



OPRAH – Older People Remaining at Home

Promoting systems change towards independent living for older people

A paper produced by the OPRAH National Working Group

OPRAH
Older People Remaining at Home

OPRAH

Older People Remaining at Home



The
ATLANTIC
Philanthropies



The design, development and implementation of the OPRAH initiative was led across 2013 to 2016, by the Ageing Well Network and, subsequently, by its successor organisation, Age Friendly Ireland, through funding provided by The Atlantic Philanthropies. The independent evaluation of the OPRAH initiative was conducted by the Centre for Health Policy and Management at Trinity College Dublin. This independent evaluation was made possible through funding provided by Home Instead Senior Care

EXECUTIVE SUMMARY

Currently, many older people who need support services of various kinds have little option but to move into residential care, due to the under-development of community-based services and the inconsistency of provision across the country. This situation persists despite the overwhelming preference of older people for **'ageing in place'** and despite statutory policy that commits Ireland to supporting older people to remain in their homes for as long as possible.

At the same time, the significant demographic shift, brought about by an ageing population, will have major social and economic implications for everyone.

By 2026 – only nine years from now - there will be 1.15 million people in Ireland aged 60 or over, representing almost one in every four people.

There will be specific challenges for the sustainability of health and social care systems, as well as the capacity of Government to create environments that can support older people to lead healthy, active and engaged lives.

In 2013, the Older People Remaining at Home (OPRAH) action research project set out to pilot an integrated approach to enable older people, currently at risk of nursing home admission, to remain living at home. The project illuminated systemic barriers to change and the considerable barriers often experienced by older people in identifying, accessing and managing the complex range of services needed to support successful independent living.

OPRAH's experience showed:

- ▶ The complex and often rigid system intensifies the pressure on older people to move into long-stay care.
- ▶ Coordination of care at local level is essential to successful independent living.
- ▶ The need for a seamless, holistic approach which addresses older people's medical and psychosocial needs.
- ▶ Successful independent living depends on responsive service delivery structures and associated funding models.

BY 2026 ALMOST 1 IN
4 PEOPLE IN IRELAND
WILL BE OVER 60

OPRAH's vision for the future of community-based supports for older people, and its recommendations for how to realise it, stem from the project's demonstration of a way of providing support services which can be adapted to suit people's individual needs as they grow older, maximising their independence and health outcomes. Specifically, OPRAH recommends:

- ▶ **Establish home care** on a statutory basis.
- ▶ **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**.

A seamless and appropriate continuum of housing options for older people must be complemented by an integrated approach to community care. Without this development, older people will be condemned to losing their agency, independence and health, to the detriment of society and the loss of social solidarity.



BACKGROUND

Ireland is ageing. Census 2016 counted more than 637,000 people aged 65 years or older, an increase of more than 19% over the last five years, and now representing 13.4% of the population. By 2026 – only nine years from now - there will be 1.15 million people in Ireland aged 60 or over, representing almost one in every four people. The greatest increase will be in the population aged over 85, which is expected to reach 104,000, meaning that this age group will have more than doubled since 2006.

This significant demographic shift will have major social and economic implications for everyone, young and older, at every level of society. There will be specific challenges for the sustainability of health and social care systems, as well as the capacity of Government to create environments that can support older people to lead healthy, active and engaged lives.

Although nursing homes provide much-needed and valued services for some older people, many want to stay living in their own homes. Since the 1960s, Government policy has aimed to support older people to remain living at home for as long as possible, yet the experience on the ground is somewhat different. In 2013, of the 21,000+ older people living in Irish nursing homes, more than one third were classified as having ‘low to medium’ dependency¹. With the right supports, they could have been at home.

Successful ageing at home often depends on the ready availability of integrated and tailored packages of community-based supports and services. These packages also make it possible for older people to leave acute hospital care when they no longer need to be there. At present, hospital discharge is often delayed by the limited supply and lack of coordination of step-down care, community services and home care.

¹ Long-stay activity statistics, Department of Health, 2013.



BY 2026 THE AMOUNT OF
PEOPLE AGED OVER 85 WILL
HAVE DOUBLED TO 104,000

In 2013, the Older People Remaining at Home (OPRAH) action research project set out to pilot an integrated approach to enable older people, currently at risk of nursing home admission, to remain living at home. Until the project concluded in 2016, OPRAH sought to deliver an integrated package of services for 145 older people living in four areas of Dublin City, Co Dublin and Co Limerick. OPRAH involved:

- ▶ the appointment of a community-based Support Coordinator in each of the four areas.
- ▶ providing a comprehensive geriatric assessment for all participants (the recently piloted Irish InterRai-HC).
- ▶ involving every participant in the development of an individualised care plan, framed to meet their particular needs, preferences and priorities.
- ▶ the Support Coordinator organising a wider and more accessible range of supports than previously available, including home care, home help, respite care and other social supports, complemented by home adaptation and technology supports when and where needed, and provided by a combination of formal and informal caregivers.
- ▶ the establishment of a collaborative local steering group in each area, involving HSE Services for Older People, local authorities, the Gardaí and other service providers
- ▶ the establishment of a networking and skills transfer programme, involving the four local Support Coordinators and the National Coordinator.

This paper looks at what was learnt during the OPRAH project, and its implications for the development of policy and practice in Ireland.

THE PURPOSE AND EVALUATION OF OPRAH

OPRAH was designed as a demonstration project, testing out how an integrated approach to supporting community-based care could add value to older people's lives in a pre-existing complex and rigid operating environment.

Much of OPRAH's value lies in its ability to share its learning. A National Working Group, comprising senior representatives from Government Departments and agencies, local authorities, older people's NGOs and private home care providers, met quarterly from 2014 to 2016. The Group assessed progress, considered the barriers and challenges experienced over the course of the project's work, and documented the learning, with a view to informing the development of policy and practice in the future.

The Centre for Health Policy and Management at Trinity College Dublin led the evaluation of the project, using both quantitative and qualitative approaches at baseline stage (as participants were recruited) and 12 months later. Participant-level changes in activities of daily living, care needs, service use, quality of life, satisfaction with services, social connectedness, caregiver burden and satisfaction with care coordination were tested as part of the evaluation process. The evaluation also considered care coordination and the factors which led to both positive and negative outcomes.

The design, development and implementation of the OPRAH initiative was led by the Ageing Well Network and, subsequently, by its successor organisation, Age Friendly Ireland, through funding provided by The Atlantic Philanthropies.





1 WHAT OPRAH ACHIEVED

Based on the preference of many older people to live at home for as long as possible, OPRAH sought to delay, or prevent, the need for participating older people to enter long-stay care. It aimed to do this through identifying older people's needs, and implementing home-based care plans in response.

The project's independent evaluation showed that staying at home was not the outcome for the majority of OPRAH's participants. The issue appeared to be that most of the participants, identified primarily through contact with day hospitals and with acute hospital discharge teams, were already at the **'very frail'** stage of geriatric assessment at the time of recruitment, with some experiencing levels of frailty indicative of end of life. Many had experience of falls and significant ill-health and were already advanced on the trajectory towards long-stay care.

The lack of fit between the project design and the participant profile influenced, and perhaps determined, this disappointing outcome in relation to OPRAH's core aim. However, the project experience and data generated provide rich insights across a range of factors and domains, and it is this learning which provides the material for this paper.

The National Working Group is presenting its learning, drawn primarily from the practical experience of the OPRAH Support Coordinators, as a contribution to the vital debate concerning how to support older people to live at home, safely and well, for longer, and how to prevent unnecessary or premature admission to nursing home care, ensuring that it remains available for those who need it most. The Group is motivated to ensure that the considerable barriers to the provision of coordinated support in the community can be eliminated, for the benefit of all.

THE CONTEXT IN WHICH OPRAH OPERATED

The cost of care for older people is a major policy issue

Currently, about 0.9% of Ireland's GDP is spent on long-term care for older people. This is expected to double by 2050. While Government policy supports the concept of older people living in their own homes for as long as possible, the predominant care model is geared disproportionately towards residential care.

When compared with residential care, community care is under-resourced. According to the Department of Health, in 2010 60% of the overall public budget allocated to the care of older people was spent on the 7% of older people in hospital or residential care. In Northern Ireland, by comparison, nursing home care accounts for just 25% of the budget, with domiciliary care taking up a far more significant amount of spending on care of older people than in the Republic of Ireland.

The cost of care for older people, now and especially in the future, is a major policy issue. Today's model of residential care suits some older people with specific requirements but it is not sustainable, and does not facilitate those who wish to stay at home and to continue to exercise full control over their lives no matter what their level of physical dependency. Ireland needs to plan to provide choice for different types of care, now and in the future, emphasising models that can be adapted to suit individual needs as people age. Investment in the supply of more and better care for older people in the community and in residential settings is a vital policy priority.

Community care is under-resourced

As discussed above, care in the community for older people is not prioritised in budgetary terms. Either because, or as an effect, of this, care for older people is not embedded in local communities effectively or in an integrated way. According to the CSO, in 2006, of the 56,700 people aged 75 and over who had a disability, less than 25% received some level of service. Another 12% or so needed services that they could not get, because they were not available in their area, because they were on a waiting list or because they could not afford it.

The Nursing Homes Support Scheme ('Fair Deal') has offered financial assistance to older people entering residential care since 2009. Since the scheme does not extend to home care or home help, remaining living independently in the home can, at times, prove more expensive than entering a nursing home. Yet, in terms of the cost effectiveness of the model of care, while not a cheap alternative, home care is consistently estimated to be lower than hospitalisation or long-stay care.

Of those availing of Fair Deal some 12.8% are classified as 'low maintenance', with a further 22.3%, in the 'medium maintenance' bracket. So up to as many as one third of Fair Deal users could, in fact, be supported to stay at home with the introduction of an enhanced home care package, if that was their choice.

Furthermore, nearly a quarter of a million hospital bed nights were lost during 2013 because of delayed discharges. About 75% of these are older people awaiting an effective discharge to either community or nursing home care. More

efficient and better care in the community would play a major part in addressing the problem of hospital overcrowding.

Any review of the Fair Deal system of financing nursing home care would therefore benefit from consideration of how a secure and equitable system of financing for community and long-term care might be developed in parallel, thus providing choice for older people and enhancing their agency.

NEARLY A ¼ OF A MILLION HOSPITAL BED NIGHTS WERE LOST DURING 2013 BECAUSE OF DELAYED DISCHARGES. ABOUT 75% OF THESE WERE OLDER PEOPLE AWAITING AN EFFECTIVE DISCHARGE TO EITHER COMMUNITY OR NURSING HOME CARE

Ireland's commitment to the principles of care for older people

In 1991 Ireland agreed to implement the United Nations (UN) Principles for Older Persons (General Assembly Resolution 46/91, 1991): independence, participation, care, self-fulfilment and dignity. These stipulate that older people should:

- ▶ benefit from daily and community care and protection in accordance with each society's system of cultural values;
- ▶ have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness;
- ▶ have access to social and legal services to enhance their autonomy, protection and care.
- ▶ The development of an integrated approach to the delivery of effective, community based care will be central to supporting older people to live at home for as long as possible, in keeping with their ambitions.

The role of informal carers

As Ireland ages, and more people live longer, care in the community will have to grow. The question is: in what way? At present, there is considerable reliance on families to provide care for older people. Ironically, some 80% of the principal caregivers of people over the age of 50 are themselves aged 50 years and over.

Census 2011 counted 187,112 people providing unpaid care in the home. The majority (61%) were women, providing between them 66% of all care hours. Women aged 50-59 were most likely to be carers. People aged 70+ themselves contributed almost 800,000 hours of unpaid care per week at the time of the 2011 Census.

The provision of care by family members can no longer be presumed upon. The potential pool of available carers is shrinking significantly because of the ageing population and increased labour force participation by women.

Availability is also affected by the intensification of work and delayed childbearing. There is increasing demand on the State to provide supports in the community for older people that may in the past have been provided free of charge by family members.

Carers face many challenges. Research published in 2014 by the National Centre for the Protection of Older People shows that:

- ▶ Almost **half of carers** provide care for more than **80 hours a week**.
- ▶ Almost half (**44%**) of **carers** are at risk of developing clinical **depression**.
- ▶ Approximately **one-third of carers** reported that they experience their caring work as a 'moderate to severe' or 'severe' **burden**.
- ▶ Almost half (**43%**) of **carers** say that they never or only sometimes **feel supported** in their caregiving role.

This level of stress, in and of itself, will create more need for more care.

Households are getting smaller, with ever more people living alone. As rural depopulation progresses, it will heighten the risk of social isolation. In some areas it is likely that people will have to travel longer distances to secure access to essential public services.

Current Government policy suggests that by 2040 around 75% of population growth and new housing will centre on Dublin and its hinterland. This could result in a further decline in family and community support for older people in other parts of Ireland, as patterns of employment, migration and housing supply change. The present inconsistency concerning entitlement to services such as day care, home help and home care packages will have to be remedied if older people are to be able to age in their own communities. Responsive, tailored respite services will also be needed.

The lessons learnt from the OPRAH experience, and their implications for the development of future policy and practice, are summarised below under four headings:

- 1 The complex and often rigid system intensifies the pressure on older people to move into long-stay care.
- 2 Coordination of care at local level is essential to successful independent living.
- 3 The need for a seamless, holistic approach which addresses older people's medical and psychosocial needs.
- 4 Successful independent living depends on responsive service delivery structures and associated funding models.



2 LEARNING FROM THE OPRAH EXPERIENCE

① THE COMPLEX AND OFTEN RIGID SYSTEM INTENSIFIES THE PRESSURE ON OLDER PEOPLE TO MOVE INTO LONG-STAY CARE

Older people want to remain living at home. While residential care may be necessary for some, and the choice of others, with appropriate supports most older people can indeed live, and die, in their own homes.

Available financial incentives currently privilege long-term care over community support

The public health system provides both residential and community services, but current funding arrangements are geared towards residential care. For example, while funding for nursing home care is available on a statutory basis there is no comparable statutory entitlement to home care. The need to consider and address this legislative imbalance is now pressing.

At present, fixed time limits on support or care provided in the community make it hard for older people and their families to plan for the changes inherent in ageing. The uncertainty of accessing often modestly funded

home care arrangements, when set alongside the alternative of the Nursing Home Support Scheme, can intensify the pressure on older people to move into long-stay care.

In current circumstances, it can be easier to go from hospital to nursing home care than to return home. Funding for acute medical needs appears to have no connection to funding for personal supports, acting as a significant barrier to maximising independence at home. Effectively coordinated community-based services are in short supply. When paired with inflexible budget models, the result is poor availability and inaccessibility. Better integration between funding for long stay-care and community care would result in improved cost effectiveness, as well as improving older people's independence and quality of life.

Entitlement to community care services is unclear

OPRAH identified discrepancies, and little transparency, in relation to older people's entitlement to services both within and between the areas covered by the project. In addition, in several cases older people were assessed as needing a certain number of hours of care, only to be approved for significantly less.





2

COORDINATION OF CARE AT LOCAL LEVEL IS ESSENTIAL TO SUCCESSFUL INDEPENDENT LIVING

The system is very hard for older people to navigate

Accessing supports in the community often involves a complex web of providers, entitlements, application systems and qualifying criteria. OPRAH participants and their carers reported a frequent and significant level of difficulty in identifying and accessing home support services of all kinds.

This had serious consequences. Without essential services, such as night-time care, older people with little or no family support had to go into long-term care. With the right services, this unnecessary and unwanted move could have been avoided.

The complexity of provision means that older people are often unaware of what is on offer, or how to access it. Many OPRAH participants complained about poor information provision, saying that it is almost as if 'they did not want you to find and use the services'. Securing night-time care and intensive home care packages posed specific challenges for OPRAH participants, although securing access to supposedly lower levels of support, such as respite care and flexible day-care, was also not easy. Participants who had experience of a stay in hospital reported having to wait and, at times, themselves arrange for a multi-faceted range of home supports to be put in place following a determination that they were medically ready for discharge.

Access to information is an essential component of enabling older people to age well and to continue to participate in community life according to their needs and preferences. As more and more services and information move exclusively online, it is vital to make sure that older people stay connected. Service providers must ensure that all older people have easy and appropriate access to information on services, entitlements, opportunities and activities, through a variety of means.

Accurate information is essential for ensuring that older people and their carers can make informed decisions and choices about what really matters to them. The continued promotion and development of advocacy services is also critical.

Coordination of care at local level is essential to successful independent living

Effective care in the community depends on strong inter-agency collaboration. Many older people will, at some point, need some support to remain living at home. For the majority, this requirement will be very modest. However, co-ordination and partnership between agencies is essential for successful independent living.

There is a need for a continuum or fluid mix of responsive services which address the changing support needs of people as they age. The housing, medical, nursing and social care needs of older people are often closely inter-related. OPRAH's experience demonstrated that deficiencies or gaps in any one of these areas had knock-on effects for OPRAH participants. The project showed that disjointed delivery of services can result in confusion and missed opportunities both for service providers and the older people they serve.

Supporting people to age comfortably in their own homes requires a range of closely linked interventions straddling home, community, hospital and residential care settings. The provision of a continuum of support and care which links and crosses these various settings is therefore essential. Income maintenance, transport and opportunities for social engagement also must be included in the mix.

As currently constituted, the home care package is not integrated effectively with other aspects of required support, such as home adaptations and mobility aids, home heating, income support and supports for carers – supports which are often critical in enabling older people to remain living at home. OPRAH's experience confirms



IN 2011 PEOPLE AGED 70+
CONTRIBUTED ALMOST
800,000 HOURS OF UNPAID
CARE PER WEEK.

that the current range of delivery systems and protocols is often either inappropriate or inadequately integrated, and so cannot respond effectively to the complexity of older people's long-term needs for community-based supports.

The development of an integrated delivery system for all community-based services would resolve this issue. OPRAH's experience suggests that networks or alliances of agencies and service providers working collaboratively would be more effective than the hierarchical and parallel structures which currently prevail. Whether funded nationally or through local authorities or agencies, all supports must be delivered locally, requiring devolution of both decision-making responsibilities and related budgets to local level. This will require co-operation at all levels and a clearly articulated commitment on the part of the agencies to a shared strategy on positive ageing. Strong, well-defined partnership, and improved co-ordination at local level between health, local government and voluntary and community services, is critical.

Meeting older people's home-based support needs requires effective coordination and a defined lead

Many older people need to access services currently run by a range of service providers and different disciplines. Effective collaborative working across these silos is often hard to achieve.

Creative interventions work, however. OPRAH's Support Coordinators were not officially part of any multidisciplinary team in the system, yet OPRAH participants recognised their value in bringing together public, private and voluntary service providers operating in a wide range of relevant domain areas, including healthcare, housing, social supports and transport.

The aim was to lead and engineer an optimum mix of services and supports, tailored to the specific requirements of clients identified through the needs assessment and care planning process, through assuming an **'information and navigation'** role. OPRAH participants saw Support Coordinators as being particularly effective in providing personalised, context-specific information that overcame system and information barriers in the care system. They appreciated help with complex application forms, debt settlement processes, and where to go or who to contact for specific services or entitlements. OPRAH participants also valued the Support Coordinators' success in getting them access to key community services, such as occupational therapy, respite care, personal care, optician and physiotherapy services.

These results demonstrated that effective inter-disciplinary working and an integrated response to needs assessment is fully realised when it is supported by a designated case manager or support coordinator with responsibility for the overall management and co-ordination of the process. This approach enabled OPRAH Support Coordinators to deliver individually tailored care plans on a multi-disciplinary basis. The Support Coordinators succeeded in co-ordinating the assessment of need from a range of perspectives, and the delivery of services from multiple sources. Case management should therefore be a fundamental element in the delivery of integrated services for older people.

**CENSUS 2011 COUNTED
187,112 PEOPLE PROVIDING
UNPAID CARE IN THE HOME.**

Appetite for change

OPRAH took place at a time when health budget cuts impacted severely on community-level services. That the Support Coordinators could achieve only limited success in activating additional support for OPRAH participants demonstrates the strongly-rooted mechanisms of resource allocation in the healthcare service. However, the fact that many statutory and voluntary providers were happy to allocate resources and services to the OPRAH project shows that the inadequacies of the current system need not stand in the way of making change.



3 THE NEED FOR A SEAMLESS, HOLISTIC APPROACH WHICH ADDRESSES OLDER PEOPLE'S MEDICAL AND PSYCHOSOCIAL NEEDS

The elements of a seamless, holistic approach

At present, the fragmentation of the various medical and care-related disciplines militates against the coordinated case management of appropriate and timely community support services for older people. Current structures and ways of working make it hard to integrate the psychosocial and care planning needs of older people in a coordinated manner. OPRAH clients described going to their GP or hospital consultant for their medical needs but to the public health nurse for their social care or wellbeing needs. No one person within the system could see or coordinate the whole picture.

In these circumstances, a social response is often deprioritised in preference to a clinical response. OPRAH, however, reaffirmed how relatively simple, low-cost, non-medical interventions, such as meals-on-wheels, befriending and home adaptation, can make a significant difference to older people's ability to stay living in their own home, and their quality of life when they do so.

The OPRAH experience made it clear that an approach which combines both medical and psychosocial interventions as part of an integrated and coordinated programme is most effective in supporting older people to remain living successfully at home. Key aspects of such an integrated approach include:

- ▶ knowledge of the wide range of services available
- ▶ access to assessment when required
- ▶ access to appropriate levels of sustainable supports, including home care services (home help and home care packages) and respite services, when required
- ▶ access to specialist services, when required.

OPRAH's Support Coordinators could provide this service in an integrated and seamless manner by following and supporting an older client, and acting as their **'key person'** throughout the whole system.



Policy makers and those charged with the design of programme and service delivery now need to broaden their considerations from a sole or primary focus on the health care needs of older people to take in quality of life, wellbeing and the social and psychological dimensions. This broader perspective will necessitate closer integration of spending on health care, social care, housing, pensions and social welfare.

Social support is often over-looked and handled inadequately

Although small in comparison to the control group, and not deemed to be statistically significant, the evaluation of OPRAH identified increases in quality of life and decreases in loneliness scores amongst the cohort of OPRAH participants. This was valuable in that OPRAH identified social isolation and loneliness as significant unmet needs among its participants, and piloted solutions to address these issues.

Loneliness, low mood and little opportunity for social

interaction were significant barriers to the wellbeing of OPRAH participants. The project demonstrated that the InterRai and Single Assessment Tools give insufficient weight to the importance of loneliness and its significant impact on older people's wellbeing.

In OPRAH's experience, older people view psychosocial support as being as important as clinical care for sustaining independent living. In terms of wellbeing and quality of life, medical services are only part of the story. However, in practice, these aspects of an individual's needs are rarely, if ever, considered or fully met.

For OPRAH participants, day-care services are a blunt, one-size-fits-all approach to social engagement. They often declined this service, considering it inappropriate or meaningless. By contrast, OPRAH participants valued the approach taken by the Support Coordinators who spent time with them and could develop more meaningful and tailored opportunities for social engagement, such as connecting them with a befriending or daily telephone service.



The critical role of advocacy in enabling older people to access appropriate care and support

Even those working within it recognise the challenges of navigating through the health and social care system. OPRAH demonstrated the importance of advocacy in ensuring that older people's expressed wishes and preferences are communicated and supported. Advocacy – the need to **'make a strong case'** on behalf of older people – was a key aspect of the Support Coordinators' role. In the current fragmented and under-funded circumstances, it is imperative.

Lack of role legitimacy

As project workers, OPRAH Support Coordinators lacked legitimacy as an accepted point of contact within the health and community care continuum. This meant that it was often easy for other professionals to dismiss the Support Coordinators and inadvertently block access or orientate participants away from them. Established healthcare professionals often did not understand what OPRAH was and how it could augment their own service. The Support Coordinators were not always facilitated or encouraged; indeed, in some instances they were perceived to be encroaching on the professional roles and boundaries of those already working within the system.

The lack of role legitimacy meant that OPRAH Support Coordinators gained only limited access to the clinical and social network of organisations providing services to older people. Each of the Support Coordinators was excluded in some way: the social worker was not included in clinical planning, the two community nurses were not connected to the hospital setting, and the hospital discharge nurse was not part of the community networks. These limitations made it difficult for the Support Coordinators to go beyond the duties they performed as part of their usual jobs.

To be effective, the support or care coordination role needs legitimacy within the health system. It cannot function adequately as an **'add-on'**. Support coordination can succeed only as a dedicated, person-focussed service, responsive to the changing needs of older people as they move through the trajectory of the community care system. Clearer role definition for the Support Coordinators, and commitment on the part of the participating agencies to recognise the role, is therefore essential.

TO BE EFFECTIVE, THE SUPPORT OR CARE COORDINATION ROLE NEEDS LEGITIMACY WITHIN THE HEALTH SYSTEM.

Absence of a clear imperative to support the initiative

A multi-agency steering group, representing a range of relevant perspectives, supported each OPRAH site. However, the absence of a clear **'directive'** or mandate on the part of participating agencies meant that the steering groups were highly dependent on the goodwill of the individual participants. The result was that commitments made in meetings were not always followed up, which at times hindered the Support Coordinators' effectiveness.

Capacity, expertise and goodwill are clearly not lacking, however. OPRAH demonstrated that there is considerable potential to harness these more cohesively as part of a coherent model of support coordination. Specifically, dedicated support coordination, as demonstrated by the

OPRAH experience, provides the opportunity to:

- ▶ improve service delivery
- ▶ deal with needs of older people holistically in the context of the overall home situation
- ▶ allow for quality time to be spent with the older person, and thereby to be able to identify and activate the right support at the right time
- ▶ support a detailed geriatric assessment process, resulting in a comprehensive profile of needs, and thus enabling the assembly of tailored and suitable person-centred responses
- ▶ monitor service needs and delivery
- ▶ provide meaningful focus on the psychosocial aspects of care.

4

SUCCESSFUL INDEPENDENT LIVING DEPENDS ON RESPONSIVE SERVICE DELIVERY STRUCTURES AND ASSOCIATED FUNDING MODELS

Housing, health and local government

As previously discussed, Government policy is to support older people to live with dignity and independence in their own homes and communities for as long as possible. This involves more than health services alone.

Appropriate housing has a major role to play. Living in adapted housing can reduce reliance on health and social care services and can result in measurably improved health status and lower rates of hospital admissions, while also contributing to a greater sense of wellbeing. Local authority services, from home adaptation and suitable housing to social support provision, are of vital importance.

The OPRAH project reaffirmed the paramount role of housing as a determinant of whether older people can age comfortably in the community they belong to. As people age, and particularly as they become frailer, they spend more time in their own homes. Everyday tasks, such as going shopping, getting dressed, getting in or out of bed, or personal care, become more difficult.

This means that older people's quality of life, and thus their health, can depend on the appropriateness of their home environment and the conditions in which they live. A seamless and appropriate continuum of housing choices and options for older people would support independence. Local authorities therefore have a critical role in supporting the continued independence of older people. Local authority policy on housing adaptation and related grants, needs to be streamlined, simplified and integrated with local healthcare provision.

Research conducted in 2016 as part of the Healthy and Positive Ageing Initiative (HaPAI), involving 5,000 adults aged 55+, showed that 89% would be disposed to adapting their current house to suit their changing needs, while 45% of respondents would be disposed to moving to an adaptable type of supportive housing if it were available. These options can keep people independent and save them from entering costly nursing homes.

The trend towards increasing diversity in housing for older people and, in particular, for housing appropriate for assisted living, is expected to grow. As previously discussed, increasing numbers of older people are living alone. Local authorities and Approved Housing Bodies urgently need to develop appropriate accommodation for older people, with flexible provision to cope with changing care requirements. New cross-departmental and inter-agency approaches to providing housing options with appropriate care supports for older people are needed urgently.

Links between public transport, local amenities and health

OPRAH participants raised concerns about transport almost as often as concerns about housing. The absence of accessible, affordable, door-to-door transport isolated several OPRAH participants in their own homes, as well as limiting their facility to obtain personal services, and reducing their opportunities for social interaction. Some participants found it demeaning to have to ask for help, while others had few people on whom they could rely.

Poor transport provision, coupled with limited local amenities, can have palpably detrimental effects on older people's quality of life. This can contribute significantly to a premature need for acute health services, home-based services and residential care.

Building a long-term consensus on critical issues

Without focussed planning, future Irish Governments will face significant risks if population ageing results in unsustainable fiscal costs. The two most expensive items of public expenditure relating to older people, retirement income and health and disability services, are contested across departmental boundaries. The consequence of this is an uncertain environment for older people. A cross-departmental approach is essential for planning necessary and sustainable investment in promoting maximum independence for older people.

Personalised care budgets

Personal budgets would facilitate older people to manage their own care and support, enabling them to access services which fit their changing individual needs and wishes. A system of personal budgets would also make sure that everyone who needs information, advice and support regarding their own social care could get it, regardless of their wealth or eligibility for services. Budgets can be altered if the needs of the older person change.

While costing less than residential care, home-based care still requires investment. Realistic levels of funding are required to ensure that people with more support needs can access additional services.

3 OPRAH'S VISION FOR THE FUTURE

Population ageing represents one of the most significant demographic and societal developments that Ireland faces in the years ahead. There will be considerable implications for public policy, particularly in relation to both housing and health care, when a quarter of the population is aged 60 or over.

Government policy to support older people to live with dignity and independence in their own homes and communities for as long as possible is not matched by implementation on the ground. At present, many older people who need support and services to enable independent living have little option but to move into residential care. Fundamental change is essential.

The OPRAH project showed the potential for a system which could enable many older people to maintain successful independent living in the communities they belong to. OPRAH's vision of a seamless and integrated continuum of options for care and housing supports is achievable. To make it a reality, OPRAH recommends that Ireland should:

- ▶ **Establish home care on a statutory basis**, thus introducing a legal entitlement to funding for home care, and mirroring the legal entitlement to funding for long stay care available through the Nursing Homes Support Scheme.



- ▶ **Link the budget** of the Nursing Homes Support Scheme with that available for home care packages, thus incentivising the provision of supports outside of hospitals and long-stay care, and boosting cost effectiveness, as well as enabling the provision of a clear, readily accessible, adaptable continuum of supports that can respond comprehensively and creatively to the changing needs of people as they age.

Independence



- ▶ **Establish the role of the Support Coordinator** at community level, assisting older people to stay independent for as long as possible through the coordination of a wide, tailored and responsive range of services and supports.



- ▶ **Introduce a holistic needs assessment** process which takes into account the importance of social contact and other psychosocial needs that impact significantly on older people's wellbeing, and which results in the provision of an individual care plan that identifies and defines the services and number of hours of care that each older person needs to support them to stay living at home.



- ▶ **Conduct a comprehensive mapping of relevant resources and services** available at local level, and communicate the results effectively, thus enabling older people and Support Coordinators to draw from a full range of supports and services – housing, home adaptation, transport, befriending, meals-on-wheels, home help, grants, respite care, mobility aids, assistive technologies and other resources which support independent living – as well as all necessary health services, through an integrated delivery system.



- ▶ **Provide a seamless and appropriate continuum of housing options** for older people.

- ▶ **Institute new and effective methods of cross-departmental and inter-agency working**, thus enabling these developments to flourish, and making possible the provision of innovative and flexible housing options which feature appropriate and available care supports for older people.





OPRAH

Older People Remaining at Home



The
ATLANTIC
Philanthropies

Home Instead
SENIOR CARE®
To us, it's personal.

