

**Madrid International Plan of  
Action on Ageing**

**Regional Implementation Strategy**

**Republic of Ireland  
National Report 2007-12**

**November 2011**

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# Madrid International Plan of Action on Ageing Regional Implementation Strategy

## National Report 2011: Republic of Ireland

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## Introduction

The Madrid International Plan of Action on Ageing (MIPAA) was adopted in 2002 by the **Second World Assembly on Ageing** in Madrid. Formulated ‘to respond to the opportunities and challenges of population ageing in the twenty-first century, the Madrid Plan sets out ten commitments at national and regional levels in pursuit of ‘a society for all ages’. Ministerial representatives of UN member states, including Ireland, declared their support for these commitments. The Madrid Plan states that: ‘systematic review of implementation of MIPAA by member states is essential for its success in improving the quality of life of older persons’. Global review and appraisal of MIPAA is carried out every five years and in that context, Ireland has been formally invited to participate in the second review and appraisal cycle being carried out during 2011/2012. Accordingly, the Strategy Development Unit, Office for Older People at the Department of Health has undertaken the attached review and appraisal of MIPAA in Ireland and submits it, as requested, to the Bureau of the Working Group on Ageing, UNECE Secretariat, Vienna in advance of the forthcoming Meeting of the Working Group on Ageing in Geneva, on November 23<sup>rd</sup>, 2011.

## Outline of the Report on the follow up to the implementation of MIPAA/RIS in the Republic of Ireland 2007-2012

### Executive Summary

**Chapter 1** sets out the current situation, activities and priorities related to ageing in Ireland, providing an overview of demographic, social, economic and political developments in Ireland in the five year review period 2007-2012.

**Chapter 2** outlines the methodology utilised in the Review, with particular reference to the evaluation of policy actions taken to implement MIPAA/RIS.

**Chapter 3** outlines relevant policy initiatives and national actions undertaken in Ireland during the review period in fulfilment of the MIPAA/RIS Commitments 1- 10.

**Chapter 4** sets out the conclusions on the extent to which Ireland has addressed the challenges and opportunities of population ageing since 2007.

### Executive Summary

This review and appraisal exercise of MIPAA/RIS is the first such exercise undertaken by the Republic of Ireland and focuses on the period from 2007-2012. In terms of national progress, there have been a number of achievements. In general policy terms, the adoption of a new national framework *Towards 2016*, published in 2006, signalled a new departure in Government policy in Ireland through the emphasis it placed on the importance of a cross-sectoral approach to policy-making and the need for structures across the public service that result in greater co-ordination in the delivery of services. With specific reference to policy for older people, this new approach pointed to a range of factors other than those related solely to health and social care as having an important bearing on the well-being of people in later life. In that regard, it was also an acknowledgement that the challenges posed by an ageing population in the future will demand responses from all sectors of Irish society – public, private, community and voluntary. Accordingly, acting on its commitment ‘to better recognise the position of older people in Irish society’, the Government in 2008 established a new Office for Older People at the Department of Health for the purpose of bringing greater coherence and a cross-sectoral approach to the development of policy for older people. Furthermore, the process of developing Ireland’s first National Positive Ageing Strategy got underway with the establishment of a

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cross-departmental grouping of officials to oversee the exercise, the setting up of a liaison group of non-governmental organisations and the initiation of the most comprehensive consultation exercise between Government and older people ever undertaken in Ireland. Another major development lay in the Government's commitment to co-fund the 10 year Irish Longitudinal Study on Ageing (TILDA) for the purpose of providing the most in-depth information on all the domains of older people's lives including health, economic status and social circumstances.

In strictly economic terms, the situation of the older population in Ireland improved significantly in the five years to 2009. In 2009 the at risk of poverty rate for those aged 65 or over was 9.6%, down from 27.1% in 2004. The consistent poverty rate for the elderly population fell to 1.1% in 2009 from 3.9% in 2004. This decline in the 'at risk of poverty' rates has been attributed to Ireland's public old age pensions which increased at a faster rate than industrial earnings and the Consumer Price Index. In addition to promoting the social inclusion of the individual older person through the provision of public pensions, there was increased provision of quality long term care services, more accessible transport and grants to improve the quality and safety of housing.

During the period under review progress towards mainstreaming ageing across Government departments was limited. The inter-related nature of many of the actions to enable older people to age positively in Ireland requires co-ordination and joined up policy development and service delivery, which, to date, has proven challenging.

The rapid contraction of the economy from mid-2008 brought about a period of economic and fiscal consolidation that has thrown into sharp focus the State's capacity to enhance supports to older people. This has meant greater emphasis on the reconfiguration and reorganisation of existing programmes and services and the need to make better use of existing resources. This new situation has emphasised the crucial importance of collaboration at all levels and it is envisaged that the National Positive Ageing Strategy will identify and support areas where such collaboration will be required in the economically difficult years ahead. In that regard, at local level there were indications of greater collaboration in the planning and provision of services for older people with the commencement of the Age Friendly Counties Programme in Ireland in 2008. This programme is acknowledged to be a major step forward and the roll out of this initiative in the years ahead is expected to be of considerable benefit to older people.

While Ireland can build on these strengths, there are challenges that require more concentrated attention. Some negative attitudes towards ageing and older people remain in Irish society and the identification and eradication of ageist attitudes and practices will remain a priority. Related to this is the need for ageing policies to ensure a shift in focus from considering older people as a separate group, only in need of "care". However, it is hoped that by encouraging a mainstreaming agenda through the National Positive Ageing Strategy, that ageing issues will be included, by default, in every planning process.

Ireland is committed to continuing its cooperation with international organisations and policy makers in the European Union, the WHO and the United Nations to address the challenges and opportunities of population ageing and to make Ireland one of the best countries in the world in which to grow older.

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## MIPAA/RIS: Chapter 1

### Situation, activities and priorities related to ageing in Ireland

#### Demographics, social, economic and political developments and major challenges

The population of Ireland is 4,581,269 of which just over 500,000 are aged 65 or over. It is estimated that by 2041 this will rise to between 1.3 million and 1.4 million people, representing an increase from 11% to 20-25% of the total population. Numbers are expected to increase four-fold in the over-80 age group from approx. 110,000 in 2006 to about 440,000 during that time.

Expressed as a percentage of those aged 15-64, Ireland had the highest proportion of persons aged under 15 in the EU (31.7%) and the lowest proportion of persons aged 65 and over (16.8%) in 2010. There is, therefore, a combined age dependency ratio of 48.5% in Ireland in 2010 which was similar to the average for other EU member states although markedly different in composition. Average life-expectancy for men in Ireland is 76.8 and for women, 81.6. Life expectancy at the age of 65 is rising faster than anywhere else in the EU. Irish women can expect to live another 20.6 years at the age of 65 in 2009 compared with 17 years in the 1990s, while Irish men at age 65 can expect to live another 17.2 years in 2009 compared with 13.4 years in the 1990s.

Government policy in relation to older people is to support people to live in dignity and independence in their own homes and communities for as long as possible and, where this is not possible, to support access to quality long-term residential care. While traditionally formal policy relating to older people has tended to deal almost exclusively with health and personal social services and social protection, a growing recognition over the last 5 to 10 years that quality of life in later life, as at any stage of the lifecycle, has many other determinants such as income, housing and the built environment, transport, education and lifelong learning, employment and retirement and opportunities for participation and contribution to social and civic life has ensured that policy and legislation in relation to older people has continued to evolve in Ireland. While latterly the global financial situation has impacted on progress, major reform of social policy has continued over the last number of years.

Ireland continues to respond to the challenges of population ageing by making interventions that support and enable people to live healthily and independently and to be active participants in their communities as they grow older. Recently, the Programme for Government published in March 2011 has committed to completing and implementing a National Positive Ageing Strategy. The Strategy aims to ensure that older people are recognised, supported and enabled to live full, independent lives. It will set the strategic direction for future policies, programmes and services for older people in Ireland. It will set out a framework for the development of operational plans by Government Departments, as well as for the development of ongoing mechanisms to monitor progress and identify challenges facing older people in the future. The Government is committed to continuing and completing work that commenced in 2008 so that older people are recognised, supported and enabled to live independent full lives.

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## MIPAA/RIS: Chapter 2

### Methodology

#### Evaluation of policy actions taken to implement MIPAA/RIS

Two primary methods were used to evaluate the implementation of MIPAA in Ireland. Firstly, a public consultation process to seek views on a positive ageing strategy has recently been completed and was used rather than engaging in a second major consultation. Secondly, an analysis of quantitative information on the older population derived from national population-based surveys conducted by Ireland's Central Statistics Office (CSO) and from the Irish Longitudinal Study on Ageing (TILDA) has been conducted, some of which are included throughout this report and in particular are included in Appendix 1.

The public consultation process, which represented the most comprehensive and wide-ranging consultation ever between government and all sectors of Irish society in relation to older people and ageing was conducted between June 2009 and June 2010 for the purpose of hearing the views of all relevant stakeholders in developing a new National Positive Ageing Strategy. A call for written submissions invited responses 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. A series of nine public regional consultation meetings was also held to offer an opportunity to express how stakeholders considered policy and services particularly in relation to 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.

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 and older people themselves participated in all stages of the process.

A thematic analysis of all the information collected during the consultation process was conducted. While the approach to the analysis was open to the emergence of all themes, due to the sheer volume of information received, it was considered useful to begin with a more structured approach by using a framework of factors considered as key to 'adding life to the years that have been added to life' and key to promoting the independence, participation, care, self-fulfilment and dignity of older people.

For the sake of clarity during the process of analysis, the UN Principles for Older People were translated into discrete themes under which the information from the consultation process was coded (Appendix 3 contains broad summaries of the key themes discussed during the consultation process). A report on the consultation process to highlight the issues which older people and service providers raised was published in 2010<sup>1</sup>.

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<sup>1</sup> *In Our Own Words: Report of the Consultation Process on the National Positive Ageing Strategy*. (2010). [http://www.dohc.ie/publications/in\\_our\\_own\\_words.html](http://www.dohc.ie/publications/in_our_own_words.html)

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## MIPAA/RIS: Chapter 3

### **National actions 2007-2012 in fulfilment of Commitments of the Madrid International Plan of Action on Ageing/Regional Implementation Strategy**

The national policy framework *Towards 2016* (2006)<sup>2</sup> acknowledged the need for a more cohesive and a cross-sectoral approach to policy-making, adopting a lifecycle approach that placed the individual at the centre of social policy development. In relation to older people, it articulated a vision of an Ireland of the future in which older people's quality of life would continue to improve. In that context and given the growing involvement of many Departments and state agencies in older people's lives, the Government recognised the need for structures across the public service that would lead to greater co-ordination in the delivery of services to older people. Accordingly, in January 2008, the Office for Older People was established at the (then titled) Department of Health and Children in an initiative which also saw the Minister of State for Older People assuming responsibilities for older people's issues across three Government departments. With a view to ensuring that research and policy-making for older people was more closely linked, the State's advisory body on older people's issues, the National Council on Ageing and Older People was dissolved in 2009 and its human resource expertise, records archive and library integrated into the new Office for Older People.

#### **Development of a National Positive Ageing Strategy**

On foot of a commitment to develop a national strategy for older people in the *Programme for Government*, 2007, a major function of the Office for Older People on its establishment in 2008 included the development of a National Positive Ageing Strategy for Ireland in response to the challenges and opportunities to be posed by ageing of the population in the years ahead. The new strategy for older people will be the primary vehicle for articulating ageing policy and will encompass such issues as the formulation of operational plans by Government departments aimed at enhancing service delivery to older people, joined up thinking on initiatives serving older people and ongoing mechanisms to monitor progress. It will be informed by the commitments of the Madrid Plan and will outline a vision and national goals and objectives in relation to the determinants of positive and active ageing. A key factor in ensuring the translation of the vision, national goals and objectives into reality will be the development of operational plans by Government departments which support the goals and objectives of the Strategy.

The new Strategy would be developed within the constraints posed by the current difficult fiscal situation and for that reason will not necessarily propose new service developments; rather it will set the strategic direction for future policies, programmes and services for older people in Ireland.

#### **Participation of organisations for older people in policy development**

In keeping with the commitment to develop the Strategy in conjunction with the recognised voluntary groups, an NGO Liaison Group comprising representatives of twelve national level non-governmental organisations with an interest in older people's issues was established in 2009 under an independent Chairperson. In 2009/2010, the most extensive consultation with older people ever undertaken by Government in Ireland was carried out by the Office for Older People with a view to

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<sup>2</sup> *Towards 2016: Ten-Year Framework Social Partnership Agreement 2006- 2015* (2006) <http://www.taoiseach.gov.ie>



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informing the development of the Strategy<sup>3</sup>. From 2007 to 2010, several prominent Irish older people's organisations participated in national social partnership negotiations as members of the Community and Voluntary Pillar that engaged in the social partnership process. It is envisaged that a National Older Person's Advisory Council will be established in due course, the membership of which will be reflective of all stakeholders with a role to play in promoting positive ageing: central government, local government, the voluntary sector, research community and older people's representative organisations and older people themselves. One of its main functions will be to advise on cross-government policy development for older people with a particular focus on the implementation of the National Positive Ageing Strategy.

## **Educational, training and research activities on ageing**

Many academic institutions in Ireland are currently engaged in a wide range of research projects relating to ageing. Several Institutes of Technology and universities in Ireland including Dublin University, University College Dublin, Dublin City University, University College Cork, National University of Ireland Galway and the Royal College of Surgeons in Ireland are conducting research in a variety of ageing related fields such as technology, molecular and biochemical, medical, psychological and neuropsychological, biosocial, healthy ageing and quality of life<sup>4</sup>.

## **Data collection and analysis**

In 2009, the Department of Health and Children (on behalf of Government) agreed to co-fund the Irish Longitudinal Study on Ageing (TILDA), given its potential to increase the quality and quantity of data available on the experience of ageing in Ireland. TILDA is a 10 year longitudinal study of a representative sample of 8,000 people aged 50 years and over on a periodic basis.

TILDA will address a number of data deficits given that it is collecting, on a periodic basis, in-depth information on all the domains of older people's lives including their health, economic situation and social circumstances<sup>5</sup>.

## **Monitoring mechanisms for review and appraisal of MIPAA/RIS**

To date, no specific monitoring mechanisms for MIPAA have been put in place. However, monitoring for MIPAA/RIS will be facilitated by the periodic collection and tracking of empirical data related to the specific goals and objectives of the National Positive Ageing Strategy and the underpinning actions of the Strategy to be implemented throughout the implementation process.

Departments and agencies will be required to outline how performance will be measured by proposing key performance indicators with respect to the commitments outlined in their operational plans. In addition, and specifically in the context of MIPAA, the UN has identified a number of indicators in the areas of demography, income and wealth, labour market participation, and social protection and financial sustainability that can also be employed in an Irish context. Once these have been agreed, 'baseline' indicators will be established so that progress from this position, arising from actions taken in support of the strategic goals and objectives of the Strategy can be assessed.

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<sup>3</sup> *In Our Own Words: Report of the Consultation Process on the National Positive Ageing Strategy*. (2010).

[http://www.dohc.ie/publications/in\\_our\\_own\\_words.html](http://www.dohc.ie/publications/in_our_own_words.html)

<sup>4</sup> Centre for Ageing Research and Development: *Picture of Ageing Research: Ireland, North and South* (2010).

<http://www.cardi.ie>.

<sup>5</sup> *The Irish Longitudinal Study on Ageing* (TILDA) <http://www.tcd.ie/tilda/>

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A number of structures and processes will be developed to formalise a periodic review of the implementation of the Strategy. The Office for Older People in the Department of Health will be the administrative focal point for this process.

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## MIPAA/RIS Commitment 1: Mainstreaming ageing

***‘To maintain ageing in all policy fields with the aim of bringing societies and economies into harmony with demographic change to achieve a society for all ages’***

### Evidence of mainstreaming of ageing in Ireland

*Towards 2016* was Ireland’s national policy framework current for most of the period 2007-2011. Adopting a lifecycle approach that placed the individual at the centre of policy development and delivery, it identified four key lifecycle stages: children, people of working age, older people and people with disabilities. With regard to older people, *Towards 2016* set out a vision of an Ireland in which older people ‘are provided with the supports, where necessary, to enable them to maintain their health and well-being, as well as to live active and full lives, in an independent way in their own homes and communities for as long as possible’<sup>6</sup>. To achieve this vision, the Government and social partners in Ireland undertook to work together towards the achievement of three long term goals in the context of increased longevity and greater possibilities and expectations for quality of life for older people in the years ahead: social and civic participation, income support and access to a spectrum of services that support independent living.

From early 2008, there were several developments aimed at mainstreaming ageing, including the establishment of the Office for Older People to bring greater coherence and a cross-sectoral approach to the formulation of Government policy for older people and the assuming of cross-departmental responsibilities by the Minister of State for Older People across departments of State in further recognition that ageing issues require multi-sectoral responses. The process of developing a **National Positive Ageing Strategy** was begun later in 2008, which included the establishment of a cross-departmental group representing ten departments of state and the Central Statistics Office. From the outset, it was emphasised that Departments would be required to identify areas where co-ordination with other Departments, other public sector bodies, groups and organisations in the community and voluntary sector, as well as private sector concerns will be necessary in order to develop actions in support of the Strategy’s goals and objectives.

While it is acknowledged that up to this point there has been limited progress towards mainstreaming ageing across Government departments, at local level there is evidence of greater awareness of the importance of the need for a cross-cutting approach to older people’s issues. This is most apparent in relation to the **Age Friendly Counties Programme** which was initiated in Ireland in 2008 to bring about greater collaboration in planning and provision across the statutory, voluntary/community and business sectors at local level. Operating on the premise that the current economic climate clearly demands greater efficiencies and effectiveness in provision of services to older people, this initiative sets out to encourage all relevant local service providers, voluntary organisations, commercial and representative bodies to work in partnership to align and mutually reinforce their supports to older people, avoiding important gaps and wasteful duplication. Practical examples abound. Examples of good practice brought about by the Age Friendly County initiative are health service providers liaising with transport providers to ensure that buses stop outside health centers and hospitals; care providers turning to older people’s voluntary organisations to provide important outreach and other supports and local authorities liaising with health services to make home adaptation grants available in time so older people do not have to stay in hospital when they are medically fit for discharge.

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<sup>6</sup> *Towards 2016: Ten-Year Framework Social Partnership Agreement 2006- 2015* (2006) p.61. <http://www.taoiseach.gov.ie>.

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Older People's Forums are an integral part of the initiative and these are open to all older people and to older people's representative organisations at local level. It is envisaged that all Irish counties will adopt the Age Friendly County initiative in the years ahead<sup>7</sup>.

**Anti-discrimination legislation:** The Employment Equality Acts (1998–2008) extend protection to older workers, including those over 65, from discrimination and harassment in employment. The Equal Status Acts provide a legislative framework to protect older people from discrimination and harassment when accessing goods, facilities, education, accommodation and services. The national policy framework *Towards 2016* (2006) highlighted the importance of public information campaigns in tackling ageism, specifically the annual 'Say No To Ageism' awareness initiative, the aims of which are to raise public awareness about stereotyping of older people and to promote and support practical action for 'age friendly' service provision in key sectors. A specific theme is selected annually.

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<sup>7</sup>Ageing Well Network - <http://www.ageingwellnetwork.com/AWN-joint-initiatives/age-friendly-counties>.

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## MIPAA/RIS Commitment 2: Integration and participation

### *'To ensure full integration and participation of older persons in society'*

As already mentioned, a strategy for social inclusion based on the lifecycle approach was set out in the national policy framework *Towards 2016*. The long term goals for older people in stipulated that:

- 'every older person would be encouraged and supported to participate to the greatest extent possible in social and civic life'
- 'every older person would have adequate support to enable them to remain living independently in their own homes for as long as possible'
- 'every older person would have access to a spectrum of care services that should ensure that the person has opportunities for civic and social engagement at community level'

The *National Action Plan for Social Inclusion (NAPinclusion)*<sup>8</sup>, complemented by the social inclusion elements of the *National Development Plan 2007-2013: Transforming Ireland – A Better Quality of Life for All*<sup>9</sup> set out how the social inclusion strategy in the national policy framework would be achieved over the period 2006-2015. *NAPinclusion* highlighted the issues and concerns facing older people with specific reference to employment and exclusion from the labour market, access to integrated services for older people and the provision of housing and accommodation.

The enablers identified as being of most relevance in achieving social inclusion for older people included the provision of adequate pensions/income supports, long-term care services, housing and accommodation, ensuring mobility, ensuring quality health services, and promoting education and employment opportunities. In that context, the *National Development Plan 2007-2013* encompassed a range of programmes and measures across a number of priorities that supported the vision for older people in *Towards 2016*: social housing, essential house repairs and improvements in primary health care facilities, the Rural Transport Initiative, education and training, support through community organisations to improve the security of its older members and activation and participation measures.

### **Principal enablers of integration and participation**

In terms of community care, home care packages that deliver a wide range of services were identified as being of most importance. Specific priority actions in *Towards 2016* in relation to improving housing for older people included ensuring availability of dwellings for older people on low incomes: grant schemes, social housing and sheltered housing options; Housing Action Plans to address special needs and support for the voluntary and co-operative housing sector; the Housing Adaptation Grant for People with a Disability and the Warmer Homes Scheme which aims to improve the energy efficiency and warmth of homes owned by people on low incomes. To ensure the needs of older people are being met with regard to policing, security and safety a *Garda Strategy for Older People* was developed and published by An Garda Síochána (police force) in 2010<sup>10</sup>. The Seniors Alert scheme (which replaced the Scheme of Community Support for Older People in 2010) provides funds

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<sup>8</sup> National Action Plan for Social Inclusion: <http://www.socialinclusion.ie/poverty.html#naps>

<sup>9</sup> National Development Plan 2007-2013: *Transforming Ireland – A Better Quality of Life for All*: <http://www.ndp.ie>

<sup>10</sup> An Garda Síochána Older People Strategy (2010): <http://www.garda.ie/Documents/User/older%20people%20strategy%20english.pdf>

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to local community and voluntary organisations to install personal monitored alarms and items of home security. Grants can be made to provide security measures for people aged 65 or over who are living alone, or only with other older people, and who are unable themselves to install or buy such equipment.

**Transport:** *Towards 2016* emphasised the need for further development of the Rural Transport Initiative (RTI) to support community based living. [In 2007, there were 554,257 passenger journeys involving people age 65 or over; in 2009, the figure was 691,663 and in 2010, 745,220.] A high proportion of older women use the service which is reflective, in part, of the fact that in excess of 53 per cent of the rural population aged 65 or over are female.

**Volunteering:** The *Taskforce on Active Citizenship* (2007) concluded that given growing awareness of the policy implications of demographic changes, *'there may be scope for encouraging more active engagement drawing on the experience, skills and availability of older citizens'*. €2.8 million was allocated in 2009 by the (then) Department of Community, Rural and Gaeltacht Affairs for a network of 21 volunteer centres in the main urban centres across Ireland. The primary role of the centres is to match members of the public interested in volunteering with local community organisations seeking volunteers.

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## MIPAA/RIS Commitment 3: Economic growth

### ***‘Promotion of equitable and sustainable economic growth in response to population ageing’***

Ireland experienced significant economic growth up to 2008. In the decade prior to that date, a significant number of people were lifted out of consistent poverty as a result of factors that included low levels of unemployment, the allocation of substantial resources to social welfare and other social services, the introduction of a national minimum wage, reform of the tax system and greater flexibility in the social welfare system aimed at supporting people into employment.

Notwithstanding these increases in economic growth and employment, not all people benefited equally. Ireland adopted the *National Action Plan for Social Inclusion 2007 – 2016* to tackle poverty and social exclusion. This Plan identified a wide range of targets, interventions, and high level strategic goals in certain key priority areas in order to achieve the overall objective of reducing consistent poverty. Both this Plan and the *National Development Plan 2007-2013 Transforming Ireland – A Better Quality of Life for All* sought to tailor supports around the needs of individuals at different stages of the lifecycle and contain high level goals which are aimed at providing the type of supports that enable older people to maintain a comfortable and high-quality standard of living.

Between 2004 and 2009, the gross weekly income of the older population (those aged 65 or over) increased from €289.05 to €428.86 (48%). This increase was for the most part attributable to increases in social transfers (+52.6%) and occupational pensions (+85.8%). In 2009 the at risk of poverty rate for those aged 65 or over was 9.6% down from 27.1% in 2004. The consistent poverty rate for the elderly population fell to 1.1% in 2009 from 3.9% in 2004.

This decline in the at risk of poverty rates has been attributed to Ireland’s public old age pension rates, which have increased at a faster rate than industrial earnings and the Consumer Price Index. Between 2004 and 2009, the State Pension (Contributory) was raised from €167.30 to €230.30 per week - an increase of 38%. Similarly, the State Pension (Non-Contributory) was increased from €154 to €219 per week - an increase of 42%. In contrast, during that period, average industrial earnings rose by 15.5%, while the Consumer Price Index increased by 10%.

Consistent with many economies world-wide, the Irish economy has contracted in recent years. Prior to the crisis, government debt was 25 per cent of GDP. It is projected to peak at 118 per cent of GDP in 2013. In 2011, the Irish Government published the *The National Recovery Plan (2011-2014)*, which is the blueprint for a return to sustainable growth in the Irish economy. This Plan aims to restore order to the public finances and to bring Ireland’s deficit in line with the EU target of 3% of GDP by 2015. It involves major budget adjustments over a four-year period. This process commenced with Budget 2011.

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## MIPAA/RIS Commitment 4: Social protection

### *'To adjust social protection systems in response to demographic changes and their social and economic consequences'*

In relation to the economic well-being of older people, Ireland's policy framework *Towards 2016* contained a number of commitments to social protection. Overall, the partners to the agreement, government and non-government, committed that *'every older person would have access to an income which is sufficient to sustain an acceptable standard of living'*.

By 2021, the number of people in Ireland over the age of 65 is expected to increase by approximately 50 per cent, and by 2050, it is projected that there will be three times as many older people living in the country. As a result, the projected increase in spending on public pensions (social welfare pensions and public service occupational pensions) will grow from approximately 5½ per cent of GDP in 2008 to almost 15 per cent in 2050. The task of financing increasing pension spending will fall to a diminishing share of the Irish population, with demographic projections indicating that there will be less than two people of working age to every person aged 65 or over by the middle of the century.

The **National Pensions Framework**, published in March 2010<sup>11</sup>, identified key issues to be addressed in response to demographic ageing in Ireland in the coming decades. The Framework sets out plans for future pension reform and it encompasses all aspects of pensions, from social welfare to private occupational pensions and public sector pension reform.

### Types of social welfare pensions

The two main pensions for older people in Ireland are the non-means tested State Pension (Contributory), which is paid to people from the age of 66 who have enough Irish social insurance contributions and the means-tested State Pension (Non-Contributory), which is available to all residents (subject to habitual residence condition) and is currently payable at 66 years of age.

There are also a number of other State pensions as follows: Mixed Rate Pro-Rata Pensions; Pre-1953 Pensions; Special Self-Employed Pension; State Pension Widow(er)'s and Surviving Civil Partner's Contributory Pension (WSCPCP).

### Number of recipients and expenditure at end of 2010

Pension	Number of people in receipt	Expenditure 2010 (provisional) €
State pension (contributory) (SPC)	280,419	3.45 billion
State pension (non-contributory) (SPNC)	97,179	977 million
State pension (transition) (SPT)	10,206	108 million
Widow(er)'s (contributory) pension	114,579	1.34 billion
Widow(er)'s non-contributory pension	1,977	25 million
<b>Total</b>	<b>504,360</b>	<b>5.98 billion</b>

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<sup>11</sup> National Pensions Framework (2010):  
<http://www.nationalpensionsframework.ie/downloads/NationalPensionsFramework.pdf>



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## Other social protection benefits

### Free travel

Free Travel is available to people aged 66 or over resident in the State. Free travel is also provided to those providing care and satisfying the payment condition in recognition of the additional costs which may occur in assisting the care recipient. There are currently approximately 700,000 people in receipt of the free travel scheme at an annual cost of some €77 million (2011 provision).

### Household Benefits Package and National Fuel Allowance

The Household Benefits Package is made up of three allowances, the electricity or gas allowance, the telephone allowance which now may be paid in respect of either a landline or a mobile phone and the free television licence. The Household Benefits Package is availed of by 390,000 people (2011) at a cost of €382 million.

The **National Fuel Allowance** assists householders on long-term social welfare or health service executive payments with meeting the cost of their heating needs during the winter season. It is estimated that up to 140,000 households are receiving both the fuel allowance and the electricity/gas allowance under the Household Benefits Package to assist with heating and other energy requirements. The 2011 annual provision for the fuel allowance is €230 million.

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## MIPAA/RIS Commitment 5: Participation in the labour market

### ***‘To enable the labour market to respond to the economic and social consequences of population ageing; participation in the labour market and access to lifelong learning opportunities’***

In Quarter 2, 2007, the participation rate of those aged 65 years and over in the labour market was 9.4% (16.1% male; 4.0% female). In the same quarter in 2011, the overall participation rate of those aged 65 years and over had fallen to 8.8% (13.8% male; 4.8% female). It is of note that the participation rate of females aged 65 years and over increased slightly during this 4 year period. In 2008, the average exit age from the labour force in the EU 27 was 61.4 years. The average exit age from the labour force was 64.1 years in Ireland, the joint second highest age among EU 27 member states. The average exit age in Ireland for women was 64.7 years compared with 63.5 years for men<sup>12</sup>.

In 2010, Ireland had the ninth highest employment rate for people aged 55-64 in the EU in 2010 at 50% (EU average of 46.3%). 58.1% of men and 42% of women aged 55-64 were employed in 2010. Recent statistics from the CSO showed that the largest percentage increase in unemployment for men occurred in the 60-64 age group, which increased by 13.0% in the six months to October 2009.

Projections suggest that there will be less than two people in Ireland of working age to every person aged 65 or over by the middle of the century, compared to almost six people of working age to every person aged 65 or over today. Recognising the social and economic implications of population ageing in Ireland in the years ahead, the national policy framework *Towards 2016* stressed that the continued participation of older people in the labour market *‘will be encouraged and facilitated to meet the challenge of an ageing society’*.

The Programme for Government (of the previous Government) 2007-2012 outlined the Government’s determination to improve the employment conditions of older people<sup>13</sup>. It acknowledged that compulsory retirement does not adequately reflect many people’s abilities or expectations and proposed that those reaching retirement age should be allowed to retire if they wish, but those who would prefer to stay at work should be facilitated in doing so. In this context the *National Pensions Framework* (2010) provides for increases in the State Pension age and arrangements are being examined which would enable people to postpone receipt of State Pension and receive an actuarially increased pension at a later date. In addition, the Framework has committed to encouraging and facilitating the continued participation of older people in the labour market to meet the challenge of an ageing society.

**“Expanding the workforce”**, the main measure used by FÁS (the State training agency) in relation to older women, aimed to provide a gateway for women returners into the labour market. The programme ran to 2009 by which time participation in the programme had fallen to a low level due to the changing economic climate. The Community Employment Part-time Job Option scheme provides participants with part-time work placements of up to 6 years for participants over 55 and up to 3 years for participants under 55. This option is designed to give extended access to employment

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<sup>12</sup> Central Statistics Office – [www.cso.ie](http://www.cso.ie)

<sup>13</sup> Programme for Government 2007-2012: ([http://www.taoiseach.gov.ie/eng/Publications/Publications\\_Archive/Publications\\_2007/An\\_Agreed\\_Programme\\_for\\_Government\\_-\\_June\\_2007.html](http://www.taoiseach.gov.ie/eng/Publications/Publications_Archive/Publications_2007/An_Agreed_Programme_for_Government_-_June_2007.html))

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to older people who may have been unable to secure regular employment for some time. **Skillnets** is a state funded, enterprise-led support body which has been working on the promotion and facilitation of training and upskilling.

In 2010 an alliance of Irish older people's organisations highlighted the barriers to employment which older people face, stressing the dangers of a policy of extending the retirement age, without an accompanying and proactive commitment by Government to policies incorporating life-long training, age-friendly HR practices and concerted action to eliminate ageism and prejudice against older workers<sup>14</sup>.

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<sup>14</sup> Older and Bolder: Ageing, the Democratic Dividend and Work:  
<http://www.olderandbolder.ie/sites/default/files/Creativity.pdf>

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## MIPAA/RIS Commitment 6: Lifelong Learning

### ***'Promotion of life-long learning and adaptation of the educational system in order to meet the changing economic, social and demographic condition'***

In Q3 2008, 1% of those aged 65-74 years and no-one aged 75 years and over reported receiving *formal education* in the previous year. These figures have not changed since 2003. 7% of those aged 65-74 years and 4% of those aged 75 years and over had received some *non-formal education* in the previous year. Participation rates for both age groups increased by 2 percentage points since 2003. 8% of those aged 65-74 years and 4% of those aged 75 years and over had participated in *lifelong learning* in the previous year. Participation rates for both age groups have increased by 2 percentage points since 2003<sup>15</sup>.

The national policy framework *Towards 2016* recognised that in the context of changing demographic patterns, a key objective for the Government and social partners would be to maximise the opportunities for older people to participate in education. Specific priority actions identified in 2016 included: *targeted adult and community educational opportunities, related to life-long learning; and support for older people to get involved in family literacy projects in bringing their 'knowledge, skills and experience to bear; training and advisory services, including those provided by FÁS (the National Training Agency) will assist older people who wish to return to the workplace.* These proposals were supported in the *National Action Plan for Social Inclusion* and the *National Pensions Framework (2010)* also recognised the need to maximise the opportunities for older people to participate in education. *The National Skills Strategy (2007)* set out an economic imperative for the upskilling of workers with low or no qualifications by setting targets for improving the levels of education currently in existence by 2020. The skills strategy also made the recommendation that literacy and numeracy development should be embedded in all publicly funded education and training programmes. In that context, the current *Programme for Government 2011-2016* states that *'lifelong learning, community education and vocational training for jobseekers will be a high priority and that the widespread and persistent problem of adult literacy will be addressed through the integration of literacy in vocational training and through community education'*.

### **Measures aimed at promoting life-long learning**

Adult and Community Education/Further Education programmes funded by the Department of Education and Science (latterly Education and Skills) provided opportunities for older people (among other groups) who wished to return to continuing education and learning. In the period under review there was no upper age limit for access to these programmes, which include Post Leaving Certificate courses, Back to Education Initiative (BTEI), Adult Literacy and Community Education. Older people are specifically prioritised within BTEI, as one of a number of target groups. (Some 8 per cent of BTEI participants in 2008 were aged 65 and over, and in 2007, 14 per cent of people availing of adult literacy tuition were aged 55 and over.) The University of the Third Age (U3A) is an international organisation whose aim is the education of retired members of the community. U3A is co-ordinated by an NGO Age Action Ireland with funding from the Department of Education and Skills. There are 14 branches of U3A in Ireland at present.

Since the onset of the economic downturn in 2008 cuts in funding for education have affected various projects including those involving training and adult education and there has also been a

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<sup>15</sup> Quarterly National Household Survey: Lifelong Learning, Quarter 3, 2008 ([www.cso.ie](http://www.cso.ie))

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reduction in the number of adult education officers who are responsible for a range of community-based learning opportunities. These austerity measures have had an effect on the provision of life long learning in the second half of the period under review.

*Towards 2016* stated that *'the exploitation of information and communications technology to improve the quality of life of older people and to assist them in independent living will be encouraged and supported'*. The national eInclusion Strategy Framework, developed by the eInclusion Stakeholders Group, prioritised action in the areas of ICT access and connectivity, ICT skills, awareness of the potential of ICT and how they can be used to assist every older person in their home life, social life, and where appropriate their work life. In that context, usage of Information and Communications Technology (ICT) for independent living has become a key theme of e-inclusion for older people. Partnerships involving academic institutions, locally-based IT multi-nationals and older people's organisations have put Ireland at the forefront of research and development in relation to ICT-based assistive technologies in recent years.

The *National Action Plan for Social Inclusion 2007-16*, outlined specific eInclusion actions, including a nationwide broadband scheme, breaking down barriers to lifelong learning, exploiting ICT infrastructure in communities and schools, and using technology to make public services more accessible. Training schemes in ICT usage included the **BenefIT scheme**, developed by the Knowledge Society Division, Department of Communications, Energy and Natural Resources to provide financial support to voluntary, not-for-profit organisations/services providers who develop initiatives designed to encourage and support the participation of late adopters of ICT, including older people. **Log On, Learn Computer Training** is a national initiative sponsored by Intel, An Post and Microsoft. Launched in January 2009, it brings Second Level Transition Year students and older people together to share computer and life skills. It is the largest delivery system of computer training designed especially for older people in Ireland. Age Action Ireland runs a nationwide **'Getting Started'** programme aimed at encouraging older people to use ICT, particularly email and internet. Throughout Ireland, local libraries also conduct courses in ICT for older people.

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## RIS Commitment 7: Quality of life, independence, health

### *‘To strive to ensure quality of life at all ages and maintain independent living including health and well-being’*

Considerable resources are already expended on services that directly or indirectly impact on the quality of life, independence and health of older people. Since 2007, a number of health-related policies, which have a direct or indirect impact on older people, have been produced by the Irish Government, for example;

- Report of the Interdepartmental Working Group on Long Term Care (2008)
- Tackling Chronic Disease - A Policy Framework for the Management of Chronic Diseases (2008)
- National Policy for Men’s Health (2008 - 2013)
- Action Plan for Health Research (2009 - 2013)
- National Guidelines on Physical Activity for Health (2009)
- National Cardiovascular Health Policy (2010-2019)
- Review of the Recommendations of Protecting Our Future: Report of the Working Group on Elder Abuse (2010)

A number of other Government priorities, as articulated in the Programme for Government 2011-2016, will have a direct impact on older people. Chief among these will be the introduction of Universal Primary Care and Universal Health Insurance (UHI).

Government policy specifically in relation to older people (which was again articulated in Towards 2016) is to support people to live in dignity and independence in their own homes and communities for as long as possible and, where this is not possible, to support access to quality long-term residential care. Since 2007, there has been significant investment in both community and residential services for older people in Ireland.

**Community based supports** - The needs of older people are met through a variety of community-based supports, which provide a multi-disciplinary approach to delivering appropriate services. These include day care services, meals on wheels services, respite services, home help services (number of beneficiaries increased from 49,578 in 2006 to 54,500 in 2010); and Home Care Packages. Home Care Packages were introduced in 2006 to provide enhanced supports to people who use core services (such as Home-Help), but who need more assistance to continue to live in the community. The number of clients benefiting from these packages increased from 7,003 in 2006 to 13,200 in 2010.

At present, private domiciliary care services are not regulated in Ireland by a statutory authority. The question of possible changes to legislation, including regulation and inspection, for home care services for older people, is under consideration.

The **Health Information and Quality Authority** is the independent Authority established in May 2007 to drive continuous improvement in Ireland’s health and social care services. New Care and Welfare Regulations for all nursing homes were drafted and brought into force on 1 July, 2009 underpinning the National Quality Standards for Residential Care Settings for Older People in Ireland which were approved by the Minister in February, 2009. The Health Information and Quality Authority (HIQA) registers and inspects all nursing homes against the Regulations and Standards.

In 2008, the Working Group on Long-Term Care reported on the policy options for a financially sustainable system of long-term care and on measures to rationalise the range of benefits, services

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and grants (both statutory and non-statutory) currently in place. The Nursing Home Support Scheme: *A Fair Deal*, was introduced in October 2009 founded on the core principles that long-term care should be affordable and that a person should receive the same level of State support whether they choose a public, voluntary or private nursing home. The Scheme is the single funded means of accessing long-term nursing home care for all new entrants.

An **Elder Abuse Service** is comprised of a dedicated staffing structure throughout the country, unified data collection, national and regional oversight mechanisms, and awareness training programmes. A national elder abuse research facility - **the National Centre for the Protection of Older People (NCPOP)** was established in 2008 and is funded by the Health Service Executive. In recent years, public awareness campaigns to raise awareness of elder abuse in community settings have been conducted by HSE. A National Working Group on Financial Abuse was also established in 2010.

**Go for Life** is the national programme for sports and physical activity for older people in Ireland which trains Physical Activity Leaders who run sports and physical activity sessions for older people's groups across the country. A small grants scheme enables groups to purchase new equipment. Go for Life is an Age & Opportunity initiative, funded by the Irish Sports Council. It runs in partnership with the Health Service Executive Health Promotion Units and the Local Sports Partnerships.

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## MIPAA/RIS Commitment 8: Gender

### *'To mainstream a gender approach in an ageing society'*

The achievement of a fairer society and equality for all citizens was set down as a primary aim of the national policy framework. With regard to gender equality, *Towards 2016* stressed the Irish Government's commitment to promoting gender equality across all stages of the life-cycle through a range of measures designed to promote equality of opportunity for women of all ages. The *National Development Plan 2007-2013* also stressed that the mainstreaming of Gender Equality was a priority of the Government and set out a range of positive actions designed to prepare women for participation in the labour market and in all levels of decision making.

The *National Women's Strategy* (2007-2016), the Irish Government's policy document in relation to the advancement of women of all ages in Irish society was launched in 2007. Among its key objectives were those aimed at reducing the numbers of women experiencing poverty by increasing their participation in the labour force and by promoting their advancement in the labour market. It aimed to decrease the gender pay gap and to increase pension cover among women in Ireland. The *National Women's Strategy* outlined measures to be taken to promote individual development of women throughout their entire life cycle, including support for women as entrepreneurs; ensuring that females achieve their full potential in the education system; and ensuring that the care infrastructure supports women's socio-economic engagement. Among the measures initiated and implemented were:

- The Equality for Women Measure (from 2008) to provide women currently outside the labour market with the social skills, and/or education, and/or training to enable them to enter or return to the labour market; In 2010, 184 courses involving 4,800 participants were delivered. A new phase was rolled out in 2010, with 43 selected projects, largely on labour market activation and entrepreneurship continuing into 2011. A total of 31 projects received offers of funding under the Access to Employment Strand of this new phase of the Measure.
- Support for women carers: The care of children, older family members as well as the care of other dependent persons has traditionally fallen to female family members in Ireland. In that context, the National Women's Strategy emphasised the importance of ensuring that these responsibilities do not fall to women only or impact upon the careers of women only. The Carer's Allowance which is The Carer's Allowance, which is the main social assistance payment for people who are providing certain older people or people with a disability with full time care and attention was still almost 20 per cent higher in 2010 than in 2006, despite a reduction made to the allowance in 2010. The weekly rate of carer's allowance for carers aged over 66 was maintained as was the rate of the annual Respite Care Grant. Funding was also allocated for training to assist carers in undertaking their caring role.
- **General training initiatives:** The economic downturn in Ireland first began to manifest itself in mid-2008 and in the period between 2008 and 2010, there was a five percentage point decline in the female employment rate. (The decline for women was slower than for men, with the male employment rate declining by fourteen percent in the same period.) Reflecting the downturn, women's uptake of the range of training interventions provided to increase labour market participation began to grow significantly from 2008. In 2010, 21,939 women completed such



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programmes. City and County Enterprise Boards and Enterprise Ireland were also active in supporting women in entrepreneurship.

- **Gender mainstreaming strategy in health:** A strategy on gender mainstreaming in health was in the process of development in 2010-11. An objective under the National Women's Strategy, gender mainstreaming is a tool to ensure that a gender equality perspective and analysis is part of policy making and service delivery. The strategy is being developed under the auspices of the Health Service Executive's commitment to reducing health inequalities under the Health Inequalities Framework, 2010-1012.

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## **MIPAA/RIS Commitment 9: Support for families that provide care**

### ***‘To support families that provide care for older persons and promote intergenerational and intra-generational solidarity among their members’***

Most older people in Ireland indicate that they wish to live independently in their own homes for as long as possible. It is acknowledged that as Ireland’s older population increases and family structures undergo changes, more older people will live alone. This situation will give rise to the need to carefully consider future caring needs in the context of the changing roles of the family, community and society and how the state supports those most in need of assistance.

According to the Census of Population 2006 there are 160,917 Family Carers in Ireland, representing 4.8% of the total population. Of these 40,883 provide fulltime care (i.e. over 43 hours of care each week). 18,152 Carers (11%) enumerated in Census 2006 were aged over 65 years, 8,819 of whom are providing more than 43 hours of care each week.

*Towards 2016* included several commitments specifically related to carers. These include commitments in relation to reviewing social welfare payments, consulting with representative groups and the development of training programmes. The *National Action Plan for Social Inclusion (NAPinclusion) 2007 – 2016* also recognises the valuable role played by carers in society not just in the commitments specifically related to carers but also in the sections on older people and people with disabilities.

The Health Service Executive provides a wide range of community-based services for care recipients, which indirectly support carers, and include the following:

- Specialist disability services such as Personal Assistants
- Physiotherapy
- Occupational therapy
- Chiropody
- Speech and language therapy
- Social workers
- Psychological services
- Meals on wheels
- Home help services
- Home care packages
- Day/respite services

The vast majority of older people receiving these services are medical card holders and, as such, have full eligibility for public health services, including general practitioner services. The HSE also provides information and advice to carers, on services available from the HSE and other agencies in the following areas:

- Training for carers
- Medication
- Financial support for carers
- Bereavement counselling

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Specialist disability services also include:

- Assessment and early childhood/family support
- Community-based medical, nursing and therapy
- Aids and appliances
- Financial allowances
- Information and advocacy
- Specialist day services including sheltered work and rehabilitation training
- Home support and personal assistants
- Respite care
- Residential services

Specialist disability services are provided in a variety of community and residential settings. The integral role of the non-statutory, voluntary and community groups is of particular relevance to the provision of health and personal social services to people with a disability. These agencies provide a very significant and broad range of services in partnership with and on behalf of the Health Service Executive.

The Department of Social Protection provides a range of supports for carers. These include:

The **Carer's Allowance**, which is the main social assistance payment for people who are providing certain older people or people with a disability with full time care and attention and whose incomes fall below a certain limit. Persons who are in receipt of carer's allowance also receive the annual respite care grant, the household benefits package and the free travel pass.

In September 2007 a new half rate Carer's Allowance was introduced. This allows people already in receipt of a social welfare payment and who provide full-time care and attention to another person, to retain their main social welfare payment and get half-rate Carer's Allowance as well. As of March 2011, there were 50,833 people in receipt of carer's allowance, including 21,264 on half-rate carer's allowance (about 41% of the total).

**Carer's Benefit** is a payment for people who have made social insurance contributions and who have recently left the workforce and are looking after somebody in need of full-time care and attention. The numbers in receipt of carer's benefit are small – usually between 1,800 and 2,000 per year.

The **Respite Care Grant** is an annual payment for full-time carers who look after certain people in need of full-time care and attention. An average of 60,000 people receive respite care grant each year (not including those who receive it along with the domiciliary care allowance for looking after a disabled child).

An inter-Departmental working group led by the Department of the Taoiseach was established to develop a National Carers' Strategy. However, the fiscal difficulties facing the economy caused the Government to defer the publication of the Strategy. This position remains unchanged at present although the current Programme for Government contains a commitment to publish the National Carers' Strategy.

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## **MIPAA/RIS Commitment 10: Implementation and follow-up of the Regional Implementation Strategy**

The current review and appraisal exercise of MIPAA/RIS is the first such exercise undertaken by the Republic of Ireland. In consequence, interaction with the UNECE Secretariat up to this point has been limited. However, it is envisaged that Ireland's implementation and follow-up of the Regional Implementation Strategy will lead to greater interaction with the UNECE Secretariat in the future, as well as interaction with other national focal points on ageing. In particular, promotion in Ireland of the forthcoming European Year for Active Ageing and Solidarity between Generations (2012) may afford opportunities for collaboration with other member states of the EU. Similarly, in light of Ireland's Presidency of the European Union in 2013, it is envisaged that there may also be opportunities for co-operation in the field of ageing, subject to the availability of resources available to the national focal point on ageing in Ireland at that time (January-June, 2013).

The ongoing preparation of a National Positive Ageing Strategy for Ireland and the structures that are expected to be put in place the monitoring and review of the Strategy will also allow for civil society involvement in the implementation and follow-up of RIS in Ireland in the years ahead. Ongoing monitoring mechanisms for review and appraisal of MIPAA/RIS will involve the periodic collection and tracking of empirical data related to the specific goals and objectives of the National Positive Ageing Strategy and underpinning actions throughout the implementation process. It is envisaged that this will be carried out in collaboration with all relevant civil society organisations in Ireland.

Promotion of the European Year of Active Ageing and Solidarity between Generations in Ireland in 2012 will also entail considerable involvement with civil society organisations working with and on behalf of older people.

As indicated under Commitment 1, the development of the Age Friendly Counties initiative in Ireland and the involvement of the national focal point on ageing with that process will allow for collaboration with civil society organisations at regional level throughout Ireland.

The Government of Ireland makes a substantial annual investment in data collection and analysis for the purpose of increasing the quality and quantity of data available on the experience of ageing in Ireland. This investment is made in TILDA (The Irish Longitudinal Study on Ageing) - a 10 year longitudinal study of a representative sample of 8,000 people aged 50 years and over. TILDA is designed to maximise comparability with other well-established international longitudinal studies, in particular the Survey of Health, Ageing and Retirement in Europe (SHARE), and thereby to facilitate cross-country comparisons. Because it is a 'new' longitudinal study, TILDA has been designed to address questions raised by these other studies and will, therefore, help to fill the gaps in international knowledge. The potential for sharing Irish data with focal points on ageing in other UNECE member states will be a further instance of cooperation in the rolling out of the Regional Implementation Strategy in the years ahead.

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## MIPAA/RIS: Chapter 4

### Conclusion and priorities for the future

Ireland currently enjoys the youngest population profile and the highest birth rate in Europe. Unlike our European counterparts, whose populations are already ageing at a faster rate than ours, Ireland is fortunate to have a window of opportunity and time to plan properly to plan for the ageing of its population. However, this does not mean that Ireland will not take demographic ageing seriously or assume that the quality of life of older people can be taken for granted at present. Foresight is the essence of good government and if we are to achieve the goals of an age-friendly society in Ireland in the years ahead, we know that we must start planning today for a future that starts tomorrow.

The aim of Government policy in relation to older people is to support them to live in dignity and independence in their own homes and communities for as long as is possible. Since the Leon Conference in 2007, it has been noted in the preceding Chapter (3) that Ireland has made significant progress in planning for the challenges and opportunities of population ageing. It has promoted the social inclusion of the individual older person through the provision of public pensions (which have increased at a faster rate than industrial earnings), more and better quality long term care services, more accessible transport (particularly in rural areas) and grants to improve the quality and safety of housing.

In particular, the establishment of an Office for Older People in the Department of Health and the commitment to develop a National Positive Ageing Strategy have placed the multi-sectoral needs of older people firmly on the national agenda. In the past, policy relating to older people tended to deal almost exclusively with health and social care issues. However, this National Positive Ageing Strategy has 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 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.

In addition, in recent years, a life-course approach to policy development, which encourages people to think about the long-term consequences of their choices at earlier stages in their lives, has been adopted. This is important given concerns about the financial sustainability of public welfare systems, which are adversely affected by a rising share of the older population. The National Positive Ageing Strategy will promote the need for personal responsibility and for individuals and families to make healthy choices, and to plan and prepare, financially and socially, for older age. In addition, the National Pensions Framework and the proposed introduction of universal health insurance and universal primary care, which will ensure that health service delivery is based on needs and not on means, will promote financial security and better health in later years.

A central ingredient in good planning and policy development for older people is the availability and use of valid, reliable and timely evidence about ageing and our older population. The Irish Longitudinal Study on Ageing (TILDA) will address a number of data deficits in relation to older people's health, economic situation and social circumstances. Many academic institutions in Ireland are currently engaged in a wide range of research projects in a variety of ageing related fields, which will also enhance the evidence base with which to inform policy into the future. The National Positive

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Ageing Strategy will also promote the development of a framework for the collection of information about the older population to identify priorities for future policy research.

Ireland currently has significant strengths in its enterprise base and in its research capabilities that are particularly relevant to the growth of a silver technology sector and it now has an opportunity to become a global centre for the commercialisation of technologies, services and products that improve the well-being of people across the world.

While Ireland can build on these strengths, there are challenges that require more concentrated attention. Negative attitudes towards ageing and older people remain in Irish society and the identification and eradication of ageist attitudes and practices will remain a priority. Related to this is the need for ageing policies to ensure a shift in focus from considering older people as a separate group, only in need of “care”. It has been acknowledged that there has been limited progress towards mainstreaming ageing across Government (RIS Commitment 3). However, it is hoped that by encouraging a mainstreaming agenda through the National Positive Ageing Strategy, that ageing issues will be included, by default, in every planning process.

The inter-related nature of many of the actions to enable older people to age positively in Ireland requires co-ordination and joined up policy development and service delivery, which, to date, has proven challenging. In the short term, when faced with a period of economic and fiscal consolidation, where the emphasis will be on the reconfiguration and reorganisation of existing programmes and services, making better use of existing resources rather than delivering new services, collaboration will be even more important. The National Positive Ageing Strategy will identify and support areas where such collaboration will be required.

Ireland is committed to continuing its cooperation with international organisations and policy makers in the European Union, the WHO and the United Nations to address the challenges and opportunities of population ageing and to make Ireland one of the best countries in the world in which to grow older.

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## Appendix 1: Situation of older people in Ireland

### Healthy ageing

#### Self-rated health of those aged 50 years and over

Three in four adults aged 50+ years in Ireland rate their own health as excellent, very good or good. 90% of those aged 50+ years rate their emotional health as excellent, very good or good.

#### Chronic disease <sup>(80)</sup>

##### Physical health of those aged 50 years and over

- 1 in 3 report doctor's diagnosis of high blood pressure and high cholesterol, which are risk factor for cardiovascular disease.
- 1 in 20 report diagnosis of angina.
- 1 in 12 report diagnosis of diabetes.
- 1 in 25 report diagnosis of chronic lung disease (CLD).
- Smokers more than twice as likely to report CLD.
- 1 in 3 report diagnosis of arthritis.
- 1 in 10 report diagnosis of osteoporosis.
- Almost 2 in 10 report having fallen in the last 12 months.
- 58% of men and 51% of women who satisfied ESC criteria for hypertension have not received a doctor's diagnosis, 100% of men and 66% of women who were assessed as having evidence of osteoporosis have not has a doctor's diagnosis.
- There is an age gradient for most cardiovascular and other disorders, except for lung disease, high cholesterol and cancer, which are most prevalent in adults aged between 65 and 74 years.
- Hypertension, angina and stroke are more common in men.
- Osteoporosis, arthritis and high cholesterol are more common in women.
- Low levels of education are associated with higher disease prevalence (except for urinary continence and cancer, where no association is observed).
- Wealthier people have less cardiovascular disease.
- Poorer people experience more limitation associated with chronic diseases than wealthier people.

##### Mental Health of those aged 50 years and over

- 1 in 20 report a doctor's diagnosis of depression.
- 1 in 10 report clinically significant depressive symptoms.
- Almost 1 in 5 report sub-threshold depression.
- Nearly 4 in 5 people aged 50+ years who have depression have not received a doctor's diagnosis.
- 1 in 20 report a doctor's diagnosis of anxiety.
- Over 1 in 10 experienced case level anxiety.
- Almost 3 in 10 reported sub-threshold levels of anxiety.
- Nearly 17 in 20 people aged 50+ who suffer from anxiety have not received a doctor's diagnosis.
- 82% of those aged 50+ years perceive their memory as excellent, very good or good.
- At all ages, men and women have similar levels of cognitive impairment.
- Cognitive impairment increases with age.
- There is a marked association between cognitive impairment and education levels.

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## Behavioural health of those aged 50 years and over

- Nearly 1 in 5 are smokers (rates are similar for men and women), those aged 50-64 are more likely to smoke.
- Less than 2% report a history of alcohol abuse, but 1 in 25 are assessed as being 'problem drinkers' (by CAGE questionnaire).
- 2 in 3 report engagement in moderate or high levels of activity (at all ages, men are more active than women).
- 3 in 4 are either overweight or obese.
- 1 in 5 older adults take 5 or more medications, rising to 1 in 2 of those aged 75 years and older.
- Those with medical cards are more than twice as likely to be taking 5 or more medications.

## Screening

- 3 in 4 men have been screened for prostate cancer.
- Over 3 in 4 women regularly check for lumps.
- Just less than 3 in 4 have had a mammogram, those with the lowest levels of education and wealth were less likely to have been screened for prostate and breast cancer.
- Higher education is generally associated with better health screening (except for flu vaccination).
- Wealthier women are more likely to have had a mammogram.

## Disability

Disability is defined as difficulty in carrying out normal daily activities, referred to as activities of daily living (ADL)<sup>16</sup> and instrumental activities of daily living (IADL)<sup>17</sup>.

- 12% of men and 14% of women aged 50 and over have at least one such disability.
- There is a clear age gradient as the prevalence is greater at older ages and in each age group.
- Women are more likely to experience difficulties with ADLs and IADLs than men. The prevalence of limitations in the oldest age group (75+) is 23% for men (9% with ADL only, 6% with IADL only and 8% with IADL and ADL difficulties), while for women it is 32% (6% with ADL only, 12% with IADL only and 14% with IADL and ADL difficulties)<sup>(83)</sup>.

The results of the National Disability Survey, 2006 (CSO, 2008d) showed that people aged 65-74 have on average 2.6 disabilities per person and people aged 75 and over have an average of 2.8 disabilities per person. However, the proportion of people with disabilities ranges from one in nine of those aged 50-54 to almost 60% of those aged 85 years and over. Among the over 65s, the most frequently reported disability was mobility and dexterity problems. Pain was the next most frequently reported disability. For both conditions the most commonly cited cause was arthritis.

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<sup>16</sup> Activities of Daily Living (ADL) are the basic tasks of everyday life that pertain to personal care, such as eating, bathing, dressing, toileting and moving about.

<sup>17</sup> Instrumental Activities of Daily Living (IADLS) are activities performed by a person in order to live independently in a community setting, such as managing money, shopping, using the telephone, housekeeping, preparing meals, and taking medications correctly.



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## Health and personal social services

### Health service utilisation of those aged 50 years and over

- Most commonly used health and personal social services (among those aged 50+ years) were: PHN (7%); chiropody (5%); physiotherapy (5%); home helps (4%); optician services (13%); and dental services (11%).
- Utilisation rates increase with age except for optician and dental services, which decrease slightly between those aged 70-79 and 80+ years.
- Rates of use among the 50-59 years are: PHN (2%); chiropody (1%); physiotherapy (4%); home helps (1%); optician services (8%); and dental services (10%).
- Rates of use among the 80+ years are: PHN (25%); chiropody (16%); physiotherapy (7%); home helps (20%); optician services (19%); and dental services (9%).
- Long stay care – in 2008, less than 5% of those aged over 65 years were in long stay care. Two thirds of all residents were female, two thirds were aged 80 years and over and two thirds were in the high or maximum dependency category. Almost three quarters of the female residents were aged 80 years and over compared to just over half of the male residents. In relation to the reason for residence, the largest proportion fell into the chronic physical illness category (33.8%) followed by dementia (26%)<sup>(91)</sup>.

## Carers

### Number of carers

According to the Census of Population 2006 there are 160,917 Family Carers in Ireland, representing 4.8% of the total population. Of these 40,883 provide fulltime care (i.e. over 43 hours of care each week).

18,152 Carers (11%) enumerated in Census 2006 were aged over 65 years, 8,819 of whom are providing more than 43 hours of care each week.

### Carer profile

- A third of all carers of all ages are caring for someone who needs care due to old age.
- Among those aged 65 years and over, men and women were equally likely to be carers, 7% of men and 8% of women.
- 39% of carers aged 65 years and over were caring for a spouse of partner.
- 21% of carers looking after someone in the same household and 10% of those looking after someone in another household were aged 65 years and over.
- Of those carers who spend 15 hours or more per week caring, 17% were aged 65 years and over.
- Few carers aged 65 years and over described their health as 'very bad' or 'bad', but 29% described their health as 'fair'.

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- 17% of carers aged 65 years and over experienced difficulties with basic physical activities.

## **Employment and retirement**

### **Employment and retirement among the over 50s**

- Of those aged 50 - 64, 62% of men and 46% of women are at work. Between the ages of 65 and 74, 16% of men and 8% of women are in employment, while 82% of men and 52% of women report themselves as retired.
- Another 36% of women aged 65 - 74 are looking after home or family, while men almost never describe themselves as such.
- Among men aged 75 and over, 11% are still employed, with farmers making up most of this group (84%). Self employment is more common among men (41% of those at work) than women (12%).
- Those aged 60-64 and aged 65+ are more likely to be working part-time than their younger counterparts (aged 50-54 and 55-59): 7% of men aged 50-54 work part-time, compared to 23% of men aged 60-64 and 31% of men aged 65+. The corresponding figures for women are 48%, 56% and 71%, respectively.
- For men, the average number of hours worked is similar before and after reaching age 65 (37 for men aged 60-64 compared to 36 for men aged 65+). For women, the number of hours worked decreases significantly after reaching age 65, shifting from 27 for women aged 60 - 64 to 21 for women aged 65 and above.
- Among employees, 43% of men and 36% of women expect to retire at age 65. 25% of men and 26% of women plan to retire before state pension age, whereas 15% of men and 10% of women plan to continue working after reaching the current state pension age.
- Women are more uncertain about the age at which they will retire: 13% of women and 6% of men do not know when they will retire. Interestingly, 16% of women and 11% of men do not plan to retire.

## **Education and lifelong learning**

### **Informal education**

- 1% of those aged 65-74 years and no-one aged 75 years and over reported receiving formal education in the previous year. These figures have not changed since 2003.
- 7% of those aged 65-74 years and 4% of those aged 75 years and over had received some non-formal education in the previous year. Participation rates for both age groups have increased by 2 percentage points since 2003.
- 8% of those aged 65-74 years and 4% of those aged 75 years and over had participated in lifelong learning (formal and/or non-formal education) in the previous year. Participation rates for both age groups have increased by 2 percentage points since 2003.

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- The most common fields of non-formal education engaged in by those aged 65-74 years in the previous year were; Science, mathematics and computing; humanities and arts; and general programmes.
  - The most common fields of non-formal education engaged in by those aged 75+ years in the previous year were; Science, mathematics and computing; humanities and arts; and health and welfare.
  - 49% of those aged 65-74 years (from 48% in 2003) and 38% of those aged 75 years and over (from 36% in 2003) had received some informal education in the previous year. Informal education includes reading professional books and magazines, educational broadcasting, library visits and use of the internet.

## **Volunteering**

- Fifteen per cent of older adults volunteer at least once per week, 11% at least once per month, 16% at least once per year and 58% never engage in voluntary work.
- People aged 65-74 years are more likely to volunteer frequently compared to people in other age groups (50-64 years and 75 years and older), regardless of sex.

## **Participation**

### **Social participation among the over fifties**

- Among the most popular activities (once a week or more) are watching television (98%), listening to the radio (94%), visiting with family or friends (86%), and reading books and magazines (73%). The least commonly reported activity is attending films, plays, or concerts, with only 5% of the 50+ population attending these events weekly.
- Daily participation in intimate social relationships, such as visiting with family and friends, is greater for women than men, and is more common among older age groups (75 years or more).
- Participation in active and relatively social leisure activities is greater for men than women, and is lowest in the oldest age group (75 years or more).
- Within the population over 50, older people (75+ years) are more likely to go to the pub than younger people (50-64 years).
- Women are more likely than men to read books and magazines, visit friends or do voluntary work.
- Those who attained a higher level of education are more likely to attend films, plays, concerts and lectures.
- Those who report being in better health are more likely to participate in sporting activities, attend classes and to spend time on hobbies and creative activities.

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## Isolation

- 6% of women and 7% of men are classified as being most isolated, while 26% of men and 23% of women fall into the most integrated level of social engagement. Most respondents are classified as moderately integrated, regardless of age or sex.
- In the oldest age group (75+), men are more socially integrated than women.
- Higher levels of social connection are associated with higher mean quality of life scores.
- Women are more likely to feel lonely than men across the age spectrum and more educated individuals are less likely to feel lonely.

## Loneliness

- In relation to romantic loneliness (absence of a close friend or partner), 50% of those aged 65 years and over reported that they were moderately lonely. Figures in this regard were significantly higher for women than for men.
- In relation to social loneliness, 10% of those aged 65 years and over reported that they were moderately lonely, with 2% reporting that they were very lonely.
- In relation to family loneliness, 7% reported that they were moderately lonely.
- Those aged 85 years and over reported the highest levels of social and romantic loneliness.
- Social loneliness was significantly correlated with increasing age, lack of access to transport, having greater distances to travel to banks and post offices, poorer health and living in a rural area.
- Family loneliness was significantly correlated with increasing age, poorer health, living in an urban area and not being married.
- Romantic loneliness was significantly correlated with increasing age, poor overall health, being female, lower level education, caring for a relative and not being married.

## Transport

### Transport use

The majority of the Irish population aged 50 years and over rely heavily on cars as the main mode of transport. The majority stated that they drive themselves (76%), followed by 14% who are primarily driven by a family member. Public bus is the third most reported method of transport (5%). For fewer than 2%, riding a bicycle or motorbike, or being driven by friends, is the main mode of transport.

### Lack of transport as a barrier to access

Just over one third (35 per cent) of heads of household aged 65 and over had difficulty accessing public transport compared to 26 per cent of all heads of household. One quarter of older heads of household had difficulty accessing a shop that sells groceries or a post office (23 per cent and 26 per

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cent, respectively), compared to 16 per cent and 12 per cent, respectively, of all heads of households.

### **Income and older people**

- According to the 2009 SILC<sup>18</sup> survey just under 10% of people aged 65+ were at risk of income poverty compared to 12% among those aged between 18 and 65. However, the proportion aged 65+ at risk of poverty has decreased significantly from 30% in 2003. In 2009 the 'at risk of income poverty' line for a single person was €231, down from €239 in 2008.
- A large proportion of households including people aged 50 and over (around 29%) have incomes between €201 and €300 per week with the second most common group at €401 to €500 per week. These groups represent the large proportion of the older population on contributory and non-contributory state pensions.
- The average household disposable income of people aged 50 and above is €767 per week.
- 13% of those aged 50 and above have a net or disposable income of more than €1000 a week and 4% have a disposable income of €2,000 or more a week.

### **Pensions and older people**

For those persons in employment and aged 55-69 years:

- 54% had a occupational pension or a private pension or both in Q1 2008 compared to 49% in Q4 2009.
- 56% had a occupational pension only in Q1 2008 compared to 64% in Q4 2009.
- 37% had a private pension only in Q1 2008 compared to 30% in Q4 2009.
- 7% had both in Q1 2008 compared to 30% in Q4 2009.
- Reasons given for not having a pension included; can't afford a pension (25%); never got around to organising one (16%); and other sources will be adequate (10%).
- The percentage of respondents who stated that the Occupational or personal pension was the expected main source of income on retirement fell from 45% in Q4 2005 to 34% in Q4 2009.
- The percentage of respondents who stated that State social welfare old age pension was the expected main source of income on retirement rose from 35% in Q4 2005 to 44% in Q4 2009.
- The percentage of respondents who stated that savings, investments, sale of business or other property was the expected main source of income on retirement was 8% in Q4 2005 and in Q4 2009.

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<sup>18</sup> Survey of Income and Living Conditions in Ireland (2009):[http://www.cso.ie/releasespublications/documents/silc/2009/silc\\_2009.pdf](http://www.cso.ie/releasespublications/documents/silc/2009/silc_2009.pdf)

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For those aged 50 years and over:

- Among those aged 65-74 the proportion of total income from state pensions is over 60% and increases to over 75% among those aged 75 and over. The proportion of income from state pensions decreases with increasing educational attainment.
- As level of education increases, the proportion of total income from occupational pensions (including public sector pensions) or private pensions also increases, reaching over 70% of the total among those aged 65+ with third level education.
- Regardless of age group, the proportion of those who depend solely on state transfers is considerably higher amongst the least educated group.
- Female employees aged 50 - 64 are less likely to be covered by occupational and private pension schemes than their male counterparts. Amongst women at work, 41% are not covered by an occupational, PRSA or private pension scheme compared to 20% of men. Women are also less likely to be covered by an occupational pension scheme (52% compared to 68% for men).
- The proportion of those with any savings (held in savings or deposit accounts) or other financial assets (including bonds, mutual funds or shares, but excluding future pension entitlement) is just under 60% of people with primary education, around 76% for those with secondary education and around 85% for those with tertiary education.
- A fifth of those with primary education are in debt. Around 28% of those with secondary education are in debt and about a third of those with tertiary education are in debt. The median level of debt for those with primary education is €6,000 and the median level for those with either secondary or tertiary education is €10,000.

## Housing

### Home-ownership and living arrangements

- The majority of older people own their own home outright. This finding is constant across education groups.
- A significant minority (16% to 32% depending on education level) of those aged less than 65 are still paying off a mortgage but this proportion becomes negligible amongst those aged over 65.
- The proportion renting on the private market is very small (3%-6%) across different age and education groups.
- The proportion of people living in the homes of their children is small (on average about 2%) but is largest amongst the very oldest age groups (5%-7% amongst those aged 75 and over).
- The proportion of respondents renting from local authorities is concentrated amongst those who left education after primary school (9% - 25% depending on age group) and is under 10% for other education groups.
- Around 13% of older people own a residential property that is not their main residence. Property other than current residence includes houses, apartments and holiday homes but excludes time shares.

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- The proportion owning property other than their current residence varies considerably over education groups. Around 30% of those with tertiary education own at least one such property compared with 15% for those with secondary level education and just 5% for those with primary education.

### **Housing conditions**

- In 2007, less than 4 per cent of households were not able to keep their accommodation adequately warm. The proportion of 65 year olds experiencing heating deprivation was 3 per cent.
- 12 per cent of retired households in Ireland and 13 per cent of heads of households aged 65 and over were dissatisfied with their dwelling, compared to 17 per cent of heads of households across all age groups.
- Older heads of household were more likely to be satisfied with their accommodation than younger households.

### **Safety and security**

#### **Victims and perceptions of crime**

- In 2010, 2% of males and 3% of females over the age of 65 years were victims of crime compared to 4% of males and females of all ages.
- 44% of those aged over 65 years (30% males; 55% females) reported feeling unsafe or very unsafe walking alone in their neighbourhoods after dark compared to 21% of those aged 18-24.
- Compared to people aged 18-24 years, three times as many older people (15%; 5% males; 9% females) reported feeling unsafe or very unsafe alone in their homes after dark.
- 90% (88% males; 91% females) of those aged 65 years and over considered crime in Ireland to be a serious or a very serious problem.
- 56% of those aged 65 years and over did not worry about becoming a victim of crime.
- 55% of those aged 65 years and over were not very confident or not at all confident in the criminal justice system.
- 75% of those aged 65 years and over rated the Gardai in their local area as good or very good.
- 33% of those aged 65 years and over felt that there was a little or a lot more crime in their local area compared to 12 months ago.

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## Elder abuse

### Prevalence of elder abuse

- A recent prevalence study of mistreatment (includes physical, psychological, sexual, financial abuse and neglect) over a 12 month period found that 2.2% of the population experienced some form of mistreatment.
- Applying these statistics to the general population of people aged 65 years or older, the number of older people who have experienced mistreatment is estimated at 10,201.
- Financial abuse at 1.3% of the population was the most frequent type of abuse reported, followed by psychological abuse (1.2%), physical abuse (0.5%), and neglect (0.3%). Sexual abuse at 0.05% was the least common type of reported abuse.
- In relation to financial abuse, the most frequently reported behaviour was being forced to give money or property to someone in a position of trust. The most frequent types of psychological abuse reported included verbal insults, followed by being excluded, undermined and threatened verbally. The majority of the physical abuse reported related to being pushed, followed by being threatened or hit with an object, kicked, and denied access to equipment such as a walking or hearing aid, or being restrained.
- Older people who reported acts of mistreatment most frequently identified adult children as perpetrators (50%), followed by other relatives (24%), and a spouse/partner (20%).
- Particular risk factors were living with the perpetrator (37%), the perpetrator being unemployed (51%) and the perpetrator abusing alcohol (19%).
- Over one third of participants did not report the abuse or neglect to anyone.
- In the case of people who did report mistreatment, other family members were the most likely people to be told about the abuse (41%), followed by a GP (11%). In 9% of cases the police were told about the abuse.

The Health Service Executive (HSE) received 2,110 referrals of alleged abuse in 2010, up from 1,870 in 2009 (an increase of 10%).

- 84% of people referred were living at home.
- 68% of people suffering abuse were women.
- In 78% of cases there was a familial relationship with the alleged perpetrator (son/daughter 44%, other relative 18%, partner/spouse 16%).
- Most referrals were made through Public Health Nurses followed by other Health Service Executive (HSE) staff and family.
- In 95% of cases, the abuse was alleged to have occurred in a person's place of residence.
- The incidence of allegations of elder abuse rate per 1,000 population increased with age, from 1.97 among those in the 65-79 age bracket to 6.85 among those aged 80+ years.



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The most common types of alleged abuse were:

- psychological 31%
- financial 23%
- neglect 22%
- physical 13%
- self-neglect 5%
- sexual 2%
- other 3%
- discrimination 1%

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## Appendix 2:

### Policy developments impacting on older people since 2007

ISSUE	CURRENT POLICIES/STRATEGIES
<b>Social Inclusion</b>	The National Action Plan for Social Inclusion (NAPInclusion 2007 – 2016) The National Women’s Strategy (2007 – 2016)
<b>Income</b>	The National Pensions Framework (2010)
<b>Health</b>	Report of the Interdepartmental Working Group on Long Term Care (2008) Tackling Chronic Disease - A Policy Framework for the Management of Chronic Diseases (2008) National Policy for Men’s Health (2008 - 2013) HSE Population Health Strategy (2008) Action Plan for Health Research (2009 - 2013) National Guidelines on Physical Activity for Health (2009) National Cardiovascular Health Policy (2010-2019) Review of the Recommendations of Protecting Our Future: Report of the Working Group on Elder Abuse (2010)
<b>Housing</b>	Delivering Homes, Sustaining Communities: Statement on Housing Policy (2007)
<b>Safety and Security</b>	An Garda Síochána Strategy for Older People (2010) An Garda Síochána National Model of Community Policing National Strategy on Domestic, Sexual and Gender-based Violence (2010 - 2014) Road Safety Strategy (2007 - 2012)
<b>Participation</b>	Report of the Taskforce on Active Citizenship (2007) Building Sport for Life: The Next Phase (2009 - 2011)

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## Appendix 3:

### Summary of themes from national consultation process with older people in Ireland, 2010

#### Care

##### 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.

##### Health and personal 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.

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.

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.

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.

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. Many called for the recent Government decision in relation to the removal of the automatic entitlement at age 70 to the medical card to be reversed. Some felt that an automatic entitlement should be available at 66 years, others at 80 years.

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.

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## 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*

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. 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
- 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).
- 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:

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- That currently they dedicate a significant amount of their time to children.
  - That some older people do not know who their local PHN is.
  - 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.

#### *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. 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 to 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.

#### *Regulation of Home Care Services*

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 also felt that there could be

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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).

### **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.

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.

### **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.

## **Independence**

### **Housing**

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.

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## **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 and repair can play helping older people to remain living and participating in their own communities was highlighted on a number of occasions.

## **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 and to access health and social services was raised a number of times.

## **Employment and retirement**

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

## **Income and pensions**

The importance of an adequate and secure income to enhance independence in retirement was highlighted on a number of occasions. 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 struggled to pay for food and for their household bills (heating/fuel costs in particular

## **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. 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.

## **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. 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'.

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## **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.

### **Participation in policy development, service planning and delivery**

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.

### **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. 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

### **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.

## **Self-fulfilment**

### **Cultural, spiritual and recreational**

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



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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.

### **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. 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). 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.

## **Dignity**

### **Ageism**

Throughout the consultation process, ageism was considered by many to be widespread in Irish society. 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 repeatedly that the Strategy must aim to stamp out stereotypes that label people “bed blockers” or describe them as being a “drain on services”. Older people’s experience of age discrimination in relation to access to employment, promotional opportunities and training was identified on a number of occasions. Older people’s experiences of higher premium rates applied to them by many insurance companies were noted. 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.). It was also highlighted that ageism is particularly evident in media advertising.

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.

### **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. 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.

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

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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.

### **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. 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. 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.