died, you know, nobody is worried".

(Female, 65, widow, alone.)

Another man thought that company was one of the main things which sheltered housing had to offer. He lived on his own, and although he attended a day centre, he would like the option of being able to call into fellow residents for a chat or a game of cards.

"I'd like that all right. I'd be in favour of that, because you could knock around to an old man's house and have a chat with him, or maybe there would be three or four of us and we could play cards".

(Male, 72, never married, alone.)

One respondent spoke of a sheltered scheme that she knew well. She saw sheltered housing as helping to overcome loneliness and as an alternative to nursing home care for those who are semi-independent:

"I think it's a great place for people. They'd be lonely. It's not a case of having money or anything like that -- it's a case of being lonely. Some of them are living on their own and some of them have quite a lot of complaints, you know, so I mean they just love it there. I mean they have their own room... I'd miss the garden and all that, but I mean if I had to go there I think I'd choose that... I mean they're lovely little places".

(Female, 90, widow, alone.)

Another respondent spoke of his local scheme and while he thought it was nice, he had never really considered moving there because he likes where he is living at the moment.

"Well I suppose it would be nice accommodation. They're very nice and very private in their own way, but I never really thought of going to live up there. As I said, I like this place, I have a bit of a garden out the back, there's not much in it, but I keep it kind of tidy, you know".

(Male, 76, widower, alone.)
Some respondents, especially those living in nursing homes, felt that sheltered housing was not appropriate for them. The two main reasons given for this were that they did not want to, or felt they could not, do housework. As two respondents explained:

“Well, if you live in one of those you’d have to look after yourself. Although they’re a good idea really, they’d be a good idea for an elderly pair... I never gave it serious thought because it’s nice to have everything done for you, cooking and everything like that, because when I was living alone I didn’t cook properly. I would, like, cook a chicken but I wouldn’t cook any vegetables”.

(Female, 89, widow, nursing home.)

“If we had moved to that it still would have involved too much housework for me. When it got to the point that I employed this woman (home help) I was at the end of the line where standing was concerned...... Sheltered is good if you’re able to get it earlier. We were able to stay on longer (at home) with help”.

(Female, 92, widow, nursing home.)

Another problem with sheltered housing was that some respondents did not like the actual design of some of the schemes they had looked at. Bed-sit accommodation seemed to be universally unpopular. Others did not like an open fire or stove because it would involve too much work. Some also had very fixed ideas about the layout of the flat and did not like the idea of the kitchen being at the front of the flat. One woman spoke about a scheme she had put her name down for but was glad after that she did not get a place there because she did not like the design of the scheme:

“I put my name down for one down there but I’m glad I didn’t get one afterwards because I hate the fireplace in it. It’s one of these stove affairs, and it’s not a sitting room fire place and now I couldn’t ah... if you want hot water you have to use it (the stove), other than that you have to get a thingamajig onto your boiler, you know the immersion, but I hate that. And another thing that I hate about them is they’re back to front. The front is the back and the back is the front. Now, when you go in what you see is the kitchen windows, whereas the fronts, you can’t see them at all, the front is around the back. But a lot of people like them. The have lovely little gardens and that sort of thing. But somehow I’d rather be in Greenvale because I’m all my life here”.

(Female, 86, widow, alone.)

This respondent went on to explain what she didn’t like about another local scheme.
"Oh I wouldn’t go into ‘The Golden Gates’ for anything. Now to have a bedroom is lovely, no ‘The Golden Gates’ is a bed-sit and the kitchen and toilet, it’s only a hip bath, it’s not a proper bath”.

(Female, 86, widow, alone.)

These findings would indicate a need for designers of sheltered housing to consult more with potential residents to see if they have particular needs and preferences. Those who plan sheltered housing should try to mirror the design of the previous accommodation in which residents have lived. For example, like the woman above, quite a few people in one sheltered scheme included in the study thought that the kitchen and living room were in the wrong place. Linked to this, while being aware of budgetary constraints, schemes should be designed with optimum flexibility in mind so that resident can, for example, use the heating system they prefer.

The location of the scheme is important. Two points emerged from this study. Firstly, the scheme should be close to basic facilities such as shops and transportation. Secondly, the population mix in the area is important. As discussed earlier, one scheme in the study was integrated with family homes and residents had trouble with the local children.

Finally, the point was made that it is important to apply early for sheltered housing as the waiting lists for schemes are long. One respondent, who has been waiting for about four years, explained:

"But the problems is, as I was told by the superintendent in ‘The Paddocks’, it is important to apply for sheltered housing on time. People leave it too late to apply. If you had it in your head to apply for sheltered housing one should apply early in life, so your name will be down there. Young people think that day will never come but it’s amazing how it creeps up and I didn’t think that I would ever be applying for sheltered housing, but he said that it’s very important that you apply on time. I mean what about the person who was waiting for seven years and I’m sure people have applied for even longer than that, I would say from what I’ve heard, and I’m three, four years and it’s a long time, but nothing compared to other people”.

(Female, 74, widow, living with relatives.)

A similar point was made by a respondent living in sheltered housing. She said that when she first moved into sheltered housing she found it difficult to settle in. Now she feels she should have applied earlier when she was more active:

“Well I didn’t like it for a long time. To me it was like a doll’s house that I was playing with and I was waiting for the next
move. But after about I'd say five or six weeks I knew then that it was permanent and I was going to make the best of it, and now I've got to the stage that I would hate to be anywhere else. Like, if I had the choice I would have come here when I was more active, I would be quite willing to do that, I have no regrets."

(Female, 86, never married, sheltered housing.)

These quotations add further strength to the recommendation of this study that more education is needed about sheltered accommodation, so that potential residents know about the length of waiting lists, and also what to expect on moving to a scheme. Moving to sheltered housing is a big decision, especially if it involves selling the family home and so every effort should be made to ensure that people know what to expect. As a starting place, scheme managers should be required to produce a brochure about their scheme. As stated in the previous chapter, residents should also be encouraged to establish their own residents’ committees and one of their functions could be to provide a contact point or spokesman who would be willing to talk to potential residents about what it is like to live there.
CHAPTER 7

Twelve Portraits

This chapter presents twelve portraits of respondents from different backgrounds and living in different types of accommodation. The portraits illustrate the diversity of those included in the study.

These vignettes are one of the strengths of qualitative research. They allow an in-depth description, and a fuller understanding, of people's experiences. The rich data gathered is, however, difficult to categorise and to draw conclusions from. When reading these case studies some common themes relating to older people's attitudes to, and experiences of, their accommodation do emerge. The value placed on independence and the need for as wide a range of housing options as possible are two such themes. These are returned to in the final chapter of this report when the conclusions and recommendations of the study are discussed.

"They think that because you're a pensioner that they can walk over you, well that's one idea that I'll get out of their heads no matter how I do it".

Miss Morris, 86, has lived on her own in a one bed-roomed Corporation flat for the last twenty years. She pays just under £7 rent per week. She was brought up in the Dun Laoghaire area but moved to England during the Second World War to find employment. She returned to Dublin after four years in England and worked as a house-keeper and cook. She lived with her married sister for some years but moved when her sister's children began to grow up and they needed the space. She rented a flat with a friend for a while until she realised that she might be entitled to a Corporation flat. She applied to the Corporation and was offered her present flat.

The flat is very clean and tidy. It has an open fire but Miss Morris does not use it anymore as she cannot be bothered with all the dust and dirt it causes. She receives an electricity allowance, and uses a bar heater instead. The flat is not in good repair. The main problem is damp, particularly in the bedroom, but it is also draughty. The flat has no piped hot water (she installed an electric shower when she moved in) and no central heating. She says that the Corporation has plans to refurbish all the flats in the block, but nothing has happened yet.

Despite these problems she says she likes her present accommodation. In particular she likes the area; she feels safe (although she...
had one attempted break-in) and she gets on well with most of her
neighbours. The flat is also on the ground floor, which suits her
as she has arthritis and cannot climb stairs very well. The main
problem she has with her accommodation is that her neighbour
upstairs plays his music very loud and annoys her generally. There
is also a rubbish skip at the end of the road which she says stinks
during the summer.

Miss Morris had not given much thought to moving, and when
asked if she would like to move has a romantic idea of a little
bungalow near the sea with garden front and back. She has made
enquiries about moving to a sheltered housing scheme about one
and a half miles away, but decided against it in the end as she didn’t
like the design of the flat very much. In particular she didn’t like
the stove fire-place, and also the kitchen is in the front of the flat
and she is used to having her kitchen in the back. She didn’t like
another scheme because it is mainly bed-sit accommodation and
she says she would not be willing to give up her bedroom. She also
has very negative views of nursing homes and says that she would
rather die than have to go into one. She thinks that they are very
expensive and that if she had to move to one she would lose her
privacy and independence. Nor does she want to move in with any
of her relations as she feels she is too set in her ways to live with
anybody else.

Miss Morris gets most of her help from one of her nieces who
helps her with odds and ends and brings her grocery-shopping
each week. Otherwise she manages well on her own. She says
that she is not a lonely person and that she is used to keeping
herself amused with the television or radio, reading, knitting or
something like that. She would also visit her neighbours for a
chat. She is one of the few respondents not to have a telephone,
but thinks that she will get one installed in the near future in case
of emergencies.

Miss Morris comes across as a chatty and energetic person who
has strong opinions on everything. She believes that the average
pensioner is better off than the working man these days as he has
to pay half his wages in tax and support a family. She is very critical
of the Government for giving with one hand (increasing pensions or
allowances) and taking with the other (increasing the rent).

"I might see a luxury and I can't buy it, or when Christmas comes
and I see something I'd like to buy for so and so and one can't.
Occasionally, I see something and I say 'oh that is lovely', a
picture, a luxury what I call, other than that it's just your rent
and your clothes and your food. You can manage terribly well
on a little if you cater for yourself. You can have a very healthy
diet on a little, but I never buy convenience foods. I mean I would make a bowl of soup. a pot of soup, with lots of vegetables in it. I'd have that for my lunch, it's very healthy”.

Mrs. Smith, 78, is widowed and rents a two bed-roomed purpose built apartment. She has been living there for about two and a half years. Before that she lived in England for about fifty years. She was widowed young, with two children, and worked as a domestic and in hotels. She had accommodation with her job and when she retired had to move out. She got a council flat which she liked. However, it only had one bedroom, so she couldn’t have people to stay and this made her feel a bit cut off. When she was working she always thought that when she retired she would like to move back to Ireland and buy a small one up, two down, but around the time she retired property prices shot up and she found she couldn’t afford it. Her sister-in-law saw this flat on the market and the family clubbed together and bought it for her (but also as an investment). Mrs. Smith pays £170 a month rent to her family, which covers the mortgage.

Mrs. Smith’s flat is near the shops and the DART. If she ever gets lonely she goes for a trip on the DART to Howth or Killiney and goes for a walk, which she feels has saved her a lot of depression. She is now finding it a little bit more difficult to go out walking, because of arthritis, and it troubles her as she is worried about what might happen. The flat has lots of storage space which she likes, and the second bedroom means that she can have people to stay. Mrs. Smith does not worry about break-ins as there is a security camera at the front entrance and an intercom, so she can see and talk to visitors before she lets them in. She also finds the neighbours good. They are there if needed, but they don’t encroach. The only thing she does not like about the flat is the kitchen does not have any natural light and can therefore be a bit dark.

Mrs. Smith says that she does not find it too difficult to manage on her pension, as she has been used to tight budgeting all her life with two children to support. She did say that there were things that she would like to buy that she could not afford, but she considered them luxuries: like a picture or Christmas presents for friends. She sold her car because she could not afford the insurance.

Mrs. Smith is content with her present accommodation but has looked at a few sheltered housing schemes in the area and has applied for a place in one of them. She likes this scheme in particular as it is near the DART, she thinks it is well planned and lunch is provided. She does not think that she is ready to move there yet though, and will wait to see if her arthritis gets worse before she makes up her mind. She does not like the idea of moving to a nursing home because they are so expensive. Nor does she envisage living
with her children as they both live abroad and she would like to stay in Dublin.

Mrs. Smith says she does not need meals on wheels or a home help at the moment as she is able to look after herself. She is an active person who likes to go for walks and look around antique shops. She also enjoys reading and playing cards with friends. She says she feels lonely from time to time but tries to keep active.

"It's not a cold house as houses go because it has all the morning sun on the front and it's all in the back in the evening. It's not a cold house. Like you go into these modern houses and you'd be frozen stiff, you know the wee thin walls, and look at the lovely thick walls we have – they're about a foot thick. Oh, I'm all in favour of these old houses . . . I couldn't live in a modern house. I'd feel awfully cramped in. Look at the ceiling, the height of them, ".

Mrs. Scott, 92, is widowed and living in a large Victorian house which she owns. She rents the basement and first floor and lives in the top two floors herself. Mrs. Scott's physical health is fine however her memory (particularly her short term memory) is not very good. She looks unkempt, wears ill-fitting clothes and her hair is uncombed. However, she is clean. The house is in bad repair. There are damp patches on the ceiling, caused by a leaking roof, and the wiring looks old. There is a lot of clutter everywhere as she will not let her home help throw anything out. Her large sitting-room is heated by one bar of an electrical fire. She says that she never feels the cold. She is not poor. She has the rent from the two flats downstairs and her pension as well as her savings.

Mrs. Scott has lived here for about fifty years and is very definite that she would not like to live anywhere else. She broke her wrist about six years ago and had spent a few weeks in a nursing home to convalesce. She hated the nursing home because she thought everybody else there was senile and she had no one to talk to. She does not want to go into another nursing home under any circumstances. When she returned home, a home help was arranged to come once a week to tidy up. The home help also took home laundry for Mrs. Scott, which she was not paid to do. However, Mrs. Scott can be difficult at times and the home help got fed up and left after about a year. Since then one of her relations has taken on the responsibility of calling regularly, does her laundry and cleaning up. Mrs. Scott does all her own grocery shopping, but she gets meals on wheels four times a week, so she does not have to buy very much. Mrs. Scott's future is very uncertain. While she is getting help from the public health nurse, home help and meals
on wheels, her short-term memory problems make it dangerous for her to live on her own. In the past, for example, she has forgotten to turn the cooker off when she was finished with it. She also had one attempted break-in, when some teenagers tried to steal money from her, but she discovered them and threw them out. As her only son lives abroad, her only regular contact with the outside world is her home help.

Mrs. Scott's case history is a good example of the dilemma facing many families: whether to allow their older relation to live the life they want to, with all the risks that it entails, or whether it is better to intervene and arrange care where they can be supervised twenty-four hours a day.

"The one dread I had was I hated the thought of going into a nursing home. For one thing I couldn't afford it, at least I can look after as much as I have here".

Miss Carr, 82, is living with her married nephew and her sister. They live in a large Victorian house. She occupies the basement; her nephew has the first and second floors and her sister has the top floor. Each flat is completely self-contained, but connected by a stairs. Her nephew owns the house. She does not pay him a regular rent. However, they came to an arrangement when she moved in and she gave him a lump sum in advance to help him with the mortgage. She also paid to have the basement decorated and to have some storage heaters installed. She likes where she is living at the moment because she is near her family (she never married) but she still has her privacy. She would not have liked it as much if her flat was not self-contained. The only disadvantage is that her flat can be a bit cold and draughty.

Before moving to the flat she lived in a local authority sheltered housing scheme. She moved about six months ago after she fell trying to cross the road. Her confidence to live totally independently never recovered after the fall and shortly afterwards the basement flat became vacant and she moved in. She was very glad to move as she did not like the sheltered scheme. The design of the flat was all right, the problem was with its location. The sheltered scheme was mixed in with family homes and she had a lot of trouble with the local children who pestered her and stole things from the clothes-line. She also felt cut-off there as none of her family lived in the area and it was too far away from facilities such as the shops and public transport. To make matters worse, the scheme did not have a warden and during the twelve years that she lived there, three of her neighbours were found dead – she was scared that the same thing would happen to her. After her fall, Miss Carr feared
that she would have to go into a nursing home. She says she would hate this as she thinks nursing homes are very expensive and that she would lose her independence if she had to move to one.

Miss Carr suffers from arthritis which restricts her mobility and the power she has in her hands. She gets help from a number of sources. Her home help comes in each weekday morning for an hour and helps with the washings-up and tidying. The home help also does some light shopping for her. Her nephew brings her to do her heavy grocery shopping in his car, she has a freezer and can stock up. She cooks all her own meals. Her sister who lives upstairs also does odd jobs for her and she returns the favour. She used to attend a local day centre when she lived in sheltered housing, but gave that up when she moved because it was too far away. She does not know if there is a day centre near her now.

Miss Carr is an example of a person who would probably be in institutional care but for the help that she gets from the home help service and her family. Her experience of sheltered housing indicates the need for adequate support services such as a warden and accessible public transport, if it is to be successful in housing those who require a little extra help. This case study also highlights the problems which can arise when sheltered housing is mixed in with family homes.

"I'm very happy now, very happy, but it is my only wish that I get into 'The Golden Gates' (sheltered scheme) preferably, because it is so near here. That's where I would like to get and I've seen it and I like it very much and I've met some of the people who live there and they seem very happy. So, it's just that I feel that it's not fair on the family to continue staying here... they need all the space they have. That is why I would love to get into sheltered housing and have the security of it."

Mrs. Murphy, 74, originates from the midlands but moved to Dublin when her husband died about three years ago. Her son, who is married, is now living in the family home. She now lives with her daughter who is married and has two daughters. She moved because she felt she would get on better with her daughter than her daughter-in-law and many of her friends live in Dublin. She does not intend staying with her daughter permanently. She plans to move to sheltered accommodation nearby and has been on the waiting list since she came to Dublin.

Mrs. Murphy likes living with her daughter and her family but they live in a three-bedroomed house, which means that there is a shortage of space. She feels that she is taking up space needed by the family. She also feels that a place of her own would give her more independence. She wants to move to a scheme nearby
because it is near her daughter’s house and she likes the scheme itself. The positive points which she mentioned about the scheme were that the flats have a separate bedroom (rather than bed-sit), lunch is provided which would save her having to cook, it is run by a religious order and it has a good warden and alarm system. She has visited two other schemes but did not like them as much. One had bed-sit accommodation only, which she thought was too small and, as it was a two-storey building, she was afraid that it would be too noisy and she would not be able to sleep at night. The other scheme had a nursing home attached to it which she feels is an advantage as if she got ill she would have somewhere to go. However, she feels it is too far away from her daughter’s house.

We talked about how living in sheltered housing would be different from living with her daughter. At the moment, Mrs. Murphy does not pay any rent and when asked how much she felt she could afford to pay for sheltered housing she was very unsure. She has a basic pension of about £60 a week and some savings. However, she feels that bar her rent, she would not need very much money to live on. She does not think that she would need any help (ie home help) when she moves, as the flat is small and would not take much to keep clean and tidy with just one person living in it. Also, her general health is good. She does, however, have some arthritis in the spine which restricts her mobility, especially in the morning, and she sometimes finds it difficult to sleep.

As with many of those interviewed, Mrs. Murphy has a very negative image of nursing homes. She has visited friends in a number of homes and feels that they are just a money-making racket where elderly people are treated like zombies. She hopes that she would never have to go into one and she says that if she got ill and had to leave sheltered housing she would prefer to return to her daughter’s. She feels that the Government should give more money to help people build granny flats.

Mrs. Murphy enjoys living with her daughter. However, she is still looking forward to moving to the sheltered scheme as she feels that she will be more independent there. She made the point that it is important to apply for sheltered housing well in advance of needing it because the waiting lists are so long.

“There are times you feel that nobody gives a damn”.

Mr. and Mrs. McKeon have lived in their three-bedroomed house for about twenty-five years. Three years ago they bought it from the council. It is situated in a quiet cul-de-sac. Mr. McKeon, who is in his early seventies, suffers from severe arthritis and can no longer climb the stairs. He sleeps in the living-room and they have built on a special bathroom and toilet on the ground floor for him.
Mrs. McKeon sleeps upstairs. She is in her mid-sixties and does the majority of the caring for Mr. McKeon. They have two daughters who live nearby, but they do not have much time to help as they both have young children to look after. Their son lives in London and they do not see him very often. They have a home help who comes once a week for two hours to do some dusting and hoovering and the public health nurse visits regularly to dress Mr. McKeon legs. He also attends a day-care centre twice a week.

Mrs. McKeon feels that they should be getting more help. She says that at times she thinks that she is going to have a nervous breakdown because she can no longer cope. She feels let down by her friends who all seem to have disappeared since her husband got sick. This makes her feel lonely at times. Considering how expensive nursing homes are, they feel that carers should get more help to try to keep people at home. They have not thought about what would happen if Mrs. McKeon were to get sick. In her eyes, a nursing home would be a last resort for her husband.

Mrs. McKeon would like to make some changes to the house, such as new windows to help with the heating, but can not afford to undertake anything at the moment. Mr. McKeon has to have the heating on most of the time because of his arthritis and consequently their heating bill is always high. They feel that disabled pensioners should get the heating allowance all year round. They don’t qualify for the free telephone rental allowance, but feel that they should because Mr. McKeon is very dependent on the telephone as he is not very mobile. It would also be vital if Mr. McKeon had to contact someone in an emergency.

A few years ago a sheltered housing scheme was built nearby and they thought of moving there because of Mr. McKeon’s disability. They decided not to because they felt the move would not be good for Mr. McKeon. The scheme is mixed in with family homes. They are now glad that they did not move because they know a few people who did and say they are pestered by the local children. They also considered moving to another scheme, but it is between two pubs and they thought that it would be noisy at night and at the weekend.

This case study is an example of the lack of support which some older people experience. It also shows that couples can feel lonely at times – in this case when contact with their friends is reduced. Mr. McKeon is testament that highly dependent people can live in the community, but that a well-developed support system is crucial if they, and their carer, are to lead as normal a life as possible.
"I’ve been fortunate enough to be financially independent and that means an awful lot. It would be awful to have to go to somebody and have to sit in the corner and be dependent on them, but now I think that the social services for elderly people are so good that none of them are like that. Most of the women that I meet over there (at the day-centre) have social welfare pensions, electricity, light and gas and everything else and if they’re living with families they’re able to be a help to them, you know, they’re making a contribution, it makes a big difference doesn’t it”.

Miss Kelly, 86, worked as a civil servant and never married. She has lived in local authority sheltered accommodation for the last two years. Before that she lived with her father in the family home until he died and it was sold. She moved in with her sister who was married with three children. She says that she feels she was talked into moving in with her sister and even though she knew that the family home was too big for her she does regret leaving it at times. She gets on well with her sister and her family, but feels that after the move she had lost her independence.

When her sister’s husband died and the children had left home her sister decided to sell her home and move to an apartment. Her sister bought a two-bedroom apartment so that they could both stay together, but Miss Kelly felt it did not suit her as it was not near the bus stop or the church so she decided to rent an apartment on her own.

She was satisfied with the apartment but found the rent expensive (£250 a month) and as it was upstairs (32 steps without a lift), it was awkward for carrying shopping. When she first moved to the apartment she applied to the local authority for sheltered housing and was on the list about two years when she had an accident. After some time in hospital she was referred to a convalescence home for two weeks and then she moved straight to the sheltered scheme. She feels very fortunate that she got a place in the sheltered scheme as she does not think she would be able to manage the stairs in her apartment any more and she did not want to go to a nursing home. Because her rent in the apartment was so expensive she was also beginning to worry that she would run out of money.

Miss Kelly likes living in the sheltered scheme. The rent is much cheaper – only £58 a month, which includes some central heating. The kitchen and toilet are more than adequate. The neighbours are friendly and helpful without being interfering. She also enjoys being independent again. It is near facilities such as the shops, church and launderette. She did find it a bit small to begin with and had, for example, to get a new wardrobe because her old one was too big.
She does not use the open fire in the sitting-room because it is too troublesome and uses an electric bar heater instead. She says that she finds this a bit expensive to run (her December to January bill was between £40 - 50) because she is not entitled to an electricity allowance.

Miss Kelly admits that she found it difficult to settle into the scheme at first, but now wishes she had done so earlier. She said:

"to me it was like a doll’s house that I was playing with, and I was waiting for the next move, but after about, I’d say 5 or 6 weeks I knew then it was permanent and I was going to make the best of it, and now I’ve got to the stage that I would hate to be anywhere else. Like if I had my choice I would have come here when I was more active. I would be quite willing to do that. I have no regrets”.

Two things which Miss Kelly mentioned were that she found it difficult to become accustomed to the fact that the flat is bed-sit (she was not used to living in just one room) and also that the flat is on the ground floor (she was accustomed to sleeping upstairs).

Miss Kelly does not have a home help at the moment but says that she would not mind having one to do some odd-jobs like hoovering under the bed, washing the inside of the windows and winding the clock over the mantelpiece. Her niece does these jobs for her at the moment, but she would prefer if her niece could come to visit and sit and chat. She says that, that way, she would feel more independent. She knows how to apply for a home help, but has not got around to it.

Miss Kelly is an example of somebody who moved into sheltered housing and, on the whole, finds it very satisfactory. The sense of independence which sheltered housing gives her is very important, as is the fact that it is close to facilities such as shops, bus stops and the church. The rent is also low compared to the cost of private renting although the amount of room space is limited. The waiting lists are also long.

Mr. O’Neill, 76, is married but no longer lives with his wife due to marital problems. He rents a two-bedroomed apartment in a privately run sheltered housing complex. He has two daughters, both living in England. He worked in London in banking and returned to Dublin with the bank for a number of years before taking up farming. He gave that up about six years ago when he fell out with his wife who still lives in the countryside. He rented a number of places on a short-term basis before coming to this scheme.

He loves the countryside and would prefer if the scheme was in a more rural location. The main advantage of the scheme is that there
are panic buttons in every room and, as the scheme is attached to a nursing home, a member of staff is available twenty-four hours a day should they be needed. However, again, he had negative views about going into a nursing home himself. While he thought the staff in the attached nursing home were very good, he did not like the idea of being in with old ladies, or as he said himself, “all those old bags fighting and nagging at each other”.

He says that he sometimes gets lonely and thought that all old people, especially those living alone, suffered from loneliness. He knows his neighbours well and gets on with them, but somehow it’s not the same as the friendships he made when he was younger. He spends a lot of his time watching television, especially sports.

He has had no major health problems. However he suffers from diabetes and feels that his health is now beginning to deteriorate. As a result of his diabetes he had an operation on his eye two years ago – but he is still able to drive. He does not have, nor does he feel he needs, a home help at the moment. He feels it does him good to have to struggle on by himself. If his health does deteriorate, however, he would prefer to try to get more help in the apartment than to have to move to a nursing home. He definitely would not like to move in with one of his children. They are married now and have their own lives and he would not like to inflict himself on them.

Mr. O’Neill is an example of the varied reasons why people come to live in sheltered accommodation. Although he does not think it is perfect, he would like to see his days out there if at all possible.

“I think it was the loneliness too that affected me, that made me want to come in, now you don’t really get rid of the loneliness properly. You don’t feel as vulnerable here, but I think when you’re on your own and you have been married for so many years I think wherever you are you will feel that loneliness”.

Mrs. Jones, 70, has been living in a sheltered scheme run by a voluntary organisation for about two years. Before moving to the sheltered scheme she had lived all of her married life in a three-bedroomed house. Soon after her husband died she decided she would not stay in the house long-term. She thought of moving to a smaller house but decided that she would have to pay almost as much for it as she would get for her old house. so she would be better-off either staying where she was or moving to sheltered housing. The cost of repairs was also a big worry for her, especially since her husband died and she had to pay to get all her odd-jobs done and she was afraid that the house would become run-down. She said that if she had stayed on in the house she would have had to spend quite a lot of money doing it up as, for example, central heating needed to be installed. She also had a burglary after her husband’s death and this made her nervous of coming in on her
own late at night. Although there have been two break-ins at the sheltered scheme, she said that she feels safe there. The final reason why she moved was because she felt lonely. Interestingly, she said that she would not have moved if her husband had lived - she would have got help in instead – because she thought he would not have wanted to move.

Like Miss Kelly above, Mrs. Jones also found it a little difficult to settle into living in a sheltered scheme and said that she suffered a little from depression at first. She also found her one-bedroomed flat a bit small compared to the three-bedroomed house she used to live in. She has two sons and had talked to them before moving and they had come to see the flat before she made her final decision. They both thought that the move was a good idea. She would not have liked to move in with either of them because they are both married with children and she does not think that generations mix well. She thought that she would feel uncomfortable. She would have liked it if she had her own granny flat in one of her sons’ houses but she did not think either son had enough room to build one and, in any case, it was never really mentioned by them as an option.

A main meal is provided by the sheltered scheme at lunchtime and this cuts down on the amount of grocery shopping that is needed. Mrs. Jones thinks this is an advantage because the shops are not very close to the scheme and shopping could become a problem if she were to become less mobile in the future. She feels that the provision of a main meal helps residents to stay on longer in the scheme because it makes catering for yourself much easier. It is also great not to have to worry about planning the main meal of the day as cooking for one can be difficult. However, she does feel that having to be around for lunch ties her down a bit.

Mrs. Jones pays £75 a week rent, which includes her main meal and central heating. She also gave a lump sum from the sale to her house to the voluntary organisation when she moved in and this will be returned when she leaves. She said that while the rent is a bit expensive she can afford it at the moment. She feels that the voluntary organisation is not out to make a profit on her and this is reassuring. She does worry from time to time that she will live too long and run out of money. At the moment her health is fine.

Interestingly, Mrs. Jones said that she does feel a little institutionalised at times, especially when announcements are being made at lunch time. However, she said, this is to be expected when any group are living together. She feels part of a community which she likes, but she can also come and go as she pleases.

Mrs. Jones is fairly typical of those who move to sheltered housing after the death of their spouse. Often they move because they feel their house is too big or too expensive to maintain and repair. Feelings of loneliness and insecurity are also reasons given for
moving to sheltered housing. However, as this case study shows, sheltered housing is not a panacea and these feelings may persist after the move. Many do not want to live with relations because they feel it will reduce their independence or change the nature of the relationship they have with their families.

"It’s a very, very nice place as you can see. They’re very, very nice kind people – the nuns – always very kind. And it’s not really like what a home for elderly would be, they’re more kind of liberal, there aren’t these hard and fast rules – you must be up, you must be here, you must be there, go to bed by nine or eight – there’s none of that”.

Miss Carter, 87, lives in a welfare home. She never married. She lived most of her life with her mother and when she died she went to live with a widowed sister until she died. She then lived with her niece and her family for about seventeen years, but decided to move when her eyesight began to fail. She was very determined that she would not become a burden on her niece. She feels it was her own decision to move, but at the same time she wonders if her niece could not find the words to ask her to leave. She had thought of going to live on her own, but everyone advised her against it. She spoke to her family doctor, who is also a friend, about the different options and then decided on this home.

Her accommodation is a fairly small single bedroom, which she finds bright and cosy, and the bathroom and toilet are down the corridor. There is also a communal dining room, kitchen (for making tea in the evening) and a smoking room. Her room is hoovered weekly, but she tidies it herself, and meals are also provided for. When she moved in she was able to bring some of her own furniture, and when they redecorated the room recently she was able to choose the colour scheme for her own room. She said that she found it difficult to settle in at first because she was lonely and missed living in a busy family home, but she got over the move fairly quickly.

Miss Carter has a very independent spirit, but does not feel institutionalised in her present accommodation. She gets on well with the staff in the home and can come and go as she pleases. She has a room to herself, so she can go there whenever she wants to be alone. One disadvantage is that she does not have a telephone in her bedroom. There is a public coin-operated phone in the office but it is awkward and often costly to make a phone call. Also, on occasion, friends have told her that they tried to ring her but could not get through because the phone was engaged for long periods. Another disadvantage of the welfare home is that the panic button is in the
corridor rather than an individual one in each bedroom. While she feels that she does not really need the panic button herself at the moment, she thinks that some residents, who are badly affected by arthritis, should not be expected to be able to get to the corridor by themselves to call for help.

Miss Carter’s story is an example of some of the problems which can arise for older people living with relations. She decided she would move when her eyesight began to decline because she did not want to become a burden. She is very lucky in that the regime in the welfare home is liberal and she can remain active and out-going.

“\textit{Well, fortunately I have enough to get all these extra things, but my daughter says, she does part-time hospital work and she’s so upset because there are so few nurses – they can’t cope – the geriatrics are dressed and put on a chair and usually these people haven’t a living relation – that’s is the other side.”}\)

Mrs. McCarthy, 92 is widowed and lives in a private nursing home. She has a private bedroom to herself, with en-suite facilities, her own phone and television. There is a jacuzzi for residents just down the corridor. Before moving to the nursing home she lived with her husband in their son’s house. They sold their house about fifteen years ago and at about the same time their son had to move to London with his job so they moved into his house while he was gone. They had a women come in twice a week for about four years before they moved to the nursing home because Mrs. McCarthy got arthritis in her hips and could not stand up for long periods. She says that without that help they would have had to move to the nursing home much earlier. It was her husband’s ill health which finally caused them to look for a nursing home. The home they choose was recommended to them by a friend.

They moved into a double room, but her husband got a turn about two weeks after they moved in. The nursing care which he received until he died two weeks later convinced Mrs. McCarthy that she should stay on in the home. She says that she feels as contented in there as she can be without her husband. She has now moved in to a single room in the basement and would like to move upstairs where the rooms are a little bigger and brighter. Mrs. McCarthy says that she sometimes feels lonely, but that this is only natural after 65 years of marriage. In the nursing home she does not feel alone because the staff are always coming in to see how she is. She does not think that she could face going home because of all the memories.

She said that they had decided against sheltered housing because that would still involve house-work and Mrs. McCarthy could not do
any because of her hip. She decided against moving in with either her son or daughter because she does not think that the generations mix well. She loves going to see her children and she likes to take an interest in her grandchildren but she does not think that it would work out if she went to live with them.

Mrs. McCarthy’s reasons for entering nursing home accommodation are similar to a number of those interviewed. Her wish to be independent of her family is also a theme which appears in many of the interviews. She does not worry about the financial costs of the nursing home because her husband left her with investments and a pension.

"When I first came I said to myself 'well isn’t this better than going down to see if you’ve locked the back door'”.

Mrs. Walsh, 89, is widowed for fourteen years and lives in a private nursing home. She lives in a one-bedroomed en-suite room with her own telephone and television. She also brought some of her own furniture and books with her when she moved in. She moved to the home about three years ago because her health was beginning to fail and her doctor kept telling her children that she should not be living alone. She had to call the doctor to the house a few times in the middle of the night and she was beginning to get a bit nervous about living on her own.

She looked at a few nursing homes in the area and choose this one because she liked it. There are also a few sheltered houses on site, but she did not give them serious thought as she would still have to do all her cooking and housework and she did not want to have to do that anymore. When she lived alone she said that she found it difficult to cook for herself and had not been eating properly. She had tried meals on wheels for a couple of weeks but did not continue with them because she could not be bothered. She also had a home help whom she paid privately. She had tried home helps from the health board in the past but found them unreliable. She would not consider moving in with one of her five children because she would feel dependent on them and in any case she does not think that that sort of thing is done anymore.

She says that she likes living in the nursing home, but like anywhere it can be a bit boring and institutional. She also thinks that breakfast is served too early (7am), but she is getting used to it. She finds it a bit disturbing to see senile people walking around but accepts this as part and parcel of living in a nursing home. She feels that the main advantages to living in a home are that she no longer has to worry about everyday things such as cooking or security and there is someone on hand in case of emergencies. It also means that
her family do not have to worry about her. They visit her regularly and also bring her shopping and to lunch on Sunday. She says that she feels lonely at times but thinks that this is inevitable.

Mrs. Walsh is an example of those who enter a nursing home to stop their children worrying about them. Although her health is beginning to cause problems, with a more flexible support structure (for example a home alarm system) she could possibly have stayed on in her own home. However, she did say that she was content enough with the move and found the staff friendly and helpful.

Notes
81 Because of Mrs. Scott's memory problems, I also interviewed her home help who gave me particulars of her case history.
82 The interviews included some residents from this scheme and they also complained about the local children.
CHAPTER 8

Issues

This chapter is divided into four sections and reports on issues which emerged during the interviews. The first examines participants’ health, the second the help they received, the third looks at their daily routines and the final section examines their experiences of loneliness.

1. Health
When initially asked about their health, most respondents said that it was ‘grand’, or that it was ‘good for their age’. This is in keeping with the results of a larger survey of health and disability carried out in the UK, which found that older people were more inclined to understate their health problems and attribute them to their advanced years.83

Further probing concerning general areas of health such as walking, hearing, sight and memory did reveal some health problems. The most prevalent problems related to arthritis and mobility problems, with a few mentioning other problems such as hearing and sight problems, circulatory problems and digestion. It is interesting to note that five respondents said they had no health problems at all.

Those living in nursing homes did not report more health problems than those living at home, with relatives or in sheltered housing. While this could be due to the fact that those in institutional care with health problems might have been less willing or able to be interviewed, it still holds that some of those living in nursing homes have low dependency levels and were in institutional care for reasons other than ill-health.

However, the function of nursing homes is to provide 24-hour medical supervision to dependent older people. Some of those living in this setting were doing so, not because they needed care, but to stop their families from worrying about them and so that they could get help quickly in an emergency. However, this could be achieved in a much less drastic way by making adaptations to their present home, such as the installation of an alarm system, and the provision of adequate domiciliary services.

Others had moved to a nursing home because they did not want to maintain a big family house, cooking and cleaning for themselves. They also wanted to move somewhere where they would not have to move again. Perhaps they would be more willing to take up sheltered housing if it were possible to receive more services such as laundry, cooking and house cleaning. In the United Kingdom,
extra sheltered housing has been introduced which provides these extra services with medical backup for those who need it. This can prolong the length of time which older people can live in a community setting and may be particularly relevant in the context of the projected growth in the numbers reaching 85 years or over, outlined in chapter 1 above.

2. Help

Respondents also talked about the help which they received. Most of those who had family living nearby reported that family members helped them on a regular basis, mainly with shopping, housework and odd-jobs. The two main official forms of help received were from the home help and meals on wheels services.

Those who had a home help seemed to be happy with the service which they received, and some considered their home help as a friend. Home helps did a variety of tasks from hoovering and dusting, making the bed, cleaning and setting the fire, to light shopping, some laundry or ironing and making breakfast/tea in a few cases. In some cases respondents were paying privately for their home help.

The main reason given by respondents for not having a home help was that they did not need help at the moment. It is worth noting that one respondent mentioned that she thought home helps were a security risk as they knew who kept money in their house. As she explained:

"... an old lady was broken in to a few months ago. She was over 90, she's in hospital at the moment, and some lad broke in and took money from her. But I think that it's those people who are working in the houses, going in to the houses carrying out news, they knew where to go. (Which people now?) The home helps. (Do you think so?) I think so. They go out talking. She had money, you know, she had money on her. She'd keep the money in the house, and she had. They said that she had it in her pockets, in her cardigan, but they knew where to go to get it anyway. So there must be some information and all the houses there's in it they knew the one to go to, twice I think, no three times they broke in to her".

(Female, 78, widow, sheltered housing.)

This is a worrying finding given the important work which home helps undertake. It is impossible to know to what degree this view was shared by other respondents. However, it should be addressed by ensuring that home helps are aware of worries such as this and are trained to deal with them.
Five respondents said that they received meals on wheels, all of whom were living alone. There were two main reasons why respondents did not receive meals on wheels: they did not need them or they did not like them. Most of those living alone who did not receive meals on wheels said that they could cook for themselves; in one case the respondent’s home help cooked for her. Most of those living with relations said that they did not need meals on wheels because they either cooked for themselves or ate with their family. Two, however, said they had tried them but did not like them. Below is one respondent’s comment.

“I wouldn’t have them under any circumstances. I got them a few times and they were desperate, stone cold and everything and left on the window, you know”.

(Female, 76, widow, living with relations.)

Those in sheltered housing said they did not get meals on wheels because they did not need them. In most cases this was because a main meal was provided by the scheme they lived in or they attended a day centre where a meal was served.

For those in nursing homes all meals were provided. However, it is interesting to note that two respondents said they had had meals on wheels while living at home but had stopped receiving them before they moved to their nursing home – one because she did not like the food, the other because she got tired of it.

“I did it for six weeks and I said, you know, I couldn’t take them, they were awful”. (What was wrong with them?) Well they were badly cooked. There wasn’t a good selection. Maybe some people said they were marvellous, but they didn’t suit me. I’d sooner have a boiled egg, so I cooked for myself; I roasted a joint every weekend for myself. What I ran short of my help would run down to the village or across the fields to Crazy prices”.

(Female, 87, widow, nursing home.)

“Well I did try the meals on wheels for a while and then I couldn’t be bothered. I did try them and very nice they were too”.

(Female, 89, widow, nursing home.)

The findings from this section indicate that providers of services to older people need to be more aware of their preferences, so that they provide a more client-centred service. Locally-based surveys, which would include questions about service satisfaction, comprehensiveness of coverage and possible improvements, are needed to ensure older people receive the best possible service.
3. Daily Routines

Respondents were asked about their daily routines in order to get an impression of how they passed the day. As with any other group, people's routines varied and some said that they did not have any routine:

"I don't have one ha! ha! That's what I enjoyed when I left the bank. I didn't have a routine. I could do what I wanted to. I get up early, I get up late, I go to bed early, I go to bed late, you know. I do what I like".

(Female, 78, never married, living alone.)

Others said they spent the day doing fairly normal things such as a little bit of housework, meeting friends, watching television, attending day centres, and so on. Below are just a few examples.

"Well I have a fairly good routine. I have my breakfast between eight and nine, and I generally get up then and there's generally something on in the day to do. I find plenty to do, by the time you do your bit of laundry and cooking, do the housework, do the garden. I have friends and we go out and have coffee mornings, afternoon teas and things like that. The time flies really".

(Female, 90, widow, living alone.)

"Well I get up about eight or nine now. I used to get up earlier, and then I get myself a bit of breakfast. The home help comes and she does a bit for me and I make a cup of tea for her and have a chat and then I kind of get myself tidied and say my prayers and make my bed and maybe do a bit of washing. In the afternoon I usually have a rest and get something at tea-time and spend the rest of the day as best I can. I have a little portable radio and I bring that into the bed with me".

(Female, 82, never married, living with relatives.)

"I get up at eight - I don't have to. You can get up anytime you like, some of them lie on. I don't. I wake up and I more or less have to get up. Sometimes I get up at quarter to eight or half seven, you know, it depends, then I rest in the afternoon. And then I have breakfast, get washed and dressed - it takes me an hour to get dressed, still I can dress thank goodness, and then I have my lunch, and maybe the rent man might call. Sister comes in with communion, and then I clear up after my lunch and maybe write a letter or do bits and pieces, sit dawn and sleep, once I sit down I fall asleep"

(Female, 75, never married, sheltered housing.)

"I'm afraid a hell of a lot of the routine is tied to that bloody thing, to the television. If, as has been the case recently, there
has been a test match on, I stay glued to the test match. If there’s jumping at the Royal Dublin Society, I’d watch that. If there’s a rugby match, I’d watch that”.

(Male, 76, separated, sheltered housing.)

It was noticeable that those who lived in nursing homes tended to report a more structured day than others in the sample. Earlier, we saw that some of those in nursing homes found meals, especially breakfast, to be served too early. There was a tendency for respondents to say that they had to adjust to this, rather than the nursing home staff offering flexibility. While set meal-times can offer a structure to the day, they can also dominate it. This point comes out in the quotation below:

“I sit out for it (breakfast at 7 am). I don’t like sitting up in bed, and then I go back to bed and I very often doze for a while. Nearly always I have a little rest and then I get up at nine or a quarter to nine and have a shower, the girl helps me in the shower... I’m usually sitting down by ten or a quarter to ten and then I look at the paper. I put Gay Byrne on but I don’t like him that much, but I like Pat Kenny at eleven, I like him very much. Then it’s very early hours for all the meals; lunch is at twelve, but you get used to it you know, but it’s very early, and then the evening meal is at five which they call tea, pancakes or fish pies or something like that and then there’s tea or whatever you want at eight o’clock. And then I try and go out for a walk... one of my sons comes on Friday and we often go out for a walk around the garden and one of the girls from the other house comes over and takes me out for a walk on Tuesday and Thursday. And then I watch television in the evening, I don’t look at it during the day-time. I switch it on for the six o’clock news, so I start with that, the Irish news and this is Friday so the Late Late tonight. I’m inclined to go to bed early.”

(Female, 89, widow, nursing home.)

4. Loneliness

As was stated in chapter 2, one of the aims of sheltered housing is to help reduce loneliness amongst older people. Respondents were asked if they ever felt lonely in order to ascertain if those living in any one particular type of accommodation were more prone to loneliness than those in other types. The research indicates that loneliness does not depend on the type of accommodation respondents are living in.

In keeping with the findings of previous research, those who were least accustomed to living alone where the most likely to express
feelings of loneliness. For example, those who had recently suffered a bereavement were most prone to loneliness. While there may have been some gender differences in the numbers who said they felt lonely, with men being less likely than women to say they felt lonely, this was by no means unanimous. Some of the men said that they felt lonely, while some of the women said they never felt lonely. Finally, those who had an interest or activity were less likely to say that they felt lonely than those who had nothing to distract them.

Below, a selection of respondents' comments displays this diversity.

"Well I do of course, well you think of your husband and all that sort of thing and the life you had. Oh yes I don't like being alone really. I must say I'm afraid that's why I pester them so much (her family), all of them in turn. I try not to put myself on them too much. Oh yes I do feel, I do feel lonely sometimes".

(Female, 90, widow, alone.)

"Never, I'm not a lonely person. I'm quite happy sitting here watching my own programme, not that there is much going on now and I used to do a lot of knitting. I can knit and sew and do everything and read and listen to my transistor. But I'm not a lonely person and I don't get tired of my own company either".

(Female, 86, never married, alone.)

"Once you're a widow you get lonely for no reason at all, sometimes you get a bit . . . And then my favourite sister died about two months ago and she was next to me in age and we had a great rapport and we were able to sort out all of the muddle of the others, you know. That left me a bit put-out and knocked about and I couldn't think straight for a long time".

(Female, 80, widow, living with relations.)

"Well not . . . well sometimes you'd be sitting here looking out the window and you wouldn't see a soul and you'd say 'it's like you're in a bloody prison, looking out the barred windows', that's the way you feel like, well it's really lonely. Sunday now I'd say is the worst day, you never see anybody".

(Female, 78, never married, sheltered housing.)

"You need to get out because it can become very lonely here in the house, especially at night-time by yourself . . . The worst thing is the loneliness. That's the biggest drawback to being here, being anywhere on your own, being lonely and having to fill in the time. I got a teddy bear sitting on the settee there so that there is another pair of eyes in the house".

(Female, 68, widow, sheltered housing.)
"Oh yes, every old person is a lonely person, especially if they’re living on their own like I am. I mean this place is full of lonely people."

(Male, 76, separated, sheltered housing.)

"Well I have so many coming in, no I’m not really a lonely person. I look at the television and I put on my records. But you could get very lonely. Some of them are very lonely I hear them say, like they have no one to go in to them at night."

(Female, 86, widow, sheltered housing.)

"I do terrible. After 65 years you are, we’re married 65 years, so naturally."

(Female, 92, widowed, nursing home.)

"I’m not that lonely here, if you like, you know what I mean. You see I can sit here now and if I’m not doing a puzzle, I’m half asleep half of the time."

(Male, 83, widower, nursing home.)

"I was never lonely and I’m never lonely here. If people come to visit me I’m quite happy to see them, if they don’t come it doesn’t worry me one bit because the family (who own the nursing home) are friendly."

(Female, 87, widow, nursing home.)

"No, never, my trouble is that the days are short, too short for what I want to do."

(Female, 87, widow, nursing home.)

Some respondents said that they did not feel lonely because they lived in a lively house where there were plenty of distractions. Others tried to overcome feelings of loneliness by getting out and about and keeping active:

"Yes up to a point. But I’ve always something to do. I do a bit of hand-work, knitting and I was a great walker. I love walking but unfortunately I think I’m getting a bit of arthritis because I’m finding it more and more difficult to walk and that really upsets me. If you’re lonely, which one can get, not discontent but lonely, just get on the DART and go as far as Howth, have a tea and come back."

(Female, 78, widow, alone.)

"It’s a very lively household, there’s really a lot going on in it, so I don’t really get lonely."

(Female, 74, widow, with relatives.)
It is difficult to see how the instances of loneliness can be reduced amongst older people, as it seems to be some people's natural reaction to a change in their life circumstances, for example, the loss of a spouse or friend. As was pointed out in chapter 2, however, there is a difference between loneliness and isolation and perhaps the focus should shift to making sure that older people are not forced into isolation, and in doing so this may help in reducing intense feelings of loneliness.

The priority should shift to ensuring that those who want to be active and participate in social events such as meeting friends, attending church, visiting family or going to day centres can do so. As so few older people have access to their own private transport, reliable and frequent public transport is essential to reduce isolation. The free telephone rental scheme operated by the Department of Social Welfare may also help to reduce isolation for older people, especially those living alone in rural areas. A network of day centres, voluntary groups and active retirement groups is also required and older people should be encouraged to establish these for themselves. For the house-bound, visiting services operated by groups such as St Vincent de Paul are essential.

Notes

84 Tinker, A. 1989.
CHAPTER 9

Conclusions and Recommendations

This research was sponsored by the Dublin Central Mission to examine older people's attitudes to their accommodation and their knowledge of, and attitudes to, housing alternatives. It posed a number of questions:

- how do older people come to live in their present accommodation?
- what are their attitudes to their accommodation?
- what is their knowledge and experience of other accommodation settings; and
- what, if anything, would they like improved?

The main findings of the research have been reported above. The research involved in-depth interviews with forty-four older people living in different accommodation settings in Eastern Health Board Area 1. While the interviews were based around the theme of housing, participants were given considerable opportunity to talk about what concerned them most. The strengths of using this method are that it allows participants to describe their experiences and focus the research agenda on issues which are of most importance to them. This can make drawing conclusions from the study difficult as, while the material gathered is very rich in detail, it is also very diverse. However, some important policy conclusions can also be reached which are now discussed, together with recommendations for policy and further research.

1. The Fear of Losing Independence

One of the strongest messages to come from the research is that most older people expressed a preference for independence and self-determination. They may strive to achieve this in very different ways, from living on their own or with their family to moving to sheltered housing or even nursing home care. The fear of becoming a burden on their families is very strong for many older people, and while maintaining independence can be laudable it is often not very easy.

_Maintaining independence can be expensive_

For those living alone, the cost of house maintenance can become a serious problem and while certain government schemes are
available to help those living in sub-standard accommodation, little help seems available for small repairs, decoration and general maintenance. Some older people also find it difficult to get someone they can trust to do the work for them. Perhaps there is room for voluntary organisations or the private sector to help here? Energy Action, for example, helps older people with the insulation of their homes, and could provide an inspiration for other groups to help with small odd-jobs, which, if left unseen to, can lead to more serious problems. Schemes could also be run at a neighbourhood level so that older people would know those who carry out the work.

Mobility and access problems can also be expensive to overcome. Access to upstairs can cause serious problems to those with increasing mobility problems. Help is needed to ease access in such cases, by, for example, helping with the costs of installing a downstairs toilet. Mobility problems can also be expensive if older people cannot use public transport as it can mean, for example, having to use taxis or get shopping delivered. Those who cannot use public transport should get help with the extra costs which they incur.

Maintaining independence can be difficult
This research has highlighted the crucial role which the home help service plays in maintaining older people in the community. Such a service needs to be constantly monitored to ensure that it is meeting the objectives set down for it and that the users of the service are happy with the service they receive.

This research has reported some of the problems experienced by those living with relations, particularly those who did not have a self-contained flat. These older people were particularly likely to worry that they were taking up room needed by the family. They were also anxious that should they become ill they could not expect to be cared for long-term by their families and, in such an event, they would have to move, most likely to a nursing home. A final problem is that those who do go to live with relations in accommodation which is not self-contained can lose out on their social welfare living alone allowances.

Helping families who supply accommodation to their relations should be a priority. A multi-pronged approached is needed. Financial help is needed to convert garages or other rooms into self-contained apartments, or to build purpose-built granny 'flats' where space allows. At the moment some help is available under the Disabled Person's Grant scheme operated by the Department of the Environment (see chapter 2). However, this scheme is too limited and should be extended to include help for able-bodied older people. The assumption that because a family offers accommodation they
will also be willing or able to undertake a full-time caring role should also be avoided. Those living with relations should be able to avail of all the community care supports, such as the home help service, so that they can continue to feel independent.

This study also found that those living in sheltered schemes which do not have a warden are at a disadvantage compared to those who do have this resource. The warden seems necessary for peace of mind, to be called on in emergencies and to help during short periods of ill health. While this study did not focus on the role of the warden it is clear that they provide services beyond their job description, especially when residents are unwell, and can be key players in helping a person remain independent for longer than they would under other circumstances. Wardens can also provide advice on other services, such as the home help service, upon which residents can call if needed.

Most of those interviewed in nursing homes as part of this study would have been capable of living at home or in sheltered housing with help. However, they moved to nursing home care because they did not want their families to worry about them, or they wanted to be freed from the responsibilities of community living, for example house-maintenance, cooking or shopping. While many were not in need of any nursing care, they did have to fit into the medical model of care in operation in the home. This often involved fitting into a routine more suitable for the less-able residents, and resulted in the loss of their independence. This study has found that those living in nursing homes who are not medically dependent, although happy, are not benefiting from the advantages of this form of care as much as they could be if the atmosphere was less restrictive and less medically-orientated.

Extra sheltered accommodation, which includes a full range of on-site welfare and communal facilities, such as warden, alarm, meals and laundry services, may be more appropriate than nursing home care for those who are not highly dependent but feel they require more care than is offered in the community or in ordinary sheltered accommodation. The potential for extra sheltered accommodation in the Irish setting should therefore be investigated further.

2. The Need to Allow Older People to Make Their Own Choices

It is a well-rehearsed line in reports of this nature that older people are not homogeneous and that assumptions about their needs and attitudes should be avoided. This study has shown that some live in accommodation which others might consider very inappropriate,
but which they consider home. They are familiar with their surroundings, friendly with their neighbours, possibly unaware of what help is available and unwilling to move to alternative accommodation where they do not know anybody.

There is a strong argument to allow older people to live the life they choose and to allow them to take reasonable chances in doing so. Adequate service provision, both in terms of housing and personal social services, play a crucial role in achieving this goal. Designers and planners of services need to communicate more with older people to ensure they deliver the level and standard of service required. This recommendation applies not just to providers of community care services such as meals on wheels and the home help service, but also to those involved in the management of nursing homes and sheltered housing schemes.

There is a need to see the older person as the customer of services and to become more aware of the importance of their wishes and preferences if services are to become more tailored to individuals’ needs. There is also a need for planners to be more aware of the valuable advice which older people can offer in the future planning of services. The experience which they have gained by using services should be tapped so that any inadequacies or oversights are dealt with in future provisions. For example, older people’s dislike of bed-sit sheltered housing should be considered and no further such accommodation should be planned. Service planners and providers should put in place a mechanism whereby service-users, and potential users, can give frequent feedback on the quality of service provided. This should take the form of regular independent surveys, possibly locally-based. To increase their input into the management of schemes, residents of sheltered accommodation should also be encouraged to establish their own residents’ committees. Such committees could also provide an information and advice resource for those thinking of moving to this form of accommodation.

If older people are to make informed decisions about their housing they need to be given adequate information about the accommodation choices available to them. This also applies to the pre-retirement group who will be making these choices in the near future. This study has shown that some older people are unsure of what sheltered housing entails, and are unaware of the need to apply for such accommodation well in advance due to the long waiting lists. There is a need for more education about this type of accommodation: for example, who it might suit best, the costs involved and the application procedure.

The negative views of nursing home care held by many older people in this research should cause concern. As reported above, many considered these homes expensive and they were worried
about the standards of care which some homes offered. People need information on the standard of the nursing homes in their area. While compulsory registration and frequent inspection ensures that unscrupulous home owners are identified, there is also a need for a regularly updated public guide to homes (similar to guides on guest houses or hotels) which would give an independent rating of homes in terms of, for example, staff friendliness, the ethos of the home, value for money, the waiting lists, the facilities available and any specialisations they may cater for (eg. Alzheimer's patients). This would be an invaluable aid to potential residents in choosing the home which they feel would suit them best.

Further Research

Three areas for further research emerged during this study. Firstly, this present study gives some insight into the housing careers of older people in a specific area of Dublin. However, a national longitudinal study, tracing people’s housing careers in retirement, is not available at the moment, but would be very beneficial. Such an approach would result in a better understanding of the impact of ageing on older people’s housing preferences and greatly benefit the development of accurate projections of housing and social service requirements for this age group.

In many respects, those living with relations seem to be a forgotten group, who have received little attention by researchers and planners of services. It would be easy to assume that they are a privileged group as many may not have to worry about home maintenance, shopping or cooking, and have someone on hand in case of emergencies, to provide some care and company. At the same time, they can retain their independence, especially if they have a self-contained apartment.

This study has highlighted some of the problems of living with relations, and further work should examine in more detail the numbers involved in such arrangements, how these arrangements come about, the experiences of both older people and their hosts, their use of personal social services and what happens in the event that they require full-time care.

Future research is also needed to examine the concept of nursing home care. Such research might examine if this is the most desirable form of care for those who are not highly dependent, what alternatives are available and why some people choose not to take these options up. The potential development of new housing options such as extra-sheltered housing, could also be explored. This study might also help to explain why many older people have such negative attitudes to institutional care and what can be done to change these.
Finally, a study is also needed to examine the manpower issues surrounding nursing home care: how can good practice be encouraged, what training is needed for nursing home staff to encourage independence rather than dependency and whether it is necessary for nursing homes to be so medical in orientation.
APPENDIX 1

Map of Eastern Health Board
Community Care Areas

COMMUNITY CARE AREAS

1: Dun Laoghaire
2: Dublin South East
3: Dublin South Central
4: Dublin South West
5: Dublin West
6: Dublin North West
7: Dublin North Central
8: Dublin North
9: Co. Kildare
10: Co. Wicklow

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APPENDIX 2
Topic Guide

A Study of Attitudes to Accommodation

... A study about your attitudes to living here....and where you would most like to live. I have some questions to ask, but I expect you to do most of the talking! Of course, there are no right or wrong answers, just say what you feel....
... Stress confidentiality
... Using a tape recorder to save note taking.

PRESENT HOME
I would like to start talking to you about your home here . . .

How long have you lived here . . . (migration history here)
And tell me a little about the house / flat . . .
   check list:
   number of, and accessibility to, rooms
   heating
   amenities (shops, post office, church, GP, transport etc)
   links with the neighbourhood
   closeness to family / friends
   perceptions of security

Do you have any special adaptations to your home
   tapes
   door knobs
   bathroom

What do you think are the good and bad points about living here . . .
   relate back to description of house.... also:
   financial (up-keep of the house etc.)
   family memories.

PREVIOUS HOUSE (for those who have moved in the last two years):
Have you moved in the last year or two . . .
(those who have not moved now go on to next section – those who have moved continue with this section)

When did you move . . .
and tell me what led up to the move . . . and how did you cope with the move itself . . .

What was your previous home like . . .
How does it compare to here . . .
Who decided to move
Did you get any advice from anybody (family, professionals) before moving . . .
How important was that advice in your decision to move . . .
How much choice do you feel you had about moving . . .
Were there any alternatives; if so, what were your feelings about them . . .

ALTERNATIVE ACCOMMODATION:
If you were to move from here, what would be important to you in choosing your new home . . .
check list:
size, layout of new home
heating
location
security
closeness to family, old neighbours
closeness to amenities (shops, post office, church, GP, transport etc.)
financial (up-keep, rent etc.)

What type of accommodation would you consider . . .
probe opinion of each type:
changes to present home
move to similar place in different location (eg. nearer family)
move to different house (eg smaller)
to live with relatives
sheltered accommodation (may need to explain concept)
county home, nursing home, retirement home, etc.

For each alternative:
tell me what you think it would be like to live there
have you ever visited one
do you know anybody living in.... how do you think they like it
what do you like / dislike about it
who do you think that type of accommodation would suit best....

Would you discuss this with anybody . . . who, why them
How important would their opinion be to your decision

HELP FROM OTHERS:
do you get any regular help from family / friends / community workers
(including home helps, public health nurses, voluntary helpers etc.)
if yes; who from, how much, how important do you think it is . . .
if no; how do you feel about coping on your own . . . do you think you should be getting help from someone . . . (who)
BACKGROUND

Before we finish there are a few background questions which I would like to ask:

(NOTE: the answers to most of these questions should come up during the earlier parts of the interview – just ask those which have not)

Age; marital status; children (number, marital status, location, level of contact); occupation (pre-retirement if applicable).

and tell me a little about your daily routine: what time do you wake / get up . . . and then what do you do(include questions about eating habits, if not already covered)

and tell me a bit about your health, how is your health these days.....have you had any operations in the last few years . . .

    check, for example;
    mobility – ability to get in and out of bed, up and down the stairs, out to the shops, without help from others
    self help – cooking, dressing, bathing without much assistance
    any memory problems
    any problems getting to the loo on time
    sight or hearing problems
    anything else?

Thank you very much for your time. If I need to clarify something at a later date, would it be alright to contact you again?

If yes, get phone number if possible
APPENDIX 3

Letters of Introduction

Letter to sheltered housing waiting list.

8th April 1993

Dear

ACCOMMODATION FOR OLDER PEOPLE

I am writing to ask for your help.

I am carrying out a study of people's attitudes to where they are living now and where they would most like to live. The research is sponsored by the Dublin Central Mission (DCM) and forms part of a Doctorate study which I am undertaking at Trinity College.

Your name has been selected from DCM records of those who have recently applied to them for sheltered housing. The interview will be very informal and will take about one hour. Everything covered in the interview will be in strict confidence, and the results will be presented in such a way that no individual can be identified. Also, whether or not you take part in the research will have no effect whatsoever on your dealings with the DCM.

I would like your help with this survey as we need the views of as many people as possible. I do stress, though, that your participation is voluntary. Please let me know as soon as possible if you do not wish to take part. If I have not heard from you by the end of next week, I shall contact you again to arrange a suitable time to come and talk to you. In the meantime, should you have any queries about the research, please do not hesitate to contact me at the address or telephone number above.

I do hope that you can take part in this important research, and that you will enjoy doing so.

Yours sincerely,

David Silke
Letter to nursing home managers

29th April 1993

Dear Manager,

Accommodation for Older People

I am writing to ask for your help.

I am carrying out a study of elderly people's accommodation needs. The study is being sponsored by the Dublin Central Mission, and forms part of a Doctorate study which I am undertaking at Trinity College. I would like to interview some of your residents as part of the study.

The study is centred in your area and I have already interviewed a number of elderly people living at home or in sheltered housing. The interview is very informal and takes about one hour. Everything covered in the interview will be in strict confidence, and the results will be presented in such a way that no individual or establishment can be identified.

To make the survey work we need the views of as many people as possible. I would be grateful if you would ask some of your residents if they would like to take part. I would like to interview one or two people from each home taking part in the study. Participants should be fairly independent, be mentally alert and require little nursing attention.

I will contact you again week beginning 10th of May to check if any of your residents would like to be interviewed and if so to make an appointment to visit. Please let me know as soon as possible if you do not wish to take part. In the meantime, should you have any queries about the research, please do not hesitate to contact me at the address or telephone number above.

I do hope that your home will be represented in this important research.

Yours sincerely,

David Silke
Letter to manager of welfare home

3 June 1993

Dear

Research Interviews

Further to our telephone conversation of last Monday, I am writing to formally request permission to interview three residents from The XXXX Welfare Home. As I mentioned, these residents should have lived in the Eastern Health Board Area 1 before moving to the home.

To give you some background to the study, I am researching older people's attitudes to where they are living now and where they would most like to live. The study forms part of a PhD study which I am undertaking at Trinity College. As part of the study, I have already interviewed some elderly people living at home, with relatives, in sheltered accommodation and private nursing homes.

The interview is very informal. It includes questions about participants present accommodation, where they were living before that, whether they hope to move again at any time and some general questions about their health and the help they get from other people. Interviews vary in length, but are normally over a half an hour.

Everything covered in the interview will be in strict confidence, and the results will be presented in such a way that no individual or establishment can be identified.

I do hope that some of your residents can help with this study as I need the views of as many different people as possible. I shall ring you in a few days time to discuss this further. In the meantime, should you have any queries about the research, please do not hesitate to contact me at the address or telephone number above.

Yours sincerely

David Silke
References


Tinker, A. "What sort of Housing do the Elderly Want?" Housing Review May to June 1977 pp 54-55.


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Tel: 874 2123 / 874 4668

Price £5