

Healthy Age Friendly Homes Programme

Local Coordinator Galway City & Galway County
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An Roinn Sláinte
Department of Health

Sláintecare.
Right Care.Right Place.Right Time.



comhairle chontae na mí
meath county council

Healthy Age Friendly Homes Programme | Objectives

1

Enable older people to **continue living in their homes** or in a home more suited to their needs.

2

Live with a sense of **independence and autonomy**.

3

Be and feel **part of their communities**

4

Support the avoidance of **early or premature admission** to long term residential care.



Participant Assessment | Range of Supports

We are adopting a holistic person centred approach

Needs Assessment

- **Housing** – adaptations, energy retrofits, rightsizing, minor modifications, homesharing, decluttering, others
- **Health | Medical** – GP visits, links to health supports, transport to hospital appointments, home care, meals on wheels, physiotherapy, occupational therapy,
- **Technology** – telecare, telehealth, digital training, supports with telecommunications, smart phones, connectivity, others
- **Community/Social** – Transport, social activities, assistance with shopping, wide range of community groups, befriending, good morning call services, social prescribing, libraries, physical activity programmes, others

We will facilitate by

- Providing Information
- Signposting to supports
- Facilitate processes “handholding”
- Implement Actions
- Track progress
- Enable & Empower Older People

Referrals and Visits.

- Approximately 260 referrals to date (Galway City & County).
- Galway City - 120.

- Over 330 visits (needs assessments and return visits).
- Galway City – 150.

- Self Referrals – 70 (Galway City – 30).
- Family Referrals – 60 (Galway City – 20).
- Local Authority, HSE (e.g. PHNs, OTs, Physios, SWs) Community & Voluntary Sector Referrals – 130 (Galway City – 70).

Information and Assistance Provided.

- Over 350 work orders (actions). Galway City – 160.
- Home adaptations – Local Authority grants (information and assistance in applying). Care and repair service. Assistance in finding tradespeople.
- Energy efficiency – SEAI grants and information on same. As part of the programme we offer a full home energy assessment for participants if required.
- Onward Referral to other services – e.g. Meals on Wheels, Befriending, community & voluntary organisations, pendant alarms, HSE. As part of the programme we can offer participants reduced rates on specific technology designed to support independent living.
- Support with filling out and assisting with applications e.g. social housing applications, library membership, fuel allowance, Carers Allowance/Carers Support Grant. Following up on applications submitted.

Reporting.

- Findings and data from all 9 sites are recorded using Fastfields and sugar CRM.
- Housing issues make up the vast majority of the information and actions required.
- Regular meetings and presentations to the National Oversight group made up of Sláintecare, Department of Housing, Department of Health, HSE, SEAI officials and other stakeholders.
- Research carried out by Maynooth University re: evaluation.
- Interim report just released.

Interim Report (Figures to March 2022).

757 participants have completed assessments.

978 home visits.

453 females (60%); 303 males (40%) recruited to the programme have taken part in a comprehensive assessment with a Healthy Age Friendly Homes Coordinator.

2,162 supports with an average of almost 3 actions per participant. The majority of supports provided related to housing (56%). 16% of supports related to health, technology (14%) and community supports (14%).

Interim Report.

- The most common health issue reported by participants was arthritis (56%). 357 participants reported an “other” condition including recovering from surgery, pain, blood disorders, cancer, mental health, Parkinson’s Disease, COPD, fibromyalgia, kidney function, orthopaedic issues, memory issues, asthma and others.
- Over one third of participants had a recent hospital attendance and almost 13% experienced a recent medical emergency. Almost a quarter of participants have a history of falls.
- 65% of the 757 assessed participants reported utilising health services recently. The most common health care service availed of was GPs service (19%) followed by home help/care (15%) and Public Health Nurse (13%).
- Ambulatory aids were the most commonly utilised mobility aid (36%). Additional assistive devices utilised included bed levers, hearing aids, social alarms and stair lifts. 60% of participants reported a physical impairment that required the use of aids.

Interim Report Findings.

Evaluation of the programme data has identified a number of common participant profiles under three key categories. There was a huge volume of actions in the area of housing and adaptations specifically. This spoke very much to falls, reduced mobility and the significant impact that the housing conditions and design principles can strongly influence how long you can remain living independently in your own home limiting the risk and impact of falls.

Preventing, Intervening, Reacting.

- Supporting older people and their families by providing information and assistance in relation to home adaptations which will prevent falls and allow them to live with an increased level of confidence and independence. This is **preventing** future problems around the home for the older person.
- Supporting older people who already have difficulty using stairs or navigating around their home by supporting them in making applications for stairlifts and/or home adaptations. This is **intervening** in a situation and supporting the older person to make the changes necessary to allow them continue living in their own home.
- Supporting older people who have experienced a fall in recent months or have a history of falls by helping them source pendant alarms or fall detectors along with other technology which can support them to live in their home with confidence. This is **reacting** to a situation and helping the older person remain at home with confidence.

Maynooth University Research Findings.

Housing.

Consistent with the profile of needs identified at the programme level, amongst the research sample the most frequently occurring actions were in the housing domain. 43% participants identified a need for housing adaptations, 39% required a Building Energy Assessment. Information needs, with respect to a variety of financial supports, were also frequently identified:

- SEAI Energy Efficiency Grants (44%).
- Housing Aid for Older People (41%).
- Mobility Aid Grants (28%).
- Housing Adaptation Grants for People with a Disability (29%).
- Assistance to complete grant application forms was also frequently identified as needed (24%).

Maynooth University Research Findings.

Rightsizing.

41% reported that they would like to move to a place that better suits their needs. Of those who indicated they would like to move, the following move-related needs were identified:

A need for information on rightsizing (43%)

Practical supports such as decluttering help and help with movers (29%).

The following reasons were given for those who indicated that they would like to move home:

- *“At the moment it’s costing too much... 5 bedrooms is too expensive to run/heat.”*
- *“Considered downsizing but would like to stay in area, would consider moving somewhere else if mobility becomes an issue.”*
- *“...Feel guilty having a 3-bed house with so much homelessness, would be interested in self-contained unit in a retirement community.”*
- *“...House is very cold – would like somewhere where it’s warmer. If house was warm enough, we could stay,”*

Maynooth University Research Findings.

Health.

- 21% of participants reported moderate problems with mobility.
- 11% reported severe problems with mobility.
- 25% reported moderate problems with pain/discomfort.
- 10% reported severe problems with pain/discomfort.

Interim Report Key Recommendations.

- To date the programme has:
- **Delivered on its original key objectives** as set out in the joint proposal in December 2020 (adjusted figures in terms of assessment visits).
- **Delivered on the forecasted and anticipated outcomes** as set out in the proposal.
- **Tracked and managed** within the financial scope of the original budget.
- **Met and exceeded on the major tasks** as set out in the original proposal despite significant challenges.
- On the basis of the above, and the combined outputs and outcomes, under the governance of the National Oversight Group we propose the following strategic recommendations for the progression and scale to Phase 2 to include:

Interim Report Key Recommendations.

- 1. Progress the service to widescale roll out and national application across Ireland, continuing the current innovative model, to include 32 Local Coordinators (2 in Dublin City) appointed on a permanent basis, based in all 31 local authorities with multi-annual funding provided by the Department of Health and hosted by Local Government, as per the terms set out in Phase 1, from April 2023.
- 2. An evaluation to monitor and measure the larger scale roll out of the programme over a 3-year period to enable forward planning for sustainability on a population planning based approach.

Referral Process.

- Complete a referral form

or

- Call 046 909 7417

or

- Email info@agefriendlyireland.ie
- Organise a convenient time – Visit and carry out needs assessment.
- Identify issues or concerns and put a plan in place to assist.

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