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# UCC

**University College Cork, Ireland**  
Coláiste na hOllscoile Corcaigh

# The Needs of Older People in Contemporary Ireland: A Case Study of Killavullen

*CARL Research Project*



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- provide their services on an affordable basis;
- promote and support public access to and influence on science and technology;
- create equitable and supportive partnerships with civil society organisations;
- enhance understanding among policymakers and education and research institutions of the research and education needs of civil society, and
- enhance the transferrable skills and knowledge of students, community representatives and researchers ([www.livingknowledge.org](http://www.livingknowledge.org)).

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The UCC CARL website has further information on the background and operation of the Community-Academic Research Links at University College Cork, Ireland.

<http://carl.ucc.ie>

CARL is part of an international network of Science Shops. You can read more about this vibrant community and its activities on this website:

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## **For My Mother Bridged Beausang**

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## **Executive summary**

### **Background to study**

The Bachelor of Social Work degree requires students to undertake a piece of research to fulfil the requirements of the course. This research was carried out in conjunction with the Science Shop Project in University College Cork and Killavullen Housing Association. The role of Killavullen Housing Association is to consider the provision of suitable sheltered housing for the elderly citizens of North Cork in Killavullen village. To substantiate this need the research looked at ageing demographics in Irish society. The scope of the research included gaining the views of all stakeholders to assess independent living and contributing factors influencing this, assisted living as well as formal residential settings offered at both governmental and community level.

### **Objectives**

The main objective of this study was to collect data through participative research from various different interested groups and individuals, thus enabling the elderly citizens to express their needs and consider whether such needs could be met in the Killavullen Housing Association proposed housing complex.

### **Methodology**

A mixed methodology of a both quantitative and qualitative research was used in this study. Primary participatory research provided a platform for interviews, focus groups and questionnaires, data collected was analysed and evaluated in a qualitative manner. Grounded theory was used throughout the process where concepts were built from methods such as interviews and focus groups, this information was analysed in an interpretative and qualitative manner. Secondary research offered current and projected figures on the ageing demographics of Irish society and this was analysed in a quantitative manner.



## **Results**

The results of both primary and secondary research identify that older people have a clear desire to stay in their own homes for as long as possible. However, data also confirmed that through the ageing process individuals can outgrow their present homes, living in houses that are too big with accessibility to areas of the house proving problematic.

Results from research suggested that sheltered housing within their own community was their next choice with participants clarifying that this would offer them a sense of security, greater autonomy and living among the people they know.

Residential settings or living with family were seen as a last resort for participants as they equated this with a loss of independence and having to live by other peoples rules.

## **Recommendations and implications of the study's findings**

The recommendations reflect both key findings from the literature review and analysed data from the primary participative research taken from various different groups and individuals. Findings suggest that many elderly people want to stay in their own homes for as long as possible. However, there are many influencing factors in achieving this goal and these are recognised at both governmental level and by the elderly citizens themselves in Irish society. These include housing adaption, income, transport, participation and engagement as well as supported care in the home or elsewhere if and when required. However, waiting lists for these supports are ever increasing and as noted in chapter three and four are seriously fragmented, delivered in an ad hoc manner and have no legal basis.

The research suggests that policy change may be required taking into consideration the expressed wishes of the elderly people by extending the Fair Deal Scheme to incorporate independent living and sheltered housing complexes within its remit.

There was a strong correlation between the identified needs of the elderly participants and those of the Killavullen Housing Association committee members, therefore Killavullen Housing Association complex can meet these identified needs.

## **Author's conclusion**

It must be acknowledged that Ireland has a growing ageing population and meeting their needs through the provision of services cannot be overlooked. Therefore, respecting the older citizens' wishes by offering greater choice and allowing the older person to be an active participant rather than a passive recipient of services has to be of paramount importance.

There are strong correlations between the literature review and the analysed findings from the elderly participants on living in their own homes for as long as possible. However, the ad hoc manner of the delivery of services provided at community level by the Irish Government can negatively impact on this.

The existing Fair Deal Scheme only covers care in residential settings and more poignant is the fact that this was the very last preference along with living with family for the majority of the elderly citizens. Therefore, widening the remit of the Fair Deal Scheme to incorporate independent living and sheltered housing should be seriously considered. Having personally listened to the identified needs of the elderly citizens and viewed first hand the inadequate housing coupled with the social isolation experienced at various levels by the elderly in the Killavullen area, this researcher suggests very clearly that there is a definitive and even urgent need for the Killavullen Housing Association complex to move forward to construction stage.

## **Chapter 1 Introduction:**

### **1.1 Title**

“The needs of older people in contemporary Ireland: Killavullen a case study”.

### **1.2 Introduction to research**

It has to be recognised that Ireland has a growing ageing population; this may be due to advances in medicine and also to people living a more comfortable life style than their predecessors. The CSO (2006) identifies that by 2016 there will be 600,000 people reaching the age of 65 and beyond in Ireland. Moreover, Connell & Pringle (2004) suggest that by 2021 there will be an estimated 211,000 older people living alone representing just over 30 percent of all those aged 65 and over. How we understand and provide for the needs of these older people is of enormous importance and cannot be underestimated.

The focus of this research is to explore and understand the needs of older people in Ireland. This research will be conducted in and around the area of Killavullen in north Cork. Particular attention will be paid to the provision of housing for older people. This will be further developed in the background and rationale.

The Bachelor of Social Work degree requires students to undertake a piece of research to fulfil the requirements of the course. This research was applied for through the Science Shop Project in University College Cork and this will be further explained.

### **1.3 Scope of research**

The research aims to understand and assess the needs of older people in contemporary Ireland with specific emphasis on housing needs. Taking into consideration the ageing demographics in Irish society, the scope of the research includes gaining the views of all stakeholders to access independent living and contributing factors influencing this, such as housing adaptation, income, transport and participation and engagement. Assisted living as well as formal residential settings offered at both governmental and community level will also be

assessed. However, it must be noted that this research is limited to the Killavullen area, therefore data obtained can be considered a representative of a specific audience.

#### **1.4 Killavullen Housing Association**

In 2005, it was noted by the Killavullen Community Council members that there were many elderly people in their locality living in either physical or social isolation. This was of concern for the members and having discussed and suggested various different ways of approaching this issue, one idea came to the fore for the concerned group: The provision of sheltered housing for elderly people.

Therefore, Killavullen Housing Association (KHA here after) was formed and proposed to build a sheltered housing complex of ten houses, a day care centre and a doctor's surgery to meet the needs of the older people in their community. "Killavullen Housing Association has set out our primary objective to provide and manage accommodation for retired persons in Killavullen" (Killavullen Voluntary Housing Association, n.d.).

There has been an enormous amount of work undertaken by the committee to date in acquiring the necessary land in an ideal location in the centre of the village. Also applying for and subsequently gaining planning permission for the much needed houses, day care centre and doctor's surgery have been achieved.

#### **1.5 Science Shop**

The Science Shop research facility is available to Civil Society Organisations (CSOs here after). They can be defined as groups of non-governmental organisations not for profit, and in the case of K.H.A. work for the greater good of the community in a participatory manner. The practicalities of the Science Shop in University College Cork (UCC here after) can be viewed at various different levels, providing a service to both (CSOs) and students alike.

Therefore, CSOs can apply to UCC to have a piece of necessary and valuable research carried out on their behalf with little or no cost attached. This also allows the student to apply through the science shop to undertake a piece of research in an area of genuine interest to

them and the research is also of value to an organisation. Moreover, this has afforded K.H.A. and the researcher the opportunity to work in participatory research, in a collaborative manner, using a person centered approach, with the client base to the fore of the research at all times.

“Science shops are important actors in community-based research (CBR). There are many differences in the way Science Shops are organised and operate, as well as some important parallels. A Science Shop provides independent, participatory research support in response to concerns experienced by civil society“ (Living Knowledge, n.d.).

## **1.6 Background and Rational**

The author’s research is from a social work paradigm where the researcher has a strong value base that each individual carries their own uniqueness and should be treated as equals in society. “Social Work is a profession based on principles of human rights and social justice that work to empower individuals, groups and communities to develop their full potential and wellbeing. The focus of intervention in social work is the relationship between the individual and their immediate and wider social environment. Particular emphasis is placed on meeting the needs of vulnerable and marginalised individuals and groups” (Social Workers Registration Board, 2011, p.3)

Therefore, offering the older person a voice, establishing and understanding their needs as they see them, will be of paramount importance. Empowering the older person through choice will maximise their potential for greater health and wellbeing. Working in partnership requires us as social workers to use a combination of various skills “...to communicate and engage, to assess and plan, to be sensitive and observant, and so on. It is therefore, in many ways an amalgam of so many other skills” (Thompson, 2005, p.103).

The author will provide K.H.A. with an overview of the specific needs as expressed by the older people in the Killavullen area some of whom are prospective applicants for the provision of sheltered housing. The perceptions of the committee will be compared to those of the elderly people in the area, thus making sure that the services proposed meet the needs

of the elderly. The views of the Active Retirement Group, as well as the views, insights and understandings of a number of young people in the area in relation to this specific project will all be taken into consideration throughout the research. Therefore, the research is necessary to ensure that the K.H.A. committee have a clear understanding of what the identified needs of the applicants are.

Primary and secondary sources of research will be utilised. The research will be conducted by interviewing applicants, undertaking a focus group as well as administering questionnaires. The author will peruse national and international research in relation to current trends in independent or supported living and the effectiveness of such models.

### **1.7 Research aims**

The aim of this study is to collect information through participative research from various different groups and individuals, thus enabling participants to express their needs and consider whether such needs could be met by the K.H.A. proposed housing complex.

### **1.8 Research objectives**

The author will obtain information through the following means.

- Questionnaires drawn up and given to the K.H.A. committee members will be evaluated to enable the researcher to gain an insight into their understanding of the needs of older people, the level of integration within the community and how they believe the elderly could benefit from sheltered housing in their community (see appendix 3).
- A focus group held with the Active Retirement Group in Killavullen will provide the researcher with information on their expressed opinions in relation to isolation, security, housing, transport, health and concerns around finances (see appendix 4).
- Interviews with elderly applicants of the K.H.A. proposed complex will also offer the researcher information on isolation, security and housing (see appendix 5).
- A focus group held with the 6<sup>th</sup> Class Primary School Students will provide the researcher with the students views on how they live and how the elderly live within

their community. It will also provide data on the level of intergenerational integration in the community (see appendix 8).

The results of the information gathered from the above research will highlight any concerns in relation to differences in the needs perceived by the K.H.A. and the needs as identified by older people. It will also provide an indicator of the level of intergenerational integration in Killavullen and the surrounding areas, thus enabling the researcher to provide valuable feedback to K.H.A. on the identified needs of the elderly citizens in their community.

### **1.9 Research question**

What are the needs of older people in Ireland today, focusing specifically on the housing needs of those in Killavullen?

### **1.10 Conclusion**

It must be recognised and acknowledged that Ireland has a growing ageing population and the estimated figure of people reaching and exceeding the age of 65 in Ireland in the next ten years is approximately 600,000. The way our Government, society and, in K.H.A.'s case community address issues such as housing/accommodation, care, isolation and transport is of pivotal importance for the older generation in Irish society and for future generations.

The research aims and objectives provide the author with a greater understanding that the needs of these older people are of enormous importance and cannot be underestimated. The literature review will offer an overview of the provision of housing/accommodation services for older people and whether the delivery of such services meets the identified needs of our elderly population.

The UCC Science Shop Research has provided the platform for such participatory research to be achieved within a community that hold their elderly citizens in the highest esteem and take their social duties to these people in a very caring light. Therefore, K.H.A. endeavours to provide much needed services, in this case sheltered housing, within their community for the older generation.

## **Chapter 2 Methodology:**

### **2.1 Introduction**

As noted in chapter one the main aim of the researcher is to understand the needs of older people in Ireland today with specific focus on the housing needs of those in Killavullen. Participatory research will identify if K.H.A. proposed complex can meet those identified needs. Primary participants in this are the CSO and the individuals taking part in the research. It was also noted in chapter one that research would be carried out from a social work paradigm, thereby treating all parties as equals and offering all individuals a voice throughout the research. A methodology reflecting this paradigm will be applied. Moreover, a suitable theoretical framework will be used effectively securing data collection and analysis. Ethical considerations will also be addressed in this chapter.

### **2.2 Methodology**

“A methodology refers to the choices we make about cases to study, methods of data gathering, forms of data analysis, etc. in planning and executing a research study” (Silverman, 2005, p.99). The researcher decided on a mixed methodology for this particular research which is referred to as triangulation where research was deliberated upon at both a quantitative and qualitative level thus offering a fuller picture of the research as a whole (Dawson, 2011).

The triangulation process attempts to map out and explain more fully the needs of the older generation and why they need to be given extensive consideration. “Triangulation is sometimes used to refer to all instances in which two or more research methods are employed. Thus, it might be used to refer to multimethod research in which a quantitative and a qualitative research method are combined to provide a more complete set of findings than could be arrived at through the administration of one of the methods alone” (Bryman, n.d.).

#### **2.2.1 Qualitative research**

Qualitative research is normally based on smaller scale research, however, the information received is very often rich and offers a greater insight into one’s experiences as they see



them. “Qualitative research explores attitudes, behaviour and experiences through such methods as interviews or focus groups. It attempts to get an in-depth opinion from participants” (Dawson, 2009, p.14-15). Therefore, due to the very nature of the study and through a process of individual interviews, focus groups and questionnaires, such qualitative research has offered the researcher a greater opportunity to gain valuable information and ultimately an insight into the needs of the older people in Killavullen.

### **2.2.2 Quantitative research**

Quantitative research by its very nature concentrates on statistical data. “The key concept here is quantity, and numbers are used to express quantity. Therefore quantitative data are numerical: they are information about the world, in the form of numbers” (Punch, 2005, p.55). Such quantitative data has provided the researcher with current and projected demographic figures of population, age and gender.

## **2.3 Theoretical framework**

This study is based on participatory research where the process is as important as the outcomes. This promotes research that is carried out in a collaborative manner where the optimum goal for the researcher is to offer a voice to all participants involved in the research and ultimately empower a community. The most suitable theoretical framework to guide this study was that of grounded theory where “research concepts are slowly built from observations, interviews or other methods” (Carey, p.105, 2009). Grounded theory has provided the researcher to gain a greater insight and understanding of the individuals’ needs and opinions. Therefore, information could be analysed in an interpretive and a qualitative manner. “Interpretive qualitative methods mean entering research participants’ worlds” (Charmaz, 2006, p.19).

## **2.4 Research methods**

Methods of research will be both of a qualitative and quantitative nature. More importantly, participatory research involving all stakeholders will be to the fore when focusing on the qualitative dimensions of the primary research. This will involve measuring “the credibility/validity of knowledge derived from the process according to whether the resulting action solves problems for the people involved and increases community self-determination”

(Kindon et al., 2008, p.14). In other words, in this particular case, the focus of the research will be to gather information from the relevant stakeholders with a view to promoting social change for the older population of Killavullen.

Secondary research through the process of a literature review provided the researcher with very important quantitative data in the form of statistical information on population, age and gender as well as providing demographic information on the growing ageing population in Ireland.

#### **2.4.1 Data collection**

“[D]ata collection in qualitative research is geared towards natural situations, everyday-life worlds, interaction and interpretation” (Sarantakos, 1988, p.295). As discussed in chapter one, this research was proposed by the Science Shop research facility in UCC in conjunction with CSOs. It has to be recognised that there are many stakeholders within this process and research lends itself to a participatory framework. “Thus, participants make a commitment to work together to enable a process of education and empowerment and to facilitate ways of sharing power and ownership” (Dockery, 2000, p.95).

Information was gathered in the form of semi structured interviews, focus groups and questionnaires. Open ended questions were used for the purpose of semi structured interviews and focus groups while questionnaires were provided to the KHA. These were discussed at length with the researcher’s department supervisor, science shop supervisor and KHA, taking any concerns and advise on board from all participating parties. Therefore, KHA committee organised interviews on the researcher’s behalf, introduced the researcher to the relevant stakeholders and attended some of the interviews if requested by the interviewees.

The secondary source of data has been conducted in conjunction with the literature review providing the research with pivotal statistical information on population, age and gender, therefore supporting the researcher’s primary source of research.

#### **2.4.2 Semi structured interviews**

Primary data was gained from six semi structured interviews with the elderly applicants using open ended questions (see appendix 5) encouraging discussion and an opportunity for more in-depth information to come to the fore. These interviews were recorded on a dictaphone and transcribed at the earliest possible opportunity. Interviewees were provided with information sheets on the research prior to the interview taking place (see appendix 1). Consent was also obtained from participants prior to interviews taking place (see appendix 2).

#### **2.4.3 Focus groups**

Data was obtained through a focus group of ten individuals from the active retirement group. The use of single words (see appendix 4) encouraged open discussion, once again allowing for more in depth and rich information to come to the fore. Participants were provided with information sheets on the research prior to the interview taking place (see appendix 1). Consent was also obtained from participants prior to the focus groups taking place (see appendix 2).

Valuable information was also gathered from a focus group held with eleven sixth class children (see appendix 8). This was of enormous importance enabling a greater understanding of the students' views of the value placed on the older generation in a community. Therefore, information gathered from the sixth class students in the nearby primary school was imperative in analysing the level of intergenerational integration. K.H.A. had prior contact with the principal of the local school informing him of the research. The researcher also provided a letter requesting permission to carry out the research with the sixth class students (see appendix 6). Information sheets on the research (see appendix 1) were also sent to the parents of the children under the age of eighteen and parental consent was also sought (see appendix 7).

#### **2.4.4 Questionnaires**

Questionnaires were completed by seven K.H.A. committee members and information gleaned from these provided the researcher with the opportunity to assess whether the planned provision of services corresponds with the expressed needs of the elderly citizens in

the Killavullen area. It will also gauge their perceived understanding of community spirit and the level of intergenerational integration. Prior to filling out the questionnaire participants were provided with information sheets on the research (see appendix 1). Consent was also obtained from participants (see appendix 2).

#### **2.4.5 Data analyses**

Compiled data from primary research has been analysed in a qualitative interpretive manner. Statistical data compiled from secondary research has been analysed in a quantitative manner. The correlation of both qualitative and quantitative data offers a more complete picture of the identified needs of older people in Irish society.

#### **2.4.6 Literature review**

Secondary research will inform the researcher of the current views and trends in this particular area. Information gained from the Central Statistics Office will offer data on population, age and gender. This will be analysed in a quantitative manner to support the research. Relevant books, journal papers, newspaper articles and internet sources will also be used as part of the literature review to inform the research.

### **2.5 Ethical consideration**

The research involved interviewing elderly people over the age of sixty five and children under the age of eighteen. Therefore, the researcher worked within the U.C.C. ethical guidelines and to ensure ethical accountability the researcher applied for and ultimately received ethical approval from the Ethics Committee in University College Cork (see appendix 9).

Information sheets explaining the research were given to participants, this included information on participation being voluntary and the option of withdrawing from the research up to two weeks after data had been collected. It also ensured participants' anonymity. It explained how data would be collected, stored and destroyed (see appendix 1). Signed consent was sought from all interviewees prior to interviews or focus groups (see appendix 2). Permission was sought from the principal of Killavullen Primary School to hold a focus

group with the sixth class children (see appendix 6). Parental consent was sought for the sixth class students (see appendix 7).

## **2.6 Limitations**

It has to be recognised that there were very evident limitations upon the research. Time constraints on the researcher where there was a limited time frame, therefore this only allowed for a small scale research to be achievable for K.H.A.

The primary research was concentrated on a specific geographical area and therefore only highlights concerns of the older citizens in this general area. However, secondary data within the literature review offers data from a broader section of society and correlates with the findings in the primary research.

## **2.7 Conclusion**

The researcher decided on a mixed methodology for this particular research otherwise known as triangulation. Moreover, the theoretical perspective was that of grounded theory and primary data came to the fore in focus groups, interviews and questionnaires and this will be analysed in a qualitative interpretive manner. Quantitative data was achieved throughout the literature review and it must be noted that this was very often dictated by the primary source of data “the literature review will be ongoing, usually alongside any data collection” (Carey, 2009, p.107). Therefore, the researcher’s literature review reflects the identified needs of the older generation in Killavullen and the levels of intergenerational integration. Ethical approval for the research was sought and granted from U.C.C. Ethics Committee and limitations of the research were recognised.

## **Chapter 3 Literature Review:**

### **3.1 Introduction**

The focus of the literature review will be on the needs of older people in Ireland with a specific focus on housing or a place of home. A definition of old age will be offered as well as a definition of housing/accommodation. A brief overview of Ireland's increasing and ageing population will also be presented. Contributing factors of successful independent living will be explored in this chapter. The focus will then move to assisted living in the form of sheltered housing and finally the provision and access to residential settings will be set out.

### **3.2 Definition of old age**

It is worth noting that there is no commonly used definition for old age and existing available definitions may vary from the age of sixty to sixty five. Predominantly "developed world countries have accepted the chronological age of 65 years as a definition of 'elderly' or older person" (World Health Organisation) and this is the case for access to most services in Ireland.

### **3.3 Definition of Housing / Accommodation**

Housing can be defined as a dwelling where one lives and can constitute one's accommodation and gives recognition to the rooms inside the house such as kitchen, bedroom, bathroom or living room. Therefore, it establishes that the "household's accommodation are behind a single door which only that household can use" (Communities and Local Government, n.d.).

The main goal of housing policy is the implementation of adequate shelter; this involves many issues such as quality, suitability, environment as well as choice. Shelter is considered a basic need and right of every human being (Silke, 2005, p.51).

### **3.4 Ageing Demographics**

It has to be recognised that Ireland has a growing ageing population; this may be due to advances in medicine and also to people living a more comfortable life style than their predecessors. The estimated figure of people over the age of 65 in Ireland in the next ten years is approximately 600,000 (CSO 2006). It is projected that by 2021 there will be 211,000 older people living alone representing just over 30 percent of all those aged 65 and over (Connell & Pringle, 2004).

### **3.5 Independent Living**

It is fair to say that regardless of what country one lives in, the majority of individuals want to live in their own homes for as long as possible (Cullen et al, 2007., Hwang et al, 2007, Gallagher, 2009,). This has been described as “ageing in place” (Layte et al. 1999, p. 22). However, it must be recognised that as individuals age this can be more problematic. There are many influencing factors in achieving this goal and these include housing adaption, income, transport, participation and engagement as well as supported care in the home if and when required.

#### **3.5.1 Housing adaptation**

The provision of grants for housing adaptation as well as for repairs and upgrading is an essential element in ensuring an individual living in their own homes for as long as possible (Cullen et al, 2007). The Housing Aid for Older Persons Scheme is available to older people and it is used to improve the condition of an older person's home and the grant is means tested. Grants are provided to carry out essential repairs such as replacement of windows and doors, provision of heating, water and sanitary facilities. Priority is given to applicants on medical grounds, therefore an individual who may be ill and prior to hospital discharge the house needs adaptation, such cases will be prioritised (Citizens information, H.S.E.).

There is also The Mobility Aids Grant Scheme which was set up in 2007 and is means tested. This scheme provides grants for work to be carried out on people's homes to address issues of mobility. Grants can be availed of for the fitting of stair lifts in individuals' homes as well as accessible level showers, grab rails and ramps. (Citizens information, Enable Ireland).

A Housing Adaptation Grant for People with a Disability is also available and this, once again, is means tested. This is normally applied for if there are significant changes required in the home to meet the needs of an individual such as having to extend a house for the purpose of space or to provide bathroom facilities on a ground floor. It is worth noting that one cannot apply for both The Mobility Aids Grant Scheme and the Housing Adaptation Grant for People with a Disability, therefore one has to choose the most appropriate scheme to meet their needs. (Citizens information, Irish Wheelchair Association). These various adaptation grants are similar to the mandatory Disabled Facilities Grant in the United Kingdom and similar again in the United States under the Independent Living Movement, all promoting ageing in place (Hwang et al. 2011).

### **3.5.2 Income**

The state pension is the primary source of income for the older generation in Ireland (Considine and Dukleow, 2010). The contributory State Pension is paid to people over the age of sixty six who have paid social insurance contributions while in employment. This pension is paid at a rate of €230 per week and is not means tested, however it is taxable if one has a second income. The non-contributory State Pension once again is paid to people over the age of sixty six who do not qualify for the contributory pension. Non-contributory pension is paid at a rate of €219 between the ages of 66-80 and €229 over the age of 80. Once again this pension is taxable if one has a second income. (Citizens Information, 2012).

Barry (2010) identifies that poverty is experienced by a high percentage of older people in Ireland, however extra benefits such as medical cards, free units of electricity, free telephone rental along with free travel from the state go some way to combating financial issues for older people. The International Monetary Fund (IMF) has expressed their concerns to the Irish Government suggesting these benefits should be reconsidered for Ireland's 480,000 pensioners with a view to saving finance. "Pensioners' free travel and medical cards, as well as cheap electricity, gas and television licenses are all targeted in the proposed cuts" (Kelly, 2012).

### **3.5.3 Transport**

When considering age, the importance of efficient and accessible transport cannot be overlooked especially when living in rural areas. Free travel was introduced to all citizens



over the age of sixty six entitling them to free travel on bus and rail. The Healthy Ageing in Rural Communities (HARC) paper very clearly reports that while village centres are served, the surrounding rural areas are very often overlooked and have inadequate service. According to the report, such inadequate transport systems can lead to lack of participation in social outings or activities, therefore it carries the real potential of “isolation and disconnection since- without transport- travel to family and friends was limited” (Centre for Ageing Research and Development in Ireland, 2010).

#### **3.5.4 Participation & Engagement**

It must be recognised that social isolation and social exclusion can occur on a multidimensional level, “social connection and social resources; services; transport and mobility; safety, security and crime; and income and financial resources” (Walsh et al, 2012, p.89). Therefore, participation and engagement within community for older people is imperative in combating social isolation, social exclusion and ultimately improving ones mental well being.

The level of participation and engagement of an older person has to be considered at many levels. The writings of Robert Putnam (2000) describe social capital as a measurement of voluntary engagement within society. It is based on social return that concentrates on three dimensions, bridging, bonding and trust. Therefore, the interaction of individuals or groups together with the commitment they give each other builds communities and knits a social fabric (Putnam, 2000).

#### **3.5.5 Community Supported Care**

Primary Care: A New Direction aims to provide services in various areas as required such as “ageing of the population, earlier hospital discharge, care in appropriate settings” (Department of Health and Children, 2001). Primary care teams consist of a group of professionals from various disciplines such as general practitioner, public health nurses, midwives, occupational therapists, social workers and physiotherapists. Primary care teams promote positive health by offering people appropriate care in their own homes, thus ensuring individuals avoid acute hospital settings and nursing home care. (Department of Health and

Children, 2001). Tailored Home Care Packages contribute successfully to ensuring an individual staying in their own home for as long as possible (H.S.E.).

A Home Care Package is a set of services provided by the H.S.E. to enable the older person to be cared for in their own home with the assistance of home help, physiotherapy or nursing care if required. It must be noted that the Home Care Support Scheme is not established in law, therefore it is not yet a national scheme. There is no automatic right to either this scheme or services offered under the scheme. (Considine and Dukelow, 2009).

It must also be recognised that family very often provide informal care for an older family member. ‘*The Years Ahead*’ report (Department of Health 1988) placed strong emphasis on community care, however it also recognised the informal care provided by family members, therefore granting financial support for individuals dependant on such care (Barry, 2010).

‘*The Years Ahead*’ (Department of Health 1988) report also recommended the use of sheltered housing for individuals with a lesser dependency using the supervision of the health boards (Share and Lalor, 2009).

### **3.6 Assisted living**

Assisted living for older people in Ireland has gained some momentum where there is an increased emphasis in the area and is widely recognised in key policy documents such as the *National Action Plan for Social Inclusion 2007-2016* (Government of Ireland, 2007) and *Towards 2016* (Government of Ireland, 2006). “Respond! Claims that the need for more sheltered housing is critical as our population ages with now more than 700,000 people aged 60 years and over” (Respond, 2010). The majority of assisted living for older people is provided in the form of sheltered housing that is provided by voluntary housing associations. “A marked feature of the voluntary housing sector is that many associations also offer non-housing services such as group meals, social activities and welfare advice” (Citizens Information, 2009). More importantly for the older citizens of Killavullen, Cork County Council state very clearly that it “actively supports the Voluntary Housing Sector and will continue to do so as long as the need remains for good quality housing for those in need in our society” (Cork County Council, n.d.).

Assisted living in community housing can offer the older person greater security and this is once again a very real concern for elderly people who are very often living alone in isolated areas. Security for older people has been highlighted as a growing problem (Stratton, 2004, Department of Health and Children, 1998).

It is worth noting that the older person can still have full access to community services, such as home help and nursing care, while in sheltered accommodation. However, these services are very “thinly spread and have no legal basis” (Gallagher, 2009, p.306). Gallagher suggests that the level of availability for these services may not be sufficient in enabling older people stay in their own homes and possibly forcing them into early institutional care.

### **3.7 Residential Settings**

In 2008, the then Minister for Health and Children, Mary Harney, announced The Nursing Home Support Scheme Bill. 2006 saw an overhaul of nursing home long term care and this led to the introduction of the ‘Fair Deal’ scheme. This was to provide the financial support for people in need of long term care in both public and private nursing homes. This scheme is needs assessment led thus analysing if such care is necessary. There is also a financial assessment attached to residential care. The service user’s income is assessed and they are obliged to pay eighty percent of this as well as between five and fifteen percent of the value of their assets above thirty six thousand, which will be collected from the individuals estate after the time of death. (Considine and Dukelow, 2009, Department of Health and Children).

The care of the elderly in residential care settings is monitored by the Health Information and Quality Authority under the *National Quality Standards for Residential Care Settings for Older People*, ensuring a quality safe service for individuals (Health Information and Quality Authority, 2009). However, “The Equality Authority notes the risk of nursing homes becoming ‘warehouses’ for old people. This fits in with the finding in the Age Action report where older people “personhood” are seen, among other things, as having no future” (Jones, 2011, p.20).

### **3.8 Conclusion**

As outlined above, old age can be defined as over the age of sixty five (World Health Organisation). However, Frolik (2009) suggests that there are three stages in old age, the 'young old age' from sixty five to seventy five; seventy five to eighty five is referred to as 'old' and over the age of eighty five is described as 'old age' with the stages requiring various levels of dependency. Housing is described as shelter that consists of one's accommodation behind a single door and is recognised as a basic human right.

It has to be recognised that Ireland has a growing ageing population and there is vast research showing that the majority of older people have a clear desire to live in their own homes for as long as possible. There are many influencing factors in meeting the older people's needs and for this to be achieved successfully needs such as housing, income, transport, participation and engagement as well as community support care must be met. However, it is reported that the waiting list for support is growing at an alarming rate and services for the older people are at "breaking point" (Mcdonagh, 2011, Kierwan 2011).

Research carried out by Oldman (2000) at the University of York at the Centre for Housing Policy suggested that sheltered housing complexes ensure individuals' independence, still having their own front door and providing social integration, thus enhancing their well-being. Such accommodation complexes were recognised as "places to live in rather than places to die in, enshrined by the idea of "having your own front door"". (Forkan, 2003, p.16-17). Moreover, the report issued by Respond Housing Association (2010) states that the provision of more sheltered complexes is required to meet the growing ageing population.

The Nursing Home Support Scheme Bill. 2006 saw an overhaul of nursing home long term care and this led to the introduction of the 'Fair Deal' scheme. This was to provide the financial support for people in need of long term care in both public and private nursing homes. However, since then the Fair Deal Scheme has come under increasing financial pressure and "the HSE is understood to be querying where the money can be found to fill the shortfall in funding for the scheme" (Hunter, 2011). Moreover, there will now be added pressures for the elderly in need of long term care and their carers with the announcement

that “Hospital budgets will be cut by up to 4.4 per cent and 555 nursing home beds closed this year, the Health Service Executive has revealed”. (O’Carroll, 2012).

A significant number of older citizens in the United States of America choose to live in what is described as Continuing Care Retirement Communities (CCRCs), with emphasis on the provision of support for ageing in place. It takes into account the natural progression of life and considers three levels of care “independent living, assisted living and skilled nursing” (Marx et al. 2011). Ireland appears to be trying to achieve this through provision of various adaptation grants for houses and care in the homes along with the provision of sheltered housing and finally the delivery of care in residential settings. However, taking the above information into account, all of the mentioned services are severely fragmented and delivered in an ad hoc manner.

## **Chapter 4 Findings and Analysis:**

### **4.1 Introduction**

The findings from the primary research have been analysed and will be presented throughout this chapter. The research is based on participatory research and data has been accumulated through participants provided by the C.S.O. from four different areas of the community. Therefore, data findings and analyses will be presented under four headings: interviews, focus groups with the Active Retirement group, focus group with the sixth class pupils in the local primary school and questionnaires from the K.H. A. committee.

As noted in chapter one, the main aim of this research is to understand the needs of older people in Ireland today, focusing specifically on the housing needs of those in Killavullen. Also noted in chapter one was that research would be carried out from a social work paradigm, therefore treating all parties as equals and offering all individuals a voice throughout the research.

### **4.2 Individual interviews**

It is worth noting that the five elderly individuals interviewed are existing applicants for houses within the proposed K.H.A. complex. While the research presented nine open ended questions to the interviewees, very specific themes emerged throughout the data analysis and these consisted of present living conditions, participation and engagement, security and choice of living arrangements for the future. These will be further analysed and presented below.

#### **4.2.1 Present living conditions**

The majority of the participants interviewed clearly stated a preference to stay in their own homes for as long as possible with the provision of appropriate services available to them where required. This would correlate with the researcher's review of the literature. While they all mentioned that their houses were perfect at one stage in their lives, they all felt that

they were no longer suitable for their lifestage. More importantly, accessibility throughout the home and the comforts it provided, were highlighted in the data analysis.

*“Sure this is an old house and uncomfortable and that and no toilet or nothing it would be nice to have a new house and that”.*

*“Well this house is too big for me and I find hard to keep it. I have no downstairs toilet, I can do the stairs quite easily yet, I have two rails to get up the stairs, but I don’t always make the toilet on time. The shower has a very high step and very difficult to get into”.*

#### **4.2.2 Participation and engagement**

All participants spoke about the importance of meeting with friends and keeping themselves busy during the day. They identified how life used to be and how friends and neighbours used to drop in regularly, but this culture in society has changed in recent times and nobody seems to have the time to call now.

*“I don’t see one from one end of the day to the other. I goes out for a few pints in the evening all right”.*

*“This house used to be full but their gone they’re all gone now”.*

*“An odd time they’d give a call, ... Sure not too often like, no, yera sure I take no notice of it much”.*

Participants were asked how they filled their day and the data showed that their answers varied depending on whether they were living in a rural setting and what transport was available to them.

*“Sure I’d be tipping around like you know, light the old fire and things, cut the hedges, sweep the old yard you know and cut the bit of grass”.*

*“Well I usually do a bit of gardening or splitting a few sticks, cutting a few sticks, I’d cut the grass”*

*“I do have a few friends that do call indeed, we have the cup of tea and chat both men and women would call you know friends, they do call we love the old chat and we all do. We have great neighbours and we get on great”.*

*“I go dancing, I love dancing and I was a very good dancer and I don’t get the pain in my back when I dance but I get when I go walking. I slide along the floor, and meeting all the people because we are like a big family”.*

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#### **4.2.3 Security**

While all participants claimed they felt safe in their homes, they all spoke about security and the notable absence of Garda presence in the village and surrounding areas. Once again this was more notable with participants living in isolated areas where they feared that something may happen to them while alone at night.

*“Well if anything happened me here during the night and you’d be here on your own and you mightn’t be able to make a phone call”.*

I noticed an alarm pad on the wall in one house and I asked the person about it, they advised me that they had the house alarm installed; they have a personal alarm for around their neck, a phone and a dog. This same individual had no heating, running water or sanitary facilities. It would appear that there was greater emphasis placed on security than on standard domestic facilities.

#### **4.2.4 Future residential options**

All interviewees were applicants for houses in the K.H.A. complex and there were varying presenting reasons for this. Some houses were now too big and interviewees had difficulty accessing parts of the house or they felt socially and physically isolated. All participants were concerned about their future and where they wished to reside at the end of their days. Table 1



below shows the gradient of choice of each participant when they were presented with four possible residential options, own home, family, nursing home and sheltered housing provided by K.H.A.

**Table1:**

Future choice of Accommodation	Participant1	Participant2	Participant3	Participant4	Participant5
Own Home	3 <sup>rd</sup> choice	2 <sup>nd</sup> choice	1 <sup>st</sup> choice	1 <sup>st</sup> choice	1 <sup>st</sup> choice
Family	Has no family	Has no family	4 <sup>th</sup> choice	3 <sup>rd</sup> choice	4 <sup>th</sup> choice
Nursing Home	2 <sup>nd</sup> choice	3 <sup>rd</sup> choice	3 <sup>rd</sup> choice	4 <sup>th</sup> choice	3 <sup>rd</sup> choice
Sheltered Housing in Killavullen	1 <sup>st</sup> choice	1 <sup>st</sup> choice	2 <sup>nd</sup> choice	2 <sup>nd</sup> choice	2 <sup>nd</sup> choice

The information this table provided shows that 60% of the participants want to live in their own homes for as long as possible as a first choice. A further 40% would choose to live in sheltered housing in Killavullen as a second choice, it is worth noting that this 40% have no families and this may be an influencing factor on their choice. 80% of participants chose between nursing home or family as their third or fourth choice with participants equating both of these choices with a loss of independence.

All participants spoke about the importance of their independence and felt that the best option to maintain this was either in their own home or in sheltered accommodation in Killavullen. Participants were focused on the location of the site being near the village with access to shop, church and pub. Meeting other people and the security offered by the complex were all very important. Interviewees rated having their own front door very highly as they felt this would not infringe on their independence.

*“I would be near the village like and shop and things”.*

*“Having my own home, my own front door, doing my own thing, independence and that’s important to people.”*

*“Your own home and the keys of your door, go in and privacy”*

Participants’ thoughts and views of long term care in nursing homes were somewhat different and they equated this with loss of autonomy. Therefore the “elderly person may feel their autonomy undermined by professional carers taking key decisions on their behalf” (Davies, 2010, p. 53)

*“I don’t think I would be very happy in a nursing home, I think you’re too closed in and you’d sort of get the feeling you’re only waiting there to die or something”*

*“I’d hate a nursing home, they wouldn’t allow it anyway, the children, they are very good to me”*

### **4.3 Focus Group: Active Retirement Group**

Many similar concerns and issues were highlighted by the Active Retirement focus group as appeared in the individual interviews. These themes were grouped into present living conditions, participation and engagement, security, income and future residential options. It is worth noting that not all of the ten members in the focus group were applicants of the K.H.A. complex.

#### **4.3.1 Present living conditions**

Participants felt that their present living conditions would become increasingly inappropriate as their housing needs were changing over time. They no longer needed a family size house and their houses now needed to be altered to suit their needs. The participants in the focus group that had applied for a house in the K.H.A. complex were adamant that one of the most important aspects for them would be that the house would have to be small, compact, with easy access to all areas and at ground level with no steps.

*“As we get older our houses need to be adapted”*

*“I live alone in a terrace. I have a stair lift to get up stairs so I can shower etc. I cook for myself and stow up afterwards”.*

Some of the participants commented on the fact that their bathroom facilities were up stairs and they were experiencing difficulties in accessing facilities on this floor. However, they also spoke about cooking for themselves and being able to tidy up after meals which would suggest that they are still very independent and they would not want this independence infringed upon.

#### **4.3.2 Participation and engagement**

Participants expressed concerns about their own physical health or that of their friends. Some of the participants had hip or knee replacements or were awaiting surgery, others spoke about arthritis and some reported how they were in perfect health. They had concerns that their physical health could in turn influence mental health. Therefore, conditions of roads and access to transport were of great concern to the group when combating isolation and promoting mental wellbeing.

*“Physical ageing brings many problems – arthritis very prevalent in knees and hips leading to mobility problems and isolation which in turn can contribute to mental problems. Important to plan for the future”.*

*“Local by-roads in atrocious condition with potholes so a person after a hip or knee replacement needs to drive to a safer area for walking”*

Some of the older citizens had cars but would only drive short distances to get to the doctor, go to mass, get the messages or to localities where they could go for a walk. Others said they had very good neighbours that would bring them to town once a week when they would be going themselves. Others said that their son or daughter would drop out something from town when they would be passing if they needed it.

While all the older individuals in the focus group identified that they had free travel, they had negative experiences of accessing public transport. The focus group described public transport as inadequate as it did not travel the roads of the rural areas, therefore citizens would have to walk or get a lift to meet the bus.

*“Transport is vital for rural dwellers. Public transport is essential when no longer able to continue driving. Cost continually escalating – a big worry. Some unable to access public transport as they are not on the route. 5 miles from shops, etc”.*

Blackwater Partnership (voluntary organisation) provides a service for the older citizens in Killavullen running a bus service twice weekly to Mallow. They explained that this offered them the time to do some shopping, go to the bank, and maybe have a bite of lunch with some friends.

#### **4.3.3 Security**

Security was rated as being very important within the group. They availed of varying types and levels of security; once again it appeared to be strongly influenced by rural living. A small percentage of the group had house alarms. Some participants had personal alarms and they explained that they felt more secure with them. This generated conversation with other participants wanting to know more about the alarms. They would be interested in installing them as they felt they would offer greater security if they were sick and couldn't get to the phone.

Participants in the group explained that the presence of the Gardai in the area was very reassuring, and there was a time when they had a very good community Garda who would come and talk to them in groups about safety and security thus offering the elderly people greater security. However, this has since changed and they have lost their Garda station and now if needed, the Gardai travel twenty kilometres from a neighbouring station.

*“I won't answer the door at night and the dog lets me know if there's someone outside anyway”.*

*“My children ring me when they are outside and I'll open the door for them then”.*

#### **4.3.4 Other concerns**

Participants were asked about any other concerns and they voiced their fears about the economic downturn and in particular about the International Monetary Fund advising the Irish Government to look at cutting the benefits that the elderly receive such as the free travel and medical cards among others. They felt this reflected a lack of respect and acknowledgement for the financial contribution they had made to the economy throughout their working life.

*“Very little respect is paid to the work already carried out when we were contributing financially to the economy”.*

*“We worked hard milking cows, thinning beat with very little help and no acknowledgment for this work”.*

#### **4.3.5 Future residential options**

Planning for the future was seen as of enormous importance within the focus group. The majority of participants identified as their first choice, the opportunity to live at home for as long as possible. K.H.A. complex was their second choice for various reasons. The K.H.A. complex offers them greater independence as they would be living among people they know in the village that they would have no desire to move away from.

The group decided that family and nursing homes were of equal status because they would be living in a setting that involved other people’s rules and this would equate to a loss of independence. This correlates very clearly with the literature review where nursing homes were seen to have an added disadvantage of becoming ‘warehouses’ for the elderly and the future of their ‘personhood’ being questioned (Jones, 2011).

#### **4.4 Focus Group: Sixth Class Pupils**

Analyses of the data from the sixth class pupils suggested that a high percentage of pupils know a lot of elderly people in their area and meet them regularly. Their understanding of old is between the ages of forty and eighty years of age. They very clearly define their own day

as being very busy, attending school and they participate in after school activities. A large percentage of the pupils believe that old people's daily lives consist of reading the paper, listening to radio, watching the news on television, drinking tea and going for walks. A small percentage suggested that the elderly people visit friends or go to the pub to meet friends.

*“Listen to the radio, reading the newspapers and going for walks”*

When the pupils were asked about their views on how they could help elderly people and how elderly people could help them, a large percentage suggested that they could help with their shopping and helping them around the house. The majority of the students saw the older people as having a lot of knowledge that they could share, such as stories about the old days and their past, this would help them with their home work.

*“Keep them company and get them stuff from the shop”*

*“Passing down their knowledge. Telling us stories about their past”*

When asked what advice they would offer an older person who wants to feel young, the class were slightly spilt on this. The boys in the class suggested that the older person could help around the yard or they could take them to a match. The girls were more focused on appearance and suggested they could go for a facial or get some nice moisturiser and meet other people. Moreover, both girls and boys suggested both exercise and socialising with other people. When asked where they would like to live when they are old, they all suggested that they would like to live either in their own homes and (or) with their friends around them.

#### **4.5 Questionnaires K.H.A. Committee**

Analysed data from the K.H.A. committee members on their perceived needs of the elderly in contemporary Ireland and more specifically of the elderly in Killavullen would suggest that safety and security in their own homes was of paramount importance. Companionship, stimulation as well as playing a part in their communities were all to the fore. Access to adequate transport and being freed from financial worries were also highly rated.

They related the benefits of sheltered housing for the elderly in Killavullen as security, social integration, and easy access to essential services such as doctor, shop, bus services, and church while still living independent lives.

*“To be able to live independently while knowing they are not alone and help is nearby”*

*“Isolation is a big problem, Killavullen very rural, by moving into sheltered housing older persons have company and easy access to essential services this would enable them to live independent lives”.*

While the level of intergenerational integration was reported as strong it was also felt that there is always room for improvement.

*“Youth clubs involved in the Christmas Party for senior citizens, Art Club- mixture of young and old”*

*“To run various social activities, to try and get older people and younger people mixing by encouraging younger people to visit their elderly neighbours”*

*“Youth to help elderly with modern tech. text messaging etc.”*

*“More activities where the elderly people in the village can talk/teach their knowledge to the younger generation”*

Analysed data on what community meant to them and how they would rate community spirit in Killavullen, clearly suggested that community was a sense of togetherness where everybody worked together for the greater good of all in the area.

*“Community is where people care for one another”*

*“Being mindful of the needs of neighbours”*

*“My community is part of my extended family – I know most people and they know me”*

The K.H.A. committee reported on empowering elderly through the process of integration with village life in Killavullen by offering appropriate, safe and secure housing within the village. The proposed complex is within walking distance of shops, doctor, church and public transport. Also social integration within the K.H.A. complex through activities decided by the residents as well as easy access to existing groups within the village if they wish to participate will ensure further empowerment.

There is a very strong correlation of the identified needs of the elderly individuals in Killavullen and K.H.A. committee members perceived needs of the elderly in Killavullen.

#### **4.6 Conclusion**

The analysed data above has confirmed that there are times in the ageing process when individuals can outgrow their present homes. They have ended up with houses that could now be considered too big, having empty rooms that were once occupied by children or other family members. The upkeep of gardens or yards that were once a hive of activity were now proving to be more problematic. Houses that are less accessible because of steps can also cause difficulties. Participants have also confirmed that it would be their first choice to remain living in their own homes for as long as possible and failing this sheltered housing provided in their own community would be their next choice. However, this is not always possible as “specific policy areas that have remained underdeveloped include the home help service, rural public transport and sheltered housing for semi-dependent older people” (Layte et al. 1999, p.22). These presenting issues coupled with fears of cuts to benefits under the guidance of the International Monetary Fund caused great concern to the older generation.

Issues also arose for those who did not drive or were not on a public transport route. This meant walking to see friends; however, this was not always possible due to age, health or the conditions of the roads. All of these presenting issues can lead to social isolation and impact negatively on one’s mental wellbeing. The importance of social integration cannot be underestimated or overlooked, it must be understood that the older generation are “emotional, psychological and social beings with needs and entitlements that demand and deserve consideration just like any other group of individuals in a population” (McCann James et al, 2009, p.5).



Participants did not equate living in a rural area or the lack of integration with social isolation. However, they clearly outlined that the K.H.A. complex would offer them a sense of security, meeting other people and being close to the village. It also has to be recognised that while people felt safe in their own homes, they had alarms fitted; many had dogs who would alert them to intruders and they would not open the door in the evenings. Moreover, they identified that the K.H.A. complex would offer them a safe place to live.

The analysed data from the sixth class pupils suggests that the needs of the old generation and those of young people in society are very similar. The pupils never viewed the older people as a financial burden on society but rather saw them as having many of the same needs as themselves. A desire to socialise with other people was relevant for all age groups and one's appearance was rated as very important. The sharing of knowledge through life experiences was recognised as a shared experience. Living in their own homes surrounded by family and friends ultimately involving them in the wider community was seen as essential. "A model of positive ageing has taken the forefront with realisation that many older people possess valuable knowledge, experiences skill that contribute to a balanced and inclusive society" (McCann James et al, 2009, p.35).

"Putnam (2000) has developed the idea of social capital as a measure of social ties which describe the extent to which the individual is productively linked to the community" (McDonald, 2010, p.162). The importance of "participatory capital" (Chambers, 2006, p.94) within a society and in this case within K.H.A. cannot be over looked, where there is a strong and clear understanding of community spirit leading to joint accomplishments. There is a very strong correlation of the identified needs of the elderly individuals in Killavullen and K.H.A. committee members perceived needs of the elderly in Killavullen. This is clearly a community driven effort for the purpose of a community as a whole and more importantly with all stakeholders involved in the process. *"We must not fall into the trap as in the U.K. when the Iron Lady said, there is no such thing as community only people. What an indictment"* (participant).

## **Chapter 5 Concluding Comments and Recommendations:**

### **5.1 Introduction**

In chapter one, it was stated that the main aim of the study was to identify the needs of older people in Ireland today, focusing specifically on the housing needs of those in Killavullen. The study assessed key findings from the literature review and analysed data from the primary participative research taken from various different groups and individuals. The researcher identified the provision of services for the elderly, established identified needs of the elderly citizens and clarified that the K.H.A. proposed housing complex could meet these identified needs. It was recognised that Ireland has a growing ageing population and meeting their needs through the provision of services for the elderly citizens is of paramount importance.

### **5.2 Independent Living**

There is a vast amount of available research clarifying that the majority of older people have a clear desire to live in their own homes for as long as possible. This strongly correlates with the data analysis from primary research with 60% of the participants expressing the same opinion. However, it must be recognised that as individuals get older this can be more problematic. There are many influencing factors in achieving this goal and these are recognised at both governmental level and by the elderly citizens themselves in Irish society. These include housing adaption, income, transport, participation and engagement as well as supported care in the home or elsewhere if and when required. However, McDonagh (2011) and Kierwan (2011) report that the waiting list for support is growing at an alarming rate and services for the older people are at “breaking point” and Gallagher (2009, p.306) states such services are very “thinly spread and have no legal basis”.

### **5.3 Assisted living**

Analysed data from the primary research strongly suggests that 40% of the elderly individuals interviewed chose sheltered housing within their own community in Killavullen as a second choice of accommodation. All participants spoke about the importance of

retaining their independence and felt that the best option to maintain this was either in their own home or in sheltered accommodation in Killavullen. Participants were focused on the location of the site, it being near the village with access to shop, church, pub, public transport and doctors. Meeting other people as well as the complex being able to offer a sense of security was rated very important. Having their own front door was rated very highly and the participants felt sheltered housing guaranteed them this. Once again this correlates with literature review where accommodation offered in the form of sheltered housing complexes was recognised as “places to live in rather than places to die in, enshrined by the idea of “having your own front door”. (Forkan, 2003, p.16-17). However, Respond Housing Association (2010) reports that the provision of more sheltered complexes is required to meet the growing ageing population.

The K.H.A. committee members recognised the needs of the elderly in Killavullen as security, social integration, and easy access to essential services such as doctor, shop, bus services, and church while still living independent lives. Therefore, there is a very strong correlation between the identified needs of the elderly individuals in Killavullen and the K.H.A. committee members’ perceived needs of the elderly in Killavullen.

#### **5.4 Residential settings**

80% of participants chose between nursing home or family as their third or fourth choice with participants equating both of these choices with a loss of independence. The literature clearly outlines how The Nursing Home Support Scheme Bill in 2006 saw an overhaul of nursing home long term care and this led to the introduction of the Fair Deal Scheme. This scheme was to provide the financial support for people in need of long term care in both public and private nursing homes. However, since then the Fair Deal Scheme has come under increasing financial pressure and “the HSE is understood to be querying where the money can be found to fill the shortfall in funding for the scheme” (Hunter, 2011). Moreover, the announcement of budget cuts for hospitals saw “555 nursing home beds closed this year, the Health Service Executive has revealed” (O’Carroll, 2012).

While the Fair Deal scheme covers long term nursing home care, it fails to extend to sheltered accommodation and this can only be seen as lack of foresight on behalf of policy makers.

## **5.5 Conclusion**

A significant number of older citizens in the United States of America choose to live in what is described as Continuing Care Retirement Communities (CCRCs), with emphasis on the provision of supports for ageing in place. It takes into account the natural progression of life and considers three levels of care “independent living, assisted living and skilled nursing” (Marx et al. 2011). Ireland appears to be trying to achieve this through provision of various adaptation grants for houses and care in the homes along with the provision of sheltered housing and finally the delivery of care in residential settings.

However, taking the above information into account, with the provision of services severely fragmented and delivered in an ad hoc manner, along with the fair deal scheme only covering residential care in nursing homes, one may be forgiven for questioning whether there are elderly people residing in nursing home settings who may be otherwise capable of living independently with specific support or in assisted living. Moreover, it has to be recognised that nursing homes have been clearly defined as a last resort by elderly people themselves.

Killavullen Housing Association has set out their primary objective “to provide and manage accommodation for retired persons in Killavullen” (Killavullen Voluntary Housing Association, n.d.). There has been an enormous amount of work undertaken by the committee to date in acquiring the necessary land in an ideal location in the centre of the village. Also applying for and subsequently gaining planning permission for the much needed houses, day care centre and doctor’s surgery have been achieved. There is no doubt that the K.H.A. can meet the majority of identified needs of the elderly people in their community. However, other identified issues for the older people were financial security and unfortunately this is dictated by the International Monetary Fund advising the Irish Government on cutting the benefits that the elderly receive.

Access to appropriate services for older people is going to prove extremely problematic over the coming years. With a growing ageing population the Irish government and our policy makers now have to be more proactive in the provision of services for the older people.

## **5.6 Recommendations**

1.The research suggests that policy change may be required taking into consideration the expressed wishes of the elderly people by extending the Fair Deal Scheme to incorporate independent living and sheltered housing complexes within its remit. Therefore, respecting the older citizens' wishes by offering greater choice and allowing the older person to be an active participant rather than a passive recipient of services has to be of paramount importance.

2. Having listened to the identified needs of the elderly citizens and viewed first hand the inadequate housing coupled with the social isolation experienced at various levels by the elderly in the Killavullen area, this researcher suggests strongly that there is a definitive and urgent need for the K.H.A. complex to move forward to construction stage.

3. Information provided by K.H.A. committee members would suggest that while intergenerational integration was strong, there was always room for improvement. Also information gathered from elderly citizens would suggest that society has changed over time and people do not have the time to drop by anymore. Therefore the provision of a suitable space for children and older citizens to meet and exchange knowledge and skills may further develop this integration.

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## Appendix 1. Information Sheet

### **Information sheet for research study on “The Needs of The Older People in Contemporary Ireland: Killavullen a Case Study”**

- As part of the requirements for The Bachelor of Social Work Degree at UCC, I have to carry out a research study. The study is concerned with sheltered housing for the elderly. In doing so, I will look at the needs of older people in contemporary Ireland.
- The study will involve the gathering of information through self administered questionnaires. It will also involve taped individual interviews and focus groups.
- Direct information from potential service users will be vital in this research. Information gathered from the sixth class students in the nearby primary school will be important to analyse the level of intergenerational integration.
- Participation will be voluntary and one can withdraw from the study at any stage. If participants decide to withdraw from the study after data has been collected, they can do so within a two week period and any data collected from those participants will be destroyed. All participants can be assured that their answers will not constitute a statement of their intentions or future desires but rather a snap-shot in time.
- I will ensure participants’ anonymity throughout the process and no clues to participants’ identity will appear in the dissertation. Any extracts from information provided that are quoted in the dissertation will be anonymous.
- I will personally keep both audio and written data in a locked filing cabinet and this data will be kept confidential for the duration of the study. On completion of the dissertation, it will be retained for a further six months which at this point written data will be shredded and audio data will be incinerated.
- The results will be presented in the dissertation. They will be seen by my supervisor, a second marker and the external examiner. The dissertation may be read by future students on the course. The study may be published in a research journal.
- At the end of the interview / focus group, I will discuss with the participants their thoughts on the experience and their feelings towards it. I do not envisage any negative consequences for any participant taking part, however, if they subsequently feel distressed I will ensure that they are given the contact details of relevant voluntary or professional bodies such as the Samaritans or the general practitioner.

I wish to take this opportunity to thank you for taking the time to participate in this research. If at any stage afterwards you wish to seek clarification on anything that arose in the process, please do not hesitate to contact me on the following number 086-0763282.

---

Mary Kenneally

## Appendix 2. Consent Form

### Consent Form

I.....agree to participate in Mary Kenneally's (BSW student) research study.

The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I give permission for my interview with Mary Kenneally to be tape-recorded.

I understand that I can withdraw from the study, without repercussions, at any time, whether before it starts or while I am participating.

I understand that I can withdraw permission to use the data provided by me within two weeks of the interview, in which case the material will be deleted.

I understand that anonymity will be ensured in the write-up by disguising my identity.

I understand that disguised extracts from my interview may be quoted in the thesis and any subsequent publications if I give permission below:

(Please tick one box:)

I agree to quotation/publication of extracts from my interview

I do not agree to quotation/publication of extracts from my interview

Signed.....

Date.....

## Appendix 3. Questionnaire

### Killavullen Sheltered Housing Committee:

1. What do you consider to be the needs of the elderly in contemporary Ireland?

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---

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2. What do you consider to be the needs of the elderly in Killavullen?

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---

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3. What do you believe an older person can benefit from by moving into sheltered housing?

---

---

4. Do you feel that there is good intergenerational integration in Killavullen?

Yes   No

If yes please give an example.

---

---

---

5. Do you see the need for better intergenerational integration? Yes   No

If yes how to you propose to achieve this?

---

---

---

6. What does community mean to you?

---

---

---

7. How would you rate the community spirit in Killavullen?

---

---

---

8. How do you propose to enable or empower the elderly clients through the process of integration with village life in Kilavullen?

---

---

---

## **Appendix 4. Focus Group**

- Active retirement group. (Focus Group)

A local member of the community works as a link between the Killavullen Housing Association and the Active Retirement Group. This member will have informed the Active Retirement Group of my research and will be there on the day to introduce me and to provide assistance with the facilitation of the group.

I will begin by asking the members about their knowledge of Killavullen Housing Association and their general thoughts around the project.

I will divide the group into smaller groups of either three or four people. I will offer them cards with the following words on as an organised aid to discussion. This will provide me with a greater understanding of their needs.

- Social Isolation / Loneliness
- Physical Health / Mental Health
- Security
- Housing / Access
- Transport
- Sheltered Housing / Living with Family Members / Nursing Home
- Other

Discuss in small groups and feed back to facilitator.

I will ask them to prioritise their needs as they see them.

Followed by discussion / clarification.



## **Appendix 5. Individual interviews with open ended questions (Taped interviews)**

Local General Practitioner Lydia Housman is a committee member of the Killavullen Housing Association. She will inform the applicants of my research.

Individual interviews with applicants who have already applied to live in sheltered housing in Killavullen will be conducted.

Interviewees will be given the choice of location of interview, i.e. their own home or in the doctor's surgery.

### **Questions will be open ended and will only be used as prompts.**

1. I will begin by asking the individual of their knowledge of Killavullen Housing Association and where they had heard of the project.
2. What motivated you to apply for a house in the proposed complex?
3. What would you need if you got a house there?
4. How healthy do you consider yourself?
5. Do you think that your diet meets your nutritional needs?
6. Do you manage at home without the use of walking aids?
7. What do you do during the day?
8. Would you have callers every day?
9. What if anything would prevent you from taking a house in the complex if offered?

## Appendix 6. School Principal

Garrylaurance  
Dungourney  
Co. Cork  
086-0763282

Mr. Fallon  
Killavullen Primary School  
Killavullen  
Co. Cork

24/02/2012

Dear Mr. Fallon,

Please allow me to introduce myself as Mary Kenneally, I am a 4th year social work student in University College Cork. As part of my degree I am required to carry out a research project.

I am undertaking a piece of research on behalf of Killavullen Housing Association. It is a community project based on a proposed housing project for the elderly people in Killavullen and the wider North Cork area. Part of my research will involve examining intergenerational integration. I wish to engage with sixth class students to explore this concept from their perspective. Therefore I respectfully request permission to do so.

Please find attached a copy of questions that will be explored with the students. I am also attaching an information letter for the parent/guardian requesting them to sign the attached consent form if they agree for their son or daughter to participate in this research.

If you have any queries please do not hesitate to contact me. I thank you for your support on this matter.

Yours sincerely

---

Mary Kenneally (UCC BSW4)

## Appendix 7. Parental Consent

Garrylaurance  
Dungourney  
Co. Cork  
086-0763282

24/02/2012

Dear Parent / Guardian

Please allow me to introduce myself as Mary Kenneally, I am a 4th year social work student in University College Cork. As part of my degree I am required to carry out a research project.

I am undertaking a piece of research on behalf of Killavullen Housing Association. It is a community project based on a proposed housing project for the elderly people in Killavullen and the wider North Cork area. Part of my research will involve examining the level of integration between different age groups. I wish to engage with the sixth class students to explore their views through discussion and they will also be given the opportunity to write down their own ideas if they wish. Therefore I respectfully request permission to do so.

I would be grateful if you would sign the consent form below if you agree for your son or daughter to participate in this research.

If you have any queries please do not hesitate to contact me. I thank you for your support on this matter.

Yours sincerely

\_\_\_\_\_  
Mary Kenneally (UCC BSW4)

-----

I/We \_\_\_\_\_ give permission for

\_\_\_\_\_ to participate in this research.

## Appendix 8. Focus groups

- Sixth Class Primary School Students. (Focus Group)

The purpose of this exercise is to look at the level of intergenerational integration and communication in Killavullen.

I will begin by asking the children of their knowledge of Killavullen Housing Association and their general thoughts around the project.

1. How many old people do you know in the area?

2. How old do you think old is?

3. What do you think old people do all day?

4. What do you do all day?

5. What would you like to be able to do when you are their age?

6. How do you think you could help older people in your community?

7. How do you think older people could help you in your community?

---

8. What advice would you give an older person who wants to feel younger?

---

---

9. Where would you like to live when you are old?

Family

Retirement village

Nursing Home

Other Name \_\_\_\_\_

## Appendix 9. Letter from the UCC ethics committee



**UCC**

Coláiste na hOllscoile Corcaigh, Éire  
University College Cork, Ireland

Ms Ellen Mary Kenneally,  
Dept of Applied Social Studies

6<sup>th</sup> March 2012

**Oifig an Leas - Uachtaráin Taighde  
agus Nuálaíochta**  
Office of the Vice President  
for Research and Innovation

**Urlár 4, Bloc E,  
Áras na hEolaíochta Bia,  
Coláiste na hOllscoile Corcaigh,  
Bóthar an Choláiste,  
Corcaigh, Éire.**

4th Floor, Block E,  
Food Science Building,  
University College Cork,  
College Road, Cork, Ireland.

T +353 (0)21 4903500  
E [vpresearch@ucc.ie](mailto:vpresearch@ucc.ie)  
[www.ucc.ie](http://www.ucc.ie)

Dear Mary,

Thank you for submitting your revised research (project entitled "*The Needs of The Older People in Contemporary Ireland: Killavullen a Case Study*" #115) to SREC for ethical perusal. I am pleased to say that the amended proposal is acceptable and we are happy to grant approval

We wish you every success in your research.

Yours sincerely,

Sean Hammond  
Chair of Social Research Ethics Committee

Professor Anita R. Maguire BSc PhD CChem MRSC  
Vice President for Research and Innovation

**Ollscoil na hÉireann, Corcaigh**  
National University of Ireland, Cork