Rialtas na hÉireann
Government of Ireland

Healthy Age Friendly Homes

Phase 1

Healthy Age Friendly Homes
Age Friendly Ireland

Sláintecare

Interim Report
June 2022

Acknowledgements

Healthy Age Friendly Homes is a transformative and innovative partnership between Sláintecare in the Department of Health and Local Government through the Age Friendly Ireland shared service in Meath County Council. Core funding from Sláintecare, coupled with the implementation and delivery within local Government, has led to significant progress in the roll out of Phase 1 of the programme from its inception in May 2021 to date. In the first instance, on behalf of Chief Executive Jackie Maguire, host of the Age Friendly Ireland Shared Service, and Sláintecare in the Department of Health we offer deepest thanks to Minister of State for Mental Health and Older People, Mary Butler TD and Minister of State for Local Government and Planning, Peter Burke TD, for their continued support, time and encouragement.

Sincere thanks are also extended to members of the National Oversight Group for their guidance, support and leadership, as well as members of the Evaluation Sub Committee.

A special thank you to all the people involved in the compilation of this interim report. Their enthusiasm, integrity and goodwill are reflected in this excellent piece of work:

- **Catherine McGuigan**, Chief Officer, Age Friendly Ireland
- **Mark Harrington**, National Manager, Healthy Age Friendly Homes
- **Dr Emer Coveney**, National Programme Manager, Age Friendly Ireland
- **Dr Adrienne McCann**, Research Manager, Maynooth University & Age Friendly Ireland
- **Sylvia McCarthy**, Communications and Network Manager, Age Friendly Ireland
- **Local Coordinators**, Programme Staff & Programme Participants
- **Sarah Treleaven**, Principal Officer, Sláintecare, Department of Health
- **Andrew Hannigan**, Assistant Principal, Sláintecare, Department of Health
- **Rosaleen Harlin**, Communications Lead, Sláintecare, Department of Health
- **Professor Deirdre Desmond**, Department of Psychology and Assisting Living and Learning Institute, Maynooth University
- **Eimile Holton**, Research Assistant, Department of Psychology and Assisting Living and Learning Institute, Maynooth University

The successful implementation and acceleration of this programme, spearheaded by National Manager Mark Harrington, has been ably supported by an eclectic team of Local Coordinators, past and present, namely Aoife Dunphy, Tracey Thompson, Jillian Robinson, Anthony Holmes, Francis Kane, Mary Carey, Ann Moran, Danielle Monahan, Eimear McCormack, Edel Byrne and Mary Roach. Their feedback has enabled us to strategically monitor the effective implementation of the programme forming the review basis and critically informing the recommendations for scale up. In addition, we would like to thank the wonderful Healthy Age Friendly Homes administrative team Joanne Husband (Assistant Staff Officer) and Elizabeth Kenny (Clerical Officer) and the wider administrative team in the shared service.

National transformative programmes that extend across a number of sectors require strong leadership and in that regard we would like to acknowledge the key partners and contributors for agreeing, at strategic level, to embark on this cross-departmental innovative programme including the County and City Management Association (CCMA), Chief Executives of the 10 host Local Authority Programme areas – Cork County Council, Dublin City Council, Fingal County Council, Galway City Council, Galway County Council, Limerick City & County Council, Longford County Council, South Dublin County Council, Tipperary County Council and Westmeath County Council. We would also like to acknowledge the immense support provided by the Directors of Services and their staff in each of these local authorities for their unwavering support through the implementation phase to date.

This programme also set out to identify ways in which we could use data more effectively to streamline services including creating software programmes to capture participant data, conducting a needs analysis, conducting a gap analysis through mapping and taking a population-based planning approach. In that regard we would like to thank Amanda O'Brien (GIS Officer, Meath County Council), Sean Mulligan (Meath County Council IT Department), Dr Paul Kavanagh (Health Intelligence Unit, HSE) and Dr Thiago Hérick de Sá (PhD, Age-friendly Environments, Department of the Social Determinants of Health, Division of UHC/ Healthier Populations in the World Health Organisation).

Forewords

Minister Peter Burke TD

Minister of State with responsibility for
Local Government and Planning Department
of Housing, Local Government and Heritage.

The Healthy Age Friendly Homes Programme represents a new way of working to support ageing in place, thereby addressing the strategic objectives set out in the *Programme for Government* and its vision for an Age Friendly Ireland. Healthy Age Friendly Homes was established as a unique model of support co-ordination that demonstrates innovation in the integrated nature of the service, bringing together health and housing to deliver a bespoke model of service provision that responds directly to consultation with older people on their needs and preferences. The model represents an efficient collaboration between the Department of Health and the Department of Housing, Local Government and Heritage, with a local Government shared service as the delivery mechanism.

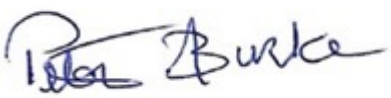
The programme is funded through Sláintecare in the Department of Health, and delivered through the Age Friendly Ireland shared service via nine host local authorities covering both urban and rural areas of the country. By providing an early intervention, local Co-ordinators ensure that older people living in the community are supported to remain at home, through measures such as housing adaptation grants, links to community and health services, and assistive technology.

The policy context for delivery of Healthy Age friendly Homes is *Housing for All*, specifically Pillar 2, which sets out to increase the housing options available to older people to facilitate ageing with dignity and independence, including an emphasis on rightsizing and health supports for ageing in place.

Healthy Age Friendly Homes has great potential to be a major component in the broader strategy to prepare society for the projected increase in the older demographic. By 2050, people aged 65 and over will make up a quarter of the population. This increase in older people, with a concomitant increase in clinical, physical, social and psychological needs in this diverse population, will place extra demands on public services.

I am very pleased to present this interim report on Phase 1 of the programme, which offers positive insights into the programmes outputs and achievements, how these are benefiting older participants, and the potential for cost savings in areas of health and housing spending.

I welcome the evidence provided in this report to inform decision-making around scaling up the programme and wider rollout to all areas of the country.



Minister Peter Burke TD

Minister Mary Butler TD

Minister of State in Department of Health with responsibility for Mental Health and Older People.

Our ambition as a Government is to do everything we can, to support older people to continue living at home with dignity and independence.

Our population is ageing, and we must transform and adapt our health services to support older people to live as independently in their own homes and community, for as long as possible.

Last year, Minister Peter Burke and I jointly launched the Healthy Age Friendly Homes Programme. Healthy Age Friendly Homes is a unique collaboration between Sláintecare and local government which takes a "home first" approach to delivering on the Sláintecare goals of providing safe and timely access to care, improving patient and service user experience, and bringing care closer to home.

The Healthy Age Friendly Homes programme has four key objectives which are to:

1. Enable older people to continue living in their homes or in a home more suited to their needs (Rightsizing)
2. Live with a sense of independence and autonomy
3. Be and feel part of their Community
4. Support the avoidance of early or premature admission to long term residential care

I am delighted to now present the Healthy Age Friendly Homes Interim Report. It is very encouraging to see the findings from the Interim Report which show that this programme is enabling older people to avoid early admission to residential care and to remain in their own homes or right size.

For our older population, quality of life and its impact on their health, can depend on the appropriateness of their home environment, the conditions in which they live, and the services that they have access to.

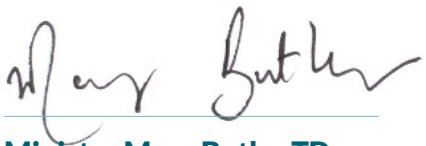
We know that good health and wellbeing goes beyond just healthcare, and to provide truly holistic and patient-centred care is to look at the wider determinants of health.

That's why at the heart of this programme is the collaboration between health and housing, taking a holistic and multi-sectoral approach to care delivery.

This Interim Report demonstrates how this cross-sectoral approach can effectively support the delivery of national policy objectives, reduce costs and increase quality of life outcomes for older people.

We need to ensure that we are continuing to put programmes in place which will support older people to live in their own homes and communities for as long as possible, improve their access to care and to minimise the need for acute and residential care.

I would like to congratulate all involved in this programme and I am delighted to support this important and innovative programme and look forward to seeing more positive outcomes for our older people.



Minister Mary Butler TD

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Figures & Tables

1 Executive Summary

Following extensive collaboration between Sláintecare and the local Government sector in 2021, and in response to the *Housing Options for Our Ageing Population* policy statement, in line with this Programme for Government's vision for an Age Friendly Ireland, the Healthy Age Friendly Homes (HAFH) programme was established as an innovative, new support co-ordination service designed to support older people to age in place.

Action 4.7	Establish methods to incentivise older people in public and private housing to rightsize to appropriately sized units, if they choose to do so. This process will begin with the establishment of a formal scheme in social housing in 2019. Lead: DHPLG	**Commence Q2 2019**
Action 4.8	Launch a new scheme, on a phased basis, with support staff to address the housing issues for older people and the housing needs of others. This scheme will match those older people with under occupancy that wish to share their home with persons who require housing in exchanges for provided practical support. This scheme will also support older people to address any housing and tenancy issues they have and ensure that their homes are fit for purpose and a safe place to live. Lead: DHPLG	**Q2 2019**
Action 5.7	Promote the use of Support Co-Ordination Services to ensure that a collective approach to the provision of services is delivered at local level. This will include mapping and signposting of all local services such as home supports, befriending, meals on wheels, transport services, activities, services, health and wellbeing programmes, specific services, training & education and technology supports. Lead: DoH	**Ongoing**

Figure 1: Housing Options for Our Ageing Population Actions

The Programme has four key objectives which are to:

1. Enable older people to continue living in their homes or in a home more suited to their needs (Rightsizing)
2. Live with a sense of independence and autonomy
3. Be and feel part of their Community
4. Support the avoidance of early or premature admission to long term residential care

The programme is funded by Sláintecare and administered by local Government through the Age Friendly Shared Service hosted by Meath County Council.[1] Phase 1 of the programme is operational in nine local authority sites around the country (Dublin City, South Dublin, Fingal, Tipperary, Cork County, Longford, Westmeath, Galway and Limerick), with the national management based in the shared service hosted by Meath County Council.

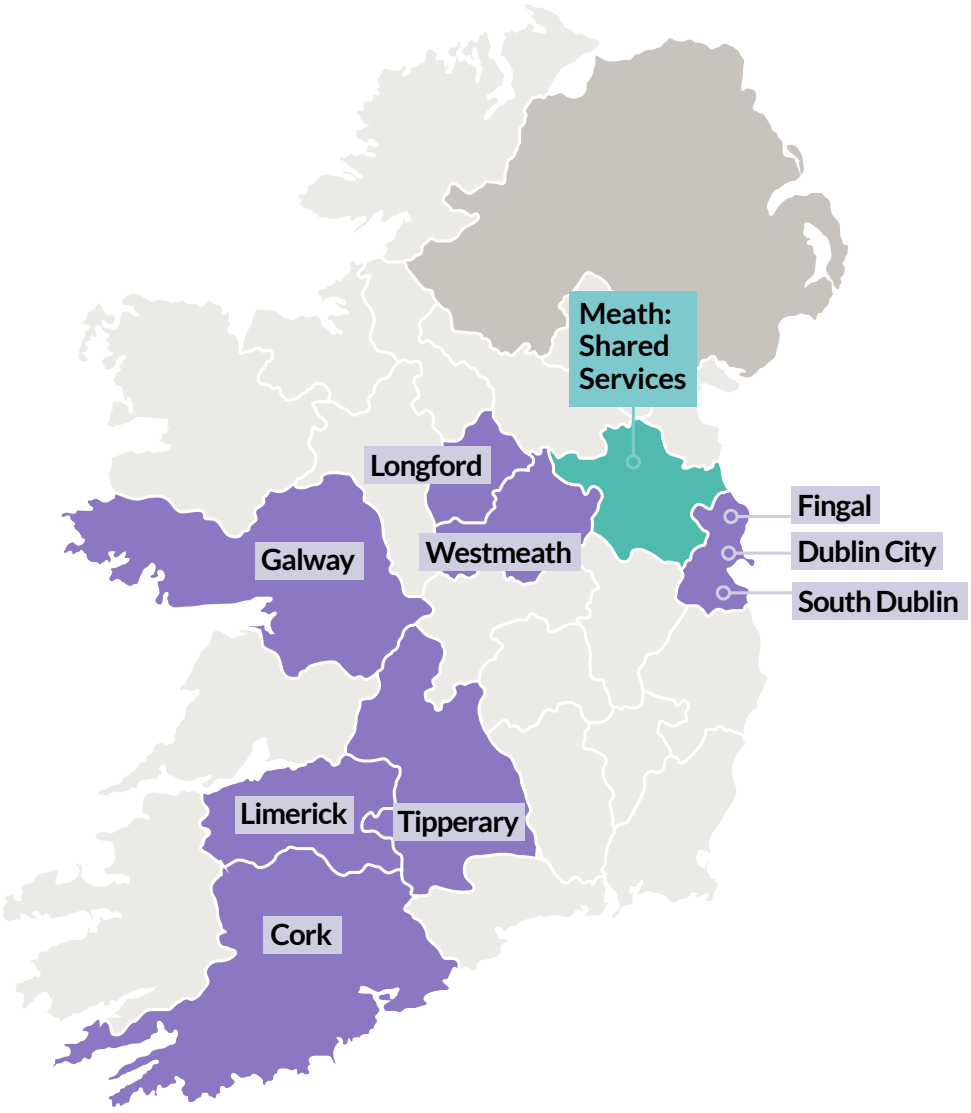


Figure 2: Healthy Age Friendly Homes Phase 1 Locations

1 Shared Services were established in local Government following a 2010 Local Government Efficiency Review report which identified shared services opportunities in the local Government sector. The Public Service Reform Oversight Group (PSROG) was established in 2012 by the CCMA to directly oversee the reform agenda for the sector and in 2015 the PSROG was integrated into the structures of the LGMA as a Committee of the LGMA Board. The role of the PSROG is to direct, monitor and report on the reform and efficiency programme of local Government. The CCMA adopted a detailed methodology for developing shared services including the development of a PID (Project Initiation Document), Business Case, Peer Review and a process for bidding to take on the role of lead authority for the service.

As of March 2022, the programme has had 1,175 referrals since commencement. Of these referrals, 757 assessments have been carried out, 958 home visits have taken place and 2,162 supports have been provided to older people in the areas of health, housing, community/social supports, and technology.

In line with the Department of Public Expenditure and Reform's Delivering for Our Public, five headline actions that focus on delivering better and more cost effective services to the public, the Healthy Age Friendly Homes is achieving these outcomes through a number of interventions including the innovative use of new technology and better data to reduce costs, while maintaining quality; involving the public in the design and delivery of services; improving communication and engagement with the public; and improving service quality and accessibility. Examples of the use of new technology include our digital assessment tool, case management systems and a multifunctional mapping tool to improve the service for the participant and enhance collaboration between existing services, which also meets the standards of Equity, Effectiveness and Efficiencies.

Delivering for Our Public

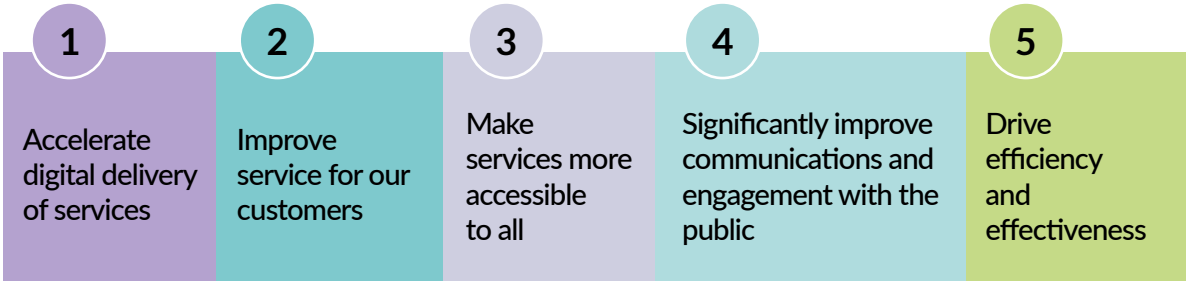


Figure 3: Delivering for Our Public's Five Actions

Through the supports and interventions provided to older people by Healthy Age Friendly Homes, the programme is delivering on the Sláintecare goals of bringing care closer to home, reducing the burden on the health system through hospital avoidance, reducing waiting times for patients and increasing access to care.

The health and wellbeing of our older people lies in more than just healthcare. Strategic partnership between agencies and Government Departments, including the HSE, Department of Housing, Department of Health and SEAI, has established a unique cross-sectoral approach to support coordination for our older people which addresses the wider determinants of health. It also ensures we are fulfilling the Government's commitments under the Housing for All strategy and the Climate Action agenda through energy retrofits and improving the housing stock.

This interim report on Phase 1 operation of the programme provides:

- An overview of the context and delivery of the programme.
- A high-level overview of participant recruitment, assessment and personalised support plans.
- A description of the profile of participants in the Healthy Age Friendly Programme.
- Early findings, outputs and outcomes.
- Recommendations for scaling up to Phase 2.

Data from Maynooth University also sets out the methods and preliminary findings of an evaluation research study exploring HAFH programme experiences, perceptions and outcomes amongst participants.

Based on the findings of this report, critically this programme is enabling older people to:

- Avoid early admission to residential care.
- Remain in their own homes or rightsize.

These early findings show that the programme is delivering on the Sláintecare goals of timely access to care closer to home, increased access to care, reduced waiting times, and reducing the burden on the hospital system. The cross-sectoral, holistic and patient-centred approach taken by this programme also aligns with Healthy Ireland through its focus on improving the health and wellbeing of older people by addressing the wider determinants of health.

Our recommendations find that Healthy Age Friendly Homes should progress to **Phase 2 for national scale up and roll out** to further monitor the impact on the lives of older people.

2

Programme Overview

Healthy Age Friendly Homes is a new support co-ordination service designed to enable older people to remain living in their own homes and to reduce the need to transfer to long-term residential care. The service is delivered directly by local Government with funding from Sláintecare in the Department of Health, as it supports the Sláintecare objectives of providing early intervention and reducing demand on acute services, and delivering their vision of the right care, at the right place, at the right time.

Funding was approved by Sláintecare in December 2020 and following an accelerated development process, including a thorough and open recruitment process, Phase 1 of the programme was fully operational by May 2021.

Local coordinators are based in nine local authority sites around the country and operate in those catchment areas. The nine pilot sites are as follows:

- Dublin City
- Fingal
- South Dublin
- Westmeath
- Tipperary
- Galway City and County
- Limerick City and County
- Cork County
- Longford

The local coordinators undertake home visits to older people living in the community and carry out assessments aligned to the four domains of housing, health, community/social supports and technology to assist ageing in place. The coordinators agree a personal plan with each individual older participant and support them to access a range of services which include housing adaptation grants, home energy improvements, health appointments, befriending or other community services, or technology supports.

The programme collaborates with a broad spectrum of agencies and services, including personnel in local Government, health services, transport, community and voluntary groups, Gardaí, elected members and others.

2.1. Context and Aims of the Programme

The programme was introduced following a collaborative process which included the joint development of a proposal by Age Friendly Ireland (AFI) which was then successfully funded by Sláintecare. It is broadly based on the recommendations of the OPRAH[2] (Older People Remaining at Home) initiative conducted in partnership with the HSE in 2017 and a review of a number of support co-ordination models, both public and private, across Ireland. These high level recommendations were:

- Establish home care on a statutory basis.

2 https://agefriendlyireland.ie/wp-content/uploads/2020/03/OPRAH-print-version.pdf

- Link the budget of the Nursing Homes Support Scheme with that available for home care packages.
- Establish the role of the Support Coordinator at community level.
- Conduct a comprehensive mapping of relevant resources and services available at local level.
- Introduce a holistic needs assessment process.
- Provide a seamless and appropriate continuum of housing options for older people.
- Institute new and effective methods of cross-departmental and inter agency working

In January 2020, Age Friendly Ireland commenced a process of researching older people's perceptions and experiences of rightsizing[3]. This research was completed as part of AFI's contribution to the joint housing and health policy statement '*Housing Options for our Ageing Population*'[4]. The study included qualitative research with older people (both individual interviews and a focus group) and a survey of 532 older people. Both private and social tenants were included in the sample. It also included two specific case studies with Meath County Council and South Dublin County Council. The majority of survey respondents (80%) were either living alone or as part of a couple and 90% lived in accommodation of 3 bedrooms or more, indicating a level of underoccupancy in housing stock. The research flagged issues around the suitability of housing for ageing in place, such as energy efficiency; 80% said their home was too expensive to heat and/or maintain. Key findings showed that **7 out of 10** participants wish to remain living in their own homes, if their homes could be adapted to suit their future needs. One of the main recommendations from the study was for the provision of individualized support directly to older people via a local coordinator, which would contribute to supporting choices in housing options for older people.

Based on these findings, the Healthy Age Friendly Homes Programme has four key objectives:

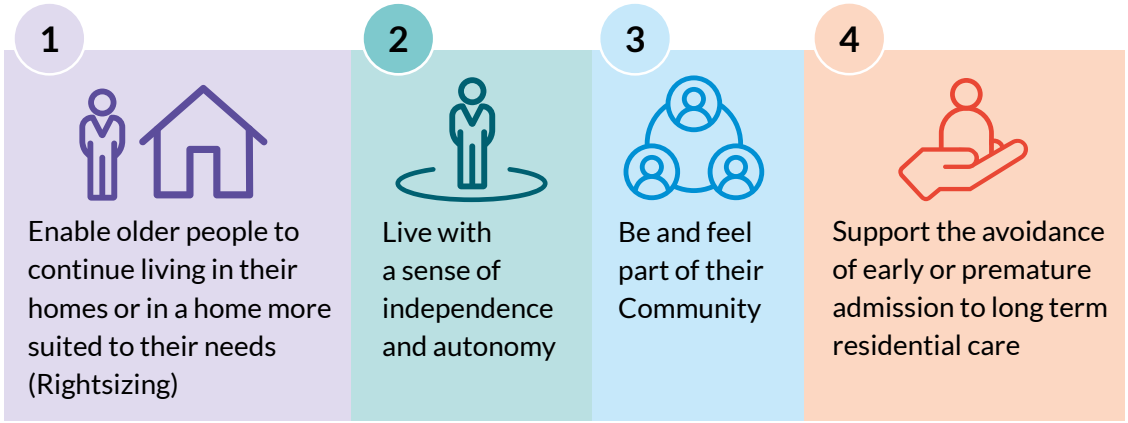


Figure 4: Healthy Age Friendly Homes Key Objectives

3 https://agefriendlyireland.ie/wp-content/uploads/2021/10/AFI-Right-Sizing-Research-Report.pdf

4 https://www.gov.ie/en/publication/ea33c1-housing-options-for-our-ageing-population-policy-statement/

2.2. Implementation & Key Milestones

The following timeline shows key milestones in the development of the HAFH Programme:

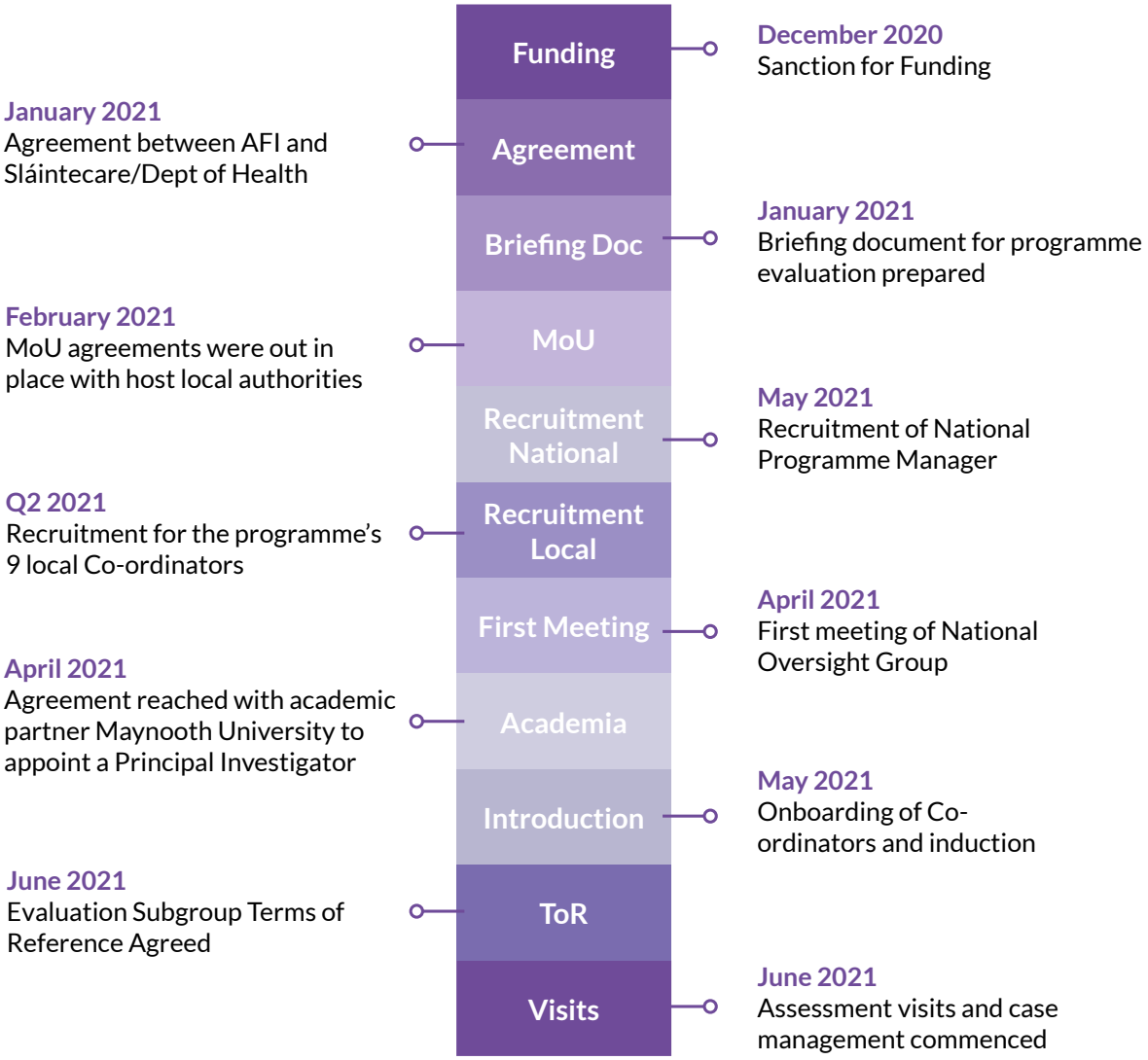


Figure 5: Key Programme Milestones

The pace and efficiency of the programme set up should be noted in the context of two very significant challenges in the wider operational field, which were:

- The Covid-19 pandemic.
- The cyberattack on the HSE in May 2021.

The establishment and exponential growth of the programme despite these challenges points favourably to the role of local Government in the management of a new, innovative service, and the positioning of the roles in the local authority, and also to the support and oversight of the strategic advisory Healthy Age Friendly Homes Oversight Group.

2.3. Communication Milestones

Phase 1 of the programme has had a high communication profile supported by the National Communication Manager in the shared service and the Communication Manager in Sláintecare. The following are the key milestones achieved in communicating and promoting Phase 1:

JULY 2021

National Launch Event and press release

Survey to households to obtain referrals

- Fingal - **900**
- Tipperary - **300**
- South Dublin - **600**
- Dublin City - **374**

NOV 2021

AFI International Webinar on Housing

MAY 2022

Ministerial visit to Healthy Age Friendly Homes Programme.

Introduction to your local coordinator' advertisement in local newspapers in each of the 9 areas.

MAY 2022

Sláintecare Webinar spotlighting the Programme with explainer videos to demonstrate the programme operation and outcomes for participants

Regular updates to Programme Managers, Technical Advisors, Induction training

Overview of the Programme delivered as part of the accredited House and Public Realm training module

Local brochures and Pop up display stands for each area

Featured on
www.agefriendlyhomes.ie
www.agefriendlyireland.ie

Local promotion and networking by local Co-ordinators

Twitter
facebook

Youtube channel with videos

www.youtube.com/channel/UCDyrpmcoSfMofgPRRGCPDmw

National press coverage

www.irishtimes.com/news/ireland/irish-news/new-scheme-aims-to-help-older-people-stay-in-their-own-homes-1.4619100

Figure 6: Key Communication Milestones

3

Policy Context

Government policy is to support older people to live with dignity and independence in their own homes and communities for as long as possible. A key objective in Ireland's Programme for Government *Our Shared Future* (June 2020)[5] is the vision of An Age Friendly Ireland and the delivery of Sláintecare under the mission statement of Universal Healthcare.

Specifically, Government state they will implement a number of actions that support the statement "Being able to live in appropriate housing, with access to health and social care services, improves our health, but also ensures that older people stay close to their families and actively participate in their communities. In developing a wider choice of appropriate housing options and community supports". A number of these deliverables are policy objectives within the joint departmental policy statement "Housing Options for Our Ageing Population"[6]. In parallel under the Climate Action agenda the Programme For Government states "We will ensure that older people who are at greater risk of fuel poverty and the respiratory illnesses associated with air pollution be prioritised in climate action and climate-mitigation plans".

The *Housing for All* policy which is underpinned by commitments in the Programme for Government, sets out measures to address current housing issues for the ageing population including increased funding for Housing Adaptation Grants for Older People and People with a Disability. The 'Pathway of Eradicating Homelessness, Increasing Social Housing Delivery and Supporting Social Inclusion' identifies restricted options for older people or people with a disability as among the most pressing issues and commits to comprehensive measures to support older people and other vulnerable groups.

Health is determined by more than simply the care we access. The Department of Health through Sláintecare is actively seeking to address the wider social determinants of health in Ireland such as housing and education. Under the Healthy Ireland Framework, for example, the *Healthy Communities programme* seeks to enhance health and wellbeing initiatives in areas of greater risk due to factors such as education, housing, and social deprivation. The Sláintecare goals of bringing care closer to home, increasing access to care, reducing the burden on the acute system through hospital avoidance, and reducing waiting times all speak to the objectives of Healthy Age Friendly Homes (HAFH). It is for this reason that Sláintecare has funded this first phase of Healthy Age Friendly Homes under its *Implementation Strategy* and *Action Plan 2021-23*[7].

The *HSE National Service Plan* (2022)[8] is providing significant funding for the health needs of older people through Community Healthcare Networks and Integrated Care Programmes for

5 https://www.gov.ie/en/publication/7e05d-programme-for-government-our-shared-future/

6 https://www.gov.ie/en/publication/ea33c1-housing-options-for-our-ageing-population-policy-statement/

7 https://www.gov.ie/en/publication/6996b-slaintecare-implementation-strategy-and-action-plan-2021-2023/

8 https://www.hse.ie/eng/services/publications/serviceplans/hse-national-service-plan-2022.pdf

Older People. It refers to the vision of *An Age Friendly Ireland* in the context of delivery reform and the Sláintecare Action Plan. Under "Services for Older Persons" the plan states "*A wide range of core services are provided for older persons including home support, day care, community supports in partnership with voluntary groups and intermediate care as well as long-stay residential care when remaining at home is no longer feasible. These services are delivered directly by the HSE or through service arrangements with voluntary, not-for-profit and private providers*". This objective is strongly underpinned by the collaborative and partnership working that progresses under the auspices of the age friendly shared service. In addition, the Reform of Home Support section of the NSP 2022 specifically references the innovative and transformative Healthy Age Friendly Homes Programme that is rolled out by Age Friendly Ireland and Sláintecare and is actively enabling older people to remain at home or rightsize, thus reducing early/premature admission to residential care.

The HAFH programme is also informed by the World Health Organization's 'Housing and Health Guidelines'[9] which provide an overview of how improved housing conditions can save lives, prevent disease and improve quality of live, which is increasingly important in the context of urban growth and ageing populations. The guidelines provide recommendations relevant to inadequate living space (crowding), low and high indoor temperatures, injury hazards in the home, and accessibility of housing for people with functional impairments. These guidelines emphasise the importance of collaboration between health and other sectors and joint efforts across all Government levels to promote healthy housing.

3.1. International Context

"Having had the chance to know more and 'see with my own eyes' the Healthy Age Friendly Homes Programme during my last visit to Ireland, I would like to congratulate Age Friendly Ireland on this really innovative idea, which can serve as an inspiration to many other places, particularly those with strong primary care systems and existing support for improving housing conditions for older people and their families.

The people-centered approach of age-friendly programmes commonly place them in a very good position to coordinate and facilitate the work provided by other services and departments, which often times come in a siloed, incomplete and fragmented way, reducing efficiency and, most importantly, worsening the overall quality of the services provided to older people and their families. An integrated and person-centered care is much needed, and while this is true for housing – as we can clearly see in the encouraging results of the interim report for the Healthy Age Friendly Homes Programme – it is also true for several other domains of action to create age-friendly environments, such as transport, urban development and social participation, to name a few.

At the same time, we know that such programmes will only see their maximum impact with sustained support and sufficient time, especially for older people in a situation of vulnerability,

9 https://www.who.int/publications/i/item/9789241550376

which will likely have to receive longer term attention to their housing needs, while also ensuring that the changes proposed are not too disruptive to their daily lives (e.g. housing repairs and improvements, rightsizing discussions etc.). I would very much like to be regularly updated on the progress, successes and lessons learned of the Healthy Age Friendly Homes as I clearly see this as an example of a programme that can change the lives of older people, their families and communities not only in Ireland but in many other cities and communities around the globe"

Thiago Hérick de Sá, PhD
Age-friendly Environments, Department of the Social Determinants of Health (HQ/SDH), Division of UHC/Healthier Populations, World Health Organization

Research conducted by the Building Research Establishment (BRE Trust) in 2020 called '*The Cost of Poor Housing in Ireland*' also informs the delivery of HAFH. The research identified that the most common severe home hazards likely to be found in Ireland are those relating to cold and home accidents – particularly falls, which are generally not expensive to rectify compared with the long-term cost to the health services and society if they are ignored. It is estimated that the total health impact to society of leaving these hazards un-rectified is costing Ireland some €1.25 billion a year to the health and care services, plus the distress and lost opportunities to the victims and their families. Improving poor housing has multiple benefits, beyond those that just relate to the health of their occupants. These include reduced energy costs and carbon emissions, higher residual asset values, and local job creation opportunities.

3.2. Political Support

Over the course of the last 12 months, we have launched the Healthy Age Friendly Homes Ministerially and jointly by Minister Mary Butler and Minister Peter Burke. Both Ministers have been hugely supportive of the concept and more recently gave an overview at the recent Sláintecare webinar. In May 2022, Minister Burke visited Westmeath County Council to hear an update on the progress of Healthy Age Friendly Homes and met with local co-ordinators and programme participants. He described the programme as "a very welcome development in the context of housing for our ageing population". He said that the programme "goes right into the community and knocks on doors bringing services to those who badly need them and are restricted in whatever way, by mobility or by accessing the online networks which are so prevalent now. By providing these links, we are really helping those who are most in need"[10].

Their support and championing of this programme that speaks clearly to both their own Departmental agendas in terms of supporting people to age in place with the appropriate access to housing, health and social care. In addition, we have shared the HAFH Programme with a number of Ministers, Senators, and elected representatives who are keen to see the programme scaled up and rolled out nationally.

10 https://www.westmeathexaminer.ie/2022/05/23/burke-aiming-to-support-people-to-live-with-dignity/

4 Programme Evaluation

4.1. Overview

This interim report is informed by data and evidence from four main sources:

1. **Research Data:** Maynooth University is the academic partner for both the HAFH programme and the Age Friendly Ireland shared service. Maynooth University is undertaking collection and analyses of **primary quantitative and qualitative data** in the form of surveys and in-depth interviews from programme participants who have opted-in to allow contact with the research team and who, on receipt of the study information, consent to take part in the research.

   (a) **Quantitative Research Data:** surveys are completed at two time points: 1) on enrollment to the programme (baseline); and 2) six months later. The questionnaire includes standardised measures of: quality of life; health-related quality of life; loneliness; generalized self-efficacy, activities of daily living and instrumental activities of daily living, and social support; a single item assessing participation; and two items assessing participants' thoughts/expectations about changing their residential status. Research data is linked with summary information held by the Programme with participant consent.

   (b) **Qualitative Research Data:** interviews are carried out which focus on the participants' perceptions of the Healthy Age Friendly Homes Programme (based on the Adoption component of the RE-AIM framework[11]: appropriateness, convenience, and benefits). It covers the overall intervention and its component parts such as the home assessment, personalised planning, follow-up, experiences and any issues in implementing the personalised plan, and suggestions for improvements to the programme.

2. **Programme level data analysis** including costs, profile of participants, referrals, actions, and outputs and outcomes.

3. **Qualitative data with programme staff:** Focus groups were held with the local coordinators at multiple stages during Phase One which were considered important so to document staff experiences especially at the programme set up stage, and to capture their understanding of how the programme can be delivered most effectively with regard to referrals, promotion, training and support needs of staff, assessment processes, and implementation of action plans.

4. **Learnings and insights** from Phase One of the programme and its operational rollout which were documented and presented to the **National Oversight Group**, particularly in the context of their strategic direction around policy implementation, capital and current funding expenditure, programme viability and sustainability of service.

11 https://re-aim.org/learn/what-is-re-aim/

4.2. Research Methodology

Quantitative Survey Development and Design

A survey was developed to capture information on key programme targets that might be amenable to change through supports provided by the Healthy Age Friendly Homes programme namely:

- Quality of life
- Health status
- Loneliness
- Social support
- Self-efficacy
- Thoughts about moving
- Activities of daily living (ADL)
- Participation in personally valued activities

Participants are asked to complete a questionnaire on two occasions: once on enrolment to the research programme and again 6 months later. The questionnaire can be completed in the format preferred by the participant (e.g. self-completion of hardcopy or online, interviewer-administered over the telephone). To date the vast majority of responses have been researcher-administered over the telephone. Participants are asked for permission to link their survey responses with summary information held by the Healthy Age Friendly Homes programme.

Measure	Items
Quality of Life: CASP-12	**12**
Four dimensions: Control, Autonomy, Self-realization and Pleasure.	
Health related Quality of Life: *EQ-5D-5L & EQ-VAS* (self-complete)	**6**
Five dimensions: mobility, self-care, usual activities, pain/discomfort and anxiety/depression. Overall health	
Self-efficacy: *General Self Efficacy Scale*	**10**
A person's perception of their ability to perform tasks across a wide range of contexts.	
Social support: *OSSS-3*	**3**
Measure of perceived social support	
Loneliness: UCLA Loneliness Scale - Short form (ULS-3)	**3**
Validated for older adults	
Functional ability	**12**
Activities of daily living and instrumental activities of daily living	

Figure 7: Overview of Research Measures Collected

On collection of the second time point data (i.e. data collected six months after research enrolment), the changes in these key variables over time will be investigated.

For the purposes of this interim report, the focus is on providing an insight into the baseline measures of individuals who enter into the programme as compared with the kinds of supports provided to them.

Qualitative Interviews with Programme Participants

A subset of participants are selected at random from the available participant pool and asked to participate in semi-structured interviews. The aim of the semi-structured interviews is to assess participants' perceptions of the Programme, informed by the **Effectiveness** and **Adoption** components of the RE-AIM framework: appropriateness, convenience, and benefits. This includes the overall intervention, its component parts including the home assessment, personalised planning, follow-up (i.e. "Was the format for meetings suitable?" "Were the issues reviewed in meetings helpful?"), experiences and any issues in implementing the personalised plan, and suggestions for improvements to the programme.

The interview subsample is selected purposely to reflect the nine local authority areas in which the pilot programme is running and gender balance of participants. Interviews take place over the telephone and are audio-recorded and transcribed for analysis. A copy of the interview topic guide is included in Appendix 1.

Research Participant Recruitment

Participation in the research is optional and on an opt-in basis. The decision to participate or not does not have any bearing on the individual's participation in the Healthy Age Friendly Homes Programme or on the services they receive. At the end of the initial assessment, the local Co-ordinators request permission from potential participants to share their contact details with Maynooth University for research purposes. This is separate to negotiating consent for research participation which is managed by the MU research team. Maynooth researchers contact interested candidates and provide them with written information introducing the study; the research team also verbally explain the research to anyone requesting further details or clarifications. Candidates can decide not to take part in the research or to withdraw from the research at any stage without any impacts on their relationship with the Healthy Age Friendly Homes programme or the services they receive now or in the future. The HAFH programme staff are not informed of individual refusals or withdrawals.

Inclusion Criteria

Service users of the Healthy Age Friendly Homes Programme who participate in and complete the needs assessment and personalised planning process are eligible for inclusion. Service users in receipt of palliative care services or who are long term residents of nursing homes are excluded from the research.

Measure	Description
Control, Autonomy, Self-realization and Pleasure (CASP-12)	A 12 item self-report Quality of Life (QoL) measure. Each item is scored on a 4-point Likert-type scale, with descriptive anchors provided for each response option: 'Often'; 'Sometimes', 'Not often', and 'Never'). Items are reversed where required and summed to give a total score; higher CASP total-scores are interpreted as better QoL, with a possible range of: 0-36.
EQ-5D-5L	A measure of health status, comprising five questions on mobility, self-care, pain, usual activities and psychological status with three possible answers for each item (1=no problem, 2=moderate problem, 3=severe problem). In addition, there is a visual analogue scale (VAS) to record the respondent's self-rated general health status on a 0 to 100 scale where the endpoints are labelled 'Best imaginable health state' (100) and 'Worst imaginable health state' (0).
Oslo Social Support Scale (OSS-3)	Comprises three items that assess number of close confidants, sense of concern from other people and the relationship with neighbours, with a focus on the accessibility of practical help. The sum score ranges from 3 to 14, with high values representing strong levels and low values representing poor levels of social support. The OSSS-3 sum score can be operationalized into three broad categories of social support: a) 3–8 poor social support, b) 9–11 moderate social support, c) 12–14 strong social support.
Loneliness (UCLA)	The UCLA loneliness scale comprises the following three questions: 1) How often do you feel that you lack companionship? 2) How often do you feel left out? and 3) How often do you feel isolated from others? Response options are on a three-point scale: 1 = Rarely; 2= Sometimes; 3 = Often. Responses to the three items are summed to create a total score. The lowest possible combined score on the loneliness scale is 3 (indicating less frequent loneliness) and the highest is 9 (indicating more frequent loneliness).
General Self-Efficacy (GSE) Scale	A 10-item scale designed to assess optimistic self-beliefs to cope with a variety of difficult demands in life. Items are rated on a four-point response scale and summed to give a total GSE score, scores range from 10 to 40, with higher scores indicating stronger beliefs in one's capacity to cope with daily hassles and adapt to stressful life events.
Functional ability measured through Activities of Daily Living (ADL)	Self-reported limitations in the activities of daily living (ADL) and instrumental activities of daily living (IADL). ADL are the basic tasks of everyday life that pertain to personal care, such as eating, bathing, dressing, toileting, and moving about. IADL are activities performed by a person in order to live independently in a community setting, such as housekeeping, preparing meals, shopping, using the telephone, taking medications correctly and managing money. Assessment of ADL and IADL, and receipt of help (yes/no) with specific tasks/activities were assessed using items described in TILDA.

Table 1: Description of Quantitative Research Methods

In addition to the above measures, two items assessed thoughts about moving dwellings:

1) "I have recently considered moving to a different location"; and

2) "I would like to move to a place that better suits my needs".

Both were rated yes/no. For item 2, participants also had the opportunity to elaborate on the reasons for their answers.

Participation in valued activities was measured using a single item. Participants were asked "Do you participate in activities that are important to you (family, relationships, social, hobbies, works, volunteering etc.) with response options on a 3-point scale: "Not enough"; "Enough"; "Too much".

5

Participant Profile

In total there have been 1,175 referrals into the programme since commencement (as of 10th March 2022). Of these referrals, 757 assessments have been carried out.

Since recruitment to the Healthy Age Friendly Homes programme commenced in June 2021;

- 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.
- Following the initial assessment, the number of follow-up visits ranged from 0 to 5.
- The mean age of participants was 76 years (SD = 9; median 76; range 48-101 years).

5.1. Demographics

Over half the participants were female and 40% male.

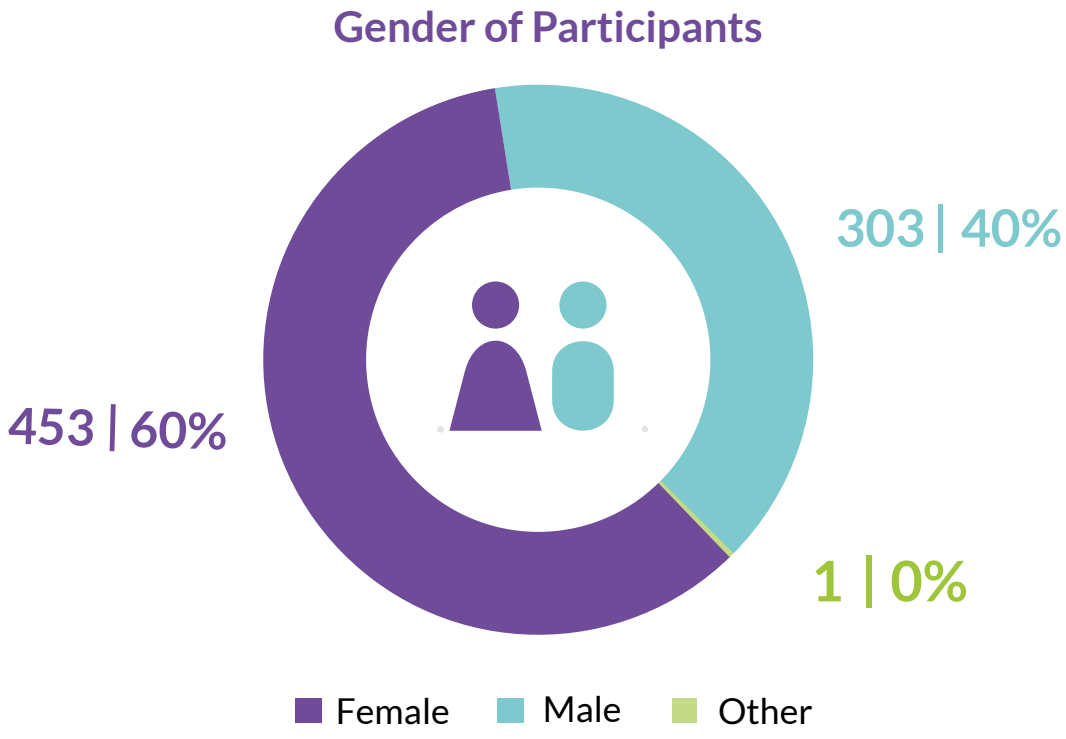


Figure 8: Participant Gender Breakdown

The youngest participant was 48 and the oldest was 101.

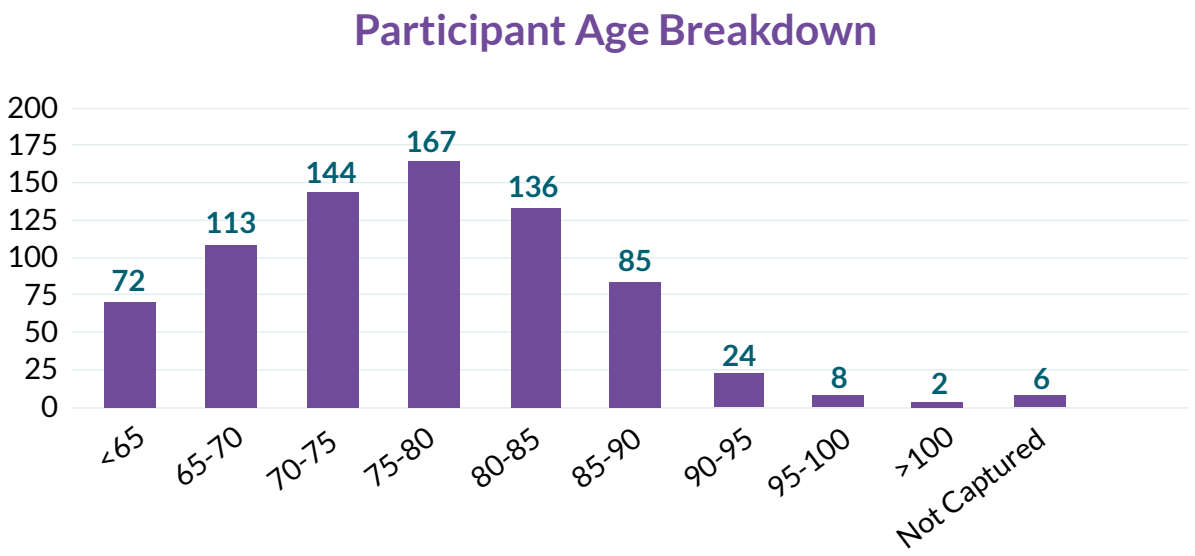


Figure 9: Participant Age Breakdown

5.2. Distribution of Referral Sources

Over half of the participants referred into the programme were self-referrals, highlighting the strong desire among our older population for support coordination services of this kind.

Referral Source	Cork	Dublin City	Fingal	Galway	Limerick	Longford	South Dublin	Tipperary	Westmeath	Grand Total
External Referral	17	44	2	24	50	64	10	16	18	245
Family/Friend Referral	16	5	2	6	14	5	9	6	4	67
Self-Referral	44	29	80	62	57	24	48	42	23	409
Social Prescriber	1	9	0	4	8	0	1	3	10	36
Grand Total	**78**	**87**	**84**	**96**	**129**	**93**	**68**	**67**	**55**	**757**

Figure 10: Distribution of Referral Sources

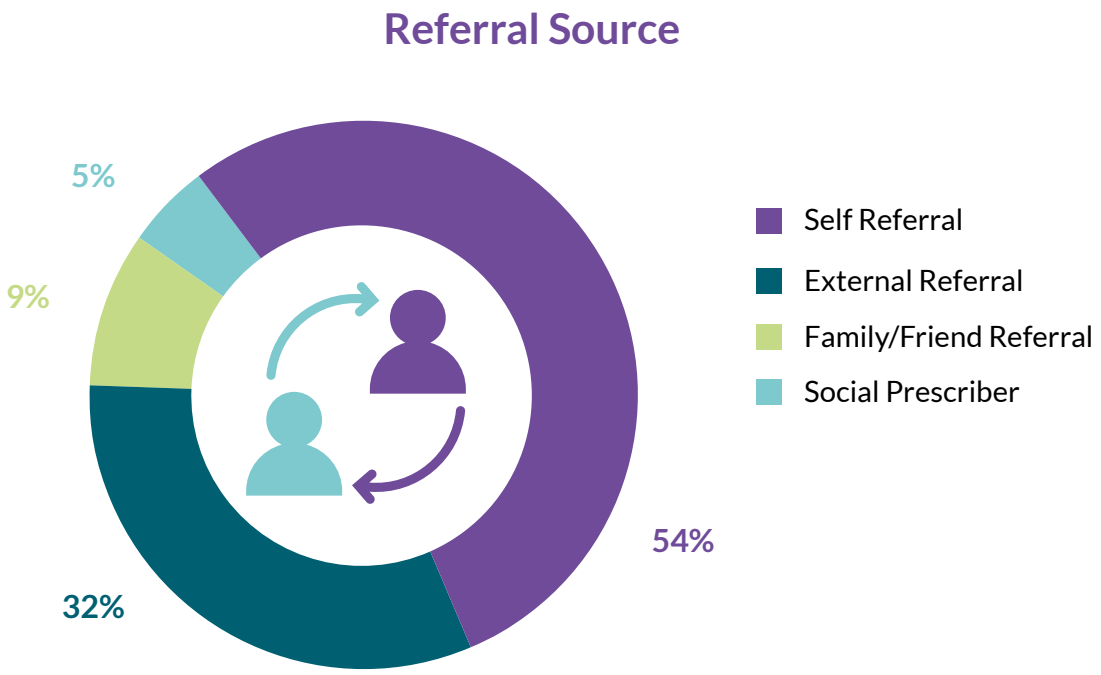


Figure 11: Proportion of Referrals by Source

5.3. Health Status

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.

Medical Issue	Participants	%
Epilepsy (Difficulty Sleeping)	17	2%
Stroke	75	10%
Continence issues	91	12%
Recent Medical Emergency	98	13%
Diabetes	115	15%
Cognitive or perceptual difficulties (Planning/organizing/ Taking medication)	125	17%
Vision difficulties	138	18%
Respiratory condition	145	19%
Osteoporosis	149	20%
Hearing difficulties	159	21%
History of falls	188	25%

Medical Issue	Participants	%
Heart Condition	190	25%
Recent hospital attendance	292	39%
Medical Needs - Other	357	47%
Arthritis	423	56%

Table 2: Medical Issues Identified

5.4. Healthcare Utilisation

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%).

Type of Service Utilised	Participants	%
Access to Appointment from Transport	31	6%
Cancer Care	24	5%
Chiropodist	29	6%
Counselling	15	3%
Day Care	21	4%
Dietician	3	1%
GP	98	19%
Home Help/Care	72	15%
Meals on Wheels	33	7%
Occupation Therapy	42	9%
Physiotherapist	35	7%
Psychologist	1	0.2%
Public Health Nurse	62	13%
Respite	9	2%
Transport to Appointments	18	4%

Table 3: Healthcare Utilisation

5.5. Use of Assistive Devices

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.

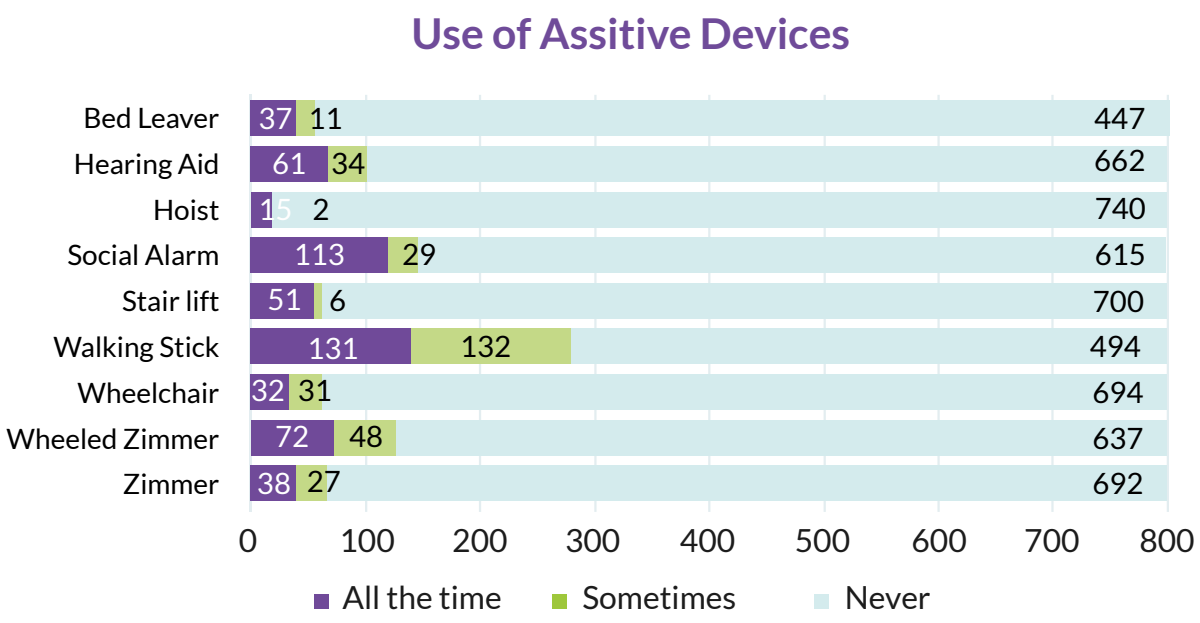


Figure 12: Use of Assistive Devices

5.6. Home Technology Aids

Smoke and carbon monoxide alarms were the most commonly utilised technological device in the home, utilised by 66% and 28% of participants respectively. Pendant personal alarms were in situ in 31% of participant homes. Less than 5% of participants utilised other devices such as chair, fall, bed, movement detectors, epilepsy sensors, safety pull cords or extreme temperature sensors.

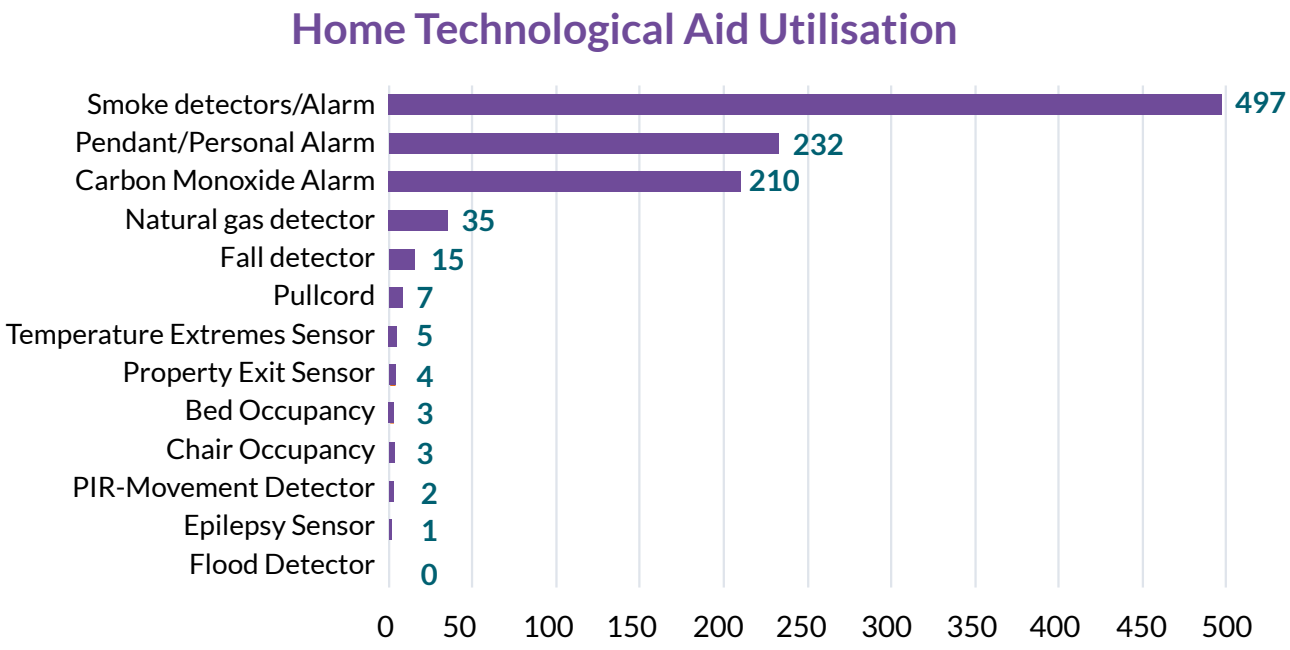


Figure 13: Home Technological Aid Utilisation

5.7. Difficulties with Activities of Daily Living

Climbing stairs and outdoor ambulation were the key domains participants reported most difficulty with, resonating with the finding that mobility aids are utilised predominantly in this cohort. Transfers in/out of bed, in/out shower and on/off chair also proved difficult for many. Difficulty walking short distances and standing for long periods of time were also reported, reinforcing the need for age friendly homes to be located in close proximity to shops and services.

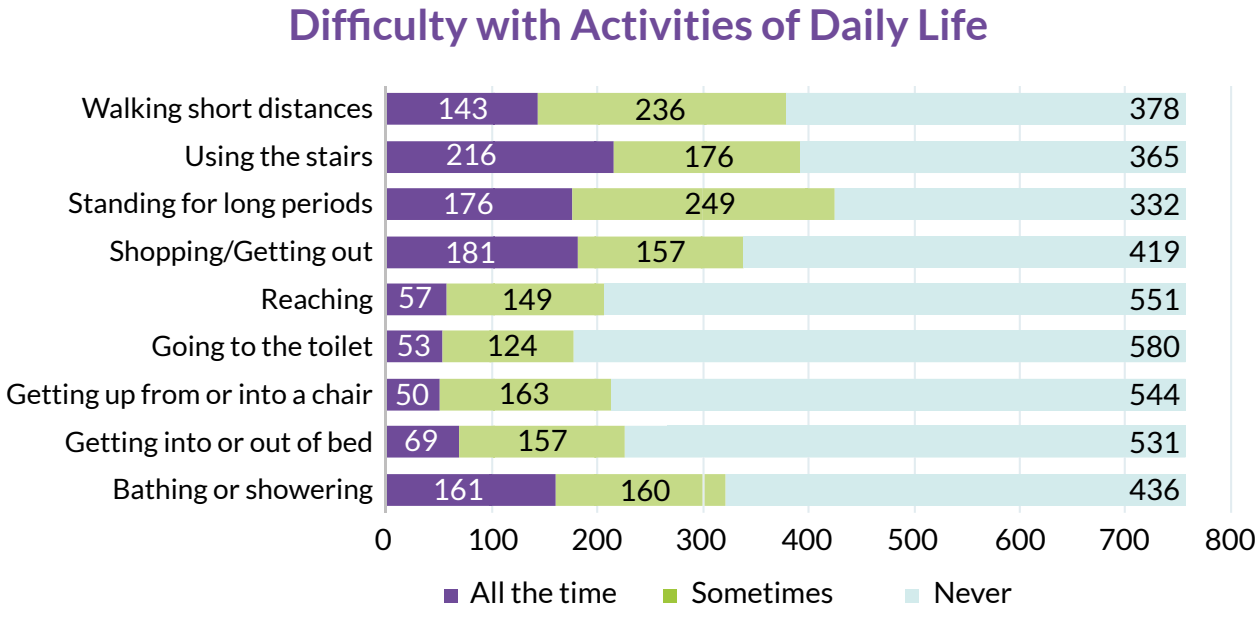


Figure 14: Difficulty with Activities of Daily Life

5.8. Housing Conditions & Living Arrangements

37% of participants report that they live with a significant other/partner while just over half of participants live alone. 11% of participants live in their own home with another family member and 1% reported "other" living arrangements. 74% of participants own their own home while 19% reside in Local Authority/Social Housing. 4% of participants are private tenants with 3% reporting "other" housing. Two thirds of participants report living in an urban area, defined as either part of a town, city or peri urban. The remaining third live in a rural area defined as living on the outskirts of a town, in a village or a remote area.

26% of participants live in a semi-detached home, the most common accommodation reported. 19% live in detached homes, 19% live in mid-terrace homes and 17% live in bungalows. 12% live in end terrace properties while 6% live in apartments, varying between ground, mid and top floor apartments.

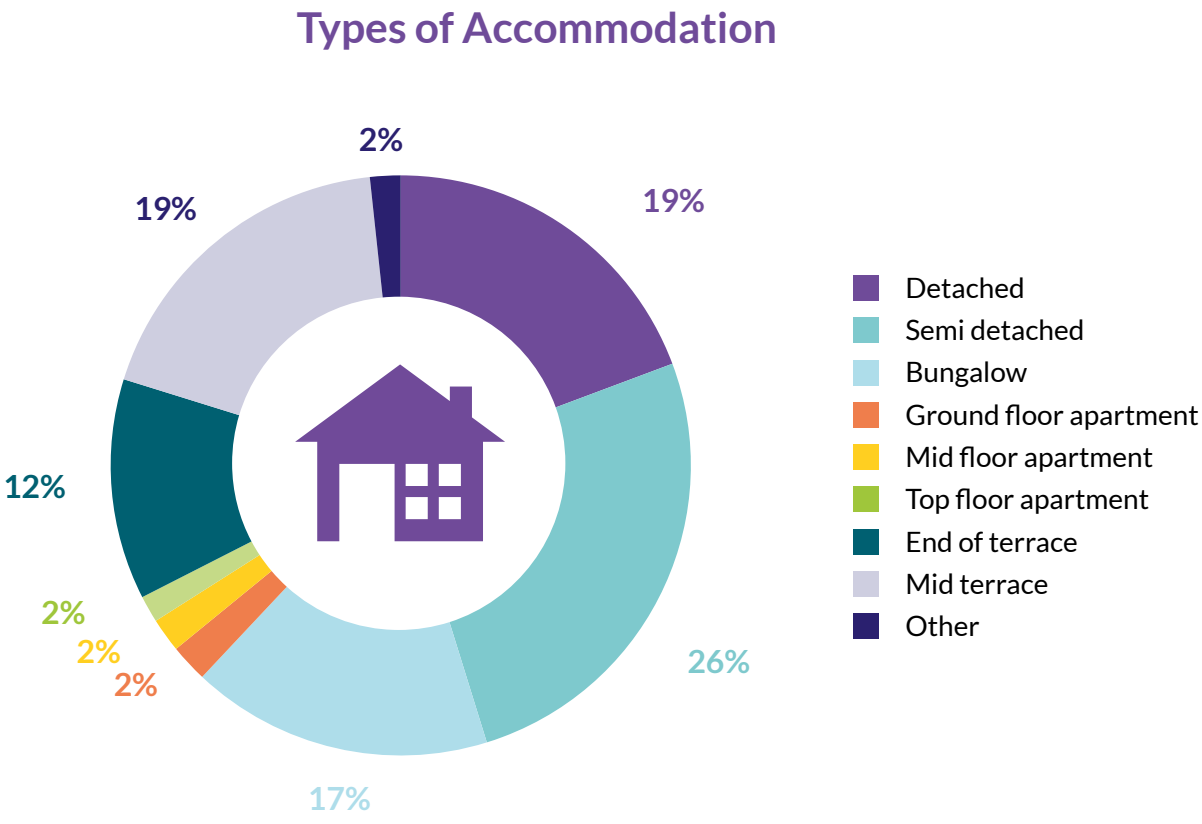


Figure 15: Types of Accommodation

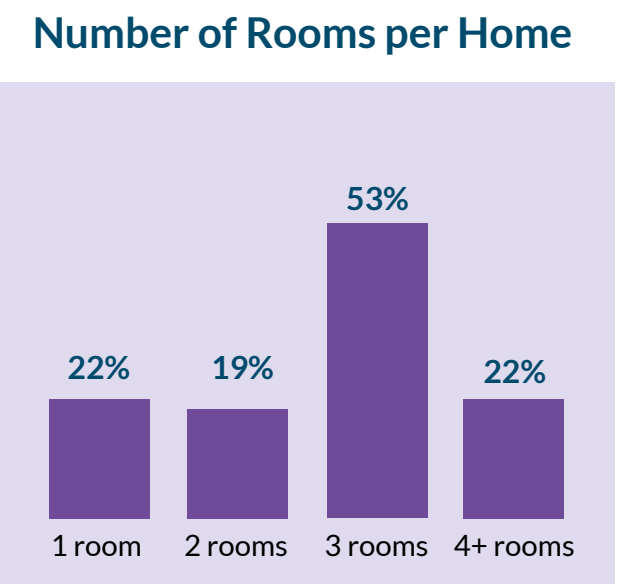


Figure 16: Number of Rooms per Home

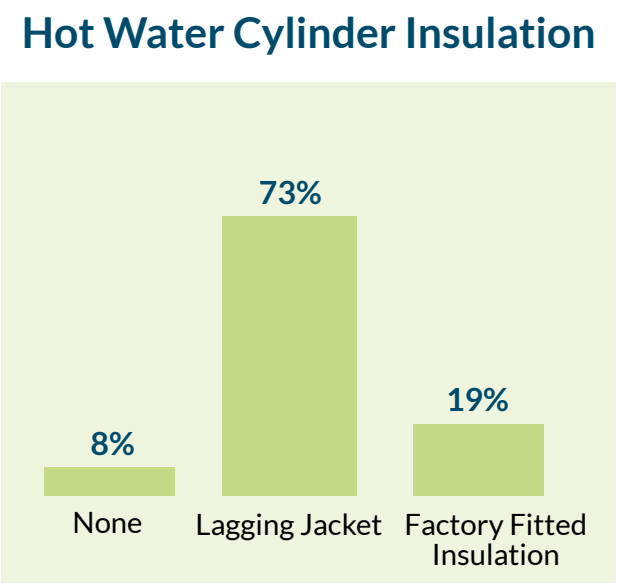


Figure 17: Hot Water Cylinder Insulation

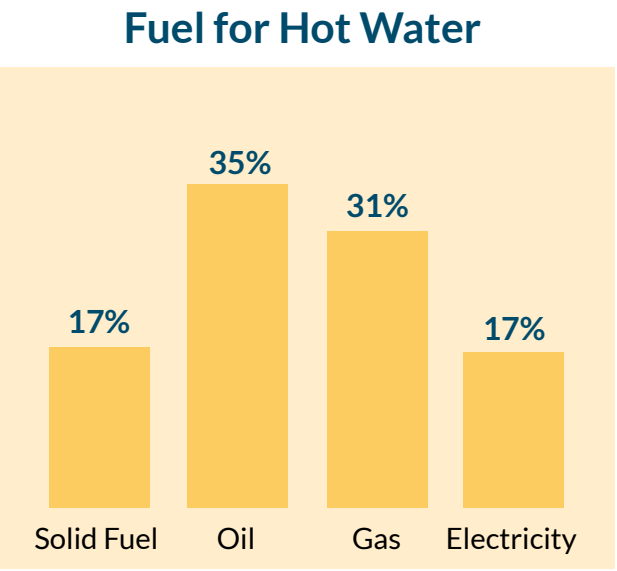


Figure 18: Fuel for Hot Water

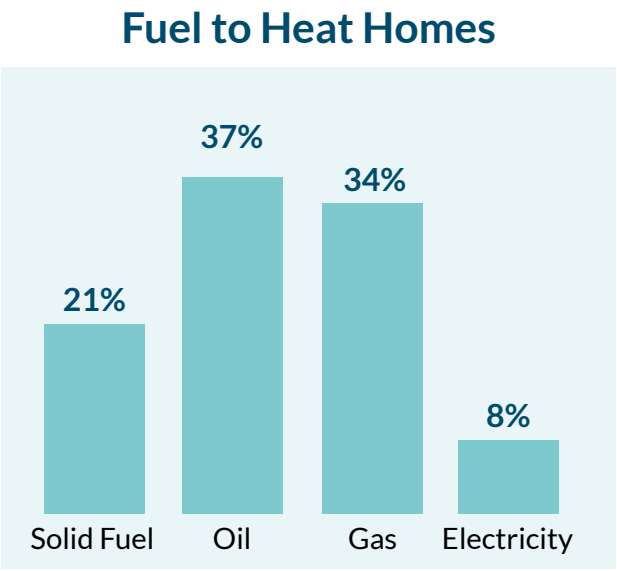


Figure 19: Fuel to Heat Homes

The majority of homes are 3-bedroom properties. One fifth of homes had one bedroom; similarly one fifth of homes had 4 bedrooms or more. 19% of properties had 2 bedrooms.

72% of participants receive an electricity or gas allowance. 87% of participants have a chimney in their home. 69% of participants use an electric immersion for hot water in summer. 8% of participants who have an immersion tank do not have any insulation on the tank while 73% of immersion tank owners have a lagging jacket. The remaining 19% have factory fitted insulation installed on their immersion tank. Only 3% of participants have solar panels installed for hot water.

Oil is the most common fuel utilised for hot water (36%), followed by gas (31%). Similar numbers of participants utilised solid fuel (17%) and electricity (17%) for heating hot water.

Similar to hot water heating, oil is the most common fuel utilised for home heating (37%), followed by gas (34%), solid fuel (21%) and electricity (8%). When asked how feasible it is to make ends meet in their home, 34% of participants reported difficulty, with 5% of this reporting "great difficulty".

5.9. Rightsizing

The most "important" factor reported by participants in considering rightsizing was that of "availability of age friendly accommodation". The most commonly reported "not important" factor was for "financial assistance towards moving and/or legal costs".

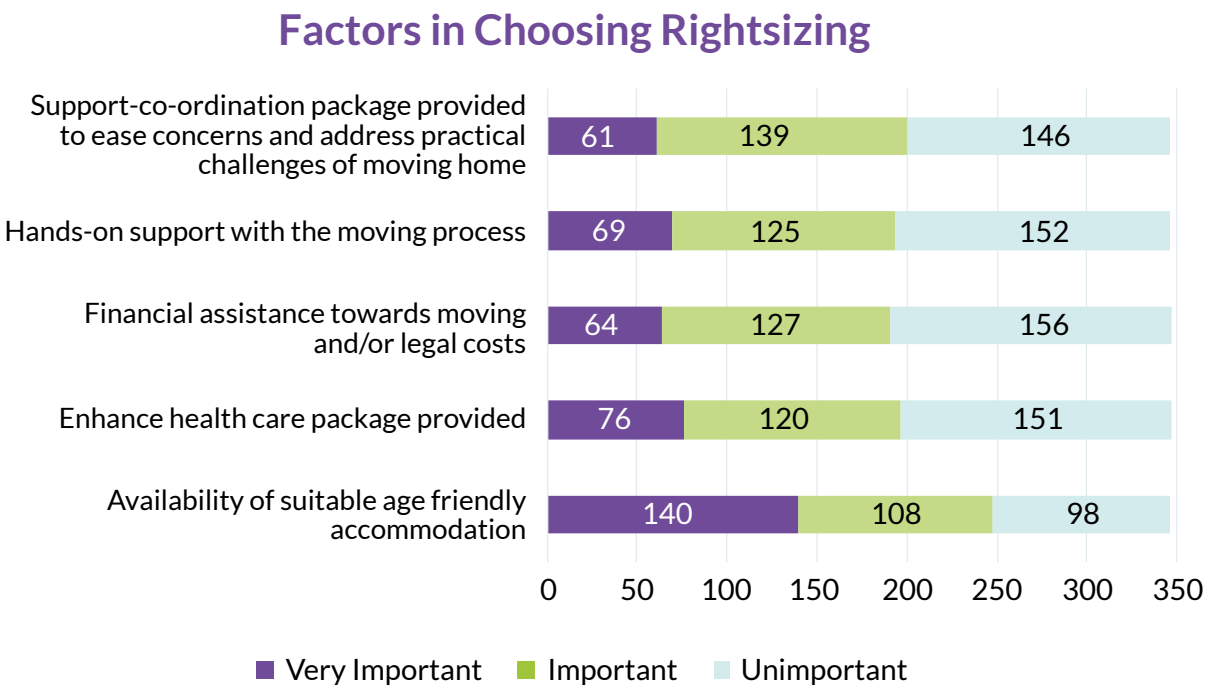


Figure 20: Factors for Choosing Rightsizing

6 Supports Provided

2,162 supports have been provided relating to the four key themes: Housing, Health, Community and Technology supports. The majority of supports provided related to housing (56%). 16% of supports related to health, technology (14%) and community supports (14%).

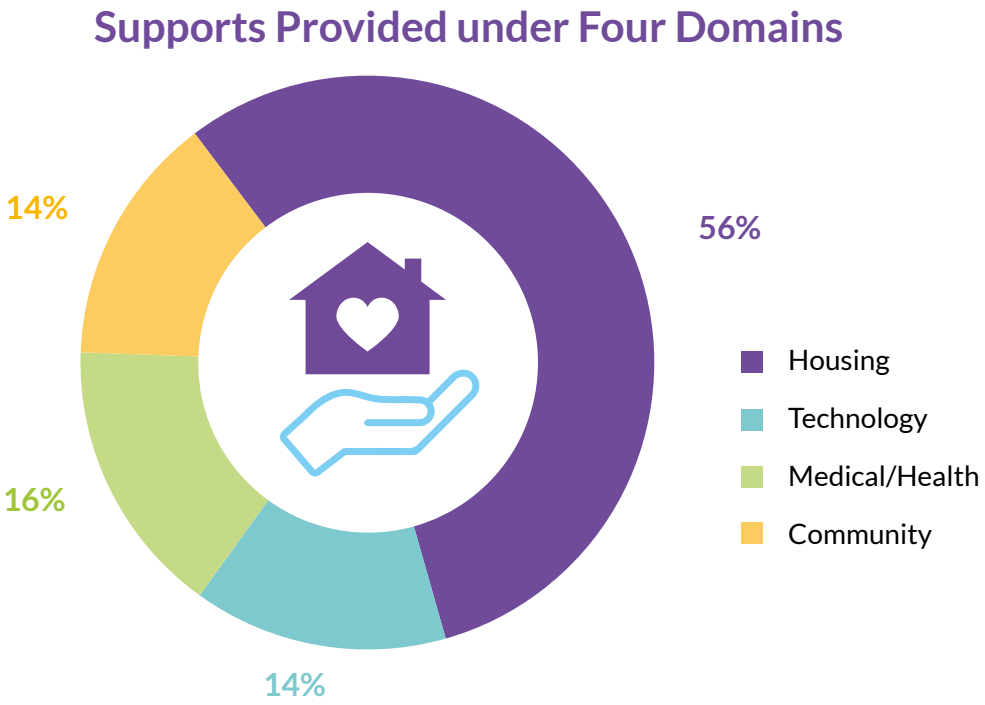


Figure 21: Supports Provided under Four Domains

Befriending was the most common community support signposted to, followed by introduction to local community groups, followed by the library service.

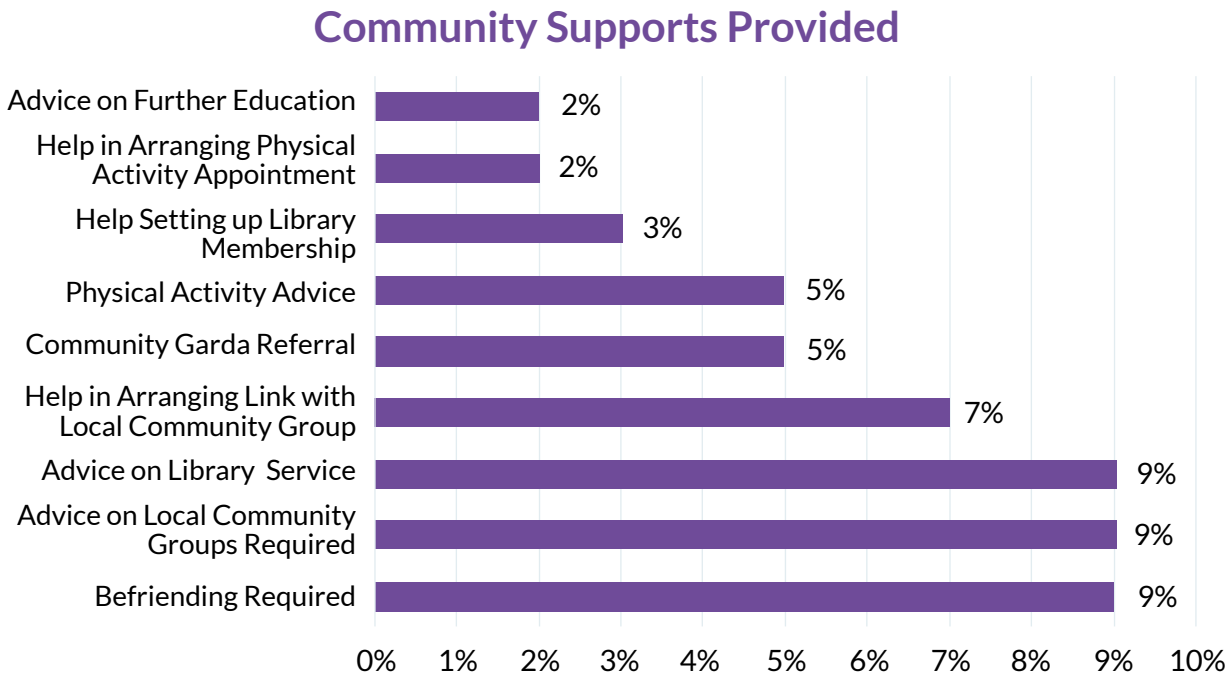


Figure 22: Community Supports Provided

Housing adaptations (including HAGs MAGs and HOPs, SEAI grants and BER energy assessments were the most common areas of need identified in the assessments under the Housing domain.

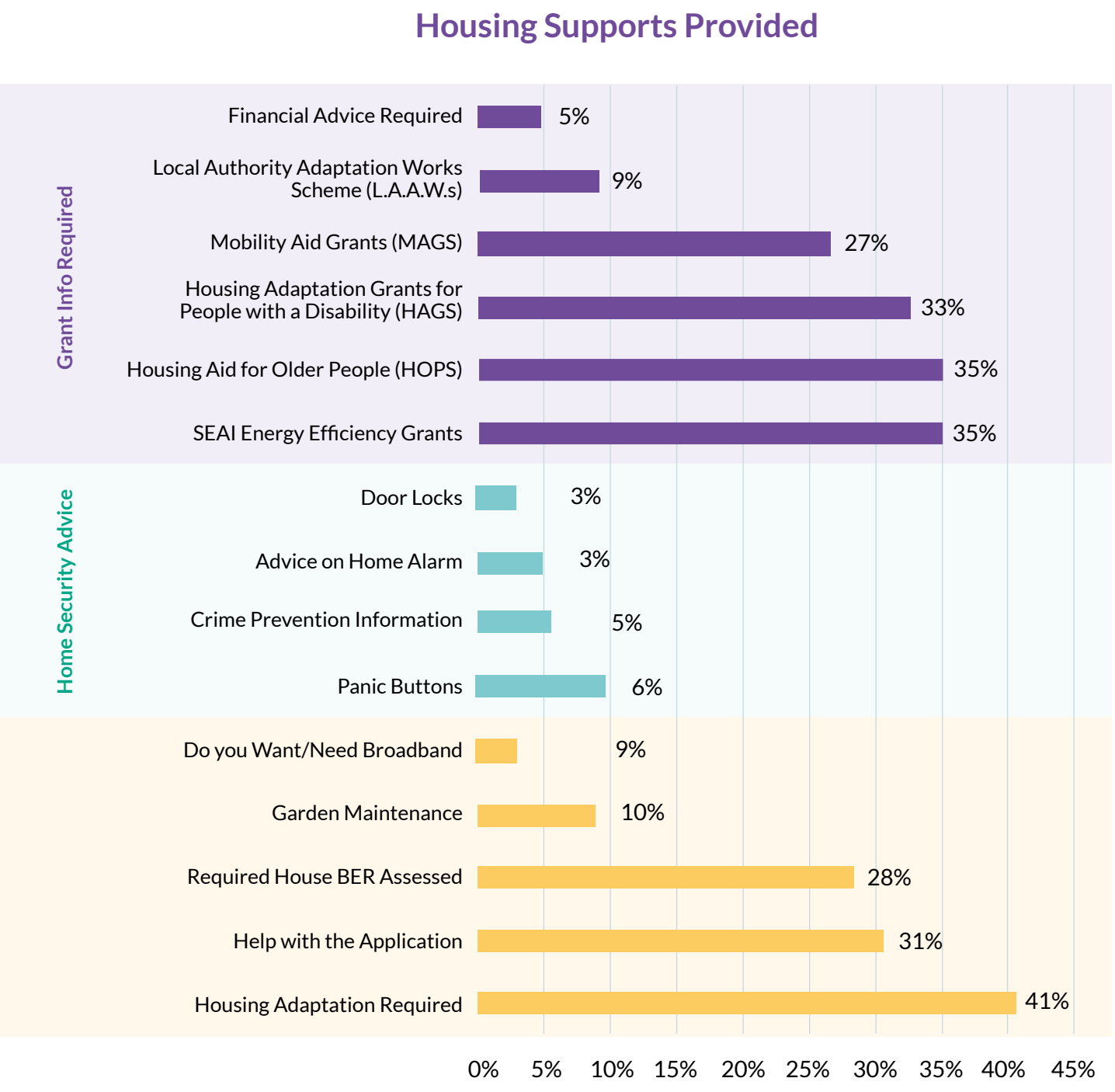


Figure 23: Housing Supports Provided

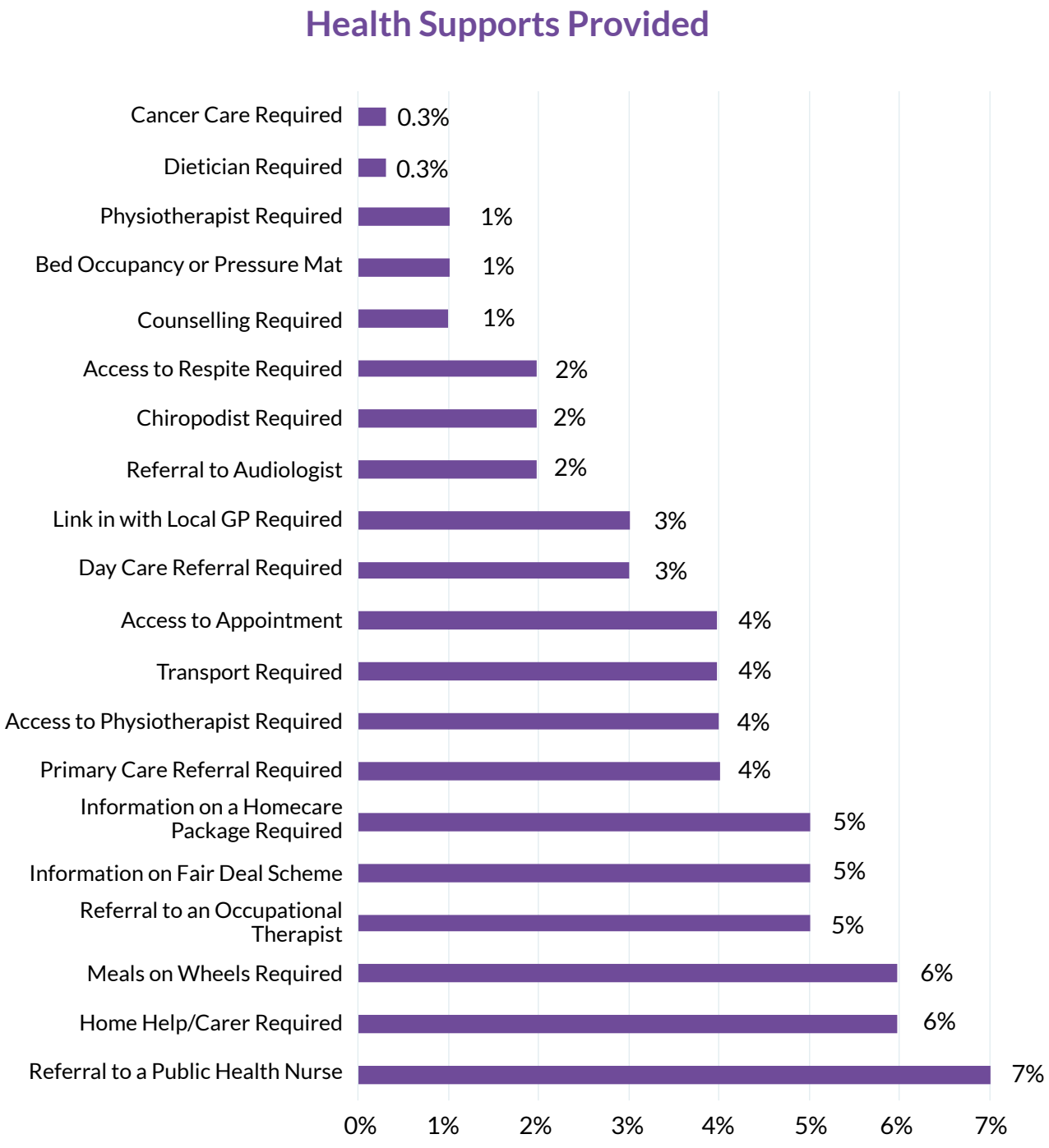


Figure 24: Health Supports Provided

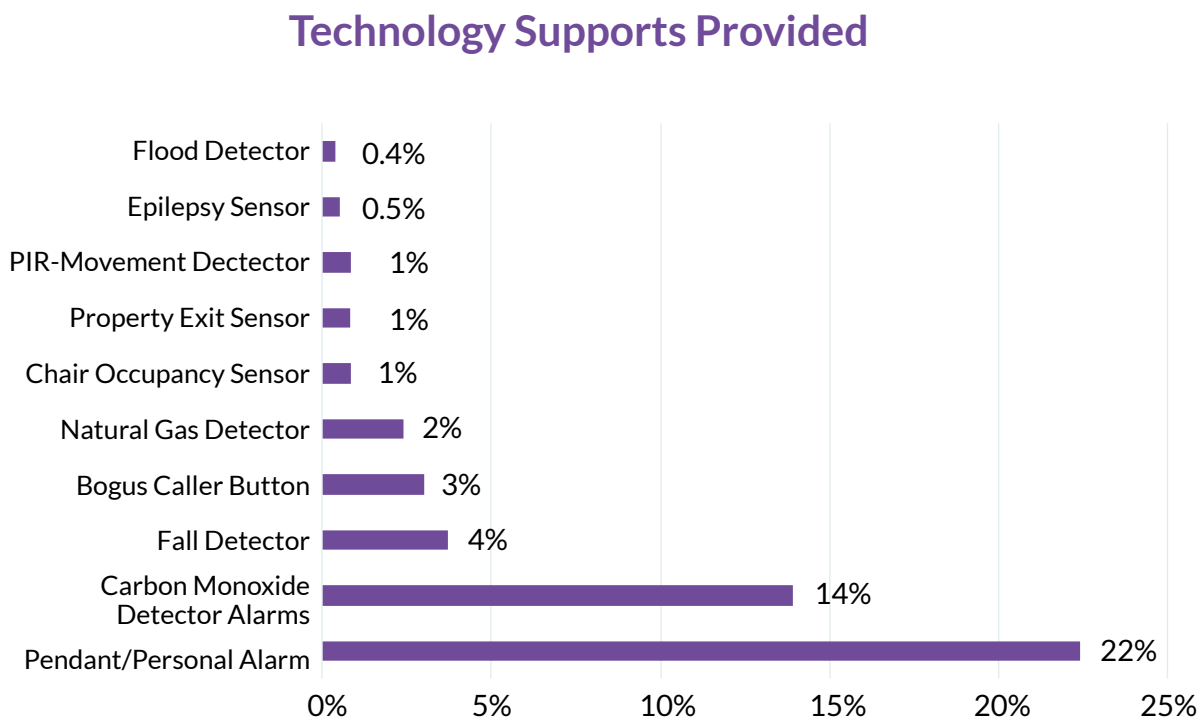


Figure 25: Technology Supports Provided

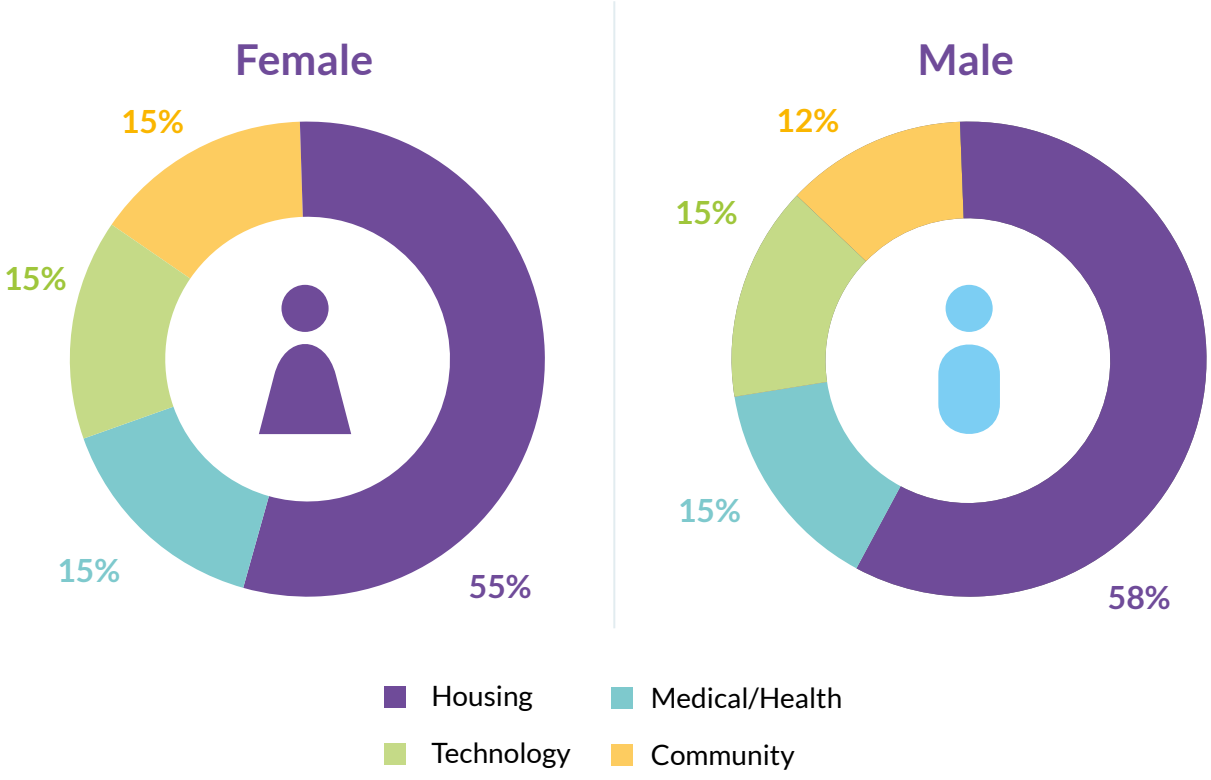


Figure 26: Supports Provided by Gender

Female participants had marginally more supports relating to community supports compared to men. In comparison men had slightly more supports for housing compared to women. Overall the gender spread of supports was largely similar.

6.1. Supports Not Availed Of

It was noted that although some participants signalled that they had an issue with an area, they declined assistance with this issue. 22% of participants reported their home does not meet their needs, however when offered support regarding housing grants, some participants declined. Specifically, of those reporting their home as unsuitable, 45% declined information relating to Housing Aid for Older People (HOPS), 38% declined information on Housing Adaptation Grants for People with a Disability (HAGS), and 48% declined information on Mobility Aid Grants (MAGS). Further analysis is required to explore this further. The reasons documented for not availing of supports offered are presented below.

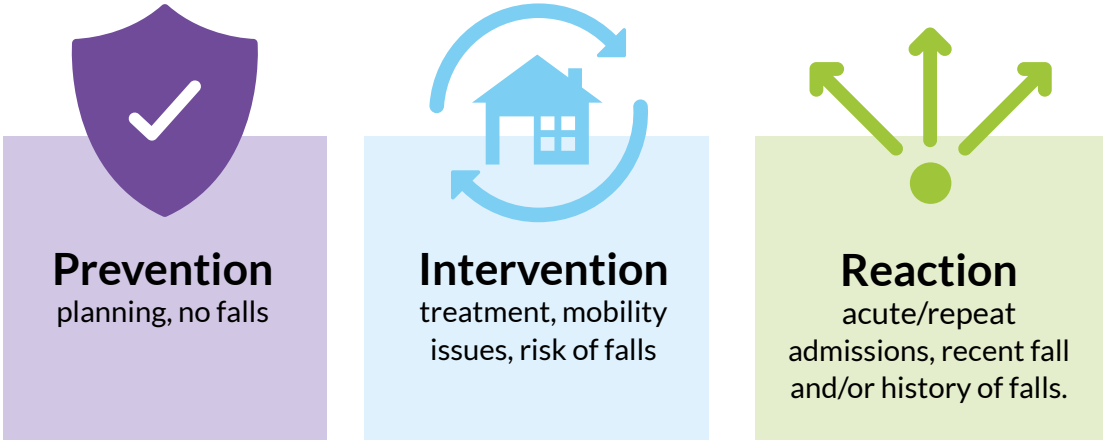
Community	Not of interest; literacy issues; medical issues preventing them attending; their preference to use their own resources at home; has other hobbies; unable to get out and about; COVID; lack of time to attend
Health	Not needed at this time; no service operating in the area at present and already receiving good support from family and health professionals; 21 participants requested the coordinator to link in with a GP on their behalf; Of these, almost half (10 participants) did not currently utilise a GP.
Technology	Not needed at present; no interest; already have broadband installed; have good family supports

Table 4: Reason for Not Availing of Supports

7

Insights

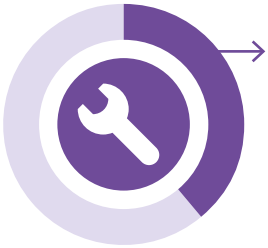
Evaluation of the programme data has identified a number of common participant profiles under three key categories. There was a huge volume of actions in the area of housing and adaptations specifically. This spoke very much to falls, reduced mobility and the significant impact that the housing conditions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



Sample data per category is set out below as of March 2022, with a total of 757 participants.

Prevention

Older Person with no falls and an action of Housing Adaptations.



307 participants indicated housing adaptations were required in their home with **188 indicating they had not experienced a recent fall.**

Of the 188 participants

- **84** have been assisted in making a housing adaptation grant application.
- **70** were provided information on housing adaptation grants for consideration and follow-up.

Intervention

Older Person with mobility issues affecting their capacity to use a stairs with an action of stair lift (housing adaptation).

217 participants stated that they had difficulty in using the stairs all the time.

Of the 217 participants

- **44** have been assisted in making a housing adaptation grant application.
- **64** were provided information on housing adaptation for consideration and follow-up.

Reaction

Older Person living alone who has experienced a recent fall (within 6 months) or has a history of falls and an action of pendant alarm (entry level telecare with 24 hour emergency response).

389 participants are living alone with 124 **experiencing a recent fall.**

Of the 124 participants

74 indicated they did not have a pendant alarm or fall detector.

Of the 389 participants, 77 **have a history of falling.**

Of the 77 participants

41 indicated they did not have a pendant alarm or fall detector.

8

Preliminary Research Findings

Maynooth University

8.1. Quantitative Data

Maynooth University has gathered primary quantitative data with a subsample of all participants. At the time of writing, a **subsample** of 74 participants was analysed. Of this sample, two thirds were female. The mean age was 74 years. The majority lived in urban areas with 30% categorised as rural dwellers. Just over half were living alone and a third were living as a couple. In considering household income, most participants indicated their household could make ends meet, i.e. pay for usual necessary expenses either easily or fairly easily (75%). However, 16% of participants had some difficulty in making ends meet.

70% of research participants reported that their house meets their needs; 23% reported that their house does not meet their needs. Less than one quarter (24%) had previously applied for a housing adaptation grant; 74% of applicants reported that the works had been completed.

Distribution of Research Participants

Research participants were drawn from each of the nine municipal areas, the geographical distribution of participants is illustrated in Table 7. The majority were categorised as urban dwellers (town centre/city/peri-urban; 70%); with 30% categorised as rural (outskirts/village/remote). The majority (63%) had self-referred to the HAFH programme, 25% had been referred by 'external' parties, and 4% had been referred by family members/friends or social prescribers, respectively.

Municipal area	Participants	%
Cork County Council	6	8
Dublin City Council	9	12
Fingal County Council	15	20
Galway City and County Council	7	9
Limerick City and County Council	9	12
South Dublin County Council	12	15
Tipperary County Council	4	5
Westmeath County Council	3	4
Longford County Council	11	15

Table 5: Distribution of Participants According to Municipal Area

Concerns about risks

Relatively low rates of worry about specific risks, including bogus callers, personal attack, flooding, fire and 'losing your way' were reported (all <10%); 'forgetting something important' was the most frequently endorsed concern (16%), followed by burglary (11%).

Health Status (EQ-5D)

Health status was assessed using the EQ-5D, baseline scores are illustrated in the table below. For each domain, with the exception of pain/discomfort, at least 50% of the sample reported no problems.

- 21% of participants reported moderate problems with mobility
- 25% reported moderate problems with pain/discomfort
- 16% reported slight problems with anxiety or depression
- 11% reported severe problems with mobility

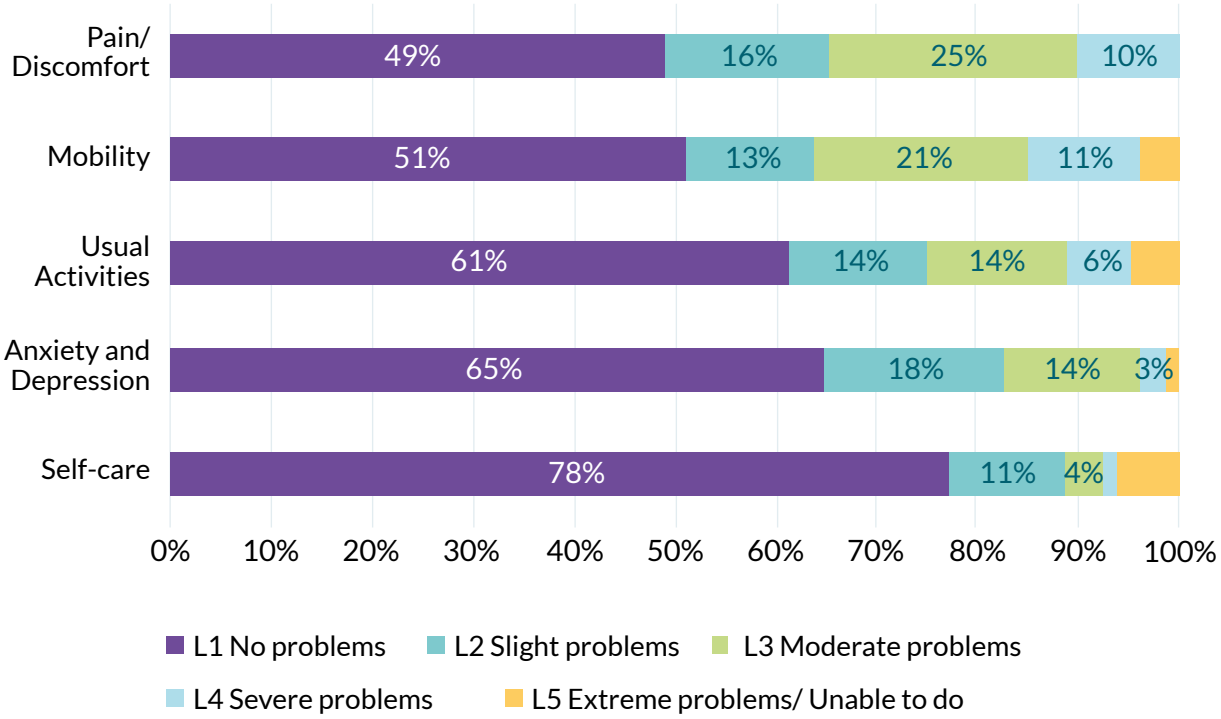


Figure 27: Distribution of EQ-5D Dimension Responses at Baseline

Social Supports

The Oslo Social Support Scale (OSSS-3) is a 3-item self-reported measure of the level of social support. The sum score ranges from 3 to 14, with high values representing strong levels of social support and low values representing poor levels of social support. The OSSS-3 sum score categorised into three types of social support: a) 3–8 poor social support, b) 9–11 moderate social support, c) 12–14 strong social support.

The mean baseline score for this sample of 80 participants is 10.66 which indicates moderate social support reported on average for this sample. Just under half of participants recorded strong social support (48%), with 18% of participants showing poor social support. We would hope to see the mean score increase in the follow-up data.

Quality of Life

The CASP-12 is a measure for quality of life. The scores range from 12 to 48, with higher scores indicating a better quality of life. In previous studies, for example the 2004 Survey of Health, Ageing and Retirement in Europe (SHARE)[12], these scores have been classified into four categories: 39-41 indicates very high, 37-39 high quality of life, 35-37 moderate quality of life, and scores under 35 would indicate low quality of life.

From the baseline data gathered from our sample of 80 participants, there was a range of scores from 16 (low quality of life) to 42 (very high quality of life). The mean score of 27.24 would indicate a low mean score for quality of life for participants in this sample. We hope to see an increase in this mean score for this sample at the second data collection time point ("Time 2").

Loneliness

The UCLA measures loneliness. The scores in this instrument range from 3-9, with a higher score indicating high levels of feelings of loneliness and a lower score indicating little to no feelings of loneliness. The range of scores of 3-9 found in this sample are 3-9. We can see the mean score is 4.86 which indicates a relatively low mean score, indicating a relatively high degree of loneliness among the participant sample. We would hope to see this score improve in our follow-up data collection.

Self-Efficacy

The GSE scale is a self-reported measure of self-efficacy and is designed to assess optimistic self-belief in how an individual copes with difficult demands in life. There are no formal categories to compare against, but the total score is calculated by finding the sum of all the items which will range between 10 and 40, with a higher score indicating more self-efficacy.

In this sample, we see a range between 13 and 40. 13 indicates the lowest level of self-efficacy in this sample and 40 which indicates a moderately high level of self-efficacy in this sample. The mean score for this sample is 30.84 which is moderately high, though we would hope to see this increase further in follow-up data for this sample.

12 http://www.share-project.org/home0.html

	Mean (SD)	Minimum	Maximum
Quality of life (CASP-12)	23.58 (6.43)	10	36
Social Support (OSSS-3)	10.66 (2.66)	3	14
Loneliness (UCLA)	4.86 (1.80)	3	19
Self-efficacy (GSES)	30.84 (5.41)	13	40

Table 6: Summary of Baseline Research Measure Scores

Participation and Rightsizing

When asked about taking part in activities important to them, 44% participants reported that they did "not enough", 51% reported they did "enough", and 4% reported "too much". Just over a quarter of participants (26%) indicated that they recently considered move to a different location and 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,"

Actions and Supports

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. (Note the number of available actions is not equal across the four domains). 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%).

8.2. Qualitative Interviews

This section presents preliminary findings from interviews conducted with 11 participants who were enrolled in the Healthy Age Friendly Homes programme and who received their assessments and personalised plans before October 2021.

Six of the participants were female, 5 were male. The median age of the interviewees was 72.5 years. Nine interviews were one-to-one, one interview was with a couple. The distribution of participants by municipal area was as follows:

Westmeath	1
Limerick	2
South Dublin	1
Tipperary	3
Fingal	1
Longford	1
Galway	1
Cork	1

The initial motivations or key drivers for interaction with the Healthy Age Friendly Homes Programme reported were needs for bathroom adaptations (6) and downsizing (2). Preliminary themes identified in the interview data relate to participants perceptions of the added value of the local coordinator role and to their experiences of the home assessment and planning process. At the time of interview, some participants were still undergoing aspects of the home adaptations process including waiting for grant approval or for building works to commence; one participant had recently downsized; and one participant had not engaged in any actions after the initial assessment and planning process.

The Role of the Local Coordinator

Participants highlighted the value of the local coordinator role in a variety of ways. The seemingly siloed and fragmented nature of services and departments was highlighted as a barrier to access: "no one as such seems to have the information or questions or stuff from people, you know in the older age group". The activity of the coordinators was perceived to be beneficial in providing a focal point of contact and as a centralised source of information.

"I didn't know what to look for or what to ask for."

"they started giving us advice in regards to what we may be entitled to or what we may not be entitled to. But there was some stuff that we'd absolutely never even knew about."

"Having her call out here certainly helped us in a direction alright."

Many participants indicated that they felt listened to, understood and valued through the assessment and planning processes and highlighted a sense of reassurance in knowing they could connect with a coordinator who would advocate for their needs in the future if required.

"it was nice to see that there was an interest shown with people who may need help in the future."

"you could sit and talk to him [the coordinator] and pick up the phone and ring him at any time."

"I do think that you'd feel more confident that there was something being done or you're in contact with someone you know. You know that you had that bit of contact, that you could ring someone if something was wrong."

"he would make you feel good, that he was going to help and yeah, yeah you could see he was interested, and you could see that he could speak up for the like of me and he did."

"it's good that I made contact, especially with the coordinator because having that contact and having the number, having that freedom to you know - anytime you want to ring me just pick up the phone and give me a buzz."

"That was done very, very quickly, you know, acted on very quickly. So, I was very satisfied with that because normally, you're hanging around for a couple of years, but it wasn't it was done so quick and so professional and making me feel, the coordinator and the OT that was recommended to me, making me feel very relaxed, and don't worry if there's anything, I put forward about the step, and going forward you need to do something with that, I'll record that and put that down, and you can send it in. So, everything was done very quickly for me. So it was, it was great. Great to get that response."

Barriers to Implementation

A variety of barriers to implementation of actions were discussed by participants, including financial risks associated with works completed not meeting required criteria to allow for grant reimbursements and the overall costs.

"The quotation we got was nearly twice the price of what we will be entitled to get as a grant from the Council itself. So we've kind of knocked that one on the head but the frustrating part of it was that the amount of paperwork that was involved to actually go through the process itself."

One Issue at a Time

Participant entry points to the programme were 'big ticket items', in particular bathroom adaptations were a key need. These adaptations take time and are, at least in the short term, disruptive to day-to-day living. There was a sense among some participants that they prioritised completion of these works and that once complete the focus would shift to other areas of need and to consideration of other potentials offered by the programme. This suggests the need for continuity of the programme to allow for regular review of changing needs over time.

"she offered us a whole lot more. She asked us did we need meals on wheels, or do we need home help, or did we need to get in touch with anything, you know, with the doctors or did we need to join any clubs or anything. Oh, she was fairly comprehensive."

"I didn't think he'd deal with this [issue] 'cause he was, my most important thing was when he came to the house was to be transferred to a ground floor, where I wouldn't fall down the stairs in other words, and so other than that I wasn't interested in anything else."

9

Case Studies

Efficiency & Cost

The following two case studies offer an insight into how the programme operates to support older participants and the positive outcomes that have been generated for individuals.

(Note: real names or identifying information have not been used in these case studies.)

Case Study 1

Rightsizing, appropriate housing and supports, better use of housing stock, homelessness, frequent flyer

Key Outcome

Reduction in average length of stay in hospital, among others

Participant

John is an older person living alone in a larger Local Authority accommodation with multiple complex health needs and frequent hospital admission. Housing and health supports were unable to access the home. No family support. House was in very poor condition with a history of hoarding and water leak.

John presented to ED in June 2021 and remained in hospital for 28 days. He was then transferred to a convalescent facility where he discharged himself at the end of August 2021 and returned to his home which was unsuitable for his needs. John was referred into the programme 03/09/2021 and a number of house calls made culminating in John rightsizing into Age Friendly local authority housing 08/10/2021.

Actions

The local co-ordinator through their initial needs assessment and follow up face-to-face visits built a relationship of trust with the participant.

- Developed a trusting relationship and participant agreed to declutter and clear out.
- Obtained Blood Sugar monitor from pharmacy.
- Through collaboration with the Local Authority and Health Service enabled the **sourcing of a one bed ground floor older persons accommodation.**
- John was **assisted with moving** into a more suitable home.
- The **Public Health Nurse** and **Social Worker** now visiting.
- **Home support services** are now in place.
- Accommodation sourced by local authority in **single occupancy ground floor older persons accommodation** - Participant agreed to visit the next day.

- Coordinator provided **water and supplies** to participant to maintain them overnight.
- Coordinator **arranged transport** to view new accommodation and met him at the new address along with housing officer.
- **Meals on wheels** in place.

This case highlights some of the achievable outcomes of Healthy Age Friendly Homes in hospital avoidance, residential care avoidance, improved mental and health outcomes, more integrated service delivery, rightsizing and better use of housing stock.

Potential Savings

John was found on his floor after suffering a stroke in April 2022. As John was in appropriate age friendly housing with support services attending, he was found, this may not have been the case if he was in his previous accommodation. John stayed in hospital for a period of 9 days until at which time he was discharged with a multi-disciplinary team providing supports. This would not have been possible if John had been living in his previous property.

John's initial stay of 28 days in hospital may have cost the state in the region of €34,048*, with a follow-up six weeks in an acute convalescent home costing €5,214, for a total cost to the state of €39,262 **.

Following his engagement with HAFH, he had a second hospital admission which lasted a brief nine days with transfer back to his own home. By comparison to his initial hospital admission, following the intervention of the HAFH local coordinator, he experienced a significant reduction in Average Length of Stay (AvLoS). The potential cost savings can be calculated as 9 days (€10,944) versus 70 days (€39,262), giving a potential reduction of 61 Bed Days at a cost savings of €28,318.

The fact that John could be discharged to suitable accommodation, potentially saved the state a similar 28 day stay in hospital followed by a six-week stay in a convalescent home as described above.

Potential Savings:

- Reduction of 61 bed days.
- Cost savings to the State of up to €28,318.
- Facilitated early discharge from hospital.
- Discharge to suitable home accommodation versus a nursing home.

** Cost of acute bed stay of up to €1,216 per day based on figures provided by DOH / IGEES in March 2022.*

*** Cost of €869 for a long-term residential care bed per week on average based on HSE reporting, December 2021.*

Case Study 2

Residential care admission prevention, rightsizing, timely access to community-based care

Key Outcome

Avoidance of residential care admission

Participants

Mark and David, two brothers in their mid-70s living in a small cottage on rural farmland. Mark and David do not own their house but have lived there for most of their adult lives as part of an arrangement with the original farm owner as Mark and David's family worked the farm in question. The owner of the farm passed away and the home has not been maintained in recent years.

A referral was received by Mark's Social Worker in September 2021 stating that Mark and David were not engaged with any community supports, had mobility issues and their home was in a very poor condition. On carrying out the needs assessment the Local Coordinator noted that "*The cottage the gentleman is living in is very run down (no heating, toilet not working, cold & damp with mould on walls and ceiling, roof leaking). The home is uninhabitable affecting the physical and mental health of these gentlemen.*"

Actions

The Local Coordinator assisted Mark and David with making a housing application to the Local Authority for social housing. Further to the lodging of the application to the Local Authority the Coordinator met with Housing Officials and submitted a letter of support for Mark and David in regard to their housing situation. The allocations team in the Local Authority made an offer of a new home to Mark and David in early April 2022 which is situated in the nearby village and in close proximity to services and amenities.

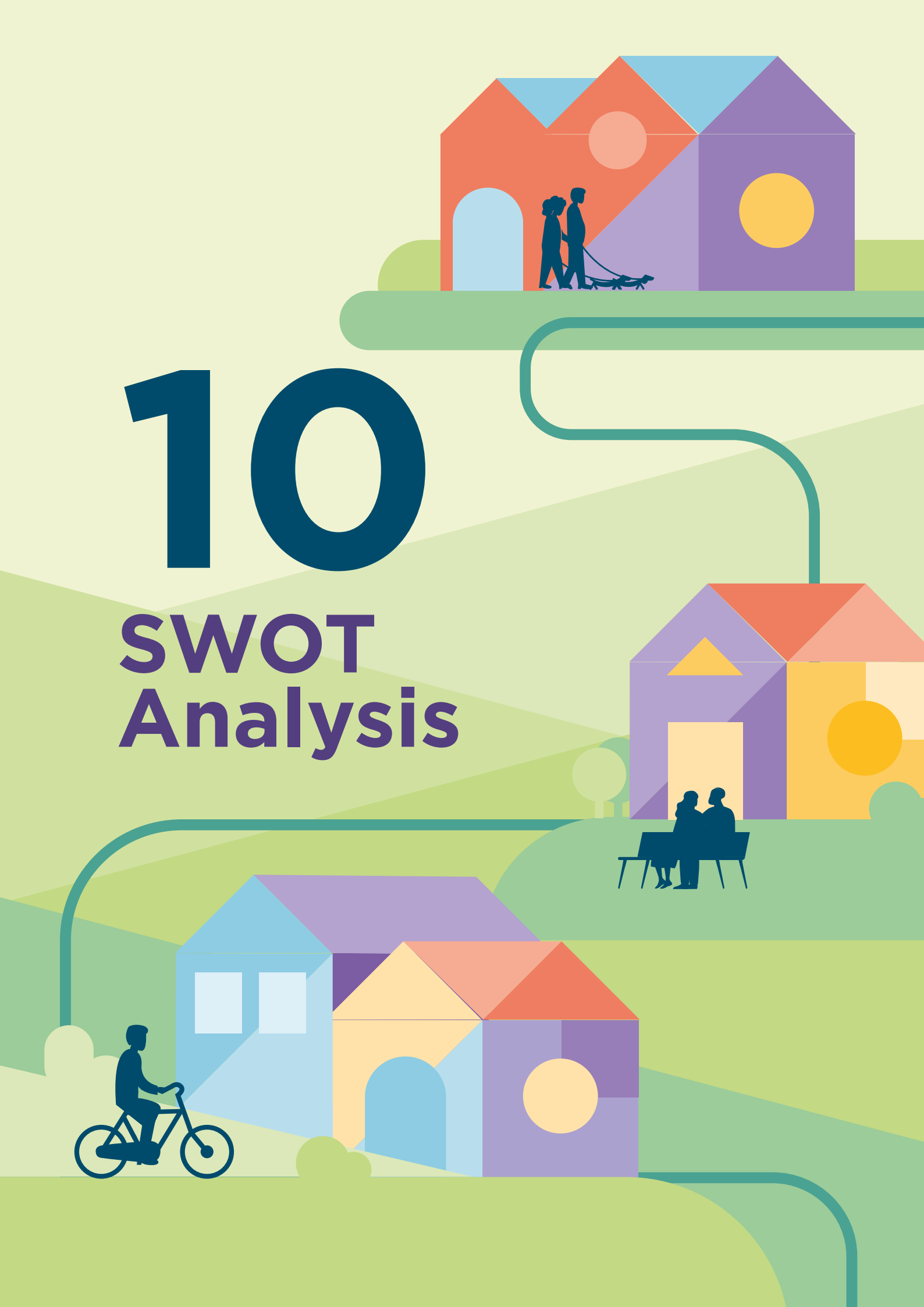
Potential Savings

Mark and David's situation, their referral to the Healthy Age Friendly Homes Programme, and subsequent assessment of need, has led to them linking in with the health services and availing of additional supports in addition to rightsizing. Without the intervention of the Local HAFH Coordinator, and specifically the support to rightsize into appropriate social housing, their worsening housing conditions would inevitably have led to early admissions into long-term residential care. Coupled with this, the deterioration in both Mark and David's health conditions (due to living conditions and lack of services) potential risks (such as falling, chronic disease) have been mitigated which could have led to accelerated use of acute care.

The average cost of Long-Term Residential Care is €869 per week*. Considering that if Mark and David had entered a nursing home through Fair Deal (*no cash or non-cash assets and 80% of basic state pension/assessable income*) the annual cost saving per year for every year they are supported to live independently is an estimated **cost saving of €90,376 annually.**

We know there is a high incidence rate of poor housing condition related falls among older people which can lead to hospital admission (fractures, head injury, hypothermia, dislocations, complications of pre-existing conditions and others). We know that Mark and David were at considerable risk of falling due to their poor conditions and housing circumstances. If we predict that the average length of stay is 5-10 days post-fall, then based on an average cost of €1,216 per hospital bed day** a potential saving of **€6,080 - €12,160** is achieved (per admission/fall/critical incident) simply by providing the ability to live in better housing conditions with more age friendly design principles not to mention the significant quality of life improvements.

** HSE data, December 2021*
***Figures provided by DOH / IGEES in March 2022*

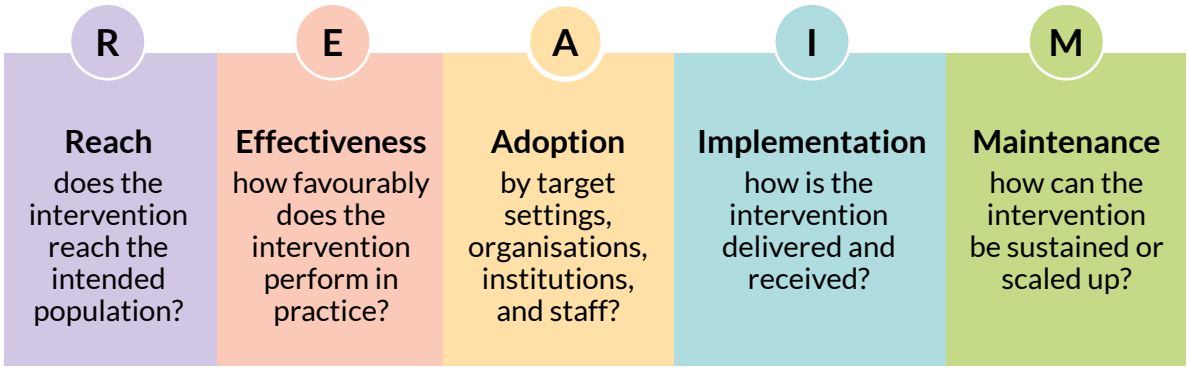


10 SWOT Analysis

Compiled by Dr Adrienne McCann, Research Manager, on behalf of MU-AFI Partnership.

A scoping exercise was undertaken to capture implementation data from nine local coordinators delivering the Healthy Age Friendly Homes study intervention. Two time points were agreed on: 1) at 4 months following commencement (October 2021) and, 2) at 9 months (March 2022).

Questions were prepared following the RE-AIM framework, a framework designed to capture data relating to the on the ground delivery of the intervention. The RE-AIM domains include an explicit focus on issues, dimensions, and steps in the design, dissemination, and implementation process that can either facilitate or impede success in achieving broad and equitable population-based impact. Data was collected under the following:



Data collection was grouped into key themes to be explored namely:

(a) how the intervention was delivered,

(b) barriers and facilitators to implementation,

(c) how the intervention was delivered differently to the protocol (if applicable), and

(d) how the intervention could be improved.

A SWOT analysis (Strengths, Weaknesses, Opportunities and Threats) was subsequently undertaken to identify areas for improvement.

10.1. Timepoint 1 Results

Timepoint 1 data was collected in October 2021 and aligned with local coordinators being approximately 4 months into delivering the intervention, recognising they required time to get accustomed to their role, while still being familiar with the induction process underwent. Questions were primarily asked around the training provided to them prior to commencement, their initial experience undertaking the assessments, their experience delivering the service, barriers or facilitators encountered, stakeholder engagement, and recommendations to enhance their experience.

Area of Questioning	Positive	Negative
Training and Induction	Induction training was primarily well received by all coordinators. Shared folder was viewed as a useful facility	Training could have been space out better Some aspects could be delivered later
Preparedness of Coordinators	Coordinators gained more confidence with further experience of conducting the assessments Local Age Friendly Programme Managers were welcoming, and introductions were made	Being based in local authorities could be improved by more high-level awareness of their role
Delivering the Intervention	Majority of participants are happy to engage with the coordinators Coordinators are now clear on the 'sales pitch' The assessment process is working well and not laborious Coordinators now have a better understanding of where to generate referrals from and are using a more targeted approach	The initial months have been a test bed Waiting list for the HSE Occupational Therapist Cost of private OT appointments Different procedures in local authorities for payment of OT charges Some participants find form filling 'fatiguing' Gaps in service in some geographic areas Some participants require extra "hand holding" Some coordinators recognise cognitive impairment but are not in a position to determine capacity.
Facilitators and Barriers	Older people can use their house insurance information to apply for SEAI grants to streamline the documentation process.	Revenue letter regarding Local Property Tax in October 2021 was confusing Lack of contractors able to provide a quote Insufficient rightsizing opportunities. The process of applying for housing grants which are paid retrospectively is very difficult for an older person

Stakeholder Engagement	Development Companies have good networks One-to-one meetings help to build relationships Referral forms and brochure useful Community groups such as Active Retirement, dementia cafes are useful for referrals, as are Older People's Councils Generic email address and admin support	Initial stakeholder engagement session described as 'stressful' Brochure was not in Plain English Fastfields has not enough questions about positive community supports such as Arts, Crafts, Borrowbox in libraries etc (perhaps an over-emphasis on statutory bodies) Some issues with newspaper advertisements No social media profile

Table 7: Focus Group 1 Results

10.2. Timepoint 2 Results

Timepoint 2 data was collected in March 2022 when local coordinators were approximately 9 months into their roles. The questions here aimed at assessing their views on how the service has progressed over the 9 months since launch, the rate of referrals, and any challenges/barriers they've experienced.

Area of Questioning	Positive	Negative
Progress of Service	Initial actions from the first focus group were addressed Coordinators reported progressing well within their roles. Return of face-to-face meetings in the community is beneficial Scheduling of assessments is working well	
Referrals	Approximately five assessments should be conducted per week, with scope to increase this as workload allows. A key aspect is in building relationships to obtain new referrals. Participants are much more likely to engage on the second visit, highlighting the importance of relationship building.	Coordinators report they have to actively seek referrals, there is not as much public awareness of the service

Administrative, Logistical and Technical Issues	Coordinators reported being re-contacted by customers to re-engage after a period of time (new support/work order) Revisits are identifying other issues such as social welfare GIS piece and route mapping should help with time management when scheduling visits. Dublin area was identified as an area that would benefit from two coordinators due to its high population density.	There is a substantial administrative load associated with the role. Assessment form does not have fields in relation to whether the participant is waiting on a hospital appointment. Logistical issues were identified by the coordinators; the importance of signposting and promoting social prescribing to ensure befriending supports are provided as needed. Safety concerns were discussed (some areas with anti-social behaviour)
Waiting Lists	The average waiting list per coordinator was approximately 33 customers as of March 2022. Waiting lists can be reduced to a manageable size within a matter of weeks	Demand for service must be managed so as the service does not become backlogged.
Other Issues	New Energy Retrofitting grants announced by the Government were seen as positive	A lack of homecare services identified (although this is being progressed nationally through a Strategic Workforce Advisory Group)
Supports	Strong supports reported from Meath Co Council regarding IT and Communications. Good skillset base across all coordinators is beneficial Step by step documents for particular issues and other learnings shared among coordinators	

Table 8: Focus Group 2 Results

10.3. Key Recommendations from Local Coordinators for Programme Operation

- General recommendations around induction, training and supports for remote working. Health and safety does not need to be the first session delivered and it could be offered online.
- Higher-level promotion of the programme such as through customer services in the local authorities and support through 'contact clusters' within the local authority.
- There should be two streams of stakeholder engagement : 1) strategic/high level and 2) the 'bread and butter' groups, community connections, and a selection of staff in the local authority.
- The use of two coordinators per area should be considered in the interest of safety and managing staff absences.

SWOT Analysis

Strengths

- IT infrastructure provided by Meath County Council is positive and working well.
- Shadowing of coordinators working well for new coordinators
- The intervention is being well received by customers and all have positive feedback for coordinators
- The intervention is complimenting existing services such as Meals on Wheels and buy in from external stakeholders has been positive

Weaknesses

- More engagement with local authorities needed to embed the projects into LA's - 'contact clusters'
- The assessment can be onerous for some participants
- Not all referrals were suitable for the programme
- The Fastfields assessment asks if customers have cognitive difficulties. Some coordinators can see cognitive impairment but are not in a position to determine capacity
- There is a lack of contractors to complete the work and insufficient rightsizing opportunities
- Possible need to grade the case by level of complexity

Opportunities

- Coordinators training can be adjusted in relation to timing and topics
- Private OT assessments are quicker and the cost is reimbursed by some LA's
- Housing grants are paid retrospectively which increases upfront costs prior which helps customers plan better financially
- Community groups are now back open and useful stakeholders to engage with
- A Facebook page for the programme would be useful
- Early intervention would be beneficial, 65 appears too late to make most impact

Threats

- Remote working was a slight disadvantage in this case as coordinators were not sitting near to other staff members who they could ask about local systems
- Multiple visits are required for some individuals. Extended hand holding is a requirement for some. There needs to be recognition of the services as a process rather than a one stop shop
- Concerns around Fair Deal scheme - about where their money will go/family inheritance

11

Strategic Partners

The Healthy Age Friendly Homes Programmes has developed partnerships and found concrete support in multiple organisations. Some of these partnerships have been critical to the success of Phase 1.

Programme Positioning	This support co-ordination model is truly innovative as it fosters co-operation between local Government and health services, key elements of public services in Ireland. With over 37,000 employees in local Government and over 134,000 in the HSE, the volume and range of services is extensive and having a single point of contact (within the public service straddling health and housing) to act as a catalyst to sign post and wayfind for an on behalf of older people has been a significant positive outcome of this programme. The funding from Sláintecare for salaries coupled with the hosting and central management cost provision provided by the local Government sector has been an outstanding success factor.
SEAI Contribution	An agreement was reached with the Sustainable Energy Authority of Ireland (SEAI) to fund the cost of home energy assessments for HAFH participants, equivalent to a funding allocation of €1million. This will greatly assist older people to assess their energy usage and potential for energy savings, leading to cost reductions to the householders, warmer homes and energy saving in the broader context of climate mitigation.
National Retrofitting Scheme	In February 2022, the Government approved a package of supports to make it easier and more affordable for homeowners to undertake home energy upgrades, for warmer, healthier and more comfortable homes, with lower energy bills. The measures address barriers to undertaking energy upgrades (retrofits) reported by homeowners and those working in the industry. They also reflect the step-change needed – in pace and scale of delivery – to achieve a target of 500,000 home energy upgrades, to B2 Building Energy Rating (BER) standard, by 2030. The Healthy Age Friendly Homes Programme will support the delivery of this policy objective.
Mapping	The HAFH Programme has developed a close working relationship with the Department of Housing, Local Government and Heritage in relation to mapping services for older people. Using data from Geodirectly and Health Atlas (supported by the Health Intelligence Unit in the HSE), a wide array of statutory, community and commercial services are being mapped in each of the nine pilot sites, which will support the identification of services and referral pathways locally by coordinators as part of the personal action plan development process. It is recommended that the scale up of this mapping exercise through formal Service Level Agreements with the contributing data partners will provide a significant source of information to enable population based planning, service delivery (acute and community), housing delivery, estates management, gap analysis and a range of others.

HAGs, MAGs, HOPs	The Department of Housing, Local Government and Planning has increased the budget for housing grants (Housing Adaptation, Mobility Aid, and Housing for Older People grants). This is a great support to the programme because, as the data indicates, housing is the biggest area of need among Healthy Age Friendly Homes participants. As of April 2022, the annual fund has been increased to €81.25m . It would be remiss to not mention that the processing and speed at which grants are expedited has improved significantly in Healthy Age Friendly Homes sites, both at local and national level.
Telecare	Telecare is a critical part of enabling older people remain in their own homes for as long as possible and technology assistance and supports is one of the 4 main domains of the Healthy Age Friendly Homes Programme. Through a tendering process the programme has partnered with Tunstall Emergency Response for the supply and monitoring of technology assistive devices to older persons as part of Phase 1 (12-month period May 2022 to April 2023) of the Healthy Age Friendly Homes Programme. This partnership will see 500 participants availing of telecare packages with Tunstall Emergency Response providing base units to the value of €80k free of charge.

11.1. Innovation

The HAFH has demonstrated innovation in the model that operates between local Government and health, and in key features such as the bespoke assessment software, mapping technology, and ability to link with other services and functions including SEAI.

11.2. Gap Analysis

The programme has identified gaps in services such as an absence of Care and Repair teams in some counties. This information will help Age Friendly Alliances, Local Community Development Committees and other local structures to prioritise where their communities can be enhanced through the mechanism of social enterprise, labour activation programmes, community and voluntary services, volunteering and economic development.

11.3. Partnership Working

The strategic oversight group comprises the Age Friendly Shared Service, Meath County Council, the Sustainable Energy Authority, Department of Health, Department of Housing, Planning and Local Government and the HSE Integrated Care Programme for Older People. This multisectoral partnership has been critical to the success of the programme.

11.4. Consultation with Older Persons

Collaboration with older people has been central to the success of Age Friendly Ireland. Well over 25,000 older people have participated in the many age friendly programme led consultations – town hall meetings, round table discussions, focus groups, workshops, annual general meetings and world café processes across the previous ten years. The Older People's Councils play a key role in this consultation process and provide a means by which older adults can take a more active role in their communities and have their voices heard. Older People's Councils have been established as part of the National Shared Service in each programme area as a means by which older people can raise issues of importance, identify priority areas of need and inform the decision-making process and co-design solutions.

The Healthy Age Friendly Homes programme carried out a workshop at the National Older Persons Council Convention in May 2022 to capture the views and thoughts of older people on the Healthy Age Friendly Homes programme and its progress to date.

When asked do you wish to remain and age in your own home 100% of attendees said yes. Some wider feedback is documented below.

Topic	Feedback
Programme Promotion	The most agreed upon method was the holding of workshops/information days. Using local radio for interviews. Also, it was suggested to utilise service areas such as banks/post offices.
Housing Grants	Will funding for housing adaptation grants be an issue in the future? What can be done about the waiting times for Local Authority Adaptation Works? Concerns with contractor availability and cost. There should be a return to the situation where Local Authorities have contractors on council staff to complete these works. Can there be a review of the standardisation of costs as they have become too expensive for most? Can Local Authorities provide a list of approved contractors? There is a shortage of occupational therapists, could there be an option to have a shared or floating occupational therapist assigned to the programme.
Rightsizing	There was very strong sentiment among the group that people should not be forced into a one-bedroom property to right size. People should have the option of a two-bedroom property to allow space for family and friends.
Energy	Fuel Poverty is a significant issue and does the programme work with SEAI?

Topic	Feedback
Housing Maintenance	There was strong feedback that the care and repair service needs to be rolled out nationally.

Table 9: National OPC Convention Workshop | Participants Comments

The Healthy Age Friendly Programme and its aims received a great response and feedback from the workshop participants with one attendee remarking that it was a "brilliant service'" and that she was "fascinated by it". Another said that she "thought she knew all that was needed, but having listened today, she is amazed by all the coordinators do beyond her expectations." Another said that he " was very impressed by the amount of help the coordinator can give to an older person and that the job of the coordinator must be very rewarding".

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Final Recommendations and Next Steps

The interim report captures the outcomes and outputs of Phase 1 to date in relation to both the impact on the participating older people and the operational roll out in particular the innovative approach fostering the cooperation across public health services and local Government services in delivering a transformative programme that can significantly impact the way in which Ireland responds to a rapidly growing ageing population. The high-level objectives in the proposal for Phase 1 were:

- Keep older people living in their homes or in a home more suited to their needs.
- Enable older people to live with a sense of independence and autonomy, and
- Be and feel part of their communities.

This report demonstrates that Healthy Age Friendly Homes, to date, has:

- Demonstrated through evidence from individual cases that the programme has reduced premature or untimely admission to residential care.
- Promoted early discharge from acute hospitals and by virtue of that reduced the AvLOS in hospitals.
- Reduced the frequency of presentations to Emergency Departments.
- Reduced missed hospital appointments.
- Improved longevity of tenancies and better use of housing stock.
- Enabled older people, where appropriate, to live independently in their own homes for longer and thereby age in place by supporting them to right size (move to a more appropriate home and increase access to a range of health and social care services available in their community), ultimately making better use of housing stock.
- Allowed us to make best and timely use of national funding schemes for works such as the national Housing Adaptations Grant Scheme for Older People and the Better Energy Warmer Homes Scheme *(As referred to earlier SEAI have funnelled circa €1M through this programme to reach older people and the Housing Adaptations Allocation has been increased to €81.25 million but more importantly is being enabled to reach those most in need).*
- Increased access to a range of housing, health and social care supports across a continuum of care.
- Identified gaps in service at local level and national level and inform the programme of innovative collaborative solutions that can demonstrate efficiencies and promote qualitative supports in the delivery of housing, health and social care for older people.
- Demonstrated how this cross-sectoral approach (local Government, health, climate action, community and voluntary, and others) can effectively support the delivery of national policy objectives, reduce costs and increase quality of life outcomes for older people.

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.

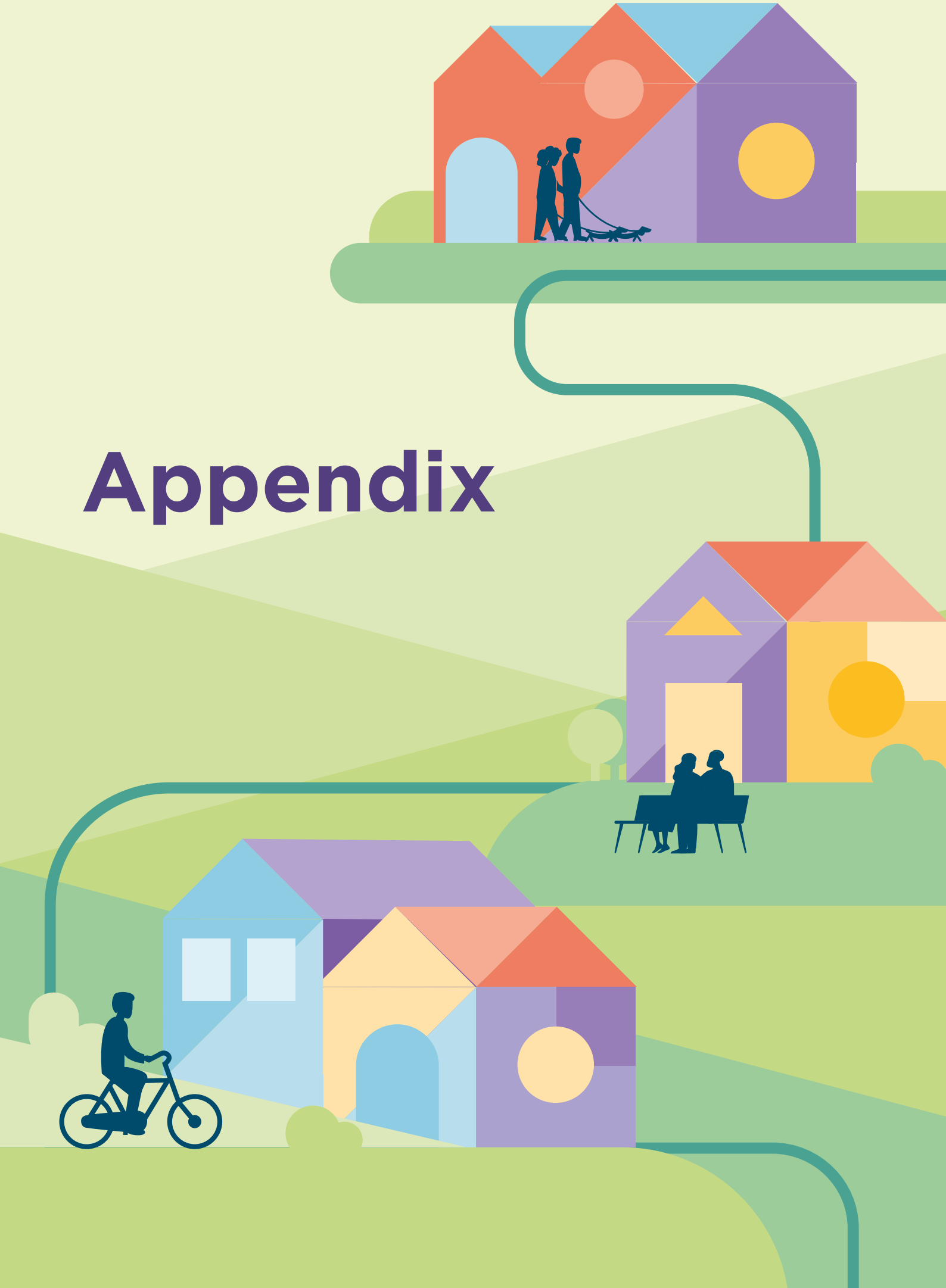
On the basis of the above, and the combined outputs and outcomes, under the governance of the National Oversight Group we propose the following strategic recommendations for the progression and scale to Phase 2 to include:

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.

Appendix



Appendix 1: Membership of HAFH Oversight Group

Jackie Maguire	Chief Executive, Meath County Council, host of Age Friendly shared service
Sarah Treleaven	Principal Officer, Sláintecare, Department of Health
Andrew Hannigan	Assistant Principal, Sláintecare, Department of Health
Catherine McGuigan	Chief Officer, Age Friendly Ireland
Mark Harrington	National Manager, Healthy Age Friendly Homes, Meath County Council
Paul Benson	Principal Officer, Department of Housing, Planning and Local Government
Patrick O'Sullivan	Principal Officer, Department of Housing, Planning and Local Government
Declan Meally	National Director, Sustainable Energy Authority of Ireland
Paul Rowe	Principal Officer, Department of Health
Des Mulligan	Service Delivery Manager, HSE Integrated Care Programme for Older People
Neil Kavanagh	Assistant Principal, Department of Health
Barry Lynch	Director of Service, Meath County Council

Sub Evaluation Group Membership

Catherine McGuigan	Chief Officer, Age Friendly Ireland, Meath County Council
Andrew Hannigan	Assistant Principal, Sláintecare, Department of Health
Matthew Hornsby	Assistant Principal, Older Person's Services, Department of Health
Emer Coveney	National Programme Manager, Age Friendly Ireland, Meath County Council
Prof. Deirdre Desmond	Department of Psychology and Assisting Living and Learning Institute, Maynooth University
Mark Harrington	National Manager, Healthy Age Friendly Homes, Age Friendly Ireland, Meath County Council
Georgia Lalor	TILDA
Biddy O'Neill	Health Promotion Manager, Department of Health
Niamh Hennelly	TILDA
Sylvia McCarthy	Communications and Network Manager, Age Friendly Ireland, Meath County Council
Adrienne McCann	Age Friendly Ireland & Maynooth University
Emilie Holton	Maynooth University

Appendix 2: Qualitative Interview Topic Guide

(Participants recruited to programme between July 2021 - September 2021)

Experience of the programme

- How did you come to the HAFH programme and what were your expectations?
- Since meeting (coordinator) and talking to them about the programme and your needs, what kind of supports did you receive and what has the impact been?

Do you feel that the programme met your needs?

- What do you find meaningful about the HAFH intervention for yourself?
- How well did the assessment visit and planning process help you understand the supports and services available?
  - Did you feel that you understood all the options that were available to you?
  - Did the assessment visit and planning process appropriately address your needs?
  - Did you feel the coordinator understood your needs?
  - Is there anything that bothered or concerned you?
  - Did you feel that your preferences were reflected in the planning process and implementation of supports?

Benefits/Disadvantages

- Were these supports helpful? What does having [insert service/support] mean to you?
- How did the supports or services you receive fit into your daily life? Do you think this is something that will effective long term? What does it mean for you?
- Has anything changed for you, as a result of engaging with the programme?
- What were the positive things about the programme?
- Were there any negative outcomes or problems?
- Was there anything that prevented you from getting the supports you needed through the programme?
- Is there anything you would change about the programme?
- What parts of the process do you feel worked best?
- Was there anything that surprised you about the process?
- The aim of the HAFH programme is to empower and support older adults to have options around their living circumstances and to participate in their communities, does your experience with the programme reflect these aims?

Outcome

- After receiving support from the HAFH programme, what is life like for you at the moment, do you feel the challenges you spoke to X about have been addressed?
- Are you experiencing any challenges that could be addressed by HAFH in the future?

Recommendations

- Do you have any recommendations or suggestions to make the programme more successful and helpful to others like yourself?
- Are there ways in which you think the programme could be delivered more efficiently?
- Would you recommend the HAFH programme to a friend or relative? (Why/not?)

Close

- Thank you for being so open in this conversation, is there anything you think we missed that you feel would be important for us to know?
- Have you any questions yourself about anything we spoke about today in relation to the study?

Notes:

Notes: