In our own words

Report of the Consultation Process on the National Positive Ageing Strategy

Office for Older People
Department of Health and Children

THE VIEWS, OPINIONS AND RECOMMENDATIONS CONTAINED IN THIS REPORT ARE DERIVED FROM WRITTEN SUBMISSIONS ON THE NATIONAL POSITIVE AGEING STRATEGY AND FROM THE DELIBERATIONS OF A SERIES OF REGIONAL CONSULTATION MEETINGS HELD THROUGHOUT THE COUNTRY DURING 2010, AND DO NOT NECESSARILY CONCUR WITH THOSE OF THE MINISTER FOR OLDER PEOPLE AND HEALTH PROMOTION, NOR OFFICIALS OF THE OFFICE FOR OLDER PEOPLE AT THE DEPARTMENT OF HEALTH AND CHILDREN.

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FOREWORD BY ÁINE BRADY TD, MINISTER FOR OLDER PEOPLE AND HEALTH PROMOTION

The Programme for Government 2007-2012 identified the need 'to better recognise the position of older people in Irish society'. We committed to developing a National Positive Ageing Strategy to establish the strategic framework for future policies, programmes and services for older people in Ireland. As part of that process, we have held an extensive consultation process to hear the views of older people, representative organisations, non-Governmental organisations, services providers and other interested parties.

I am very pleased to now present this Report – ***In our own words*** - which reflects the views which were given to me during the consultation process, both in writing and in the face to face meetings organised around the country.

The submissions which were received came from a wide range of individuals and groups and I am very grateful to all who wrote to me or who attended the regional consultation meetings. I would like to acknowledge the commitment and dedication of all of those who participated. This report reflects a wide body of knowledge and expertise which has been shared with me. I wish to record my appreciation to all of those who have contributed to this process.

As I have said before, it is intended to have a broad-ranging National Positive Ageing Strategy which will have a focus on all of the services and all of the sectors that are relevant to older people. During this consultation process, I have heard what people think about a wide range of current services. I've heard suggestions for improvements and for how things can be done differently or in a better way. This Report summarises the issues which have been brought to my attention, particularly those issues that have been reiterated on a number of occasions. I would like to reassure all of those who took the time to make a submission, whether in writing or verbally, that all of the submissions made to me have been shared with the other Government Departments involved in developing the Strategy. They will also inform the deliberations of the Cross Divisional Group and the NGO Liaison Group which are assisting in the development of the Strategy.

The work of developing the Strategy will be informed by everything we have learned during this consultation process. We will be using all of the findings in considering the development of a comprehensive strategy which will benefit the lives of older people now and in to the future.

Áine Brady T.D.
Minister of State with responsibility for Older People and Health Promotion

ACKNOWLEDGEMENTS

The Office for Older People would like to express its grateful appreciation to all of those who participated in the consultation process on the National Positive Ageing Strategy; to those who made submissions on the Strategy, and to those who took time to attend the regional consultation meetings to contribute views and ideas for the development of the Strategy. We would also like to thank those representing vulnerable/marginalised groups who attended meetings with the Minister, as well as those involved in the Louth Age Friendly Initiative, who met with the Minister and officials from the Office for Older People to share information about approaches taken in County Louth in relation to older people's issues.

We would also like to thank those who assisted in the organisation of the regional consultation meetings, with a special word of thanks to our facilitators and rapporteurs who ensured that the views and experiences of all were heard and captured during the discussion group sessions.

In particular, we would like to thank the following people whose generosity of time, commitment and expertise enabled the holding of these important consultation meetings with older people:

- **Athlone:** Declan Costello, Offaly Leader Development and Tricia McKenna, Westmeath Community Development (local partners); John Kincaid (chair); Renee Dempsey, Equality Authority (speaker).

- **Cork:** Linda McKernan, Cork City Partnership (local partner); Paddy O'Brien (chair); Renee Dempsey, Equality Authority (speaker).

- **Dublin:** Deirdre Massey and Mairéad McCann, Rathmines Pembroke Community Partnership; Sharon Wallace, Canal Communities Partnership; Catherine Lane, Ballyfermot/Chapelizod Partnership; Cepta Dowling, Northside Partnership; Niall Sexton and Lorraine Stewart, Southside Partnership; Helen Duffy, Fingal Leader Partnership; Manus Bree, Ballymun Whitehall Area Partnership (local partners); Éibhlin Byrne, former Chairperson, National Council on Ageing and Older People (chair); Brian Merriman, Equality Authority (speaker).

- **Enniscorthy:** Marie Louise Byrne and Orlaith Rowe, Wexford Local Development (local partners); Jean Manahan, Senior Helpline (chair); Paul Maher, Age & Opportunity (speaker).

- **Galway:** Maeve Murray**,** Galway City Partnership (local partner); Donal O'Donoghue, former County Manager, Galway and Meath (chair); Prof. Eamon O'Shea, NUI Galway (speaker).

- **Kildare:** Denise Croke**,** Older Voices Kildare (local partner); Mary Nally**,** Third Age Foundation (chair); Brian Merriman, The Equality Authority (speaker).

- **Louth:** Conn Murray, Louth County Manager and Mary Deery, Louth County Council. John Hynes (chair).

- **Newcastle West:** Irene O'Callaghan, West Limerick Resources and Catherine Smyth, Ballyhoura Development (local partners); Paschal Moynihan, Director of Older Persons Services, HSE West (chair); Sue Russell, Age & Opportunity (speaker).

- **Sligo:** Geraldine Delorey, HSE West and Camilla Smyth, Sligo Leader Partnership (local partners); Dr Michael Loftus (chair); Sue Russell, Age & Opportunity (speaker).

BACKGROUND TO THE NATIONAL POSITIVE AGEING STRATEGY

Like many other countries, the population of Ireland will begin to age rapidly in the years ahead. While currently just over 500,000 people in Ireland are aged 65 or over, by 2021 the number of older people living in the State is expected to be in the region of 775,000, a rise of 55% in just 11 years. The expected rise in numbers of older people will result in significant challenges, but at the same time, the 'greying' of our population will present great opportunities to draw on the wisdom, experience and talents of growing numbers of older people in Irish society.

Internationally, many Governments have responded to population ageing by making policy interventions that support and enable people to live healthily and independently and to be active participants in their communities as they grow older. The terms *healthy, active, positive, productive* and *successful* ageing have been used to frame Government strategies that act as over-arching frameworks for policies that guide and direct a full range of interventions aimed at maintaining a positive quality of life in older age.

Clearly, we in Ireland must also take the necessary steps to respond to the ageing of our population in the years ahead by developing an over-arching framework for policies ranging across the administrative spectrum that touch the lives of older people in this country. That process began in 2007 when the Government made a commitment to prepare a ***National Positive Ageing Strategy*** to 'better recognise the position of older people in Irish society' ***(Programme for Government 2007-2012),*** created the portfolio of Minister for Older People and Health Promotion, and continued with the establishment of the Office for Older People at the Department of Health and Children in early 2008.

The purpose of the Strategy is to identify the provisions that must be made and the plans that must be implemented to ensure the best quality of life for older people in the Ireland of the future. In that context, a key objective of the new Strategy is to help people develop and maintain a positive quality of life as they grow older by encouraging people of all ages to think positively about their own ageing, to plan sensibly for their later years and to facilitate them in adopting the kind of lifestyle practices that will have the effect of 'adding years to life and life to years'.

In the past, policy relating to older people tended to deal almost exclusively with health and social care issues. However, the National Positive Ageing Strategy will have a much wider focus. In that regard, it represents a new departure in policy-making for older people in Ireland because it acknowledges that the promotion of well-being in later life must take account of the fact that the well-being of older people is affected by many different factors. These include factors relating to older people's participation in society; the ways in which programmes and services for older people are organised and utilised; as well as issues that are so important in determining quality of life for older people such as income; health and social care; housing; transport; education and employment; and access to information.

For that reason, the new Strategy will focus attention on issues relevant to older people <u>across</u> the public policy process and will put in place mechanisms designed to ensure coherence and integration in planning <u>across</u> programmes and services. It will set out a common framework for the development of operational plans by Government departments clearly setting out their objectives relating to older people, as well as the development of ongoing mechanisms designed to monitor progress and identify challenges facing older citizens in the future. The Strategy is being developed within the constraints posed by the present fiscal situation. Consequently, it is not the intention that it will propose new service developments at this time; rather it will set strategic direction for future policies, programmes and services for older people.

The **multi-sectoral** approach is also reflected in the fact that the development of the new Strategy is being assisted by a **Cross-Departmental Group** chaired by the Director of the Office for Older People. The Departments represented on the Group are Tourism, Culture and Sport; Community, Equality and Gaeltacht Affairs; Education and Skills; Enterprise, Trade and Innovation; Environment, Heritage and Local Government; Finance; Justice and Law Reform; Social Protection; Taoiseach; and Transport. The Central Statistics Office and An Garda Síochána are also represented on the group.

THE PUBLIC CONSULTATION PROCESS

Public discourse is an essential element of strategy development and in that context, a key issue faced by all who engage in such a process lies in the need to ensure that every voice is heard, that every issue is raised, and that all viewpoints are given ample consideration. Given that the National Positive Ageing Strategy will have a wider focus than any previous strategy relating to older people and that it is to set the strategic direction for future policies and services for older people, it was important that the views and opinions of people in all sectors of Irish society were sought – public, private, community and voluntary, institutions, agencies and representative groups as well as those of individual older people.

The consultation process represented the most comprehensive and wide-ranging consultation ever between Government and older people in Ireland. Carried out between June 2009 and June 2010, it comprised:

- a public call for written submissions;
- a series of public regional consultation meetings which were attended by over 1,100 people;
- face to face meetings between Minister Áine Brady TD and groups representing vulnerable and marginalised older people to discuss in greater detail issues raised in their submissions. Officials of the Office for Older People also attended these meetings; and
- a round table meeting in Co Louth to hear at first hand the learnings and experience so far of the Louth Age Friendly County Initiative.

Written submissions

Minister Brady made a call for written submissions to the National Positive Ageing Strategy in June 2009 by means of advertisements placed in the national media and on the Department of Health and Children's website (www.dohc.ie). Letters from the Director of the Office for Older People were sent to 169 agencies, representative groups and other stakeholders with an interest in the area of ageing, inviting them to make a submission. Submissions were invited which would address 'issues relating to older people's participation in society; the way services are organised and are used by older people; views on the issues that affect the quality of life of older people such as income, health and social care, housing, transport, education and employment' and any other issues considered of importance or relevant to older people by stakeholders.

The call for submissions (Appendix 1) resulted in 190 contributions (Appendix 2) from a broad range of statutory agencies; professional and other bodies; academic and cultural institutions; organisations in the community and voluntary sector; groups representing the interests of older people; as well as from individuals (Table 1 sets out the breakdown of submissions by sector).

The focus of submissions differed between the 'individual' and 'local community/voluntary' sectors on one hand, and the 'NGO', 'representative/professional organisation' and 'State' sectors on the other. The former tended to focus more on 'on the ground issues' while the latter, in general, took a broader and more strategic view in relation to the priority themes.

Sector	Total (N)	
Academic/research	11	6%
Cultural	7	4%
Faith-based organisation	5	3%
State sector	30	16%
Individual	37	19%
Local authority/VEC	4	2%
Local community/voluntary	21	11%
Local community development organisation	7	4%
Non-governmental organisation	40	21%
Not-for-profit	3	2%
Political party	3	2%
Private/commercial	4	2%
Representative/professional organisation	18	9%
Total	**190**	**101%***

Table 1: Breakdown of submissions by sector
**Due to rounding, percentages do not add up to 100%*

The top ten priority themes that emerged from the written submissions were:

- Health and social care (64%).
- Transport (40%).
- Social inclusion (36%).
- Housing (33%).
- Income and pensions (27%).
- Information needs (26%).
- Ageism (26%).
- Healthy ageing (24%).
- Cultural, spiritual and recreational (22%).
- Safety and security (22%).

Regional public consultation meetings

The second strand of the public consultation process involved a series of nine public regional consultation meetings. The purpose of the meetings was to offer an opportunity to stakeholders to express their views on how service needs and the delivery of services must be addressed; how barriers to services and gaps in service provision can be identified; what is working and is not working in the way services and supports are provided; and how service provision can be enhanced using the most effective and innovative means available in a time of significant resource constraints.

Organised by the Office for Older People in collaboration with local partnership agencies, the meetings were held over a ten-week period from early March to late May 2010. The meetings focused on the theme *Challenging Ageism to Create an Age Friendly Society* and followed a set format, which included an introductory talk by Minister Brady; a talk on ageism by an invited speaker; group discussion on a series of specific themes; and a plenary session comprising feedback from each discussion group.

Participants selected the topic they wished to discuss in advance from a list, broadly influenced by the issues raised in the written submissions, that included social and civic participation; work and retirement; housing and the built environment; transport; health and social services; safety and security; and information needs. Some 1,100 people participated in the regional meetings, including individual older people, representatives of older people's organisations and service providers from the statutory, voluntary and community sectors who gave their views on issues of relevance. Consultation meetings were held in the following locations:

- **Cork: (4 March) -** Middle Parish Community Centre, Cork City in collaboration with Cork City Partnership. Attendance: 110 people from Cork, Kerry and Waterford.

- **Sligo: (11 March) -** Sligo Park Hotel, Sligo in collaboration with Sligo Leader Partnership and HSE West. Attendance: 140 people from Sligo, Mayo, Roscommon, Leitrim and Donegal.

- **Galway: (25 March) -** Leisureland, Salthill, Galway in collaboration with Galway City Partnership and Galway Rural Development. Attendance: 120 people from Galway, Mayo, Roscommon, Clare, Westmeath and Dublin.

- **Clane: (19 April) -** Westgrove Hotel, Clane, Co Kildare in collaboration with Older Voices Kildare. Attendance: 150 people from Kildare, Laois, Westmeath, Meath, Longford and Dublin.

- **Enniscorthy: (26 April) -** Riverside Park Hotel, Enniscorthy, Co Wexford; in collaboration with Wexford Local Development. Attendance: 160 people from Wexford, Kilkenny, Carlow and Wicklow.

- **Newcastle West**: (**4 May) -** Desmond Ability Resource Complex, Newcastle West, Co Limerick; in collaboration with West Limerick Resources and Ballyhoura Development. Attendance: 120 people from Limerick, Tipperary, Cork, Kerry and Clare.

- **Dublin: (17 May) -** Clontarf Castle Hotel, Clontarf, Dublin 3; in collaboration with Dublin Partnership companies. Attendance: 220 people from Dublin, Kilkenny, Meath, Louth and Wicklow.

- **Athlone: (28 May)** - Radisson Blu Hotel, Athlone, Co Westmeath in collaboration with the Offaly Local Development Company. Attendance: 120 people from Westmeath, Roscommon, Tipperary, Longford and Cavan**.**

Consultation meeting on the Louth Age Friendly County Initiative - (24 May) - Fairways Hotel, Dundalk

The Louth Age Friendly Initiative was launched in November 2008. Due to the unique nature of developments for older people since the initiative was launched, it was decided to adopt a different approach to the consultation meeting in the county to that adopted at the other regional meetings. Therefore, a round-table meeting was held with stakeholders involved in the Initiative. Facilitated by Louth County Council, the meeting was attended by Minister Brady, the staff of the Office for Older People, some 35 representatives of local statutory agencies, other bodies and organisations involved in the initiative, plus a number of local political representatives. The purpose of the meeting was to provide an opportunity for Minister Brady and staff of the Office for Older People to interface with key individuals involved in the Louth Age Friendly County Initiative, and to hear at first hand the learnings and experience so far of the Initiative.

Meetings with groups representing vulnerable/marginalised groups - (29 April) - Leinster House

Given a concern to ensure the representation of as many views as possible during the consultation process, it was felt that particular attention needed to be paid to hearing from organisations representing more vulnerable, marginalised, hard to reach or invisible older people. In this regard, Minister Brady invited a number of such organisations that had made contributions to the written submissions process to meet with her and staff of the Office for Older People in Leinster House. The organisations that attended these meetings were: The Irish Wheelchair Association; The National Council for the Blind; Brainwave, the Irish Epilepsy Association; DeafHear.ie; Multiple Sclerosis Ireland; Inclusion Ireland; Gay and Lesbian Equality Network (GLEN); Pavee Point; and Marriage Equality.

ANALYSIS OF INFORMATION FROM THE PUBLIC CONSULTATION PROCESS

A thematic analysis of all the information provided during the consultation process was conducted. While the approach to the analysis was open to the emergence of all themes, given the sheer volume of information received, it was considered useful to begin with a more structured approach by using a framework of factors that are considered as key to 'adding life to the years that have been added to life'. This framework is based on the 18 UN Principles for Older Persons, which were adopted by the United Nations General Assembly on 16 December 1991 (Resolution No.46/91) to be incorporated by Governments into their national programmes whenever possible (Appendix 3).

For the sake of clarity during the process of analysis, the Principles were translated into discrete themes under which the information from the consultation process was coded.

Independence
Housing
Built environment
Transport
Employment and retirement
Income and pensions
Education and lifelong learning
ICT and assistive technologies

Participation
Intergenerational solidarity
Participation in policy development, service planning and delivery
Volunteering
Social inclusion

Care
Carers
Health and social services
Healthy ageing

Self-fulfilment
Cultural, spiritual and recreational
Information needs

Dignity
Ageism
Elder abuse
Safety and Security

In addition to these themes, a number of the written submissions very usefully suggested areas for consideration when formulating the Strategy's principles, high level goals and objectives and implementation plans.

WHAT FOLLOWS IN THIS REPORT ARE THE VIEWS, OPINIONS AND RECOMMENDATIONS OF THOSE WHO MADE SUBMISSIONS AS PART OF THE CONSULTATION PROCESS AND SHOULD THEREFORE BE TAKEN TO REFLECT THE VOICES OF OLDER PEOPLE, REPRESENTATIVE ORGANISATIONS AND SERVICE PROVIDERS. IT SHOULD NOT NECESSARILY BE TAKEN TO REFLECT THE VIEWS OF THE OFFICE FOR OLDER PEOPLE, THE MINISTER FOR OLDER PEOPLE AND HEALTH PROMOTION, THE DEPARTMENT OF HEALTH AND CHILDREN OR ANY OF THE GOVERNMENT DEPARTMENTS REPRESENTED ON THE CROSS DEPARTMENTAL GROUP. THE CONTENT OF THE REPORT DOES NOT THEREFORE PURPORT TO REPRESENT THE EXISTENCE, AVAILABILITY, ELIGIBILITY OR OTHERWISE OF ANY SERVICE OR SCHEME OPERATED BY OR ON BEHALF OF ANY GOVERNMENT DEPARTMENT OR AGENCY.

PRINCIPLES AND PRIORITIES

Higher level aims

Throughout the consultation process the need for a comprehensive national Strategy that would achieve equality for older people by tackling age discrimination to bring about an age friendly society in Ireland in the years ahead was highlighted. There was general agreement that the National Positive Ageing Strategy should be bold and ambitious in its aspirations for a society in which older people can live happy, positive lives in dignity and independence in their own homes and communities for as long as possible. The Strategy should emphasise active citizenship and the social inclusion of all older people, no matter what their individual situations. In that regard, it was felt that the Strategy must encompass a clear vision of life for both independent and dependent older people.

It was noted that it was now time to stop seeing older people as a separate group in society and to start to recognise that older age is a phase in everyone's life that must be addressed in societal terms and through a system of care that is based on a philosophy that expresses solidarity between generations. Accordingly, the concept of 'ageing as a continuum' must underpin the Strategy, which should be seen as a blueprint for ageing across the lifespan. The Strategy should also emphasise that ageing is everyone's business, not just the concern of those who may be termed 'older', and in that context, people should be made aware of the relevance of the Strategy, no matter at what point in the life cycle they are at.

The development of the Strategy underlines the need for inter-generational solidarity in a society in which there is mutual understanding between those who are responsible for formulating policies and plans and those who are primarily affected by them.

Principles

There was very solid support for the fact that the Strategy will be underpinned by the UN Principles for Older Persons – Independence, Participation, Care, Self-fulfilment and Dignity. It was suggested that it should also be informed by the principles of the Madrid International Plan of Action on Ageing (2002) and the World Health Organisation's Active Ageing: A Policy Framework (2002). It was recommended that the Strategy should define 'positive ageing' in accordance with Walker's Seven Principles of Active Ageing (as set out at the Second World Assembly on Ageing (Madrid, 2002).

In addition, it was recommended that the Strategy should take cognisance of other strategies and policy documents developed in Ireland over the past decade, including Quality and Fairness – a Health System for You (DoHC, 2002); An Age Friendly Society – a Position Statement (NCAOP, 2005); Implementing Equality for Older People (Equality Authority, 2002); Care for Older People (NESF, 2005); An Action Plan for Dementia (NCAOP, 1999), Protecting our Future (Report of the Working Group on Elder Abuse, 2002) and be closely aligned with the National Disability Strategy with a view to addressing the overlapping issues of ageing and disability.

A clear and inclusive framework

It was emphasised that the new Strategy must provide a strategic policy-focus for improving and maintaining the physical, psychological and social well-being of older people in Ireland. In this regard, it is vital that the Strategy provides a clear and inclusive framework within which all policies that have implications for older people can be developed and implemented.

Given that the average age of the population will rise, it was considered important that the focus of the Strategy be broader than health alone, and that the implications of demographic ageing must be taken into account for the key policy spheres of education; employment; participation; income maintenance; healthcare; social care; housing; transport; social integration; lifestyle and the 'smart economy'.

It was highlighted that the Strategy must take into account the range of influences that will have a bearing on the circumstances, opportunities, potential and constraints on people as they grow older. In that context, the

Strategy should take into account the need to examine the process of ageing in Ireland with a view to developing policies that promote positive self-image and identity over the life-course. This may mean intervention at early stages in the life-cycle including positive discrimination for particular categories of older people who have been affected by social disadvantage or those receiving end of life care.

Suggested priorities

There was strong support for the view that the Strategy must lead to enhancement of existing services and to the development of services that will ensure that older people can live in dignity and independence, supported by a range of care and accommodation solutions that promote independence and reduce long-term dependency. Accordingly, quality services and supports must be provided across the continuum of care – self-care, home care, community care, acute care and residential care. A key issue for the Strategy will be to identify how the gap can be filled between the supports provided by families and informal networks and those currently provided by the State. Several representative groups proposed that access to services be underpinned by legislative entitlement.

It was suggested that an audit of existing services be conducted with a view to ascertaining current levels of service provision. This will be necessary to ensure the proper development of service provision indicators and benchmarks.

Information about services is a key issue. The difficulties about accessing information about availability, access and eligibility for services were stressed repeatedly throughout the consultation process. There is widespread dissatisfaction with the current situation which results in confusion and ambiguity in respect of entitlements for older people. The submissions and those consulted at regional meetings suggest that if older people are to be treated fairly, relative to other groups in society, the Strategy must be based on an approach that promotes the kind of legislation that sets out the entitlements of older people to high quality services, adequate income, and opportunities for the fullest participation in society.

The Strategy must recognise that older people are part of the solution to their problems and those of their communities. For that reason it must lead to the development of meaningful structures that ensure that older people are involved in the formulation, delivery and implementation of policies and services that address their needs.

An adequate income in later life is a *sine qua non* of ensuring that people live in dignity and independence. A minimum essential standard of living should be available for every individual. Therefore, the Strategy must ensure access to an adequate and secure State Pension as a basic, universal income for all. It was stressed that the Strategy should aim to improve the lives of older people, regardless of their economic circumstances; a positive experience of ageing should not be dependent on an individual's income or their consumer power but should be an expectation of every older person.

The Strategy must view older people as 'a bounty and not a burden' and must guarantee their equal participation in economic, social, cultural and political life. The Strategy should lead to greater participation of older people in society generally by ensuring greater solidarity between generations and should ensure that older people are fully informed about prospective legislation that relates to them, not only in the Irish but also in the European contexts.

The Strategy should acknowledge the contributions which older people make to their families, communities and to society in general; should recognise older people's wisdom, expertise and experience; and should lead to the identification of ways in which these can be utilised for the good of society. The Strategy should emphasise the richness and variety of the ageing experience in Ireland, stressing that ageing is about maximizing capabilities and enhancing diversity. How a society formulates and implements social policy in relation to a particular group of people has a major bearing on how that grouping perceives itself. This has enormous implications for the Strategy and must be kept in mind at every stage of the development process. The Strategy should take into account the need to shift away from the authoritarian medical model of ageing

to a paradigm of individual empowerment and responsibility for defining and meeting personal needs. Attention must also be paid to the impact of care structures on perceptions of the self and identity in older age - e.g. residential care should enhance positive images of the self, rather than dismantle personal identity.

Implementation of the Strategy

It was stressed that the vision and aims of the Strategy must not be nominal but must be matched by a strong implementation framework which was designed to ensure more equitable provision. The Strategy must support and reinforce the nine equality grounds, and in that context, the Strategy offers an opportunity to remind organisations of their legal obligations under equality legislation. In particular, the Strategy must recognise the particular needs of minority, marginalised and vulnerable members of society.

Views in relation to the appointment of an Ombudsman for Older People were mixed. While some felt that this would be a welcome development, others felt that it would be more appropriate to have an advocate or a Commissioner for Older People, given that a complaint investigation role was already being performed by the current Office of the Ombudsman.

It was proposed that the role of local authorities in implementing the Strategy must be specified, given the need for systems change to address the broad positive ageing agenda at local government level. At the planning stage, the barriers to cross-sectoral working at national, regional and local levels should be identified. Resources should be invested in building social solidarity by means of local and community networks and groups as the most cost-effective means of increasing the participation of older people in their communities; ensuring greater empowerment; equity; information sharing; and active citizenship. Voluntary and community groups must be encouraged and supported in their work of facilitating people gain a greater sense of meaning and purpose as they grow older. However, it was pointed out that the issue of the sustainability of the ageing sector in the context of current fiscal constraints must be addressed, given that the ageing sector is under-funded and has no dedicated funding stream from most Government departments. The reinstatement of the small grants scheme to local community groups in support of their valuable work with older people was mentioned in this regard.

It was strongly emphasised that the Strategy needs to be achievable, with realistic timeframes and with clear lines of responsibility for its implementation, together with a regular schedule of revisions to ensure progress. Budgets will have to be realistic, priorities chosen carefully, targets clearly set and progress monitored through the development of performance-enhancing information systems. It must be a robust Strategy with targets, timescales and mechanisms for independent monitoring of proposed actions. The Strategy must be properly costed, with performance indicators and measurable outcomes formulated for each recommendation as part of the implementation agenda. It will be necessary for each Government department to develop clear targets and timelines for the changes they will make, along with indicators underpinned by regular evaluation and consultation with a view to determining outcomes based on the lived experience of older people, including those who are economically disadvantaged or suffer from mobility or health issues.

It was stressed repeatedly that adequate resources must be made available to underpin the provisions and proposals of the Strategy. Where cuts are proposed, these should be carefully assessed to ensure that the spirit or objectives of the Strategy are not undermined. Operational plans must be clearly focused on achieving outcomes and not merely on the establishment of structures and processes, or setting out the description of inputs. It was suggested that an advisory group be established incorporating established older people's advocacy groups with a view to making the Strategy effective and workable.

Framework for the Collection of Information on Older People

It was noted that a key objective of the Strategy should be to ensure that the thinking of all policy makers and actors in civil society is evidence-based and underpinned by research. While it was proposed that the current bank of research relating to older people in Ireland should be used to inform the Positive Ageing Strategy and to identify short, medium and longer term targets accordingly, it was felt that the evidence-base also needed to be expanded through the development of a comprehensive framework for gathering data and undertaking research to identify the lived experiences, needs, preferences, circumstances and contributions of older people and their family carers.

While it was noted that the Irish Longitudinal Study on Ageing (TILDA) is a welcome addition in this regard, it was proposed that the new Strategy should also encourage cross-sectional research that addresses some of the contemporary problems that older people face in society. It was also noted that the Strategy should provide for the creation of a high quality innovative ageing research base to attract emerging scholars to research in ageing, enrich their training and support their work, and to support and motivate researchers who are actively working in the field.

Needs of specific groups

It was emphasised that the heterogeneity of the older population must be reflected in the Strategy and that particular attention should be paid to considering the needs of marginalised, vulnerable, hard-to-reach and minority groups of older people such as the oldest old (aged 80 years and over); persons with dementia and those who care for them; those with long-term mental health problems; those with specific disabilities and with chronic illnesses; Travellers; and lesbian, gay and bisexual people. The need to establish new standards of participation and care for the most vulnerable members of society was mentioned on several occasions and a number of issues were highlighted in this regard. For example, how, under the current funding and service provision model, an individual can either have a disability or be an older person - not both, and that as a result, on turning 65, a person with a disability must navigate through a new system to secure services and funding. It was also suggested that meeting the needs of these older people would require the delivery of person-centred services as opposed to the continuation of the perceived 'one size fits all' approach to service delivery. Furthermore, the double discrimination experienced by older people who have a disability, are part of the Travelling community, or are part of the gay and lesbian community was consistently mentioned. It was suggested that there was a need for more awareness-raising among society in general, and among professionals in particular in relation to health and social care services, employment, social participation etc.

Finally it was noted that data on the circumstances of some groups of older people is limited and that without this data, it would be difficult for policy-makers to be tuned into and to accommodate their specific needs. In addition, it was agreed that policy planning and service delivery should be based on consultation with, and direct involvement of, more invisible or vulnerable older people to further ensure that their specific needs are met.

WHAT PEOPLE SAID

"The concept of ageing as a continuum needs to underpin the Strategy and to that end the Strategy should demonstrate how a continuum of ageing can be facilitated. It should therefore be marketed to all people in society and not solely towards only those who might currently be classified as older. By doing this the Strategy might better contribute to portraying a more positive attitude to ageing. The Strategy should be a blueprint for ageing across the lifespan."

"All decisions relating to plans, policies, and funding for Older Persons should be benchmarked against the United Nations Principles for Older Persons."

"These type of meetings should be held a few times a year. We are all experts of old age. We know what we need."

"Older people should always be depicted positively and not stereotyped."

"The NPAS should be cognisant of and informed by relevant policy and research documents, including Towards 2016, the Well Being Matters report by the NESC as well as information contained in Ageing in Ireland (2007) and the Social Portrait of Older People (2007)."

"Lesbian, gay and bisexual people should be given significant visibility within the National Positive Ageing Strategy recognising their resilience, their life long relationships and the broad range of positive ageing needs of this diverse group."

INDEPENDENCE

INDEPENDENCE - HOUSING

It was noted that the quality and accessibility of older people's homes and the availability of a continuum of housing options between the family home and nursing homes had direct implications for the achievement of Government policy, which is to enable older people to remain in their own homes for as long as possible. It was highlighted that many older people had lived in the same house - the family home - for decades and that over time, the existing structure may have fallen into disrepair, become difficult to heat or become unsuitable due to older people's changing physical and emotional needs. The availability of grants to repair or adapt homes, and the option to move somewhere more suited to one's needs, in addition to the availability of social workers or occupational therapists to assess the suitability of an older person's accommodation, were considered important.

Repairs, maintenance and upgrades

In relation to repairs and maintenance, the need for work such as window cleaning, lock-fixing, light bulb changing, and minor repairs to windows and doors were specifically mentioned and a number of examples of maintenance services that were working well were highlighted. These included Age Action's Care and Repair Scheme and the Little Jobs Scheme in Summerhill. However, in general, frustration was expressed in relation to difficulties in accessing reputable builders to do small repair jobs, and it was suggested that local authorities should compile a list of tradesmen that older people could contact in this regard.

Accessing information, including financial information, on heating and the insulation of homes arose a number of times. Though Sustainable Energy Ireland's grants were considered to be working well, it was felt that information in relation to this scheme was not widely available. It was also suggested that there was a need for a comprehensive programme for retrofitting efficient heating systems in older people's homes. Fuel poverty among older people was highlighted, and in this regard it was felt that the fuel allowance should be available throughout the year and that housing conditions should determine the level of fuel allowance granted.

The need to adapt homes to make them more suitable to changing physical needs was mentioned frequently - in particular, the installation of downstairs toilets/bedrooms, making bathrooms more accessible, widening doors, replacing steps with ramps and installing grab-rails. The Housing Aid for Older People Scheme received mixed reviews. It was reported as working well or steadily improving in some parts of the country, while in other areas there were a number of shortcomings.

The application process was considered overly lengthy, bureaucratic and complicated, with reports of difficulties in accessing information about the scheme and about the status of applications. In addition it was felt there was a need for a formal appeals mechanism. Poor attitudes of service providers and the difficulties and time-consuming nature of locating builders was also noted.

With regard to funding, it was considered that the overall level of funding for the scheme was wholly insufficient in some local authority areas, which meant that some older people could not access the scheme at all or that applications for the scheme were not considered after a certain point during the year. It was suggested that the annual funding mechanism for the scheme created backlogs and resulted in these difficulties. It was also noted that the level of funding granted to individuals often did not cover the full costs of the repairs or adaptations and rarely covered on-going maintenance costs. It was proposed that the scheme needed to be properly funded and standardised throughout the country, with priority assessed on the basis of need and not means. It was also suggested that an advocate be made available to assist older people throughout the application process, if needed.

Alternative housing options

In general, it was felt that there needed to be more affordable and appropriate housing options available for older people within communities. Social housing eligibility criteria and applications were considered complicated and even more so when re-applying for housing when physical needs changed. It was also felt that rents for social housing should be reviewed where there were clear affordability issues, and that the Government should incentivise those on lower incomes to purchase their own homes. The need for financial support to facilitate downsizing to smaller, more suitable accommodation was also mentioned. One suggestion in this regard was relief from stamp duty for house purchasers who built a granny flat for an older relative in their garden.

The need to consider the social needs of older people when allocating social housing (within close proximity to local amenities) was noted, and opinions differed in relation to whether the developments should be mixed ones (in terms of the age of residents) or segregated ones. The ability of older people to downsize within their local communities in order to remain close to family and friends, local amenities and services was considered important. This was regardless of whether the older person was a home-owner or living in social housing. Suggestions such as house sharing and house/apartment swapping were cited as good ideas.

Retirement villages, where they existed, were considered excellent and many referred to the need for more of this type of housing development for older people and for more legal protection for residents. Having the option to move to sheltered housing was also mentioned on a number of occasions and a number of examples of where sheltered housing was working well were offered. It was noted that, while sheltered housing is designed to facilitate assisted independent living, it also provides an alternative to nursing home care for some older people. Sheltered housing was seen as particularly beneficial for those with a disability or dementia, who, for a number of reasons (loneliness, safety and security) may be unable to remain living in their own homes.

The important role of voluntary organisations in the provision of sheltered housing was acknowledged. While the Capital Assistance Scheme administered by the Department of the Environment, Heritage and Local Government was considered invaluable, it was proposed that revenue funding for sheltered housing should be ring-fenced and available as a matter of course. It should also be revised annually to allow approved voluntary housing bodies to budget and plan services accordingly and should be based on the actual cost of providing housing-related supports, including on-going maintenance costs, costs of provision of social activities etc. This would have the dual effect of making the scheme financially viable to both providers and residents.

Where it worked well, sheltered housing had a warden system, was close to all necessary amenities and accessible transport, had on-site support services (such as a day care centre) or easy access to health and social services, and could accommodate visitors staying overnight. However, in general, it was felt that the link between housing and care was not as established as it could be with the availability of on-site supports or access to health and social services to residents of sheltered housing varying throughout the country. The need for better interagency co-operation between voluntary housing organisations, local authorities and the HSE was specifically highlighted in this regard. In general, the need for more sheltered housing was highlighted and the development of a national framework for the provision of sheltered housing was suggested in this regard. It was also suggested that Government incentivise builders or investors to build more sheltered housing, and that it could also consider purchasing unfinished housing stock/estates/office blocks for sheltered housing purposes.

Planning issues

In relation to planning new developments, it was felt that older people should be involved from concept stage onwards. The issue of lifetime adaptable housing and the need for Government to enforce the concept of universal design and accessibility regulations, particularly in relation to new builds, was raised on a number of occasions. In addition to the accessibility of the physical structure, it was noted that new building

developments should also be located in areas that are accessible to transport and local amenities and should incorporate public spaces for use by all ages. A strategic assessment of future housing needs was recommended to ensure an adequate housing stock with the capacity for the installation and use of assistive technology and mobility aids.

WHAT PEOPLE SAID

"Small jobs in the house such as hanging curtains, pictures etc. If you don't live in a single storey house life can at times be a problem. Proper insulation still a problem despite inspection by SCI."

"It is important that older people have the opportunity to renovate their living conditions to an acceptable standard through grants and subsidies."

"Sheltered housing should be of importance as if someone is unable or afraid to live in a lonely place, it'd be wonderful to have a secure environment."

"More effective enforcement of building regulations is required to promote universal design and ensure accessibility e.g. ramps and doors that are wide enough to allow wheelchair access."

INDEPENDENCE – BUILT ENVIRONMENT

Planning issues

In considering the built environment, the need for planners (buildings/transport) and service providers to fully appreciate the needs of older people, and the important role good urban design can play in developing sustainable communities, which helps older people to remain living and participating in their own communities was highlighted on a number of occasions. Applying the principles of Universal Design, adopting the WHO 2007 Guide to Age Friendly Cities, and consulting with older people more frequently in order to develop more age friendly environs was recommended. Regarding the latter, the establishment of Local Access Groups to engage with local authorities was suggested.

Footpaths and roads

While it was acknowledged that some areas were becoming more pedestrian friendly, a number of issues in relation to footpaths were noted. These included the need to repair and level broken and uneven surfaces, which were more common following cold weather spells; the need for non-slip surfaces (litter left by children and dogs was considered particularly hazardous in this regard); the need to paint kerbs more brightly to minimise the risk of falls, as well as having lower and more sloping kerbing (suitable for wheelchairs and people with mobility impairments); and the need to limit the use of cobble-lock paving (which, though aesthetically pleasing, can catch toes of shoes or walking sticks/frames between the paving stones). It was also noted that this type of paving makes it more difficult to ascertain the boundary between roads and footpaths.

It was highlighted that while there was a need for more good quality paths and lighting in urban areas, this need was even greater in rural areas, where paths and lighting could often be extremely limited. In addition, the maintenance of street lights was flagged as an on-going issue in some areas. Another concern related to cycling on footpaths, which was reported as a safety risk for older pedestrians.

In relation to roads, a number of comments were made in relation to poor quality roads and potholes. Many suggestions as to how the safety of older people on our roads could be enhanced were offered. These included improving surface quality; regular drain cleaning to prevent flooding; the use of more traffic calming measures; more conveniently located pedestrian crossings (with audible beeps) which allow sufficient time for people with mobility impairments to cross safely; hoods on pedestrian lights to improve visibility; and clearer signage at sufficient distances from junctions etc. Again, the need for more distinction to be made between roads and paths was highlighted. In addition, the need for road users to be more tolerant of and respectful towards older people, whether in cars, crossing roads or walking on footpaths was also raised.

Public spaces and buildings

Public spaces were considered in terms of their age friendliness. The need for more shelters at bus stops and in train stations, handrails on steep pavements, more parking spaces for older people and people with disabilities (particularly at hospitals), complimentary parking for older people, more public seating and public toilets, and the provision of wheelchairs/scooters at shopping centres were highlighted on numerous occasions.

While it was acknowledged that the accessibility of public buildings was getting better, feedback indicated that difficulties remained in, for example, train stations and medical centres (particularly for wheelchair users). In addition, where buildings had been made accessible, the lack of signage in relation to the availability of lifts, ramps and hand-rails was an ongoing issue in some places. It was recommended that all newly built environments be dementia-proofed by using appropriate signage, pictures, rest places and orientation points, all of which can assist a person with dementia to find their way. Issues around access to services and buildings by deaf and hard of hearing people including orientation, information and direct communication were also raised. Specific issues mentioned included appropriate lighting to enable lip-

reading and sign language communication, integrated fire alarm systems that incorporate flashing lights, and the use of noise absorbing materials in soft surface furnishings. Finally, the importance of locating public amenities in areas accessible to older people was highlighted, as were outdoor public exercise facilities for older people.

WHAT PEOPLE SAID

"Cycling on footpaths is a real hazard and is likely to cause a serious injury, especially to older people."

"Local Councils should repair footpaths that are uneven and likely to be a hazard to pedestrians."

"The new lights at crossings on roads are now without hoods. In sunlight it is impossible to see which signal is activated – this needs to be addressed and the hoods restored."

INDEPENDENCE – TRANSPORT

There was a general consensus that safe, coordinated, available, reliable, accessible and affordable transport was essential for connecting older people with services, supports and activities necessary to enable them to participate fully in family and community life, and in employment. It was seen as a key component in enabling them to maintain their independence. In particular, the need for an integrated transport system to enable access to health and social services was raised a number of times. It was also highlighted that transport services must be planned around the needs of passengers, and therefore, older people should be regularly consulted about how suitable current service provision is for their needs. For example, it was noted that without door-to door transport, some older people are afraid to go out after dark. Therefore, poorly timed transport services, such as those which terminate in the early evening, effectively leave older people housebound at this time. It was suggested that consultation with older people, their representative groups and professionals with expertise in the area of disability/accessibility (such as occupational therapists) at an early stage of planning would lead to a more inclusive transport system for all age groups.

Public transport

Where public and community organised transport services worked well, it was felt that they enhanced the health, social connectedness and quality of life of older people. Examples of such services include; the Rural Road Runner scheme operating in Wexford; the DART (Duhallow Area Rural Transport); the South Kildare Rural Transport Scheme and Vantastic (a Dublin based not for profit charity that provides Transport Services for People with Disabilities, Older People (65 plus) and Not for Profit Organisations. It was suggested that these models could be replicated around the country. However, inconsistencies in public transport availability in both urban and rural areas (and particularly wheelchair accessible transport) to facilitate access to essential services such as hospitals; hospices; GP's surgeries; pharmacies; post offices; shops; churches; day care centres; and social activities were raised on a number of occasions during the consultation process.

The Rural Transport Programme (RTP) was considered a 'lifeline' that conferred both health and social benefits, combated rural isolation and supported rural communities. The need to maintain existing services and to further extend the Programme throughout the country was highlighted several times during the consultations. It was noted that transport difficulties were not confined to rural areas and that similar local transport schemes should also be piloted in urban areas. It was recommended that any plans for extending the Programme should be done, in the first instance, in consultation with older people. It was also suggested that there should be on-going consultation with older people in areas where the Programme currently exists to ensure that it continues to meet their transport needs (e.g. suitable timetables, routes etc.).

The Free Travel Pass Scheme (and companion pass) was widely considered as being excellent and worth being maintained, and that those who currently do not avail of it should be encouraged to do so. However, it was also highlighted that many older people living in rural or isolated areas, on the outskirts of larger towns or in small towns and villages, may not be able to avail of free travel because of the absence of public bus or train routes/networks. As a result, many are dependent on lifts from others or taxis to access services. It was suggested that where taxis had to be used to access health and social care services, they should be subsidised as a matter of course. It was also suggested that the Free Travel Pass should be accepted under the RTP, that it should be extended to all those with a disability, and that consideration should be given to extending the scheme to apply throughout Europe.

Suggestions for increasing the transport options available to older people included:

- using school buses when not in use;
- community car schemes and car pooling;
- shuttle bus services in towns; and
- the establishment of a panel of voluntary drivers (though barriers such as insurance and health and safety issues were noted in this regard). It was proposed that international examples of good practice could also be instructive.

Public accessibility

More consideration and better planning for the specific needs of older people (and particularly those with mobility difficulties) when designing transport infrastructures and routes was highlighted. For example, the need for more bus shelters with adequate seating, lighting and clear signage, and in safe locations that are in close proximity to older people's homes, and to the services and activities that they wish to access, were considered important. Crossing busy roads and lack of footpaths in rural areas coupled with hearing loss, which often accompanies old age, and new car designs with reduced engine noise, made older people reluctant to travel distances to access public transport. Another frequently mentioned issue was the need for the public transport system to be more accessible and particularly wheelchair accessible. Hard and unsupportive seating with no arm-rests and high steps onto buses, trains and airplanes were commonly criticised. It was suggested that the provision of public funds for transport should be conditional on compliance with accessibility standards and guidelines. It was also felt that taxis which are classified as accessible should give priority to passengers with limited mobility.

Many felt that age awareness training should be provided for bus drivers to make them more aware of the needs of older bus users (including those with dementia). For example, training in the use of ramps to allow older people to access transport, an awareness of the risk of falls for older people standing or walking on a moving vehicle, as well as enforced restrictions on able bodied passengers using seats reserved for those with limited mobility were proposed in this regard. It was also highlighted that some older people can feel very intimidated on public transport and that consideration could be given to having more security on certain routes at certain times.

Older drivers

For many older people, having ones own mode of transport was seen as a necessity and not a luxury, and it was felt that inability to drive could lead to greater isolation. However, many found the associated costs of driving prohibitive. Apart from the standard upkeep and operating costs of driving, the additional cost of medical examinations every three years (if over 70 years) in order to renew driving licenses was highlighted in this regard. It was felt that driver re-licensing should be based on ability and not age, and that on-road driving assessment and re-training should be routinely offered to those who need it, particularly those who wish to return to driving after an illness. The cost of parking in public places such as hospitals and train/bus stations was also an issue for older drivers, and it was noted that where parking for people with disabilities was provided, it was often abused by other road users and/or located too far away from the shopping/service area needed.

The negative impact of developments in road structures (roundabouts, traffic calming, one way streets) on the confidence of older drivers was also highlighted. In addition, it was felt that adverse road conditions such as potholes, overgrown surface/hedge rows and bad driving practices by other road users created additional hazards and further affected the confidence of older drivers.

Information

Difficulties in getting information on local transport services were noted on a number of occasions. It was also felt that information, such as timetables and bus stop signage, should be in larger print for ease of access by older people.

WHAT PEOPLE SAID

"Good public transport plays a big part in the social inclusion of people especially in rural isolated areas."

"I get lonely living on my own especially when I can't get out. I'm too sick and see no one to help me."

"Travel pass is useless…. As no trains and not many buses. My home is not on any bus route."

"Would welcome transport for day ward procedure where anaesthetic is given – so not allowed to drive etc."

"Rural transport has become a life line for elderly people living alone in rural areas and must continue in order to enhance the lives of elderly people who want to continue living in their own home."

"The taxi voucher facility that mental health patients in Dublin have, should be extended to needy patients of all categories attending OPD's, in the absence of public transport facilities."

"The potholes have stopped me going out at night as they are so dangerous. I also have to drive two - three miles out of my way to try and avoid them."

INDEPENDENCE – EMPLOYMENT AND RETIREMENT

There was a general consensus that there was a need for more choice and flexibility around retirement age to accommodate both those who want to retire early and those who want to continue working.

Employment

It was considered that the wealth of skills, knowledge and experience that older people accumulate over a lifetime should continue to serve as an invaluable resource in employment. It was suggested that older employees would be ideally placed to provide 'on the job' training and mentoring to their younger colleagues. In addition, the physical and mental health benefits of being able to continue working for as long as one wished were also highlighted.

However, a number of barriers to older people continuing to work were highlighted. These included:

- limited employment opportunities in general (given the current economic climate);
- a lack of opportunities for re-training, up-skilling and career development for older people;
- age discrimination (ageism) by employers and by some training course providers;
- lack of confidence of older people in changing workplaces;
- lack of transport;
- lack of flexible workplace arrangements to facilitate gradual or phased retirement (through reduction of number of hours worked per day, days worked per week, type of work, job sharing or regulated part-time working);
- limited flexible and sheltered workplace practices (to accommodate people with disabilities, such as vision or hearing impairments and mobility difficulties); and
- the need to upgrade out-dated employment laws and rigidities around retirement ages set out in contracts of employment. Given proposals in the recent National Pensions Framework to increase the State pension age to 68 years, it was felt urgent attention was required regarding this issue.

In relation to proposals to raise the retirement age to 68, views were mixed. On one hand, there was a general consensus that a mandatory retirement age of 65 (as is currently the case) was inappropriate as it failed to acknowledge increases in life expectancy and preferences for continuing in employment when in 'the prime of your life'. On the other hand, given the overwhelming demand for choice around retirement age (and bearing in mind that early retirement is a common phenomenon in Ireland), a mandatory retirement age at any age was seen to be forcing people to work beyond when they would like to retire.

There was a perception, given Ireland's current economic difficulties, that increasing the retirement age would prevent some younger people from accessing employment, and that in effect, it would be seen by both older and younger people that older people were 'taking' younger people's jobs. Given the pervasiveness of ageism in the workplace already, it was felt that the Positive Ageing Strategy should enable older people to make choices to continue working into later life if they choose to do so. It was also felt that the Government needed to encourage the employment of older as well as younger workers, and that the media had a role to play in changing ageist attitudes.

Other suggestions in relation to the retention of older workers that were offered during the consultation process included:

- the promotion and adoption of an 'experience focused' approach to labour market opportunities (whereby experience would be viewed as a form of 'qualification');
- age awareness training for employers and staff;
- the development of a good practice code for employers;
- the adoption of activities such as risk management, employee assistance and work adjustment to retain ill or injured employees before they exit;

- the provision of guidance to employers as to how they can effectively deploy an age diverse work force; and
- the provision of incentives for employers to employ older people.

The need to establish opportunities to enable older people to return to the workforce was also raised. In order to make this possible, it was suggested that any fear of facing financial penalties (through loss of social welfare and other benefits) should be removed and that services and supports such as mediation, advocacy and work adaptations would smooth the transition back into the workplace.

Retirement

Views about retirement were mixed. While some looked on it as an opportunity to have time to engage in hobbies and interests, others viewed it as a time of loss of social contact and reduced income. It was felt that the loss of social contact was an issue that tended to affect men more than women.

The need to plan properly to ensure a seamless transition from working life to retirement was noted on a number of occasions. The 'mental preparation' to address any anxieties over role and status loss that can often accompany retirement was considered important. It was proposed that participation in retirement planning courses (in particular, by those whose primary work is in the home, the self-employed, and people with disabilities) should be encouraged, perhaps through a media campaign, and should take place well in advance of actual retirement. It was suggested that this should happen when employees are 40-50 years old. It was also suggested that some specific areas that people needed to prepare carefully for included money management; keeping active and healthy; participating in the community and voluntary work; and keeping in contact with friends and colleagues.

Issues relating to the pension and benefits system were raised, such as the need to consider the issues of retirement and income maintenance/replacement in tandem; the need to monitor and enforce employers' payment of PRSI on behalf of employees; being penalised for having an occupational pension or savings when being means tested for benefits; and the need for more recognition of home-makers.

The need for accessible, timely and reliable information to assist with planning for retirement was highlighted and it was suggested that retired people could be used as a resource in this regard, given their own experiences with the process of retiring.

WHAT PEOPLE SAID

"Particularly in the current recession it is important that older people facing unemployment are given the supports and new opportunities they need."

"If a person wishes to retire at 65 they should be allowed to, if they wish to work longer they should be allowed to and if they wish to pursue a more gradual approach towards retirement, which might include a move into part-time employment, they should be allowed to."

INDEPENDENCE – INCOME AND PENSIONS

Income adequacy

The importance of an adequate and secure income to enhance independence in retirement was highlighted on a number of occasions. The variety of views in relation to current financial status was striking. Some felt that from their perspective, the State pension and other benefits were wholly adequate to meet their needs. Others felt that they had provided well for their retirement during their working lives through savings and private pension provision.

However, it was noted that while significant inroads had been made into tackling poverty through raising the State pension rates and by the availability of the Household Benefit Package, significant numbers of older people were still at risk of poverty and many who were reliant solely on the State pension felt that the current value of the pension was too low. Others stated that, despite Government claims that the cost of living had fallen, they struggled to pay for food and for their household bills (heating/fuel costs in particular). It was also highlighted that inadequate income and resources impacted on overall health, social and emotional well-being, placing some people at risk of exclusion from participating in activities that are considered the 'norm' for society. Older people living alone, and lone female pensioners in particular, were very vulnerable in this regard and it was recommended that the rate of the Living Alone Allowance be increased. The Government commitment to increase the rate of the State pension to €300 by 2012 was noted.

Given current income levels, some people reported difficulties in paying for transport (petrol/insurance or bus/taxi/train fares); taking part in social activities; paying higher levels of insurance than their younger counterparts; paying for medical expenses (for health and social services and prescription charges if not in possession of a medical card and particularly if one had a chronic illness or a disability); and paying for bin charges, security devices and unexpected expenses (particularly for one-person households). Disappointment at the recent cutting of the Christmas bonus and fear and uncertainty in relation to future cuts in benefits, such as the pension, fuel allowance and others mentioned in the McCarthy report were voiced. Other issues which people expressed concern about were the possibility of other taxes such as property tax, water tax and carbon tax being introduced. The removal of the automatic entitlement to the medical card on reaching 70 years of age was criticised widely.

A number of suggestions were made in relation to the State pension and other supplementary benefits. This included the need to recognise the key role that these supports play in the quality of life of older people by enacting legislation to secure pension availability for all older people in their own right (particularly older women) into the future, and protecting and maintaining current provision. It was felt there was a need to ensure that any future budget decisions are mindful of the commitment given in Towards 2016 that *'every older person would have access to an income which is sufficient to sustain an acceptable standard of living, and at the very minimum, would ensure established targets for eradicating poverty and deprivation are met'*, and would consider linking the target pension replacement rate to median income or gross average industrial earnings and to inflation proof rates. Again, many felt that means-testing penalised those who saved and were careful with their money and that these savings should be protected and ring-fenced.

The pension system

The need to plan for retirement was highlighted on a number of occasions and in particular, financial planning for retirement was considered very important. Leaving the State pension aside, it was noted that Ireland's second tier pension provision for older people did not compare well internationally. In addition, given recent financial developments, it was highlighted that there was growing evidence that many pension schemes were now under-funded, potentially leaving tens of thousands without incomes that they had previously earmarked for retirement. Better protection through enhanced regulation of these schemes was called for on a number of occasions. While many offered a variety of views in relation to the changes that should be made to the pensions system in Ireland, a number felt that the most effective way of containing pension costs as

the population ages would be to rely on the existing public system (for reasons of equity, certainty and sustainability) rather than increasing pension tax relief or introducing mandatory private pensions.

Recent Government proposals to increase the pension age to 68 received a mixed response. On the one hand, it was dismissed as 'a terrible decision' and it was noted that it would be difficult to wait until 68 years to qualify for the pension if one was unemployed. On the other hand, it was considered acceptable as long as the decision to retire at 68 was voluntary and that a person could keep working after that age if he/she wanted. It was noted that a key factor in the success of any new National Pension Framework would be the level of confidence in the new system.

In general, it was considered that the pensions/benefit system was too complicated and that access to accurate and person-specific information in relation to pension entitlements was problematic. A number of suggestions to improve information provision in this regard were made as follows:

- Details of entitlements attached to pension books or information packs sent out to pension recipients.
- Organisation of public information meetings at a local level.
- Provision of independent financial advice (in relation to pensions, benefits, long-term care planning, inheritance etc.) with concessionary rates for older people and availability of advocates for older people to access information, complete forms, and interface with the Department of Social Protection.

WHAT PEOPLE SAID

"If people make provision for their old age it should not be interfered with by any Government authority as long as it does not contravene primary law; personal provision for old age should be commended and encouraged."

"I do hope my social welfare pension will not be cut as it is my sole income."

"Fuel poverty is a major issue which faces older people especially in the winter months."

"It is vital to include in the National Strategy measures that address the existing shortfalls in the income of older people, particularly those living alone, and ensure that the income of those dependent on State pensions is protected from any rising costs that may occur in the future."

"There is growing evidence that hundreds of pension schemes are massively under-funded, potentially leaving tens of thousands of workers and retirees without the incomes they were promised in retirement."

INDEPENDENCE – EDUCATION AND LIFELONG LEARNING

Opportunities for lifelong learning were considered important for older people in general, and in particular for enabling them to build skills to promote continued participation in a changing society and in the workplace. Recognition of lifelong learning within a society through local schools and third level institutes of learning was also considered important. It was also highlighted that opportunities for lifelong learning enable older people to continue to use the wealth of expertise that they have accumulated over a lifetime, to share this with others and to provide a social connection to the local community.

Training courses

While some participants spoke highly of training courses that they had attended, there was a general perception that availability of courses was limited and undertaking those available was sometimes an unrealistic option for some older people due to financial cost, lack of transport and inaccessible venues. It was also felt that provider attitudes to training and education needed to change because many of the courses that were currently available were targeted at and tailored for younger people, and rather than having a more practical focus, were too heavily weighted on exams and accreditation. It was also noted that older people are playing an increasing role in community and family life as carers, volunteers, grandparents, and child-minders. In this regard, it was felt that adult literacy was very important, especially for those who were minding grandchildren after school and helping them with their homework. Opportunities to obtain formal education were not available to all in their youth and some felt that retirement could provide them with the opportunity to return to education.

In relation to course content, training in the use of computer and the Internet were mentioned most frequently. Participants made a number of suggestions as to how opportunities for further training and education could be made more age friendly. These included:

- free or subsidised community-based training in informal small classes with participants of similar age, and with the possibility of one-to-one guidance if required;
- developing an older persons mentoring programme;
- developing culturally appropriate classes for Travellers (Traveller led classes were suggested in this regard);
- free education schemes similar to the Department of Education and Skill's new scheme offering free part time education for unemployed people;
- reduction in course fees for the over 60s; and
- third level grants for older people.

Funding

It was also suggested that incentives should be provided for educational/third level institutions to offer courses aimed specifically at older people and/or with an intergenerational focus.

It was noted that the provision of opportunities for lifelong learning for older people, and indeed for any other group, is dependant on the availability of funding and suitable premises. However, it was also mentioned that the provision of lifelong learning opportunities did not necessarily mean that older people would avail of them, and that providers must make special efforts to ensure that older people know about such opportunities, and how and where to access them. One suggestion was to advertise them in local parish bulletins or on local radio.

WHAT PEOPLE SAID

"Many older people were not given the opportunities to obtain formal education in their youth and we feel that retirement or older age should provide people with the opportunity and the time to return to education."

"At the moment what makes my life good is life-long learning – involvement in local groups. Don't think about the negative side."

INDEPENDENCE – ICT AND ASSISTIVE TECHNOLOGIES

It was reported that knowledge of computer usage, and internet usage in particular had enormous benefits from a number of perspectives. These included accessing information; staying in contact with family and friends; developing hobbies and interests; and monitoring health.

However, variability in the availability of broadband was considered a barrier in this regard. It was also highlighted that not all older people want to or can use information and communication technologies, and that other options need to be made available to them. It was felt that a reliance on the internet, automated telephones and text messaging, particularly in the provision of information, should be avoided with preference expressed for face to face communication and the 'personal touch'.

ICT training

Many felt that learning to use new technologies, specifically computers and the Internet, was 'daunting' and 'a challenge'. However, it was felt that older people could be more encouraged to participate in ICT training courses if they were conducted at a slower pace, with smaller groups of their own peers and with tutors who could provide one-to-one assistance. Other suggestions in this regard included morning classes; ICT summer camps; tuition provided by younger people (the Log On, Learn programme was highlighted in this regard); and increased collaboration between libraries and older people's groups to encourage use of ICT. Some thought that it might be worthwhile having an 'internet café' attached to or beside local libraries to encourage participation.

It was noted that the availability of ICT training courses was limited in some parts of the country, and in areas where they were available, there tended to be long waiting lists, primarily due to funding availability/shortages/cuts. In terms of course content, it was felt that any training provided should be tailored to assisting older people to 'do things' such as send e-mails, book holidays or locate information related to hobbies or interests that they may have. In terms of keeping in contact with family and friends, learning to use new technologies such as Skype was seen as beneficial

Using mobile phones (sending and receiving texts in particular) was also considered challenging by some. In general, it was felt that mobile phones could be made more age friendly.

Assistive technologies

While assistive technologies to enable independent living were not frequently mentioned, where they were, they were considered extremely valuable. It was felt that an increase in this type of technology was required, particularly for older people living alone. Panic buttons and alarms were specifically mentioned in this regard. It was also suggested that more availability of useful technologies such as wandering bracelets to track a person with dementia, telephones with photos over numbers, automatic lighting, door alarms and medication reminders would be helpful.

It was noted by some that the level and quality of sub-titling and sign interpreting on TV broadcasts needed to be improved and that assistive technology for deaf and hard of hearing (such as adaptive smoke alarms) for both pubic and private use was seen as important. It was suggested that TV listening devices, loop systems etc. were also needed to be more widely available and affordable.

Some thought that it would be helpful if service providers were more proactive in helping to familiarise older people with emerging technologies to promote independent living and social participation. Assessment of and investment in technologies to improve quality of life were also seen as beneficial.

WHAT PEOPLE SAID

"ICT is becoming increasingly important as an aid to daily activities, keeping in touch with family and friends, as well as a means of monitoring their health, and enhancing safety. ICT for older people must be supported to a greater degree."

"How older people learn must be taken into account especially with IT as large groups and mixed ability groups can act as a barrier to learning. One to one tuition is often favoured at the early stage of learning."

"Promotion of the use of mobile phones by older people should be undertaken with specific training in their use tailored to meet the needs of older people."

"Telecare and telehealth are other important uses of technology to support independent living and integration of older people including those with dementia, and have a part in the Positive Ageing Strategy. Consent is an important issue in planning and use of new technologies in this context."

PARTICIPATION

PARTICIPATION – INTERGENERATIONAL SOLIDARITY

It was acknowledged that older people are a significant resource, with a myriad of skills, expertise and experiences to share, and that making intergenerational connections between younger and older people to enable them to talk to each other, teach each other, learn together, and crucially, experience things together, was important.

Many examples of good practice initiatives/projects with an intergenerational focus were cited including:

- Fáilte Isteach;
- Intergenerational Learning programme in DEC;
- Helping Hand;
- Monvue National School (near Gort) which facilitates older people coming to talk to children about local history; and
- Log on Learn.

Promoting intergenerational solidarity

While many people felt the current economic climate may make it difficult to access funding for intergenerational initiatives, nonetheless suggestions as to how intergenerational solidarity could be promoted included:

- a formal acknowledgement by Government of the significant part played by older people in society, whether as neighbours, grandparents, child-minders, volunteers or carers;
- more opportunities for older people to meet younger people in community settings;
- more intergenerational and whole-community activities (e.g. between schools, youth centres and organisations such as active retirement associations);
- intergenerational programmes in schools - the school curriculum should ensure that positive ageing is given enough emphasis;
- older people working as mentors to younger people; and
- developing an 'Adopt a Granny' programme as an idea to promote respect for older people.

In return, older people could train younger people with practical skills (e.g. sewing, knitting, DIY, gardening, budgeting) and also share their life stories. This was considered useful as it was seen as a skills swapping exercise, and well as helping to break down stereotypes through interaction. It was suggested that older people could teach younger children how to read. Also suggested as beneficial was a 'Log on to wisdom' programme, where older people come into schools and tell children how things were done in the past. Generally it was felt that most older people want to be utilised within their communities, and that wisdom goes when older people leave a community.

WHAT PEOPLE SAID

"An important aspect of the Strategy will be making the intergenerational connections – bringing younger and older people together in different ways – talking to each other, teaching each other, learning together and crucially – experiencing things together."

"I go dancing and it's great – young and old make young people accept older people."

"Organise intergenerational activities involving young and old e.g. local youth snooker club using the more mature persons bowling mats to play bowls with them."

PARTICIPATION – PARTICIPATION IN POLICY DEVELOPMENT, SERVICE PLANNING AND DELIVERY

Consultation with older people

It was noted that policy development is more effective if it includes consultation and involvement of those whom the policies will affect. However, inadequate consultation with older people in relation to the policy development, planning and delivery of services was a concern that was frequently raised during the consultations and, therefore, the opportunity to express their views during the Strategy consultation process was most welcome. When considering services provided by public bodies, older people reported limited opportunities to make complaints and seek redress if dissatisfied. In instances where public bodies did consult with their older customers, the emphasis on email and electronic feedback methods resulted in low response rates. It was felt that without appropriate constructive mechanisms to give feedback, useful information which could help with future planning processes could be lost.

On-going engagement in civic and political life by older people was considered a matter of citizenship. Concern was expressed that some older people, such as older Travellers, those in institutional care, and those with dementia or with intellectual disabilities have limited opportunities for participation in this regard. In general, frustration was expressed regarding poor access to local politicians and delays in receiving replies to requests from Government departments, and it was felt that better structures were needed to ensure that all voices were heard.

Older people's organisations

It was acknowledged that there was an increasing focus on the involvement of representative organisations in policy development. However, many older people who took part in the consultation process were not overly familiar with bodies that represented older people such as Age Action and the Irish Senior Citizen's Parliament, and it was suggested that they should be promoted more. Further capacity building among the NGO sector to strengthen their ability to respond to emerging demographic and social trends and challenges was also considered important, as was properly structured representation for older people at local, regional and national level. The need for older people's organisations to become more involved in Social Partnership was highlighted.

Development of the Strategy

It was considered that solutions and policy changes that affect the lives of older people should be collaboratively agreed with older people and not imposed on them. On-going and effective engagement with older people during the development of the Strategy, and through all stages of its implementation process, was seen as essential. This would ensure that services are truly aligned with the needs of older people and that policies developed are durable and effective.

It was recommended that thinking should focus on the challenges and potential of society as its age structure changes, and that the voices of older people regardless of gender, sexual orientation, ethnicity, ability or economic circumstances be at the fore in shaping policy and central in the development and implementation of the Strategy.

Coordination at a local level

It was considered that the participation of older people in policy development and service planning and delivery should also be mirrored by more active and coordinated participation of a variety of service planners and providers at a local level. During the consultation process, it was emphasised that numerous strategies, policy documents and recommendations relevant to older people had already been produced by Government Departments and statutory and voluntary agencies over the past decade, and that these documents have unambiguously outlined what older people wanted and needed and what measures should be taken in order to promote their quality of life and independence. Because many of the factors (health, housing, transport,

safety, security, social activity etc.) that determine a good quality of life for older people are influenced at a local level, and given that the needs of older people do not fall into discrete compartments that can be met by one agency or one service, it was emphasised that local government, in partnership with other local service providers, community groups and older people's organisations, should play a significant role in planning for and developing age friendly communities.

Therefore, it was considered that a key issue that should be promoted by the Positive Ageing Strategy was implementation and "joined-up thinking" mirrored by co-operation and coordination between service providers at a local level to overcome traditional organisational obstacles and service fragmentation, to make more efficient use of the scarce resources (particularly in the current economic climate) and to enable the delivery of services and supports already committed.

A number of suggestions were made in this regard. These included:

- the development of effective systems for cross-Departmental planning and policy development;
- protocols for cross-Departmental and inter-agency delivery;
- collaborative relationships between central and local government, business, non-government and community sectors;
- better engagement of agencies at a local level with older people to understand barriers to accessing mainstream services and identify gaps in current provision in order to effectively plan and deliver services targeted to those most in need of them (such as poorer older people, isolated older people, older people with an illness/disability); and
- a shared vision and goals (based on the expressed needs of older people) to drive service developments.

It was noted that the OECD also proposed that by fostering closer links between the different elements of the public service, better quality and more efficient services could be delivered and that this approach would also lead to better ways of tackling complex societal goals, achieving economies of scale through shared services and facilitating the development of centres of excellence that can serve as repositories for good practice and expertise.

It was noted that CDBs (County Development Boards) were established in recognition that many different bodies were operating in cities and counties, often performing parallel or overlapping roles, and that therefore, there was a need at local level to find better ways of working together and providing more effective and cost efficient services. The CDBs brought together the key players in each county or city - local government, local development bodies, State agencies and social partners - in order to devise and oversee the implementation of an agreed strategy for the economic, social and cultural development of the county or city. It was emphasised that the CDBs are considered as being the main vehicle for facilitating greater co-operation at a local level.

The Louth Age Friendly Counties Project, which was established under the aegis of its County Development Board, was suggested as a blueprint for how relevant State agencies could engage most effectively together in ensuring that their combined resources are used optimally in delivering necessary services to older people.

WHAT PEOPLE SAID

"Very good exercise – more consultation please."

"Should be more of these opportunities. Thank you for this one today."

"…better recognise the health needs of minority ethnic and marginalised groups, ensure that appropriate responses on each group's particular needs are taken into account."

"Need for "joined-up" thinking at local level and at the level of the individual older person."

PARTICIPATION – VOLUNTEERING

Volunteering was generally considered as being of vital importance for the provision of social services such as meals-on-wheels and day services for older people; in assisting older people to learn new skills such as ICT; in providing opportunities for socialisation, exercise, civic and cultural activities; and in encouraging older people to contribute to their own communities on the basis of knowledge, skills, experience and expertise built up over a lifetime. In particular, the role of volunteers in helping to combat social isolation was highlighted.

Barriers to volunteering

The following barriers to volunteering were highlighted:

- Fear of getting involved.
- Lack of self confidence.
- Hidden financial costs.
- Difficulty getting insurance.
- Health and safety restrictions to some activities.
- Lack of information in relation to how to get involved in volunteering.
- Lack of transport.

Supporting volunteering

Many examples of volunteering initiatives and services provided by volunteers were mentioned, and there was a perception that the number of people willing to volunteer during the recession had increased. However, there was a general consensus that more needed to be done to attract people of all ages to volunteering, and in this regard, a national promotion strategy to increase volunteer numbers was suggested. The provision of practical support for people interested in volunteering such as training, assistance with vetting processes and access to transport were also seen as important for the promotion of volunteering.

A number of suggestions were made in relation to actions that could be taken to encourage more volunteering in local communities. These included more formal acknowledgement by Government of the important role and contribution of volunteers and the voluntary sector in general, and consideration of the appointment of a public champion for volunteers. The need for agencies to work together to mobilise the volunteer potential in communities was also highlighted, as was the establishment of more volunteer centres throughout Ireland, with local registers, networks and databases of volunteers of both sexes to support the work of the centres. Extended partnerships between community organisations and State providers of essential services was also suggested, with a view to the State providing fuller, more flexible services to its older citizens, and volunteers supplementing formal services. Learning from existing volunteer organisations was also seen as key to further developing volunteer potential.

A number of practical suggestions were made, including the holding of information/orientation events to attract people to volunteering; the provision of ID badges to all volunteers; and encouraging older people to volunteer in schools, to engage in mentoring schemes and to become foster grandparents. Former carers were seen as ideal prospective volunteers, bringing with them a wealth of experience and knowledge which could easily be matched with volunteering opportunities.

Funding

The need for continued Government funding to support the vital role of voluntary organisations/groups in the community and voluntary sector was highlighted, and in this regard, clear funding arrangements were seen as vital to the effective planning and delivery of voluntary services.

WHAT PEOPLE SAID

"The Strategy must stress the excellent work done by the volunteers in local meals-on-wheels services and note its vital contribution to lives of Older People in the community."

"I suggest a register of volunteers be set up so that persons who wish to help others on a voluntary basis can register as such."

"More funding for volunteer groups to do more, i.e. yoga, bowling and buying equipment to keep people active."

"Let us all get moving. The elders want to continue to give."

PARTICIPATION – SOCIAL INCLUSION

The need to promote the social inclusion of older people was mentioned more in the written submissions than during the public consultation meetings. While there are a number of overlaps between the consideration of this theme and that relating to cultural, spiritual and recreational, the submissions reflected a more strategic emphasis on social inclusion as a mainstreaming and equality issue. It was emphasised that effective engagement of older people across the whole spectrum of society can only happen when there are clear structures for participation at local, regional and national levels and that the creation of safe, healthy and inclusive sustainable communities should be a key focus of policy development and service delivery for older people.

It was highlighted that schools, colleges, libraries, childcare facilities, post offices, banks, youth clubs and meeting spaces help to maintain and nurture a sense of community and facilitate participation of all groups, including older people. It was suggested that income maintenance, transport and infrastructural policies, in particular, should be age-proofed to ensure optimum outcomes for older people from equality and social inclusion perspectives.

The role of the community

The need for measures to encourage communities to take responsibility for and to routinely think about the inclusion of all groups, including older people, was highlighted. Building social support at the community level was considered a core component of ensuring that older people are supported in the most appropriate way. Specifically, it was suggested that dedicated community support workers for older people should be available to support them on both an individual and community level to address issues such as isolation, community engagement, information sourcing, advocacy and access to a range of health, welfare and housing supports. The promotion of involvement in community committees/development associations was also suggested in this regard. It was also proposed that there should be more support provided for the voluntary sector and for NGO programmes to promote community cohesion.

Groups at risk of social exclusion

It was noted that special attention should be paid to promoting the inclusion of the following groups who were sometimes at risk of marginalisation or exclusion.

- The older old.
- Housebound older people and older people living alone.
- Older people on low incomes or living in rural/isolated areas.
- Older men.
- Older people with a disability.
- Lesbian, transsexual or gay older people.
- Ethnic minorities.
- Travellers.

A number of successful initiatives were noted in this regard, which included Carelocal's work with isolated older men in Stoneybatter, HSE Farm and Rural Stress Helpline, and the Senior Helpline.

Suggestions to promote the inclusion of groups at risk of marginalisation included:

- Volunteers visits or telephone calls at certain times during the day to older people who may not otherwise have any human contact.
- Expanded visitation programmes structured with adequate staff, resources and volunteers to combat loneliness and isolation.
- Outreach workers to reach the most marginalised.

Advocacy

It was proposed that independent advocacy initiatives for older people, particularly for those at risk of exclusion, and those living both in the community or in long-stay care, would be important in promoting their full inclusion in society, and a number of examples of such initiatives were given during the consultation process. These included Cork Older People's Advocacy Project and the Alzheimer Society's pilot Dementia Rights Advocacy project. Specifically, it was suggested that initiatives of this type could provide support in relation to accessing information about services and entitlements such as those relating to health and social care and housing maintenance. The potential of older people working as advocates with and on behalf of other older people was also considered an option that could be further developed, building on initiatives already happening in some places throughout the country.

WHAT PEOPLE SAID

"Effective engagement of older persons across the whole spectrum of society can only happen when there are clear structures for participation at local, regional and national levels."

"Every older person should be encouraged and supported to participate to the greatest extent possible in social and civic life and it is crucial that this Strategy makes this a priority action."

"Encourage communities to routinely think of inclusion."

"Positive ageing strategies should be inclusive of the socially excluded and vulnerable groups, e.g. homeless, ethnic minorities (including Travellers)."

"Provide support for the development of locally based peer advocates for older people on a county wide basis."

CARE

CARE – CARERS

Recognition of the role of carers

There was a general consensus that many older people are only able to live independently at home due to the invaluable support and practical assistance that they receive from family carers. Therefore, it was proposed that there should be more Government recognition of the role of the carer through the provision of a variety of flexible support services and increased awareness of the participation of carers as key partners in the care of dependent older people.

Many concerns were raised about the non-publication of a National Carers Strategy during the consultation process. It was felt that this Strategy was needed to enable carers (of all ages, including younger and older carers) to live full and equal lives, while fulfilling their caring roles. Some felt that it should be implemented as a matter of priority. Others suggested that it should be published and the cost neutral aspects implemented. Either way, it was proposed that policies to support family carers should be an integral part of the Positive Ageing Strategy.

Supports for carers

It was considered important that carers be identified as early as possible in order to address their individual needs in their own right, alongside the needs of the care recipient. This was seen as necessary given the often intensive nature of caring, and the fact that many carers do not recognise themselves as carers. It was also noted that an on-going assessment of the changing needs of the carer must be taken into consideration, given that demands on them may dramatically intensify as the specific condition of the care recipient deteriorated. For example, it was felt that support for carers needed to be targeted at key points in the caring process, e.g. at the beginning of caring; during any major change such as hospital discharge; and on admission to long-stay care.

In addition, the need to involve carers in the development of care plans for the care recipient was highlighted, and it was proposed that carers and practitioners should work together to agree the type of goals and outcomes that both see as important, in addition to the support needed to achieve these.

It was considered that appropriate support structures should be available to decrease the psychological, emotional, physical and economic burden that carers experience, especially those caring for someone with advanced dementia, recovering from a stroke, or with a terminal illness. It was reported that carers were likely to report low quality of life and/or experience health problems themselves. It was also noted that carers' stress can inadvertently lead to elder abuse, and in order to limit such stress, services should nurture and protect carers and enable them in their role and goal to continue to care for their loved one.

The role of respite in enhancing the quality of life of carers was mentioned on a number of occasions and particularly, the need for responsive and flexible respite to allow for out-of-hours needs (such as evenings, weekends and bank holidays), emergencies and once off requirements. It was also felt that services such as sitting services, befriending services and home visitation services were often more useful to carers than home help services that provided assistance with personal care, which are becoming increasingly more difficult to access.

It was felt that the Government should continue to provide adequate core funding to carers' organisations, so that they can continue to advocate for and support older people and their carers, who often feel very isolated and vulnerable. This funding should span all services provided by individual organisations and is a vital requirement to ensure their sustainability and ability to meet the growing demands of our ageing population.

It was also considered of vital importance that carers receive training to ensure that they have the appropriate knowledge and skills to care for their loved ones at home.

Older people as carers

It was noted that many older people are carers themselves (caring for their children, spouses, mothers and fathers) and have very specific physical, social, emotional and health needs. In this regard, it was suggested that older carers should have regular (twice yearly) medical assessments to maintain good health.

While carers are almost exclusively women, it was also highlighted that male carers can be more vulnerable to social isolation, are not adequately recognised as carers, have inadequate social support, and are more likely to use destructive coping mechanisms (particularly alcohol). In this regard, it was considered that the creation of regional carer support groups targeted specifically to the needs of male carers was needed.

Costs of caring

It was noted that caring for someone who is frail can bring with it many additional costs which can create an additional financial burden. These can include the cost of medication, travel costs, higher food bills due to special dietary requirements, or higher heating bills. Therefore, the need for adequate income support for all carers, particularly older carers who are already struggling to cope on limited incomes, was considered important.

In this regard, the preservation of existing entitlements was recommended in addition to consideration of the introduction of a state-funded compassionate care leave benefit scheme; a means tested transportation allowance for carers who incur extra travel costs associated with caring; and financial supports that reflect a payment for caring as opposed to an income support payment.

WHAT PEOPLE SAID

"Recognising the vital role played by carers and providing supports to assist them in their role is crucial if older people's wishes to be cared for at home is to be realised specifically."

"The changing needs of the carer must be taken into consideration, as the role of carer may dramatically intensify as the specific condition of the care recipient deteriorates."

"No services for carers at the weekend and carers have to take the people they care for to the hospital which may not be necessary."

"My father is currently caring full-time for my mother with dementia. Because of this, he has really lost his own opportunity to enjoy old age. This must be a problem for more elderly couples."

"Adequate income support for all carers, particularly older carers."

CARE – HEALTH AND SOCIAL SERVICES

There was a general consensus that the central aim of health and social care policy for older people should be to promote and maintain independent living through the provision of a sustainable, person-centred, holistic (and not based solely on a medical model), affordable and seamless continuum of health and social care services and supports. The current two-tiered health system was considered inequitable and inefficient. It was proposed that the achievement of this aim would require the active participation of older people; more personal control over decisions about their care; and an integrated and coordinated multi-disciplinary and multi-agency (statutory, voluntary and private) approach that could deliver care in a timely manner on the basis of need. It was also highlighted that the loss of independence that can accompany the ageing process should not mean a loss of personal dignity and that older people should continue to receive respect even when being provided with support and care.

While a number of examples of health and social care services that were working were offered, a number of issues arose regarding them. These included the need for universal access underpinned by legislation; for more accessible information in relation to the availability of entitlements and supports; and for more equitable availability of these supports, particularly in rural, disadvantaged or isolated areas, which was perceived as becoming more of an issue with increasing trends towards the centralisation of some services. They also included person-centred funding that was not allocated on the basis of belonging to a specific care group (i.e. disability services and older people services); better coordination between services in the community, though it was felt that this had improved in areas where Primary Care Teams were established (the commitment to have 500 PCTs in place by 2011 was highlighted on a number of occasions); and better communication and coordination between hospitals and the community. The need for integrated care pathways; better discharge planning, transfer of records and the use of a Unique Patient Identifier were noted in this regard.

Incidences of poor attitudes of some service providers towards older people (such as talking to family members rather than to the older person) and the need for more training in the care of older people were mentioned on a number of occasions. Specifically it was suggested that all health and social care workers should be provided with age awareness and dementia specific training. It was also felt that threats to funding and cut-backs in services such as home help and respite services resulted in an over-reliance on family carers, and that excessively long waiting lists for certain services (i.e. eye specialists, psychological assessments and psychiatric services, chiropody, occupational therapy, respiratory services, and rheumatology) put already vulnerable older people at further risk.

It was noted that the development and use of a standardised, multi-disciplinary, holistic assessment of older people's needs (including housing needs etc.) should be prioritised. This would ensure that the services delivered are person-centred rather than condition-specific, delivered in a timely manner and targeted on the basis of need. Suggestions in this regard included the expansion of the Common Summary Assessment Record for long-stay care to all long-term care needs; the alignment of any new assessment process for older people with the forthcoming assessment of need under the Disability Act 2005 and the development of common criteria for discharge assessments; home care packages; the Fair Deal; and the Mental Capacity Bill 2008. It was highlighted that any new assessment process/tool should involve minimal bureaucracy and encourage input from carers.

Other issues that arose during the consultation process included the importance of the medical card to older people, with many noting that it was a positive aspect of growing older in Ireland, and the need for the recent Government decision in relation to eligibility to be reversed. Some felt that an automatic entitlement should be available at 66 years, others at 80 years. There was a perception that medical card holders were discriminated against by service providers. This was based on poor attitudes towards them or outright refusal to provide services.

The experiences of specific groups of older people in the health and social care system were mentioned during the consultation process. A number of issues were raised in relation to people with mental health

issues. Specifically the under-diagnosis of mental illness, and particularly depression, was highlighted, and it was noted that current services in terms of prevention, treatment and promotion were patchy and often poorly coordinated. The need to develop psychiatry of old age services in conjunction with medicine for the elderly (given co-morbidity issues) and general psychiatric services was noted. In addition, the need to implement the recommendations of A Vision for Change (2006) on a consistent basis was mentioned on a number of occasions.

Older people with dementia were considered a particularly vulnerable group with specific needs (though it was also noted that there are sub-groups within this group e.g. early onset, people with an intellectual disability) and it was suggested that a stand-alone national dementia strategy should be developed. It was proposed that people with dementia should be, as far as possible, supported to remain living in their own homes or with family members. In order for this to be possible, it was felt that there was a need for:

- better legal protection for people with dementia;
- more timely assessment and diagnosis;
- more and better coordinated dementia specific services (or dementia specific workers within generic services) in the community;
- an increase in memory clinics and more training for GPs in diagnosis and disclosure;
- more services to meet the needs of people with early onset and early stage dementia and their families (e.g. support groups, social groups, rehabilitation programmes, supported holidays);
- more dementia-specific respite places;
- the development of more active measures to reduce stigma; and
- wider availability of counselling and information/advice services for people with dementia and their carers/families appropriate to the various stages of the dementia.

Community care

The availability of a choice of community-based services for older people was considered 'key' to maintaining independence and reducing the need for sometimes unnecessary admissions to hospital and long-stay care.

Healthy Ageing
Staying fit and healthy was considered central to maintaining older people's independence and their continued participation in society. The importance of better public health, health promotion, and health screening services (and mobile services in particular) was highlighted on a number of occasions. It was considered that an important goal of the Strategy should be the development of programmes, initiatives and targets to promote healthy ageing; to increase healthy life expectancy for people aged 65 years and over; to reduce the burden of chronic diseases by focusing on prevention, health education and health promotion; and to tackle the causes of preventable ill-health among older people. It was also suggested that concrete targets for increasing physical activity of older people be set. In particular setting targets of increased participation rates for all multi-sectoral agencies working to improve the health and well-being of older people, and monitoring these rates regularly to identify effectiveness of policies and adapt accordingly. It was also highlighted that health education and health promotion should apply at all stages of life and be incorporated into the education system, the workplace (and particularly in pre-retirement courses) and in health care delivery at all levels i.e. primary, community, continuing care, secondary and tertiary.

The need to develop consultative processes with older people in the planning stages of healthy ageing initiatives and strategies was also recommended, as was more attention on specific groups e.g. older men; those living in poorer households; people experiencing economic and/or educational disadvantage; people who have more difficultly accessing health services (rural dwelling); and those with poor housing tenure.

Areas specifically mentioned in this regard included:

- mental health and dementia screening (particularly in GP practices);
- falls prevention (the need for an enhanced role for community OTs in this area was suggested);
- stroke prevention;
- oral health;
- vision and hearing;
- nutrition;
- breast and prostate screening;
- blood pressure and cholesterol monitoring; and
- medication management.

The older people who took part in the consultation process specifically commented on the following community-based services:

- Home helps.
- Public health nurses.
- Day care.
- Meals-on-wheels.
- Home care packages.
- GPs.

Home helps
Where home helps were available, the service was considered 'brilliant' and vital to keeping older people in their own homes. However, a number of issues were highlighted, which included:

- the need for better defined criteria for entitlement to the service and needs assessment;
- increased funding and provision of more hours to clients (out of hours, where necessary);
- more geographical consistency and standardised availability;
- insurance to carry out certain tasks;
- wider scope in relation to tasks that can be performed (such as bringing clients for their pension); and
- more Garda checks and vetting.

Public Health Nurses (PHNs)
The value of the services that PHNs provide was highlighted on a number of occasions. In particular, they were seen as a critical link to other services for older people, given their role in making referrals. It was also suggested that there should be a choice of referral pathways available to older people. A number of issues were highlighted regarding PHNs including:

- that currently they dedicate a significant amount of their time to children;
- that some older people do not know who their local PHN is; and
- that some areas are not serviced by a PHN (particularly in rural areas due to the embargo on travel).

It was suggested that there should be appropriately resourced designated PHNs for older people.

Day (care) centres
In general day (care) centres for older people were viewed very positively. The role they play from both a health and a social perspective (particularly in combating social isolation and loneliness) and in providing respite for carers was highlighted. However, it was noted that their availability varied throughout the country; that current funding levels curtailed service developments; that access to transport to the centres was problematic in some areas; that there was a need for more socially focused centres; and that the presence of a PHN on site was necessary, particularly when the client group was more dependent.

Meals-on-Wheels

Meals-on-wheels were also considered to confer social benefits in addition to health benefits. Given that this service is mainly provided on a voluntary basis, the need to reduce administrative burdens and to encourage more support from local communities was highlighted. Again, inconsistencies in availability were mentioned on a number of occasions. The need for 'lunch clubs' (not full day care); out-of-hours services (particularly at the weekend); better dietetic information; quality kitchens; and alternative models of provision (particularly in, but not limited to rural areas, where meals tended to get cold over longer journeys) was raised. Older people's reluctance to admit that they needed to use the service was noted, and it was felt that providers needed to advertise more widely and in more imaginative ways to encourage up-take of the service.

Home Care Packages

Home Care Packages were praised widely and seen to play a significant role in 'keeping older people out of nursing homes' and in their own homes or in sheltered housing. In general, however, access to health and social services for those living in sheltered housing was considered problematic in some areas. The geographical variations in availability of the service were noted, and the need for more funding and more packages was called for. In addition, the need for more consistency and transparency in terms of levels of funding, how the scheme operated from one location to the next, and composition of packages was noted. Issues that arose in this regard included direct payments versus service provision, eligibility criteria and ability to access packages from the community.

General Practitioners (GPs)

Comments made in relation to General Practitioners were broadly positive and it was felt that chronic disease management was a key role for GPs. Issues that arose in relation GPs included difficulties getting appointments and home visits. While out-of-hours services worked well in some places, they were considered too far away during emergencies in others. In addition, it was felt that there should be more communication between GPs and hospitals in relation to after-care plans.

The need for regulations and a uniform framework of quality standards for home care services to ensure the provision of safe and high quality services was mentioned on a number of occasions. In this regard, it was suggested that HIQA should register and regulate home care as it does long-stay care and that the remit of the Social Services Inspectorate be extended into this sector.

Acute care

Hospitals, their staff and the services provided were viewed positively 'once you get in'. The admissions system was considered problematic e.g. delays in accident and emergency departments and difficulties accessing hospitals from private nursing homes. It was felt that hospital appointments should be better coordinated to avoid duplication and should be based around the needs and preferences of older people (e.g. consideration be given to travel timetables when arranging appointment times). It was also felt that there could be better discharge planning and follow-on care, and in this regard, it was suggested that a key worker for older people would be beneficial. It was also suggested that older people should hold their own health records to facilitate better coordination between healthcare settings.

It was felt that there was scope for further personalising and dignifying care in hospitals so that the emotional needs of older people (and particularly more vulnerable older people with dementia) were recognised (e.g. female care assistants and nurses for women). It was also felt that the physical infrastructure should be addressed to enhance dignity and privacy and that standards should be developed in this regard. The high cost of parking in hospital car parks was noted, as were the variations in the cost of medical services from one hospital to the next, e.g. x-rays. It was also suggested that the provision of transport should be an integral part of the new Centre for Excellence approach to cancer care.

Long-stay care

While it was felt that policies should be developed to promote and maintain independence, it was recognised that some older people will require long-stay care on a short or long-term basis at some stage. In this regard, the Fair Deal Scheme was mentioned several times, and while feedback on the Scheme was generally positive, the following points/issues were raised:

- It was considered to be a complicated scheme with a lack of clear and jargon-free information. Clarity was needed for example in relation to what is defined as 'bed and board' and whether additional services and supports i.e. therapies, social programmes, clothing, hairdressing etc. are covered by the Scheme.
- It was felt that care should not be financed through the requirement to sell one's property.
- The point was made that means-testing penalises people who have been careful, and who have saved throughout their lives.
- Some voiced concern that the percentage of income and assets taken is too high.
- Reservations were expressed at the methods of appointing care representatives and at the review procedures to assess mental capacity.
- The year-on-year allocation of funding to the Scheme and the perceived lack of financial protection for older people also caused concern.

A number of other issues in relation to long-stay care in general were highlighted. The HIQA standards were considered a significant development. In addition, the importance of a broad approach to quality that includes but is not confined to regulations; that ensures that minimum standards are both met and also exceeded; and that promotes a sense of community, dignity and quality of life. In this regard, autonomy and independence; personal identity and sense of self; connectedness and social relationships; and engagement in meaningful activities were mentioned. It was also noted that recent closures of facilities in different places throughout the country had had an upsetting impact on some residents and their families. It was suggested that, in general, more public beds were needed; that public homes and community hospitals should address issues of space to enhance privacy and dignity of residents; that all long-stay care facilities (whether public, private or voluntary) should be located nearer to communities to facilitate residents' access to local services and activities; and that more dementia specific units and appropriate residential services for lesbian and gay older people and people with MS, intellectual disabilities and Travellers should be provided.

The importance of ensuring an appropriate qualified to non-qualified staff ratio, and staff to resident ratio was raised. The use of an assessment tool to determine appropriate levels in this regard was suggested. Also highlighted was the need for more training of staff in the care of older people, which would include, for example, modules on the physical and psychological aspects of ageing. The need for health promotion, rehabilitative and therapeutic services, and advocacy services in long-stay care was also raised.

Also with regard to health care workers who are responsible for arranging activities for residents it was recommended that they are trained to facilitate access to the arts for the residents and also that they are able to support artists working with residents (with appropriate training, such as the Age & Opportunity Creative Exchanges Programme).

End of life care

The importance of maximising older people's quality of life (physical, psychological, social and spiritual) at the end of their lives was highlighted during the consultation process. It was felt that this would require a culture change; a better understanding of dying and death; a reflection on the current disparity of esteem between younger and older deaths within the health and social care system; and better recognition of end of life care as a public health issue that is separate from palliative care but inclusive of many of its components. The need for the development and implementation of effective planning that supports people's choices around death and the importance of the availability of palliative/hospice care to those with illnesses other than cancer was also noted. It was suggested that a system of review of hospital deaths with bereaved families would be instructive and that the HSE's Palliative Care Services – Five Year Developmental Framework (2009 –

2013) - should be implemented fully so that regional disparities in service availability are eliminated and proper hospice services are put in place where none exist.

Finally, the need for increased availability of accessible, timely and accurate information on availability of services within communities, hospitals and nursing homes on entitlements and on diagnosis and prognosis were mentioned on numerous occasions. It was suggested that a free-phone medical line should be valuable in this regard.

WHAT PEOPLE SAID

"Provide people with a modern health service that delivers a high quality treatment and care."

"I was refused a medical card even though my income is only €70 over the State pension. Since I have authority, I reapplied on medical grounds, but was refused."

"Particular attention needs to be paid to the under-diagnosis of mental illness especially depression and to suicide rates among older people."

"Preventative health care is essential to ensure the healthy ageing of our Older People."

"I am finding it very hard to manage at the moment and help is not out there as I do not fit into any of the categories who get help."

"Home Care Packages and home help services are rationed and what is available is often inadequate or even withdrawn when the money runs out."

"I am very satisfied with how aged people are treated – I have a doctor second to none. I have every facility to make life good. Our club has a meeting every Wednesday where we have a cooked meal, exercises, bingo, knitting, sewing. The Best!!!"

"Would like to have shorter waiting lists for services. I had to wait two years for replacement of knee and four years for neurology."

"Please look after the elderly and check nursing homes re. patients the way they are treated – too many sleeping tablets."

"Need for greater cultural awareness and understanding of dying and death including the consideration of the current disparity of esteem between younger and older deaths within the health and social care systems."

SELF-FULFILMENT

SELF-FULFILMENT - CULTURAL, SPIRITUAL AND RECREATIONAL

It was reported that loneliness was an issue that faced many older people, especially those living alone. It was noted that while many older people are active and engaged, many others experience social isolation. Particular groups were mentioned as being at a higher risk of social isolation including those suffering from elder abuse; those with dementia or mental health problems; those in residential care; those living alone; those living in absolute poverty; older lesbians, gay men and bisexual people; ethnic minorities, Travellers; and the homeless. It was also noted that older men may find it harder to socialise than older women and therefore, may be more at risk of social isolation and loneliness. It was recommended that the needs of all these vulnerable groups be given high priority in the development of the Strategy.

The importance of engagement

During the consultation process, the importance of participation in a range of cultural, spiritual, leisure, learning, and physical activities was emphasised. It was felt that this participation was important in creating and maintaining social networks and preventing social isolation and loneliness; in maintaining physical and mental health; in encouraging mobility and motivation; in developing skills and enhancing quality of life; and in the creation of vibrant communities. However, it was also highlighted that not all older people wanted to join an organised group and that there was also a need for innovative ways to provide 'a place to go' for older people without having to join a club or group or go to the pub. Either way, it was concluded that maintaining people in their own homes provides the best opportunity for participation.

Specific activities that older people said they enjoyed included; dancing, bowling, card games, exercise, bingo, urban walking groups, reminiscent evenings, walking clubs (with trained leaders), organised outings; and classes in creativity and the arts, computers, cooking, grooming, finance and budgeting advice, drama and Irish. The important role that day centres and active retirement associations played in facilitating such activities was highlighted on a number of occasions.

Promoting engagement

In relation to helping older people overcome their own shyness or personal reluctance to become more engaged, the following suggestions were offered:

- Buddy systems, whereby older people could be paired with others with similar interests.
- Peer led classes of different types.

Feedback also indicated that difficulties remained in terms of male participation, and it was felt that gender balance in terms of participation was important. Personal development courses for men were suggested to increase the numbers of men involved in community activities.

Rural transport was seen as one of the biggest barriers to participation, with activities which take place at night time not being well attended by older people, particularly when transport services are poor. Even those who do drive indicated a preference not to drive at night time, and there were some suggestions that this is particularly the case for women. Low income was cited as another barrier to participation, as was low educational levels; hearing loss; poor health; disability access to venues; ethnicity and language; negative stereotypes about ageing; lack of community support for activities; and overt or subtle age discrimination. In general however, it was reported that older people would be more likely to become engaged in social activities if more opportunities for participation were provided

From an organisational point of view, some barriers mentioned included limited funding streams for seniors groups; difficulties in securing funding, insurance and transport; and difficulties in securing venues. In this regard, it was suggested that the following venues, when not in use, could be used by older people's groups:

- schools;

- GAA facilities;
- vacant buildings; and
- parish halls and community centres, many of which are not utilised at off peak time.

However, it was highlighted that insurance, maintenance and caretaking issues would need to be resolved in order for these to be viable options.

A lack of information about what activities and events were taking place was also considered a barrier to participation, and it was suggested that more effort should be made to use local media, such as regional newspapers, local radio and parish bulletins to advertise activities.

Community development

It was noted that an active older population can have a positive impact on community development and it is, therefore, important that older people are actively included in community life. Mobilising and empowering older people to express their views and assert their rights and interests was recommended. The necessity to train voluntary/professional leaders to organise and lead community based activities was also recommended. In leading/organising such activities, consideration should be given to issues such as accessibility; affordability; age friendly-ness, and the comfort of older people. The further development of the model of 'social centres', which are managed by voluntary groups and supported by community workers in the HSE was advocated, as was the provision of dedicated community support workers for older people to assist them on both an individual and community level.

Other suggestions to promote the social engagement of older people included the following:

- developing befriending/visitation programmes to support older people to participate in their communities;
- alleviating loneliness through collaboration between befriending organisations and social housing agencies;
- engaging older people in art, which is considered a non-threatening form of participation;
- using community radio to connect with people;
- forming networks in all counties to enable active retirement/community care groups to join together to combat loneliness;
- promoting a 'European Neighbour Day' on a national scale with particular emphasis on older people or some other marketing campaign intended to trigger a sense of community spirit; and
- facilitating the sharing of life experiences by older people with primary school students, or indeed organising classes that older people themselves could teach.

WHAT PEOPLE SAID

The lack of older men participating in community and voluntary groups and the decline in rural services increase the risk of isolation among this group.

"Stay active mentally and physically. Get involved locally, have a good circle of friends and arrange to meet at least weekly."

"Many deaf and hard of hearing people shy away from participating in social events, affecting their participation in family, social, communal, cultural and recreational activities."

"Encourage older people to become active in local activities, i.e. playing bridge, swimming etc."

SELF-FULFILMENT - INFORMATION NEEDS

Of all the issues raised during the public consultation process, difficulties in being able to access information on services, supports, entitlements and activities of all kinds was by far the most frequently mentioned, and a number of suggestions as to how information accessibility could be improved were offered.

Information provision

It was noted that often when an older person, or indeed someone of any age group, needs to find information on services, supports or entitlements, he/she is faced with a myriad of agencies and Government Departments with different responsibilities. Specific criticisms related to a lack of coordination between different agencies and Government departments which often resulted in being passed from one person to another; poor attitudes of service providers towards older people; a lack of awareness among service providers of available information sources; and poor consideration of age-related needs (i.e. low literacy levels; lack of confidence; hearing and visual impairments). In relation to how information is presented, inherent assumptions by service providers about appropriate information provision for older people need to be examined and advice sought from older people themselves, or their representative organisations, about their information preferences. Coordinated working among service providers, liaison between service providers and voluntary groups, and continuous reviewing of communication processes were also seen as important. Initiatives, such as developing an information strategy or holding an annual forum involving all voluntary and statutory agencies where information could be disseminated were considered to be of value.

The need to recognise the importance of information provision as a key service in its own right was raised, as was the need for information to be accurate, comprehensive, up to date, and relevant. Many stated a strong preference for face to face information rather than information communicated through the internet or by automated telephone systems, of which it was perceived there was an over-reliance. This was considered particularly important given that sometimes older people didn't know what information they needed in the first place. It was also felt that where direct customer contact systems are necessary, e.g. call centres, these should be designed to reflect the UN Principles for Older Persons, and reviewed regularly to ensure older people can access them easily, independently and without anxiety. It was also considered that application forms for various supports, services and entitlements were considered complicated and inaccessible, both in terms of format and language used (too much jargon), and that the needs of those with literacy/visual impairments were not considered fully in terms of public signage design. All of these issues made routine sourcing of information difficult and almost impossible when information was needed in a hurry; at a transition time in an older person's life or at a time of crisis.

Suggestions for improvement

The following practical suggestions for improving information provision were offered:

- Directories of information on services, supports and activities available in a defined geographic location (city, town, county) which could be issued automatically on qualifying for the State pension, and could also be updated and re-issued annually after the Budget.
- One Stop Shops to provide more person-specific information. It was also suggested that these could be manned with staff who have an expertise in sourcing information; experience in dealing face to face with people; and a familiarity with the needs of older people and the sorts of information that they may need to access at particular times in their lives (pre-retirement, reaching pension age, onset of illness/disability, death of a loved one, etc.).
- Access to information in a user friendly format, including the use of Braille/other recordings for blind people.
- Information provision in a number of languages.
- The use of photographs on printed material.
- Internet training for older people to enable them to source information for themselves.
- Provision of freephone numbers for doctors on call.

- A dedicated website as a platform for information and points of interest for older people. In this regard the expansion of the Age and Opportunity website was recommended.

Areas where it was considered that there was an information deficit included the cost of nursing home care; access to public long-stay care; health information, including culturally appropriate information for older Travellers; aids and appliances; education and training; social and cultural activities; and public transport. The importance of relevant information for people with dementia and their carers/families was also highlighted.

Accessing information

While it was acknowledged that some older people are perfectly able to navigate the system and find what they need, it was highlighted that there are others, for whatever reason (age-related impairments; literacy difficulties, including computer literacy; living alone etc.) who may benefit from having an advocate and a mobile information centre to source information on their behalf. Either way, the need to locate information about services, supports and activities in places frequented by older people, and the need for more imaginative ways of providing information, was raised repeatedly. Locations suggested in this regard included churches and parish newsletters; local newspapers; local radio; Aertel pages; GP surgeries and health centres; libraries; and phonebooks (a specific section in the yellow pages was mentioned in this regard). It was suggested that a number of key people/groups should be equipped with information in multiple formats which are accessible to older people including public health nurses; home helps; local groups such as active retirement associations and care of the elderly committees; and community and voluntary sector groups. It was also felt that the valuable information service provided by Citizens Information Centres (CICs) should continue, and indeed that more CICs be established. The recruitment of older volunteers to act as outreach information officers with the CICs to target the vulnerable and isolated was also suggested.

WHAT PEOPLE SAID

"Technology or bureaucracy can get in the way of access to information, particularly when contacting Government departments or statutory agencies directly."

"Information is one of the most important things – but needed in enough time for groups to participate."

"Make it easier to access information."

"Problems filling forms for to get my pension."

"As far as possible, provide information at local level and based around transition times or life events."

DIGNITY

DIGNITY - AGEISM

Throughout the consultation process, ageism was considered by many to be widespread in Irish society. Simplistic and pessimistic views on ageing and older people, together with stereotypical images of older people portrayed in the media and elsewhere were cited by many as being at the root of ageist attitudes, actions and institutional practices. The practice of referring to older people in collective terms as a cohort of highly dependent people putting a strain on healthcare and pension resources, and as being 'a burden on society' was particularly resented. In that context, the consultations revealed people's sense that the reality of older people as contributors to the economy and society in general is conveniently ignored. They also revealed that the assumption that 'older people are all the same' is resented because it oftentimes leads to inappropriate, 'one size fits all' institutional practices that do not respond to the real and diverse needs of older people. In their dealings with local authorities, health services, transport providers, utility companies, financial and commercial bodies and other organisations, some older people highlighted that they have encountered the kind of negative attitudes and actions that give the impression that they are less valued as service users or customers. It was noted that ageism can have the effect of excluding older people from access to public services, to information on goods and services, and to employment and career opportunities.

The point was made repeatedly that the task of confronting ageism in Irish society must be a central thrust of the National Positive Ageing Strategy. It was stressed that a comprehensive national strategy to tackle ageism will be required to tackle age-related discrimination.

Ageism in Irish society

The manifestation of ageism in various sectors
The consultation process threw into sharp focus many different instances of ageism experienced by older people in their dealings with personnel and structures in various sectors, including in health, employment, education, transport, insurance, local government etc. While it was stressed that ageism should not be tolerated in the public services in particular, it was felt that it is important that service providers in every sector be required to recognise and reflect on the principle that services are provided not as a favour or concession to particular age cohorts, but on the basis of eligibility or entitlement.

Health services: Many experiences of ageism in the health system that were reported were considered to be due to the attitudes and actions of personnel who deliver services in a manner that is prejudicial to older people. It was felt that older people needed to assert themselves more, and in that context, programmes are required that empower them to challenge age discrimination when and wherever they encounter it. It was strongly felt that a person's age should not be a qualifying determinant for entitlement and access to services. There was considerable resentment about the upper age limit of 64 for the Breast Check cancer screening programme and demand for its removal to ensure that screening is provided after that age. Instances of ageism were also cited in relation to other services including stroke, cardiac, intensive care and oncology services. It was stressed repeatedly that the Strategy must aim to stamp out stereotypes that label people "bed blockers" or describe them as being a "drain on services".

It was felt that there were unfair age limits on certain entitlements, benefits and services for people who have a disability. In this regard it was recommended that the use of chronological age as a marker for entitlement to services be removed. With specific reference to dementia, it was noted that there is a misconception among the public, and also among health professionals, that dementia is a normal part of ageing and that 'nothing can be done' once a diagnosis of dementia is confirmed. It was argued that this was clearly incorrect and that public/professional awareness-raising initiatives were needed in this regard.

Employment, education and training: Older people's experience of age discrimination in relation to access to employment, promotional opportunities and training was identified on a number of occasions. It was pointed out that while age discrimination does occur in the workplace, including in State employment, it can be difficult to assess and/or prove. The need for management training to challenge ageism was recommended with a view to combating the negative and false assumptions that those over 65 years are only employable in

a voluntary capacity. In general, it was thought that management training by employers is required to prevent ageist attitudes in the workplace. Older people also reported experiencing discrimination in relation to training and education, and there was a strong sense that Government funded programmes should not refuse older people and should be age proofed as a matter of course.

Goods and services: Older people's experiences of higher premium rates applied to them by many insurance companies were noted. It was also felt that there was a clear and unfounded bias against older drivers, both in terms of car insurance costs and the requirement for a medical test when a person reaches 70 years, making the cost of car insurance prohibitive for some after that age. Other services which were thought to discriminate against older people included single room supplements in hotels, and age-limits set by some financial institutions on loan applications.

Access: It was felt that older people are routinely excluded from mainstream cultural, educational, sporting and leisure opportunities through use of hard-to-read text, internet-only access to information and buildings that are not welcoming for a variety of reasons (e.g. acoustics, lack of hand-rails or high steps etc.).

Arts: The point was raised that there is a need to promote awareness of ageism and age discrimination to arts organisations as well as positive ways to attract and work with older audiences.

Ageism in the media: During the consultation process it was stressed that ageism is particularly evident in media advertising. Given the media's almost total focus on youth and youth culture, members of older age cohorts feel largely ignored or excluded as potential users of products and services. Many instances where older people were portrayed in a stereotypical manner by the media, whether in advertising or in general programming, were highlighted. However, it was also emphasised that the media in Ireland has the power to effect positive change in relation to ageist attitudes and practices if they choose to do so. In that regard, it was felt that public service advertising campaigns must at all times portray positive images of older people, and be monitored for the use of images of ageing that do not support prejudice and discrimination.

Tackling ageism in Irish society

It was emphasised that the Strategy must aim to develop a positive approach to older people that underpins the fundamental right to equality of older people with other sectors and age groups of society. It must take cognisance of the dynamic realities of ageing and the diversity of older people, and should view the ageing process in a multi-dimensional, societal and policy context, and not in isolation from other factors. It was suggested that the concept of age-inclusiveness be the guiding principle for the Strategy.

It was highlighted that a key challenge will be to develop a planned and strategic approach to tackling ageism in the light of current economic difficulties. It was stressed that the current difficulties must not become a pretext for viewing old age negatively; either as a cause of our present economic situation or as a threat to our economic future. This can be done by means of positive action measures aimed at older age cohorts under equality legislation. The Strategy should include measures that will lead to the development of a sustained and comprehensive programme to root out age discrimination in all its forms with a view to transforming attitudes towards ageing and older people.

The very term 'older people' was considered by some participants in the consultations as being negative and it was suggested that it should be replaced with a more neutral term. It was noted that parents and educators also have a responsibility to pass on to the younger generation values of respect for older people and their opinions, a regard for their lived experience, and an awareness of the valuable contributions that they have made and continue to make to Irish society. In that context, it was suggested that Positive Ageing Week, active ageing town initiatives and the *Say No to Ageism* Campaign should be further developed.

There was very strong support for older people themselves tackling ageism and ageist stereotypes. It was felt that this could be done through engagement in the community, the economy and society at large whereby, through active participation, the negative images of ageing would be replaced by positive ones. It noted that

the Strategy presents an opportunity to identify and combat indirect ageism, i.e. the form of ageism which sustains and reproduces assumptions and stereotypes of older people (often seen in the media, and in the manner in which many older people are talked down to when contributing to discussions or debates, or when accessing services). It was suggested that any public awareness campaign aimed at tackling ageism must portray positive ageing as more than the absence of illness. This campaign should promote pro-active engagement in health screenings and active engagement in learning in later life. It must also provide information about normal changes to cognition and making the most of cognitive abilities in later life.

It was also proposed that concerted work with groups to prevent discrimination (particularly the forms of multiple discrimination experienced by older gay men and women, Travellers, people with dementia, and those with mental health issues or other disabilities) should be undertaken.

WHAT PEOPLE SAID

"Ageism can often take the form of assumptions that older people 'are all the same', leading to inappropriate 'one-size fits all' institutional practices that do not respond to the diverse needs of older people."

"Urgent – Breast check to go beyond age 64."

"Ageism can have the effect of excluding older people from access to public services, information, employment and career progression."

Older drivers are singled out for a medical test when they reach the age of 70. This is based on the assumption that people over 70 are presumed to be less capable. This is a clear and unfounded bias against older drivers. The statistics of older people in accidents show that they are less likely to be involved in accidents than young people in their late teens and twenties."

"Monitor the portrayal of older people in the media, promote positive models of ageing and older people."

"Older people must be actively involved in the tackling of the stereotypes of ageing and the ageism which exists by replacing negative images of ageing with positive images based on active engagement in the community, economy and society at large."

DIGNITY – ELDER ABUSE

While the issue of elder abuse did not arise to a great extent at the consultation meetings, it is clear that elder abuse continues to be a key concern for representative organisations that made written submissions on the Strategy. The abuse of older people should be totally inconceivable in a society that values the worth and ensures the safety and security of every citizen, and it was strongly emphasised that combating elder abuse be seen as an important sub-component of the National Positive Ageing Strategy.

It was stressed that the Strategy must lead to the development of policies and services that support vulnerable groups of older people at risk. An unfortunate feature of ageing is that older people can be targeted as easy prey to different forms of abuse – physical; psychological; financial/material; sexual; neglect and acts of omission; and discrimination. It was noted that those responsible can include family members; carers; financial advisors; lawyers; opportunistic callers; and those who exploit older people's vulnerability in public places.

During the consultation process, the need for a two-pronged approach aimed at lessening the possibility of elder abuse of all kinds was highlighted. Firstly, the introduction of strong statutory and legal interventions similar to child abuse legislation and guidelines, and secondly, the implementation of special programmes of advice and support, public education, and training for service providers aimed at the prevention of elder abuse.

Reporting elder abuse

Disclosure and reporting of elder abuse were among the key issues identified during the course of the consultations. It was stressed that measures aimed at dealing with reports of abuse must ensure that there is confidence that any abuse reported will be acted upon, and that the consequent action initiated will provide for the ongoing protection of the abused person. It was also stressed that there is a need to look at additional ways of identifying and dealing with abuse where the issue is not reported either by the victim, by another family member or by a professional. It was also suggested that there should be adequate protection for 'whistleblowers' who bring instances of abuse to light. It was emphasised that a balance must be achieved between protecting those who are vulnerable and the need to respect the rights of mentally competent persons to live their lives in whatever way they wish.

Financial abuse

Financial abuse was identified throughout the consultations as a growing issue for older people whose vulnerability may be taken advantage of by relatives, carers, financial or legal advisors or others selling particular products or services. It was felt that greater awareness about this form of abuse is essential, with clear information provided as to who should be contacted in the event of an occurrence. In response to increasing instances of financial abuse, it was felt that a law on advanced care directives is urgently required. In addition, it was suggested that all financial institutions should have appropriate training around financial abuse and have controls and procedures in place when selling investment products to older vulnerable consumers. It was pointed out that new risks to privacy and the greater possibility of financial exploitation of older people has arisen as a result of advances in information technology, and that effective regulatory measures to tackle this exploitation should be brought into force as a matter of urgency.

Training/awareness

It was also proposed that training for all care staff should be reviewed, especially staff of residential care centres, with a view to incorporating a holistic, person-centred approach that will minimise the risk of abuse. Training should also be introduced for persons from community and voluntary organisations that provide home-care for older people.

It was also felt that there is a need to support both formal and informal carers by means of skills training, respite care services, in-home support and stress management. This was considered particularly important, given that abuse can result from a carer being unable to cope, rather than any intent to harm or abuse. It was also suggested that HSE personnel and those within other agencies who have responsibilities in relation to elder abuse should be better supported in their efforts to develop a stronger and more mutually beneficial relationship with carers organisations. The need to ensure that existing vacancies for senior elder abuse case workers and dedicated officers for elder abuse are not subject to the current moratorium on staffing was also highlighted.

Inter-departmental and inter-agency co-operation

Inter-departmental and inter-agency co-operation on elder abuse must be facilitated by the new Strategy (e.g. draft national protocols that have been developed jointly by the HSE and An Garda Síochána should be approved and implemented). The establishment of the HSE funded National Centre for the Protection of Older People (NCPOP) was welcomed, and it was recommended that any future research or developments are carried out in consultation with the HSE and NCPOP to ensure there is no duplication of resources. It was also emphasised that there is a need to enhance partnerships between the HSE and local/community organisations, and that there is also a need to support collaboration between organisations in setting up procedures for the care and protection of vulnerable adults.

WHAT PEOPLE SAID

"The issue of elder abuse urgently requires strong statutory and legal interventions, possibly along the lines of child abuse legislation and guidelines."

"Review training for all care staff, especially in residential care centres, to incorporate a holistic person-centred approach to minimise risk of elder abuse."

"It is known that abuse often stems from a carer – a professional or a family member – being overwhelmed and unable to cope, rather than any intent to harm of abuse. There is need to support both formal and informal carers in their caring role through the provision of skills training, respite care services, in-home support and stress management."

DIGNITY – SAFETY AND SECURITY

It was noted that, while older people do not actually experience crime to the same extent as other age groups, generally they do not feel safe in their own homes and communities, with many afraid to open their front doors or that their homes may be broken into. There was a perception that people did not look out for each other as in the past. It was suggested that media reports of crime further fuel older people's fears for their safety and security.

An Garda Síochána

Feeling safe outside the home, on public transport and in accident and emergency departments was a concern raised several times. A perceived invisibility of An Garda Síochána, and specifically Community Gardaí was highlighted (particularly in rural areas). However, where Community Gardaí were active, they were highly praised. In particular, talks given by Community Gardaí to community groups and older people were particularly valued. While Neighbourhood Watch was praised where it existed, its coverage was considered patchy due to the limited availability of Gardaí and volunteers to back it up. Generally it was felt that there should be more solid statutory support for this scheme. It was also suggested that regular Garda patrols of rural areas and post offices on pension day would be welcome.

The Scheme of Community Supports for Older People

The Scheme of Community Supports for Older People was praised widely as a mechanism for both fostering links between community groups and older people at a local level and for providing older people with peace of mind in terms of their safety. However, the recent suspension of the Scheme was criticised, as was the financial difficulty that some older people experience in availing of the Scheme. In relation to the latter, it was noted that, while the financial outlay at the outset may be off-putting to some older people, and particularly to those who are solely reliant on the State pension, the idea of spreading the cost over a period of months could be more acceptable to those with financial constraints. In addition, difficulties in finding information on the scheme and in completing applications were highlighted.

Rural/isolated older people

While fears for safety were common among older people in general, this fear was stronger in older people living on their own and in those living in rural or isolated areas. The importance of volunteer support lines for these older people was highlighted, and initiatives such as the Senior Helpline; the Phone Friendly Service; and the Good Morning Projects were specifically mentioned in this regard. It was also noted that the postman is a vital connection to community life, and in some cases, may be the only human contact that an older person has in a day.

The need to establish some mechanism whereby older people living alone or in isolated areas at a local level could be identified so that services and supports could be proactively provided to them was suggested. Other suggestions to promote older people's sense of safety and security included:

- better lighting on streets;
- better quality roads and footpaths;
- use of outdoor CCTV cameras especially on buses;
- more visibility and acknowledgement from other path/road users (i.e. cyclists);
- training in and promotion of the use of mobile phones by older people;
- more information provision in places frequented by older people, such as GP surgeries, churches and supermarkets;
- encouragement of more community interest in older people (e.g. Meitheal);
- the provision of more victim support services in the community; and
- the active inclusion of older people in community safety.

In addition the provision of more classes on safety in the home and national crime prevention campaigns were considered important.

Farm safety was also considered an important issue in rural areas, with a high fatality rate of older farmers working alone.

Financial security
Regarding banks and financial institutions, there was an acknowledgement that older people needed to re-establish trust in these institutions, as keeping money in the home can make them targets for crime.

WHAT PEOPLE SAID

"Suspension of the Scheme of Community Supports for Older People, which provides security alarms for older people is a matter of distress for those living alone."

"Changes in areas covered by Garda stations to be well advertised. Here in my areas we were not aware that our local Gardaí are now 11 miles away in … We were previously covered by …. 4 miles away."

"A safety and crime prevention campaign should be developed to raise awareness among older people in the city on how to stay safe in their homes and communities."

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APPENDICES

Appendix 1
Call for Submissions

Department of Health and Children
Office for Older People

NATIONAL POSITIVE AGEING STRATEGY

CALL FOR SUBMISSIONS

The Minister for Older People and Health Promotion, Áine Brady TD, is developing a National Positive Ageing Strategy which will set the strategic framework for future policies, programmes and services for older people in Ireland. The preparation of the Strategy is a Programme for Government 2007–2012 commitment to better recognise the position of older people in Irish society.

Issues relating to older people's participation in society; the way services are organised and are used by older people; views on the issues that affect the quality of life for older people such as income, health and social care, housing, transport, education and employment, are all relevant to the development of the Strategy.

Minister Brady wishes to have as many views as possible to inform the new Strategy. She would welcome the views and comments of individuals (of any age), institutions, agencies, organisations and groups on any issue they consider of importance or relevant to older people. She particularly wishes to hear views on the way services are organised and how they are used by older people. The Minister emphasises that the Strategy must be developed within the constraints posed by the present fiscal situation. It is not the intention that the Strategy will propose new service developments; rather it will set strategic direction for future policies, programmes and services for older people.

Please make your submission in writing (by post or e-mail) to:

National Positive Ageing Strategy
Department of Health and Children
Hawkins House - Room 11.17
Dublin 2
Tel: (01) 635 4000 ext. 3242
e-mail: positiveageing@health.gov.ie

Closing date for receipt of submissions is Thursday, 10 September, 2009.

See also www.dohc.ie/consultations/open/positiveageing

A list of submissions received will be published in due course and some may be included on the Department's website. Submissions are subject to Freedom of Information legislation.

Appendix 2
List of submissions received

1. Active Retirement Network Ireland
2. Age & Opportunity
3. Age Action Ireland
4. Ageing Well Network
5. All Ireland Gerontological Nurses Association
6. Alzheimer Society of Ireland, The
7. An Bord Altranais
8. Aois agus Eolas, the Centre for Ageing, Neuroscience and the Humanities
9. Aontas, The National Adult Learning Organisation
10. Ardee Active Retirement
11. Arts Council, The
12. Ashford Community Group
13. Association of Health Promotion in Ireland
14. Association of Occupational Therapists of Ireland (AOTI)
15. Association of Optometrists of Ireland
16. Atlantic Philanthropies, The
17. Balla Active Age Group
18. Ballyfermot Senior Citizen Forum, The
19. Ballymun Older Persons Network
20. Bere Island Projects Group
21. Biddulph, Anne
22. Bradfield, Rosemary. Discharge Coordinator, Bantry General Hospital
23. Brainwave - the Irish Epilepsy Association
24. Bray Area Partnership, County Wicklow Clois Team
25. Brothers of Charity Services, Roscommon (Marian Foley)
26. Brothers of Charity Services, Roscommon (Marian Keigher)
27. Burke, Patrick J
28. Butterly, Marie
29. Canniffe, Lilian (Carers Association, Cork City)
30. CARDI – Centre for Ageing Research and Development in Ireland
31. Care Alliance Ireland/The Carers Association (joint submission)
32. Carelocal
33. Caring for Carers Ireland
34. Carrick on Shannon Active Age Group, in support with St Patrick's Community Hospital, Carrick-on-Shannon
35. Carroll, Bob
36. Casey, Bernadette
37. Casino Community Forum on Services for Older People
38. Chester Beatty Library
39. Citizens Information Board
40. Cluid Housing Association
41. Comfort Keepers Home Care
42. Community Development Workers for older people in Rialto, Inchicore and Bluebell, Crumlin and Islandbridge
43. COPE Galway
44. Córas Iompair Éireann (CIE)
45. Cork Family Carers Forum
46. Cork Seniors Together
47. Corry, Margaret
48. Cosc, The National Office for the Prevention of Domestic, Sexual and Gender-based Violence

49. Council for Justice and Peace (formerly The Irish Commission for Justice and Social Affairs)
50. County and City Managers Association
51. County Clare VEC Adult Education Service
52. County Wicklow Network for Older People
53. Cox, Wendy
54. Coyle, Ann
55. DeafHear.ie
56. Dementia Services Information and Development Centre (DSIDC)
57. Dental Health Foundation (Ireland)
58. Disability Federation of Ireland
59. Donegal County Council, Regional Cultural Centre
60. Duhallow Older People's Network (SAOI Network), The
61. Eircom
62. Elder Abuse National Implementation Group
63. Emergency Response: Social Monitoring Centre
64. Equality Authority, The
65. ESB
66. FAS – Training and Employment Authority
67. Financial Regulator, The
68. Fine Gael
69. Fitzgerald, Maurice
70. Fitzgerald, Paddy
71. Flanagan, Nora
72. Furey, Patrick J
73. Galway City Partnership
74. Galway Healthy Cities Project
75. Galway Stroke Support Group, The
76. Glen – Gay + Lesbian Equality Network
77. Gorey Active Retirement Association
78. Health Information and Quality Authority (HIQA)
79. Hibernian Aviva Health
80. Higgins, Alice-Mary
81. Horrigan, Tom
82. Hospital Family Resource Centre, Limerick
83. HSE Dental Services
84. HSE South, Carers Development Unit, Kerry Community Services
85. HSE South, Community Work Department, Kerry LHO
86. HSE South, Physical Activity and Older People Team, Health Promotion Department
87. HSE, Dublin Mid-Leinster, Health Promotion Service (Caroline Peppard)
88. HSE, Dublin Mid-Leinster, Specialist Older Person's Services (Brenda Hannon)
89. HSE, Wicklow LHO, Occupational Therapy Team
90. Hughes, Gerard. Visiting Professor, School of Business, Trinity College Dublin
91. IBEC
92. Inclusion Ireland
93. INDI – Irish Nutrition Dietetic Institute, The
94. Institute of Community Health Nursing, The
95. Institute of Public Health in Ireland, The
96. International Federation of Surgical Colleges, The
97. Irish Association of Consultants in Old Age Psychiatry, The
98. Irish Association of Older People, The
99. Irish Banking Federation, The
100. Irish Centre for Social Gerontology, The
101. Irish Congress of Trade Unions, The
102. Irish Council for Social Housing, The

103. Irish Film Institute, The
104. Irish Gerontological Society, The
105. Irish Heart Foundation Council on Stroke, The
106. Irish Heart Foundation, The
107. Irish Hospice Foundation, The
108. Irish Medical Organisation, The
109. Irish Museum of Modern Art, The
110. Irish Pharmacy Union, The
111. Irish Province of the Congregation of Our Lady of Charity of the Good Shepard, The
112. Irish Rural Link
113. Irish Senior Citizens Parliament, The
114. Irish Senior Citizens Parliament, The (Wexford Division)
115. Irish Society of Physicians in Geriatric Medicine, The
116. Irish Sports Council, The
117. Irish Wheelchair Association, The
118. Kelly, Pat
119. Kenny, Zehanne
120. Kildare Sports Partnership
121. Knocknacarra Active Retirement Association, Galway
122. Lennon, Sean
123. Marriage Equality
124. Mayo County Council Arts Office
125. McDonnell, Mary
126. McNulty, Matt
127. McSwiney, Con
128. Meath Primary Health Care Project for Travellers
129. Meitheal Forbartha na Gaeltachta Teo (MFG)
130. Multiple Sclerosis Ireland
131. Nás na Riogh Housing Association Ltd
132. National Association of Building Cooperatives Society Ltd
133. National Concert Hall, Learn and Explore
134. National Council for the Blind of Ireland (NCBI)
135. National Council for the Professional Development of Nursing and Midwifery
136. National Disability Authority
137. National Federation of Pensioners' Associations
138. National Gallery of Ireland
139. New Ross Library (Rosemary Higgins)
140. North West Kildare CDP and the County Kildare LEADER Partnership
141. Nursing Homes Ireland
142. O'Brien, Brigid
143. O'Brien, Denis
144. O'Brien, Dr Paul
145. O'Donohue, Marie
146. O'Dwyer-Campbell, Carmel
147. O'Mahony, Helen
148. O'Riordan, Alice
149. Older and Bolder
150. Older Women's Network (OWN) Ireland
151. Ombudsman, The
152. Pavee Point Travellers Centre
153. Pensions Ombudsman
154. Plunkett, Leo
155. Prendergast, Senator Phil. Labour Party National Spokesperson on the Older Person
156. Psychological Society of Ireland, The

157. Rath Mhuire and Dolmen Services Ltd
158. Reach Out: Be a Good Neighbour
159. Reale, Kathleen
160. Religious Society of Friends in Ireland, Dublin Monthly Meeting
161. Renmore Active Retired, Galway
162. Respond
163. Retired Nurses Association of Ireland (Kerry Branch)
164. Rialto Day Care Centre
165. Scanlan, Hillary
166. School of Nursing and Midwifery Trinity College Dublin. Prof. Mary McCarron and the Intellectual Disability Nursing /Research Team
167. School of Nursing and Midwifery, University College Cork
168. Sean Chairde, The Older People's Network of South Kerry
169. Serendipity Theatre Group
170. Shanahan, Nancy
171. Skehan, Marese. Home Help Organiser, Thurles Community Social Services
172. Social Policy and Ageing Research Centre (SPARC) Trinity College Dublin
173. Society of St Vincent de Paul
174. Spencer, Bill
175. St Munchin's Family Resource Centre, Limerick
176. St. Patrick's Community Hospital, Leitrim (Ann Griffin, Patients Advocate)
177. Sweeney, E
178. Third Age Foundation
179. Traveller Health Unit (Galway, Mayo and Roscommon)
180. Treacy, Sean
181. Tubbercurry Active Retirement Association
182. University of Limerick, Department of Nursing and Midwifery
183. Vincentian Partnership for Social Justice
184. Voice of Older People Donegal, The
185. West Clare Community Services Programme
186. West Cork Carers Support Group
187. White, Senator Mary. Fianna Fail Seanad Spokesperson on Older People
188. Women's Health Council, The
189. Work Research Centre
190. Yeoman, Anne

Appendix 3
UN Principles for Older Persons

INDEPENDENCE
Older persons should:

- have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help;
- have the opportunity to work or have access to other income-generating opportunities;
- be able to participate in determining when and at what pace withdrawal from the labour force takes place;
- have access to appropriate educational and training programmes;
- be able to live in environments that are safe and adaptable to personal preferences and changing capacities;
- be able to reside at home for as long as possible.

PARTICIPATION
Older persons should:

- remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations;
- be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities;
- be able to form movements or associations of older persons.

CARE
Older persons should:

- benefit from family 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;
- be able to utilise appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment;
- should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.

SELF-FULFILMENT
Older persons should:

- should be able to pursue opportunities for the full development of their potential;
- should have access to the educational, cultural, spiritual and recreational resources of society.

DIGNITY
Older persons should:

- be able to live in dignity and security and be free of exploitation and physical or mental abuse;
- be treated fairly, regardless of age, gender, racial or ethnic background, disability or other status, and valued independently of their economic contribution.