



BU7104 Social Enterprise Project

Trinity MBA Team 1
March 25th 2023

Agenda

01. Meet the Team

02. Introducing THE HomeShare



03. "Theory of Change" Framework

04. Quantitative Data

05. Qualitative Data

06. Key FIndings

07. Recommendations

08. Outputs



Meet the Team



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THE HomeShare - Introduction





Who?

Non-Profit Social Enterprise focused on connecting older people living at home alone with younger people looking for affordable accommodation

When?

Established in 2017 by Lucie Cunningham (CEO)

How?

Works with Government departments to implement Homesharing which is incorporated within national policy (Housing Options for our Aging Population policy 2019)



THE HomeShare Mission Statement

"To create positive Homesharing experiences between older and younger adults in Ireland, that inspires mutually beneficial social and practical supports and empowers independent living."



THE HomeShare Values





Trinity SEP Problem Statement

THE HomeShare requires **quantitative** and **qualitative** data to better demonstrate the economic and social value of the service they provide.

Why?

Using this data they hope to enable the **promotion** of **THE HomeShare** to multiple stakeholders and **scale** up!



The SEP Journey for THE HomeShare

The Work Plan

Deliverable

The Expected Results

INPUTS

ACTIVITES

OUTPUTS

OUTCOMES

IMPACT

Necessary resources and expertise needed to conduct a comprehensive analysis on impact of THE HomeShare in Ireland

Conduct literature review

Collect and analyze qualitative & quantitative data

Evidence-based recommendations for policy and practice to support THE HomeShare in Ireland Demonstrate potential cost savings to the state

Show evidence of benefits for older persons and accommodation seekers Increased awareness of THE HomeShare's services Increased support for THE HomeShare programs in Ireland

Improved outcomes for THE HomeShare participants



Research Snapshot

Desktop Studies & Multiple Interviews







The Irish Longitudinal Study on Ageing (TILDA)











Quantitative Data

Quantitative data is data that can be counted or measured in numerical values



- Short and Long term nursing home care costs
- Short and Long term Home Help care costs
- Short and Long term HAP (Housing Assistance Programme)



All of the above costs can be avoided/reduced through availing of THE HomeShare service - €49/week!



Quantitative Data







Potential State Savings

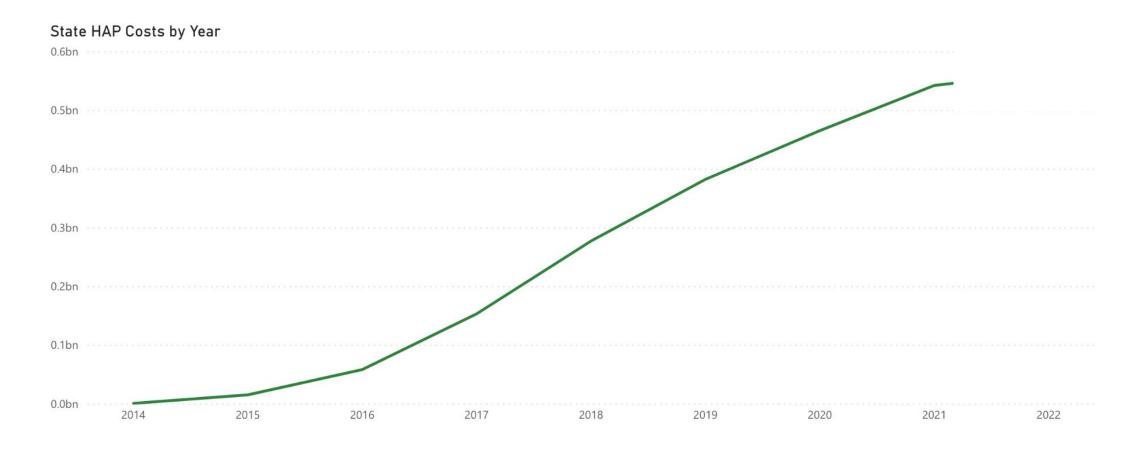
Potential savings to the state homesharing can bring on the Housing Assistance Program (HAP)





ACTIVITES

State Housing Expenditure - HAP



HAP costs increased from €500,000 in 2014 to more than €500,000,000 in 2022. Source: Department of Public Expenditure



State Housing Expenditure - HAP

Pool of potential sharers

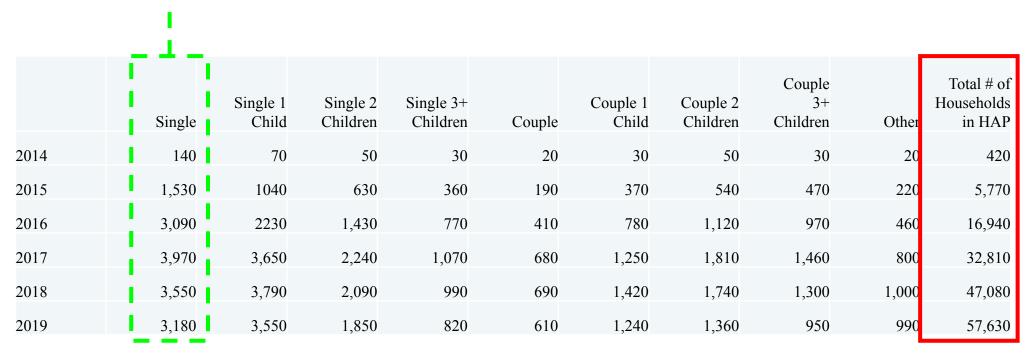


Table of households coming into HAP - By Year and Family Type, Source: Central Statistics Office, Ireland.

From 2015 to 2019, the demand for HAP increased **tenfold**, with numbers only increasing since then.



State Housing Expenditure - HAP

Local Authority	2016	2017	2018	2019	2020
Carlow	€521	€542	€554	€561	€572
Cavan	€0	€430	€449	€464	€473
Clare	€409	€430	€459	€480	€496
Cork City Council	€647	€722	€764	€802	€814
Cork	€629	€689	€727	€748	€756
Donegal	€363	€383	€392	€398	€400
Dublin City Council	€1,244	€1,258	€1,290	€1,279	€1,295
Dun Laoghaire Rathdown County Council	€1,085	€1,286	€1,343	€1,351	€1,372
Fingal County Council	€1,333	€1,292	€1,325	€1,355	€1,369
Galway City Council	€762	€784	€795	€817	€824
Galway County Council	€612	€652	€701	€735	€762
Kerry County Council	€477	€502	€512	€527	€531
Kildare County Council	€885	€911	€919	€933	€951
Kilkenny County Council	€527	€556	€576	€595	€612
Laois County Council	€0	€535	€573	€599	€615
Leitrim County Council	€450	€408	€414	€419	€420
Limerick City & County Council	€512	€552	€579	€598	€612
Longford County Council	€400	€397	€405	€415	€430
Louth County Council	€622	€764	€833	€876	€897
Average LL Payment	€636	€735	€801	€848	€880

HAP Monthly State Payment, Source: HAP SSC (2021).

The national average payment in 2020 was 880€; figures in Dublin are 50% higher.



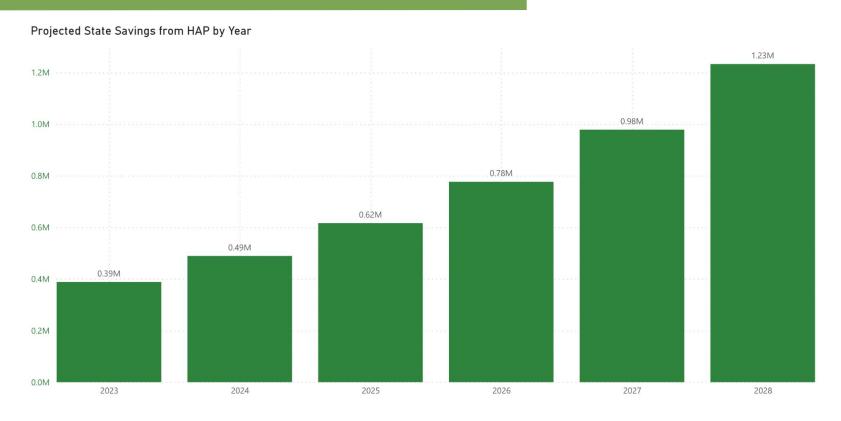
Co. Dublin

State Housing Expenditure - Assumptions

- THE HomeShare team will accommodate 50 HAP households in 2023 with
 20% yearly growth.
- The State payments for singles are €616 per month (30% less than the average).
- The average state payment will grow by **5%** yearly for the next **5 years** reflecting the ongoing increase in rent rates.



Potential State Savings - HAP program



Based on our predictive model, the government could save a total of **4.5 million** Euros through The HomeShare by 2028. This figure could rise to **6.7 million** if The HomeShare team runs a Dublin-focused program where rents are are 50% higher than the national average.





Quantitative Data: Key Takeaways

• 10% increase in the supply of Homecare support would result in estimated net savings on acute care by 2036 are **€16,129 Million**.

- In our analysis, we can also conclude that home care costs are significantly lower than nursing home/hospital care.
- Substantial sate savings can be achieved by the government if THE HomeShare team absorbed a portion of HAP households (€4,5 Million) by 2028, the savings will be 50% higher in Dublin.



Qualitative Data

Qualitative data is information that cannot be counted, measured or easily expressed using numbers.

- Quality of life improvements for both Householders and Sharers
- Householders: Loneliness alleviation
- Householders: Assistance with Medical Conditions
- Householders: Prevention/reduction of falls, home accidents
- Sharer: Safe living environment
- Sharer: More disposable income



All of the above benefits are available through availing of THE HomeShare service - €49/week!



Qualitative Data - Definitions

Loneliness

Emotional loneliness is the subjective assessment of an individual's satisfaction with the quality of their social relationships and while most often considered the psychological embodiment of social isolation, can also be present among highly socially integrated individuals.

TILDA describe loneliness using the UCLA loneliness scale

Social Isolation

Social isolation is a measure of the size of an individual's social network using the Berkman-Syme Social Network Index (SNI).

Social Asymmetry

Cognitive discrepancy theory states that loneliness stems from a mismatch between desired and actual frequency and quality of social interactions.

To accurately capture this concept, TILDA use "social asymmetry" to combine subjective & objective loneliness (McHugh, et al., 2017)



Qualitative Data - Global



Loneliness is associated with:

- Poorer quality of life.
- Number of depressive symptoms and clinical depression
- Lack of medication adherence (Bastani, et al., 2021)
- Increased risk of neurocognitive disorders (i.e. dementia) (Rezael & Saghazadehj, 2022)
- Many chronic conditions

Chronic conditions associated with **Loneliness** include:

- Obesity
- Cardiovascular disease
- Cancer
- Lung disease
- Ulcers
- Liver disease
- Kidney disease

Lower levels of education and living alone were associated with higher levels of loneliness.

Social supports, including home visits, consistently demonstrate improvements in depression and reduces suicidal ideation and suicide. (Noguchi, et al., 2014)



Qualitative Data - Irish Specific



TILDA Report on Loneliness (Ward, Layte, & Kenny, 2019) key findings:

Loneliness

- Participants aged 75+ years were more likely than younger participants to report being moderately lonely.
- Poor self-rated health, functional limitations, and chronic conditions were associated with higher levels of loneliness.

Social isolation

- Women who live alone are significantly less likely than men who live alone to be in the most isolated group.
- Severe symptoms were more likely to be reported by the most isolated and least integrated participants.

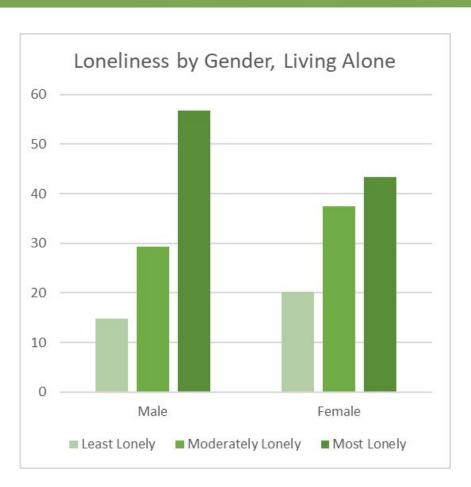
Social asymmetry

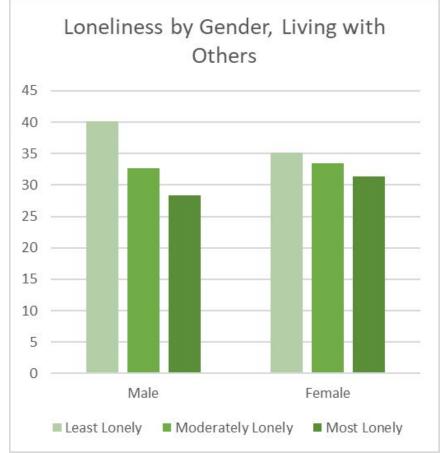
 Participants from rural areas (6.5%) were less likely than those from Dublin City or County (10.4%) to be in the most isolated group.



Qualitative Data - Irish Specific

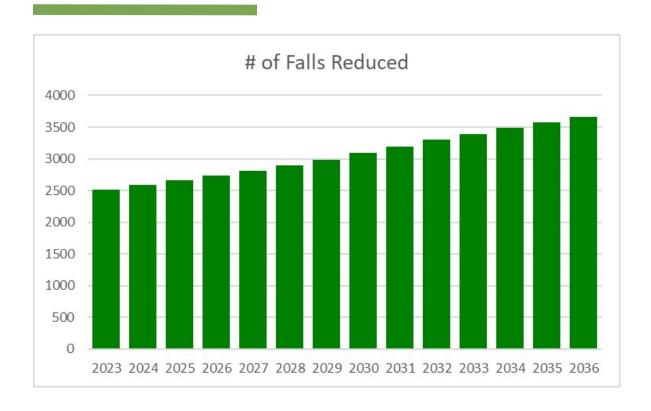








Qualitative Data - Benefits



Assumptions

- **26.7%** of older people self-report chronic loneliness (Burns, et. al., 2022)
- **54%** increased risk of falls (Burns, et. al., 2022)
- **44%** reduction in falls when there is a companion (Giles, et. al., 2006)

Qualitative Data: Other Well-Being Benefits

Older people participants reported greater capacity for **independent living:**

- 35.1% Attending a doctor's appointment
- 28.9% Shopping
- 25.7% Completing household tasks
- 25.7% Running errands
- 24.2% Leaving the house
- 10.8% Preparing Meals

59.5% of home providers aged 55 and older expressed an increased sense of well-being

94% of participants' lives had either **stayed the same or improved.**

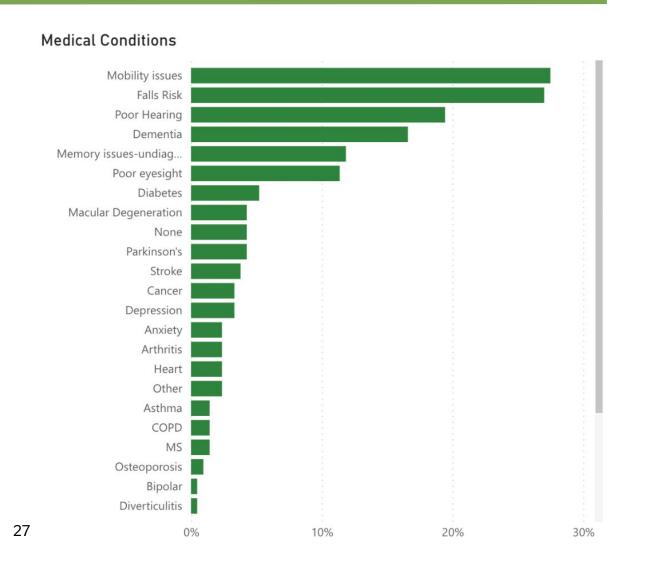
Spain, Sánchez and colleagues (2011)

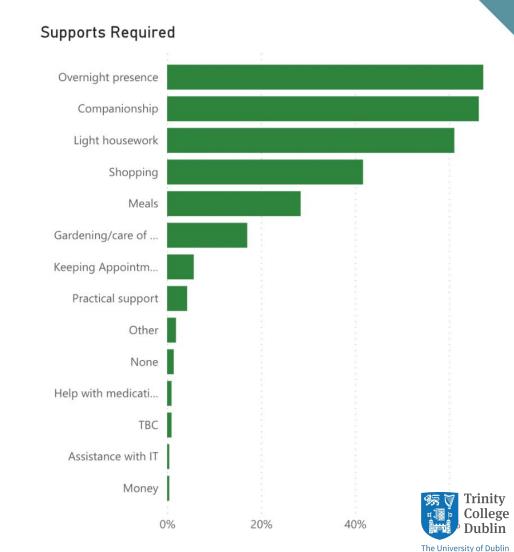
Canada, Rekart & Trevelyan, 1990

USA, Altus & Mathews, 2000



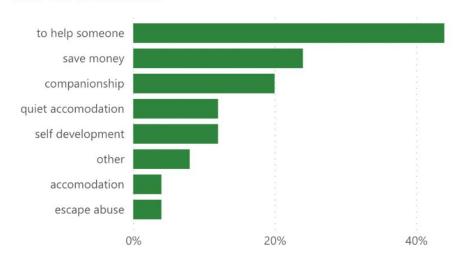
THE HomeShare Database Analysis



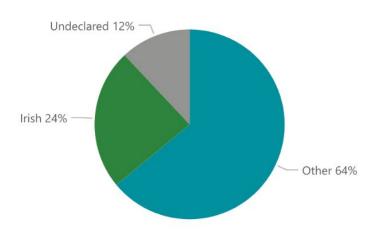


THE HomeShare - Analysis Motivations

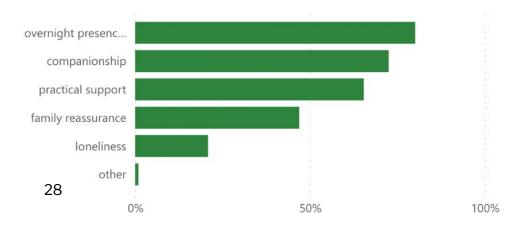
Sharers' Motivations



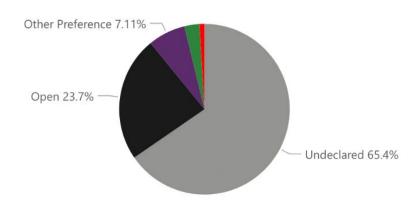
Sharer Nationality



Householders' Motivations



Sharer Nationality Preferred By Householder







Qualitative Data: Key Takeaways

- Homesharing improves the quality of life of at least 59% of all homeowners.
- Qualitative data shows improvements in people's mental health (less loneliness, less depression) and physical health (more mobility, less chronic diseases, reduced fall risk).





Social Return on Investment (SROI)









Return on Investment from Social Impact

- 1. Define scope with key stakeholders
- 2. Use framework (such as theory of change) to map the relationship between inputs, outputs and outcomes is developed.
- Collect data to confirm that the intended outcomes has been achieved and estimate their financial benefits
- 4. Establish the specific impact of the outcomes, by clarifying how they are directly related to the works undertaken.
- 5. Calculate the net financial benefit by adding up all the benefits, subtracting any negatives and comparing them to the original financial investment.
- 6. Share the findings and recommendations with wider team and embed practices that lead to good outcomes into future work.





Proposed Survey for THE HomeShare

THE HomeShare Effectiveness Survey

Name:		Householder/ Sharer:					
Start Date:	Address:						
Please rate the following in	formation on a scale of 1 to 5, wit	h 5 being "strongly agree" an	d 1 being "s	trongl	y disaç	gree".	
Reduction in feelings of isolat	tion by participating in THE HomeSh	are program	1	2	3	4	5
Reduction in the use of emer	gency services, such as ambulance	rides and hospital stays, as a re		8	(2576)	9500	S ANNA
			1	2	3	4	5
Improvement in overall qualit	y of life for individuals who participat	e in home-sharing.	1	2	3	4	5
Improvement in health and w	ell-being for individuals who particip	ate in home-sharing.					
			1	2	3	4	5
Increase in community engage	gement and roles by participating in I	nome-sharing.	1	2	3	4	5
Increase in social interactions	s by participating in home-sharing.						
			1	2	3	4	5
Improvement in access to ser	rvices and resources experienced by	participating in home-sharing.	1	2	3	4	5
Increase in feelings of safety	and security by participating in home	e-sharing.					
			1	2	3	4	5
Desire to continue participating	ng in THE HomeShare program over	time.	1	2	3	4	5





Full survey <u>Here</u>





Key Findings

Both the Quantitative and Qualitative data conclusively show there are multiple benefits by availing of **THE HomeShare** services.

These impact 4 main stakeholder groups:





- Mitigation of trips, falls etc.
- Assistance with medical issues
- Reduced isolation
- Reduced hospital and GP visits

State Government

- Reduction on HAP payments
- Reduction on HSE costs for long and short term hospital bed costs
- Reduction on HSE for long and short term Nursing Home costs
- Reduction on Homecare costs



Sharer

- Safe living environment
- Ability to save money that would otherwise be spent on rentals
- Ability to live in desired location





Householder's Family

- Peace of mind for older parent's safety and wellbeing
- Not needing to undertake a career role for parent
- Potential reduction on family hospital/care fees





Recommendations & Limitations

Recommendations



Social Impact Analysis
Framework



Rural Areas Participants



Government agencies



Funding constraints

Limitations



Legal and regulatory challenges



Social stigma



SEP Project Outputs











Central Statistics Office











Thank You!

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Noguchi, M. et al., 2014. Social support and suicidal ideation in Japan: Are home visits by commissioned welfare volunteers associated with a lower risk of suicidal ideation among elderly people in the community?. *Social Psychiatry & Psychiatric Epidemiology*, Volume 49, pp. 619-627.

Rezael, N. & Saghazadeh, A., 2022. Loneliness and health: An umbrella review. *Heart and Mind*, 6(4), pp. 242-253.

Ward, M., Layte, R. & Kenny, R., 2019. Loneliness, social isolation, and their discordance among older adults: Finding from The Irish Longitudinal Study on Aging, Dublin: TILDA.



Appendices



Dublin HAP Government Stats

HAP Statistics-request for data

MainStream HAP	Single	SS	S+1	S+2	S+3	С	C+1	C+2	C+3	CS
2020	319	207	467	175	53	64	149	169	81	6
2021	289	156	421	149	46	60	119	127	62	3
2022	195	114	232	71	26	60	76	80	41	4

Homeless HAP	Single	SS	S+1	S+2	S+3	С	C+1	C+2	C+3	CS
2020	643	115	731	349	160	59	154	159	150	
2021	860	85	1075	438	193	65	176	153	145	
2022	380	66	532	197	75	39	80	92	84	

Single Average

€740.00 per month €762.00 per month €783.00 per month

Single Average

€948.00 per month €977.00 per month €991.00 per month

Mainstream HAP payment on average each month

Single Shared

2020 €491 2021 €502 2022 €520

Homeless HAP payment on average per month

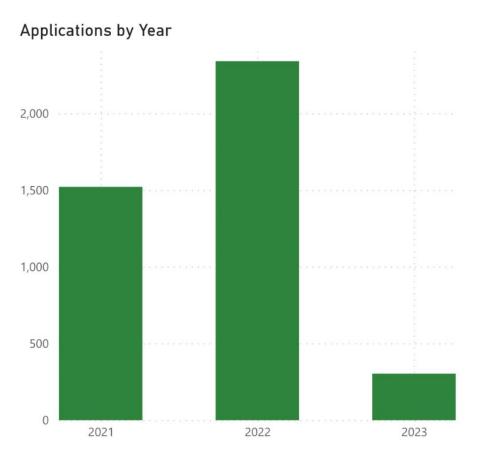
Single Shared

2020 €611 2021 €632 2022 €656

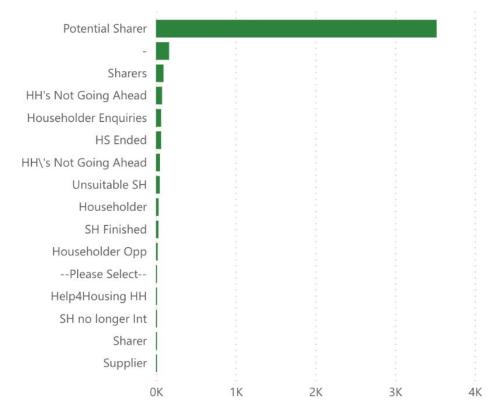
- In 2022, the average monthly HAP payment in Dublin for a single occupancy is **€991**, and **€656** for a single shared occupancy.



Applications by Year



Applications by Type





Quantitative Data: Current costs of older Home Care & Hospital admissions

537

Facilities

Median Residential Care weekly Costs 2022

Sector	Pri	vate	Pub	olic
Region	Hospital	Nursing Home	Hospital	Nursing Home
Dublin		1,265	1,921	1,720
Mid-East		1,118	1,810	1,870
South-West	1,258	1,040	1,621	1,496
Border		1,027	1,678	1,568
Midlands		1,020	2,428	1,939
South-East	1,030	1,035	1,575	1,039
West		1,005	1,855	1,499
Mid-West	950	997	1,730	1,546
Median	1,030	1,052	1,690	1,583

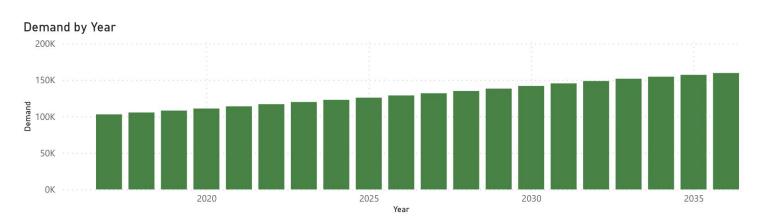
Typical Home Care Costs 2023

Typical Costs vs Experience	1-3 years	3+ years	Qualified Nurse	Senior Nurse
Daily (7 hours)	120	140	160	180
Weekly (5 days x 7 hours)	600	700	800	900
Weekly (7 days x 7 hours)	840	980	1,120	1,260
Overnight Stay	200	200	200	200
Live-in carer (7 days)	450			

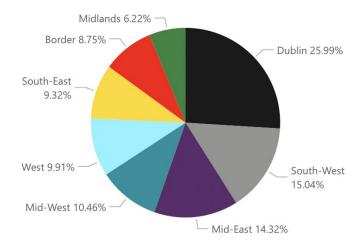


Quantitative Data: Demand By 2036

Region	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036
Border	10,506	10,707	10,906	11,101	11,299	11,497	11,692	11,912	12,124	12,308	12,488	12,637	12,757	12,870
Dublin	31,186	32,063	32,945	33,899	34,827	35,849	36,970	38,294	39,594	40,828	42,031	43,161	44,227	45,391
Mid-East	17,010	17,569	18,129	18,689	19,225	19,775	20,331	20,931	21,502	22,033	22,533	22,981	23,384	23,764
Midlands	7,381	7,568	7,761	7,947	8,142	8,336	8,534	8,761	8,981	9,186	9,376	9,551	9,705	9,850
Mid-West	12,604	12,863	13,114	13,367	13,609	13,846	14,090	14,364	14,619	14,846	15,066	15,249	15,405	15,538
South-East	11,199	11,440	11,686	11,931	12,172	12,407	12,657	12,914	13,159	13,370	13,559	13,734	13,882	14,011
South-West	18,008	18,411	18,829	19,250	19,663	20,082	20,530	21,008	21,476	21,907	22,313	22,672	22,999	23,311
West	11,918	12,156	12,391	12,635	12,875	13,110	13,346	13,619	13,883	14,122	14,336	14,519	14,683	14,830
Total	119,812	122,776	125,761	128,818	131,811	134,902	138,150	141,804	145,338	148,600	151,701	154,504	157,041	159,565



Forecast Demand by Region 2036





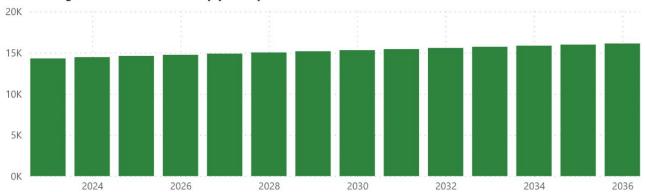
Quantitative Data: Net Savings By 2036



Net savings* (€k) from a 10% increase in the supply of Homecare support per capita

Region	2023	2024	1,175	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036
Border	1,143	1,148	1,153	1,158	1,162	1,166	1,171	1,175	1,179	1,183	1,187	1,191	1,195	1,199
Dublin	4,217	4,292	4,366	4,440	4,513	4,586	4,659	4,731	4,802	4,874	4,946	5,018	5,090	5,163
Mid-East	2,111	2,136	2,161	2,186	2,211	2,235	2,260	2,284	2,308	2,333	2,357	2,382	2,406	2,431
Midlands	875	881	887	893	898	903	909	914	919	923	928	932	937	941
Mid-West	1,396	1,406	1,417	1,427	1,437	1,446	1,456	1,466	1,475	1,484	1,494	1,503	1,513	1,522
South-East	1,216	1,220	1,224	1,227	1,229	1,231	1,233	1,235	1,237	1,238	1,239	1,239	1,240	1,240
South-West	2,044	2,062	2,079	2,095	2,111	2,127	2,142	2,158	2,173	2,188	2,202	2,217	2,232	2,246
West	1,307	1,314	1,322	1,328	1,335	1,341	1,347	1,353	1,358	1,364	1,370	1,375	1,381	1,386
Total	14.309	14,460	14.608	14.753	14.896	15.037	15,176	15,314	15,451	15.587	15.722	15.858	15.994	16.129

Net Savings on Acute Care (€k) by year by Year



*Net Savings based on €12.25M in 2019, adjusted for population growth and inflation become €14.31M in 2023, thereafter adjusted for forecast population growth, with a discount rate of 4% applied for Net Present Value

= 63 ...

Source: ESRI report & HSE

Quantitative Data: Nursing Home & Hospital Admission Costs

Assumptions

- Av. weekly residential care costs €1,065
- 3% of population 65 to 79 require residential care
- 4% of population 80+ require residential care
- Population / demographic changes
 from CSO

Net Savings based on €12.25M in 2019, adjusted for population growth and inflation become €14.31M in 2023, thereafter adjusted for forecast population growth, but ignoring the effects of inflation

