

A New Approach To Ageing & Ageism

Policy Document
21 June 2006



Senator
Mary White



ABOUT A NEW APPROACH TO AGEING AND AGEISM

I would like to extend my gratitude to my Parliamentary Party Colleagues in the Seanad and Dáil for their encouragement and support. I advised the Local Authority elected members of my consultative public meetings and I would like to thank those who attended as well as those who responded otherwise.

Currently in Ireland, over 11% of our population are over 65 years old and despite stereotypes to the contrary, the vast majority are healthy, able and active individuals with much to offer their communities and society as a whole. I began examining the issues of ageing and ageism because I believe that it is time to seriously evaluate:

- Our attitude to our growing older population.
- The role older people have and can have in society.
- Care and service provision for older people – without whom we would not be enjoying the fruits of the ‘Celtic Tiger’.

This policy document represents the culmination of over a year’s research and discussion on this topic. I have held a series of public meetings, where I had the opportunity to listen to the concerns of older people and their representative organisations. These meetings included:

- Public Meeting: 11 February 2006 – Parish Centre, Rathgar
- Public Meeting: 24 February 2006 – Railway Union Sports Club, Sandymount
- Public Meeting: 10 March 2006 – The Dropping Well, Milltown
- Private Meeting: 13 March 2006 – Ringsend Active Retirement Association
- Conference: 6 May 2006 – Berkeley Court Hotel, Ballsbridge

The meetings and conference were well attended and the discussion that arose was both insightful and extremely important in the context of putting together a policy document for older people; and they inspired me to raise older people’s issues at a national level.

I have put the subject of ageing and ageism on the agenda of two meetings of the Fianna Fáil Parliamentary Party in the presence of An Taoiseach, Bertie Ahern T.D., Fianna Fáil ministers, TDs and Senators. These motions were very well received.

- Motion before the Fianna Fáil Parliamentary Party, 31 January 2006
- Motion before the Fianna Fáil Parliamentary Party, 9 May 2006

I have met with lobbying and representative groups for older people; I have consulted active retirement associations; I have attended several conferences for older people; I have examined the numerous reports commissioned on older people’s issues; and I have examined the existing policies and their impact for the older population.

A New Approach To Ageing & Ageism provides an analysis of the many issues facing older people in Ireland and advances a series of specific recommendations in response to the challenges that exist now, and the challenges that lie ahead.

Senator Mary White, Fianna Fáil
21 June 2006



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In June 2005, I published a comprehensive childcare document entitled *A New Approach to Childcare*, which was influential in the new Childcare Policy approach announced in Budget 2006. I am optimistic that *A New Approach to Ageing and Ageism* will likewise be influential in radically enhancing Government policies towards ageing and ageism.

SUMMARY AND RECOMMENDATIONS

A New Approach to Ageing and Ageism is a road map for better policy provision for older people by Government, policymakers, trade unions, employers and society at large. Better policy provision means recognising that current policies are outdated and lack an understanding of the fact that older people in the 21st century are healthier, more active and have greater expectations for their life than any previous older generation in the past.

Better policy provision means adopting age friendly policies that will allow the vast majority of older people to realise their full potential. And for those older people who become ill or incapacitated, it means providing real housing and community care options – the preferred choice of the vast majority of older people.

Chapter 1 - Why A New Approach To Ageing and Ageism Is Needed

This chapter provides a strong fact based argument for better policy provision. It outlines the demographic reasons for immediately initiating a new approach to Ireland's older population and highlights the impact of ageism and societal attitudes towards older people.

Chapter 2 - Tackling Ageism

- Recommendation 1 proposes that mandatory retirement at age 65 should be abolished. Older people should have the right to work beyond 65 if they so wish and should be subject to the same assessment of competency, ability and good health that is used to assess employees of all ages.
- Recommendation 2 proposes that progressive retirement strategies such as phased retirement and part-time work be initiated and introduced by the Government.
- Recommendation 3 deals with discrimination in the workplace and proposes that Equality Action Plans and implementation structures be made compulsory for all employers.
- Recommendation 4 examines ageism in health service provision and calls for the scrapping of upper age limits for cancer screening and that people should be referred to specialist treatments on a needs-first basis, not age-first basis.
- Recommendation 5 calls for a National Action Plan Against Ageism, which will incorporate educational and cultural components to help foster a new 'inter-generational respect'. Such a National Plan would be analogous to the current National Action Plan Against Racism.
- Recommendation 6 proposes that age-equality on State boards, company boards and committees be pro-actively pursued just as gender equality has been in recent years.



- Recommendation 7 proposes that the Government develops a National Strategy for Promoting New and Meaningful Volunteer Activities and Civic Engagements for Current and Future Older People.

Chapter 3 - Positive and Active Ageing

- Recommendation 8 proposes that the employability of older people should be bolstered through re-training for employees from the age of 50 onwards – ensuring that older people are competent and capable in up-to-date office and workplace technology. This would be funded through the National Training Fund.
- Recommendation 9 argues that the driving license renewal process should be overhauled to make it age-friendly, and that the Government should carry out an immediate comprehensive review of the rural transport scheme with a view to its expansion.
- Recommendation 10 states that travel insurance and other insurance costs should be more transparent and not increased arbitrarily on the basis of age.
- Recommendation 11 proposes the use of an expanded Back to Education allowance to help older people pursue further education in retirement.

SUMMARY AND RECOMMENDATIONS

- Recommendation 12 argues that the Government should give greater assistance to sustainable social networks such as community groups, active retirement groups and sports clubs, while funding for projects such as the Senior Helpline should be increased.
- Recommendation 13 contends that recreational outlets are at least as important for older people's health and well-being as sports are for young people, and therefore, should receive comparable funding.
- Recommendation 14 calls for a campaign to raise awareness of health issues among older people.

Chapter 4 - Housing and Care Options for Older People

- Recommendation 15 proposes that the Government and Local Authorities work together to deliver 5,000 new sheltered housing units by 2010.
- Recommendation 16 argues that a funding shortfall for community support services should be rectified in Budgets 2007 and 2008. Essential home care services should also be guaranteed in legislation so that they are not subject to budgetary constraints.
- Recommendation 17 proposes that the Carer's Allowance and Carer's Benefit be increased further; that means testing for the allowance should be abolished; and that the Health Services Executive should assist informal carers with care education and training.
- Recommendation 18 argues that the Government should encourage the provision of innovative financial arrangements – both by private institutions and Local Authorities - that would enable older people to raise funds from their home to cover the cost of care while still retaining full possession of their home.
- Recommendation 19 proposes that the number of quality public nursing home places be increased according to demand into the future. The over-reliance on 'contracting' private nursing home beds cannot continue.
- Recommendation 20 argues that the Health Bill 2006, incorporating the establishment of an inspectorate for all nursing homes, must be introduced and passed as a matter of urgency. It also contends that nursing staff-resident ratios in nursing homes need to be high enough to ensure a quality standard of living for nursing home residents. Improving quality of life for each person in long-stay care should be a constant preoccupation.
- Recommendation 21 proposes that the State approach to care should be focused primarily on integrated community living developments that will

include the full spectrum of housing and care options for older people, allowing older people remain in their community.

Chapter 5 - Income, Pensions and Poverty

- Recommendation 22 argues that the current State contributory pension target of €200 should be increased to €250 per week, to ensure that those without supplementary pensions have an adequate income. The Government should also examine the possibility of pensions being based upon citizenship record rather than simply PRSI contributions.
- Recommendation 23 proposes that the fuel allowance be index linked to fuel cost inflation and that a new programme under Sustainable Energy Ireland should seek to ensure that older people's homes are properly insulated for the cold winter months.

Chapter 6 - Crime Against Older People

- Recommendation 24 proposes that the Community Development Officer Scheme be doubled from 5 people to 10 people immediately.
- Recommendation 25 proposes that Local Community Police Fora should be rolled out nationwide. The Gardaí should also provide Senior Liaison Officers to engage with older people, provide security advice and information and provide much-needed reassurance to older people.
- Recommendation 26 proposes that the recommendations of the Working Group Report on Elder Abuse be implemented immediately.

Chapter 7 - Changing Policy, Changing Perceptions

- Recommendation 27 proposes the establishment of a Commission on the Status of Older People in Irish Society to help raise the profile of older people and create a strong united forum for lobbying for older people's rights.
- Recommendation 28 recommends that the Oireachtas should introduce and pass legislation that will enshrine the rights and entitlements of older people into law – similar to the Older Americans Act of 1965.

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1 WHY A NEW APPROACH TO AGEING AND AGEISM IS NEEDED



Older people in Ireland deserve better. They have contributed enormously throughout their lives to the society of Ireland, and it was their work during bleak economic times that laid the foundations for the 'Celtic Tiger' prosperity we all enjoy today.

Chart 1 illustrates that older people in Ireland, despite negative stereotyping to the contrary, are not helpless, a liability or a 'burden'. In fact, they are held back from realising their full potential by the outdated attitudes from Government and society as a whole.

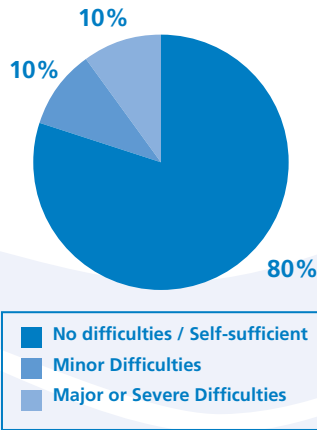
The challenge for Government and society is to comprehensively change its attitude toward Ireland's older population. The urgency of this lies in the demographic evidence that the number of people over 65 is set to increase substantially, and the fact that ageism remains prevalent in policy and society.

1.1 Demographics

1.1.1 The Number of Persons Over 65 Years Old is Increasing

Improvements in healthcare and in standards of living mean that older people will live longer than ever before. Consequently, the number of people over 65 years of age is set to increase quite dramatically in the coming years.

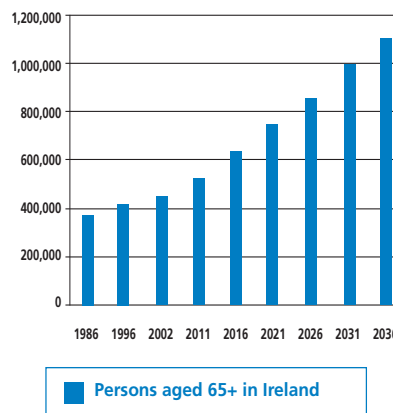
Chart 1: Functional Ability of Older People (Over 65) in undertaking Normal Daily Activities



Source: Based upon the Health and Social Services for Older People II Report (HESSOP II), NCAOP 2005

Chart 2 and Table 1 graphically illustrate the fact that Ireland's older population will increase dramatically over the coming years. While there was a steady increase in the number of older people in the 20 years between 1986 (384,355) and today (465,500), the next 30 years will see a massive increase in persons aged 65+ and this is reflected in the steep upward trajectory of the bars in Chart 2. The Central Statistics Office calculated that there were 436,001 persons aged 65 or over

Chart 2: Estimates for the Number of Persons Aged 65+ between 1986 and 2036



Source: CSO, Population and Labour Force Projections 2006-2036 and 2002 Census Report

Table 1: Estimates for the Number of Persons Aged 65+ during years 1986 - 2036

1986	384,355
1996	413,882
2002	436,001
2006	465,500
2011	530,500
2016	628,900
2021	737,200
2026	859,700
2031	993,100
2036	1,132,100

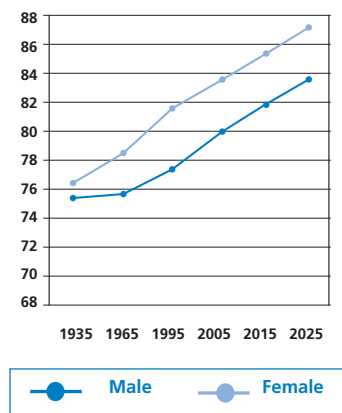
Source: Central Statistics Office (CSO) Population and Labour Force Projections 2006-2036

at the time of the 2002 census. This will increase by almost 50% to 628,900 in 2016 and almost treble to 1,132,100 in 2036.

1.1.2 Older People are Living Longer

A contributory factor to the rapid increase in the number of older people is the fact that older people are living longer than ever before thanks to advances in healthcare and standards of living. Chart 3 and Table 2 illustrate the remarkable advances in life expectancy from 1935 to 2025, and this trajectory toward greater life expectancy is set to continue further into the future.

Chart 3: Life Expectancy for a Person who reaches 60 in the following years 1935-2025



Source: CSO, Population and Labour Force Projections 2006-2036 and 2002 Census Report

1 WHY A NEW APPROACH TO AGEING AND AGEISM IS NEEDED

Table 2: Life Expectancy for a Person who reaches 60 in the following years 1935-2025

Life Expectancy	1935	1965	1995	2005	2015	2025
Male	75.5	75.6	77.5	80	81.8	83.5
Female	76.2	78.4	81.5	83.6	85.3	86.9

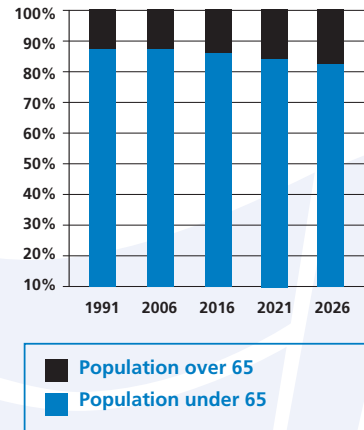
Source: CSO, Population and Labour Force Projections 2006-2036

Table 3: Older Population as a percentage of total population 1991-2026

	1991	2006	2016	2021	2026
Population Under 65	88.60%	89%	86.70%	85.2%	83.2%
Population over 65	11.40%	11%	13.30%	14.8%	16.8%

Source: CSO, Population and Labour Force Projections 2006-2036 and 2002 Census

Chart 4: Older Population as a percentage of total population 1991-2026



Source: CSO, Population and Labour Force Projections 2006-2036 and 2002 Census

There has been a remarkable increase in life expectancy (see Chart 3 and Table 2) in recent decades and this extension of life expectancy will continue. In 2005, a male who reached 60 could expect to live another 20 years, while a male who reaches 60 in 2015 can expect to live another 21.8 years. Women consistently outlive their male counterparts and a woman who reaches 60 in 2015 can expect to live another 25.3 years.

1.1.3 Older People will Account for an Increasing percentage of the Population

There has been some debate over the projected increase in the population over 65 as a proportion of Ireland's overall population. The CSO has projected 6 possible scenarios based upon different migration and fertility assumptions. The figures in Chart 4 and Table 3 are calculated upon a 'middle case' scenario.

Older people are set to account for a greater percentage of the population in the future. Throughout the 20th century older people accounted for approximately 9-11% of the entire population. With older people now living longer and the number of older people increasing, the percentage of population accounted for by the 65+ population is set to rise dramatically from 11% this year to 16.8% in 2026.

1.2 Ageism is entrenched in policy and society

Key considerations are:

- How society views its older citizens.
 - How society will respond to older people's needs.
 - The role of older people in the community.
- Chairwoman of the National Economic and Social Forum, Prof. Maureen Gaffney, stated before the Oireachtas Committee on Social and Family Affairs (21 February 2006):

Not only is our view of old age increasingly out of synch with the capabilities of older people but also we now know from psychological literature that, in research parlance, age is what is called an empty variable. In other words, one can predict almost nothing about people on the basis of their age.
Source: Oireachtas Debates Archive

Older people are living longer than ever before; older people are healthier and more able than ever before; consequently, older people have higher expectations for the life they live.

Therefore we as a society are at a crossroads and it is time for critical self-assessment and a new approach to ageing and ageism.

We need to:

- Upgrade outdated employment policies.
- Help older people meet their expectations.
- Ensure that service provision for older people has parity of esteem with service provision for other age groups.
- Help older people realise their full potential both as individuals and as important members of our communities.
- Radically alter negative mindsets toward older people.

Seizing this opportunity will require the co-operation of Government, employers, trade unions and civil society. This document serves as a contribution toward this necessary shift in attitude and a road map for a society in which older people are cherished and respected.

2 TACKLING AGEISM

Ageism remains an unacceptable prejudice in Irish society. In this chapter, the role of Government and society in challenging ageism is outlined and recommendations on how to achieve this are proposed.

Figure 1 starkly illustrates some of the most obvious injustices and discriminations suffered by older people in Ireland today.

Figure 1: Examples of Ageism in Ireland

Pre-65 years old 65+ years old
65th Birthday

Seen as an asset	Seen as a liability
No age restrictions on work.	Mandatory retirement at 65 for most workers.
Health service provision based on needs.	Ageism in health service- Older people feel 'fobbed off', and excluded from necessary services.
Breast check screening for women.	No breast check screening for women after age 64.
Full participation in society.	Age restrictions on many activities: membership of state boards, jury duty. Little funding for sports & activities.
10 year driving licence - No GP cert required	Renewal of driving license for one or three-year license only - Subject to GP cert
Travel worldwide insurance €49 (VHI)	Travel worldwide insurance €149 (VHI)
	Greater risk of poverty: 27% of older people living in income poverty
	Greater risk of fuel poverty, especially if living alone.



When one considers the contribution to Irish society that is being made by people like Gay Byrne, Dr Ken Whitaker, Brian Friel, and the global contributions of people such as Nelson Mandela, it is all the more absurd that older people are treated with such disregard.

2.1 Compulsory Retirement Age

The mandatory retirement age in the public sector for people who entered their posts before 1 April 2004 is 65 years of age. This age limit was fixed at a time when life expectancy was around 65 years of age. Today in 2006 the retirement age of 65 is out of date. With greatly improved standards of living and better healthcare, older people today have the capacity to work beyond 65, and in many instances, they want to do so.

New entrants to the public sector after 1 April 2004 'can continue working after 65, subject to suitability and health requirements' (www.oasis.gov.ie – Government information website). This is a positive step forward.

In the private sector, there is no mandatory retirement age but an obligatory retirement age is normally set out in the employee's contract and is usually 60 or 65 years. This means that each year, many employees in both the public and private sector are having to retire despite retaining the ability and desire to do their jobs.

For thousands of women it is the second round of workplace discrimination they will encounter after being forced to give up their jobs previously upon marrying (a practice that was ended as a result of our membership of the then European Economic Community in 1973).

2 TACKLING AGEISM

This does not, and should not deflect from the fact that many older people wish to retire at 60 or 65 years of age. My purpose is to create flexibility and provide options for older people who do desire to work beyond 65 years of age.

There are four key reasons for abolishing the mandatory and obligatory retirement ages:

1. As the population ages, people who continue in employment longer will remain financial contributors to the economy – a situation that the OECD argues will be of significant benefit to the economy. (*Ageing and Employment Policies*, Ireland, OECD, 2006)

2. The availability of more experienced and senior staff will be important in easing the integration of new employees, as the numbers of workers from overseas increases.

3. Research has clearly indicated that individuals who remain in employment past the retirement age of 65 are healthier and happier as a result of their continued employment. (*Does Working Longer Make People Healthier and Happier?*, Esteban Calvo, 2006)

4. Finally, and most importantly, forced retirement is a clear example of ageist discrimination, and a violation of the spirit of EU Directive 2000/78/EC, which clearly states that 'direct discrimination shall be deemed to occur where one person is treated less favourably than another'.

In January 2006 the OECD published a major review on ageing and employment policies in Ireland. While the report focused on the economic benefits to the economy, continuing in work also benefits the older person in fostering a positive sense of self and independence.

In order to incentivise older people to remain in work, the OECD recommends a number of approaches. Key amongst these is an increase in the rate of the State pension for every year that a person delays taking it after 65. Hence, the additional PRSI contributions made after turning 65 are added to the pension when it is finally drawn down.

The OECD also recommends greater flexibility in drawing the pension while working part time. The recent Government decision (Budget 2006) to allow persons in receipt of the non-contributory State pension to earn up to €100 a week without affecting their pension entitlement (from September 2006) is welcome, but the earnings disregard should be expanded to allow older people work part time and earn more than €100 to supplement their non-contributory pension.

All of these measures can be implemented quickly and will have a positive effect on the economy and the quality-of-life of older people in Ireland; and at its core, it is about providing real choice for older people who wish to continue working; choice for those who

wish to retire gradually; and choice for those who wish to work part-time.

It should be acknowledged, that well-run organizations must remain flexible, and it is not desirable to create a situation where a position is filled indefinitely by one person. Rather, the key point is that individuals must not be forced to retire solely on the grounds of age.

RECOMMENDATION 1

Mandatory retirement at 65 in the public and private sectors should be abolished. Continued employment should be subject to the same assessment of competency, ability and good health that is used by employers in the case of employees of all ages.

Responsibility: Department of Finance and Department of Enterprise, Trade and Employment.

2.2 Phased Retirement

There are no measures in place to aid the smooth transition between employment and retirement. People who choose to retire often find the abrupt transition from full-time employment to retirement difficult to cope with. A 2001 survey commissioned by the National Council for Ageing and Older People (NCAOP), reported that over 70% of people between the ages of 55 and 69 would like to retire more gradually than is currently possible.¹

The Government therefore has a responsibility to introduce innovative measures, which reflect the fact that older people are living longer, are more active than ever before, and which would allow older people a smooth transition to full retirement at a time of their choosing.

RECOMMENDATION 2

The Government should introduce phased retirement options to allow employees gradually retire from work.

The Government should introduce innovative options to allow older people work part-time to supplement their pension shortfall.

Responsibility: Department of Finance, Department of Enterprise, Trade and Employment and Department of Social and Family Affairs.

2.3 Ageism in the Daily Workplace

The Government through the Department of Enterprise, Trade and Employment should improve awareness of age-discrimination legislation as relevant to people in the workplace. Older people should be

¹ Survey commissioned for Employment and Retirement Among the Over-55s: Patterns, Preferences and Issues Conference, NCAOP, Dec 2001

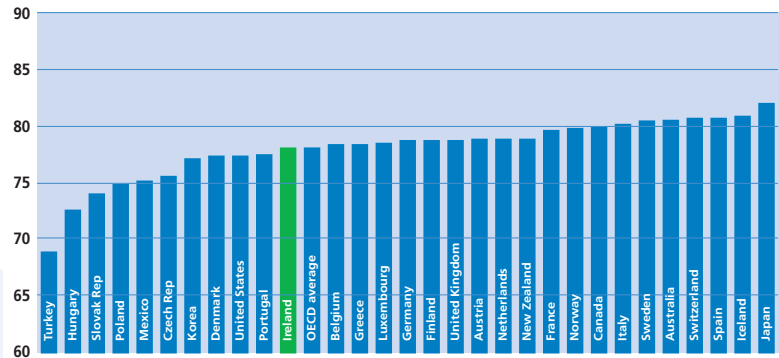
2 TACKLING AGEISM

fully aware of their rights and the options they have should they encounter such discrimination.

The Equality Authority rightly recommends compulsory 'Equality Action Plans' and 'Age-awareness training' for managers, trade unions and employees. The *Employment Equality Act 1998* and *Equality Act 2004* allow positive action specifically geared towards the integration into employment of people over the age of 50. The Act also makes it illegal to discriminate against an employee or job applicant on the grounds of age.

The Equality Authority has a statutory duty to work towards the elimination of discrimination and the promotion of equality of opportunity in employment.

Chart 5: Life expectancy by OECD country



Source: OECD Factbook 2006 – Economic, Environmental and Social Statistics

RECOMMENDATION 3

The Government should make it compulsory for all employers to develop simple Equality Action Plans with implementation structures that will combat ageism.

Mandatory age-awareness training should be introduced for all public servants.

Responsibility: Department of Enterprise, Trade and Employment

2.4 Health Service Provision

The vast majority of deaths each year are in the over 65 age cohort, yet many die of treatable illnesses. Surveys consistently show that older people feel that they are not treated equally and that doctors are reluctant to refer them to specialist treatments and preventative care programmes.

In May 2005, the National Council on Ageing and Older People produced a report entitled *Perceptions of Ageism in Health and Social Services in Ireland*. It involved research and interviews with 450 older people and 150 health and social services staff. It found that:

- Service providers continue to adhere to the stereotype that older people have limited understanding and are unable to make decisions regarding their own care.
- The older people consulted in the study cited numerous examples of having health complaints dismissed as part of the 'ageing process'. Many felt that doctors were not taking their needs and concerns seriously.

Older people have a right to parity of esteem in their access to services and treatments, and care must be available on a needs-basis, not age-basis. An example

of the ageist discrimination is the age limit of 64 on Breast Check and 60 years old on cervical cancer screening², despite evidence that the risk of cancer increases with age. As Professor Des O'Neill says: 'Women are at the highest risk of developing breast cancer between the ages of 55 and 75' (from an Interview with Irishhealth.com, 2001). This claim is supported by the International Agency for Research on Cancer (IARC, 2002).

While the life expectancy of older people is constantly increasing, Ireland is not at the head of the class, and our outdated and restrictive approach to healthcare for older people contributes to the relatively low life expectancy of older people in Ireland compared to life expectancy for older people in other OECD countries. As Chart 5 above shows, there is definitely room for improvement:

In order to effect an improvement in these figures, we must change our attitude to older people's health, by providing services on the basis of need, not age.

RECOMMENDATION 4

Abolish the 64 year old age limit on Breast Screening.
Abolish the 60 year old age limit on Cervical Screening.
Older people must be referred to specialist treatment where required.
The Health Service Executive Equality Action Plan must be implemented.
Healthcare staff must receive age awareness training.

Responsibility: Department of Health and Children

²On June 12th, 2006, The National Cancer Forum (An advisory body, established by the Minister for Health & Children to advise on the implementation of the National Cancer Strategy) launched A Strategy for Cancer Control in Ireland 2006. In this, the Forum recommend that "Breast screening should be extended to include all women aged between 50 and 69". This is a welcome development, but it still falls short of what is required.

2 TACKLING AGEISM

2.5 Societal Attitudes to Older People

Ageism is endemic in Irish society. Ageism includes:

- Negative attitudes and prejudice against older people.
- Negative understanding and stereotyping of older people.
- Negative treatment of older people, including discrimination against them on the grounds of age.

Ageism promotes the idea that older people are a burden on society, which can lead to:

- Neglect and the social exclusion of older people.
- Diminished self esteem in older people.
- Reduced participation in society by older people.
- Restricting the types and quality of services available to older people.

Under the *Employment Equality Act 1998* and the *Equality Act 2004*, the Equality Authority is charged with the elimination of discrimination, including age discrimination and the promotion of equality of opportunity. The Equality Authority has established a code of practice to eliminate ageism in the workplace, and has produced valuable policy guidelines on combating ageism in society as a whole. These recommendations are outlined in the Equality Authority's 2002 report, *Implementing Equality for Older People*, and should be implemented fully.

Recent media campaigns against racism are proving successful in highlighting the positive aspects of cultural diversity in Ireland. These campaigns form part of the National Action Plan against Racism, implemented by the Department of Justice, Equality and Law Reform under the recommendation of the National Consultative Committee on Racism and Interculturalism (NCCRI), an expert independent body.

The Government should follow this example by devising a National Action Plan Against Ageism and by promoting a positive image of active and capable older people, using examples such as Gay Byrne, Sir Bobby Robson and Dr Ken Whitaker. The plan should incorporate educational and cultural elements of action.

RECOMMENDATION 5

The Government should introduce a long-term National Action Plan Against Ageism to combat ageism in all its dimensions.

The plan should promote older people and utilise older role models as active citizens.

Responsibility: Department of the Taoiseach

2.6 State Board Representation

The age limit rules for membership of State boards vary

in accordance with the various bodies concerned.

Almost all set out maximum periods of appointment - for example, for three or five years. Some boards also have upper age limits for service so that, even if you are appointed initially for a fixed period, you still have to leave when you reach the statutory upper age limit. For example, members of the governing body of the Dublin Institute of Technology must retire at age 70.

Just as we need gender balance on State and company boards and committees, we need age balance. As the Equality Authority's 2002 report *Implementing Equality for Older People* states: 'There is no objective justification for upper age limits for membership of State boards or for company directors.'

Any concerns about indefinite tenures can be allayed through maximum periods of appointment.

RECOMMENDATION 6

The Government should be pro-active in securing age balance on State boards and committees and call upon the corporate sector to do likewise. It should not be forgotten that older people are consumers too.

Responsibility: Department of the Taoiseach

2.7 Community Contribution

Tackling cultural ageism requires measures to allow older people to participate more actively in their communities. While there are a number of voluntary organisations run by and for older people, which foster and encourage active participation, these organisations are often poorly funded, and lack the resources necessary to contact and facilitate the majority of older people.

In addition to the proposed National Action Plan Against Ageism, measures should be enacted to help older people realise their full potential and ability in their communities. Older people should be actively encouraged to engage in community and civic society through mentoring of young people and volunteering in the community and voluntary sectors. This would further help foster inter-generational respect and understanding.

RECOMMENDATION 7

Develop a National Strategy for Promoting New and Meaningful Volunteer Activities and Civic Engagements for Current and Future Older People

Responsibility: Department of the Taoiseach

3 POSITIVE AND ACTIVE AGEING



Ageing is a natural process, and one that need not carry negative implications. This chapter will outline how the perception of ageing can be changed by reforming discriminatory practices and promoting older people's health and value.

3.1 Workplace

Improving the employability of older workers from age 50 onwards is a matter of critical importance. Lack of appropriate skills and education is one of the main barriers for older workers (55-64 years old) seeking jobs.

A 2006 OECD report, *Ageing and Employment Policies: Ireland*, found that 'the incidence of training among older workers is far lower in Ireland than in many other European countries'. The report highlighted the fact that education and training is often 'front-loaded', occurring in the early years of the working life. The OECD concluded that 'older workers should become a priority group for action for certification purposes (in education and training)'.

A 2003 National Economic and Social Forum (NESF) report, *Equality Policies for Older People: Implementation Issues*, highlighted that 'older people experience significant literacy difficulties that act as a barrier to accessing further education and participation in society generally'. The report puts a particular focus on a deficit in information and communications technology competency and found that 'access to funding support for participation in further and continuing education is age-limited'.

Tackling this training deficit is of paramount importance both for those older people currently in work and those seeking employment since 25% of over 55s not in full-time employment are interested in securing paid jobs (*Labour Participation Rates of the Over 55s in Ireland*, Forfás, 2001)

A national programme must be introduced through the National Training Fund, with guidelines and priorities to specifically improve the employability of older workers from 50 years old onwards. Training is both beneficial for business and for the older person themselves, boosting a positive sense of self and self-esteem.

RECOMMENDATION 8

The Government should establish a specific retraining programme for people who are 50 years old and upwards with the help of the National Training Fund – focusing in particular on information technology and computer skills with main office applications - web and email.³

Responsibility: Department of Enterprise, Trade and Employment

3.2 Transport

A 2001 OECD report entitled *Ageing and Transport: Mobility Needs and Safety Issues* has dismissed the common perception that older people are poor or unsafe drivers. This research found that older people have fewer reported crashes per capita or per number of drivers.

Currently the State requires an older person over 70 to undergo mandatory health screening before they can renew their driving licence for a 1 year or 3 year period. When applying for a license, an older person over 70 years of age must submit certification that they are fit to drive by their General Practitioner (GP).

It is interesting to note that the 2001 OECD report stated that 'mandatory age-based testing targeting older drivers appears to be ineffective'. The report argued that only those considered higher risk should be targeted for mandatory screening.

That aside, there is a safety concern associated with deteriorating health, but this is not exclusive, nor is it inevitable in older people. As Chart 1 illustrates (page 5), 80% of older people have no difficulty with everyday activities.

Making license renewal for older people as age friendly as possible must be a priority.

If an older person's license is not renewed the implications are significant:

³ The National Training Fund supports a range of training schemes operated by FÁS, Enterprise Ireland, IDA Ireland, Shannon Development, HEA, IEL and Skillnets. It is envisaged that the Fund will also support new initiatives in the area of lifelong learning.

3 POSITIVE AND ACTIVE AGEING

It can leave them cut-off, isolated, deprived of social interaction and depressed. It also represents a loss of control in their lives. Mobility has a crucial link to independence, freedom of movement, social activity and choice

- Prof. Des O' Neill, Consultant Gerontologist in the Irish Examiner, 19 April 2004.

Losing the ability to drive is particularly difficult for older people in rural and isolated areas. At present, rural transport is available in areas of the rural countryside but not all. Community Support workers note that there is an 'immeasurable difference' in communities of older people who have access to rural transport (allowing access to local town) and those without rural transport. Having the ability to get to and from a local town provides an incentive for older people to get up in the morning and to look after themselves. It helps to combat social isolation through social contact, helps to foster a positive sense of self and ensures access to the post office and other local facilities.

Former Taoiseach, Charles J. Haughey, as Minister for Finance in 1967 introduced free travel for everyone over 65, which was and still remains a unique initiative for older people within the EU.

Mr. Haughey died on 13 June, 2006, aged 80.



travel insurance, where costs can either vary from company to company, or in some instances, insurance companies offer no cover at all for over 65s.

The Voluntary Health Insurance (VHI), a semi-state body charges people over 65 approximately 3 times what it charges under 65s for travel insurance to travel internationally (see Chart 6). This is an unacceptable form of discrimination and one that must be challenged. Insurance costs and service provision are the two most common grounds of complaint by older people to the Equality Authority. While evidence may exist that the risk of illness during travel increases with age, the fact that travel insurance triples for an older person on their 65th birthday is blatantly ageist and does not account for the fact that older people are not only healthier and living longer than ever before, but older people are a hugely diverse group of people.

The providers of travel insurance should review the ageist bias in their quotations and eliminate the abrupt escalation in insurance costs at the age of 65. The basis of costs for older people should be more transparent and be based on the actual record of insurance risk.

Similarly, car hire companies with age limits (between 65 and 74 depending on the company) must provide an evidence-based reasoning for their discrimination against older drivers.

RECOMMENDATION 9

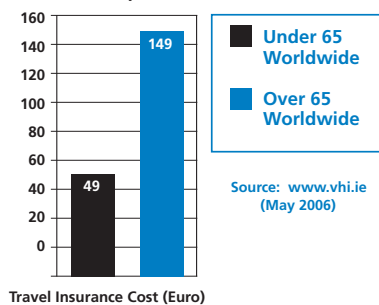
The driving license renewal process should be overhauled immediately to make it age-friendly.

Additionally, a comprehensive review of the Rural Transport Scheme should be undertaken immediately with a view to its expansion.

Responsibility: Department of Transport

3.3 Travel Insurance
Insurance costs are a major source of complaint by older people who are being unfairly discriminated against by virtue of their age. A common complaint is

Chart 6: Comparison of VHI Travel Insurance Costs for a person under 65 and person over 65



RECOMMENDATION 10

Travel insurance and other insurance costs should not be increased arbitrarily on the basis of age. Prices should be more transparent and backed up by evidential insurance risk.

Responsibility : Department of Enterprise, Trade and Employment

3.4 Further Education
Further education is the key to career advancement, and older people from 50 years old upwards must be

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given the opportunity to develop new skills and keep up-to-date with new practices and technologies in order to improve their employability (see 3.1 above).

For those older people who are retired, further education should be easily accessible to help them live active lives and foster a more positive sense of self, which prolongs a happy and healthy life. The Department of Social Welfare and Family Affairs's Back To Education Allowance is not available to persons in receipt of pensions, despite being available to a whole range of other social welfare recipient categories.⁴ The underlying assumption appears to be: 'why would older people want further education?' Older people are perceived to be a monolithic group who wish to retire quietly. In reality, older people are a diverse group of people with diverse abilities and desires.

Furthermore, actively participating in further education would help older people socially engage with others – a very important consideration for those at risk of social isolation. Accordingly, supports should be put in place to allow older people access further education.



Approximately 25% of older people live alone, which accounts for 41% of the national total of people living alone. While many older people enjoy living alone, it needs to be remembered that a person is 3 times more likely to feel lonely if living alone. The National Council on Ageing and Older People estimates that almost 50,000 older people are living in loneliness with minimal social contacts and a limited social network. This particularly affects older people in isolated rural areas and is a problem that must be tackled.

RECOMMENDATION 11

The Back to Education allowance should be extended to allow those in receipt of the State contributory and non-contributory pensions to access second or third level education courses.

Rather than providing a weekly allowance, course costs could be covered.

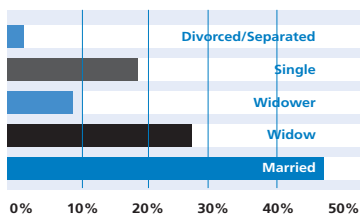
Responsibility: Department of Social and Family Affairs

3.5 Overcoming Social Isolation

The profile of older people in Ireland by marital status (Chart 7) shows that:

- 47% of older people are married
- 33% of older people are widowed
- 26.5% widows
- 6.5% widowers
- 18% Single

Chart 7: Profile of Older People (65+) in Ireland by Marital Status



Source: An Age Friendly Society: A Position Statement, NCAOP, 2005

RECOMMENDATION 12

The Government should provide further assistance to help create sustainable social networks and community groups of older people, ensuring adequate funding and resources are guaranteed over the long term. They can manifest themselves in active retirement associations, bridge clubs, sports clubs etc.

The Government should also increase investment in projects that help those suffering in social isolation such as the successful Senior Helpline.⁵

Responsibility: Department of Arts, Sport and Tourism and Department of Community, Rural and Gaeltacht Affairs

3.6 Well Being and Fitness

A positive sense of self and an active and independent life is proven to prolong an older person's physical and mental well-being, as well as life expectancy. Research also shows that an active mind and body can delay the onset of Alzheimer's disease.⁶

As illustrated in Section 2.4, the life expectancy of older people in Ireland is lower than in many other OECD countries. Changing our attitude to health service provision will help prolong life expectancy

⁴The Back to Education allowance currently allows the unemployed, single parents and disabled pursue approved second-or third-level education courses. Participants in the scheme receive a standard rate of payment and a Cost of Education allowance.

⁵The Senior Help Line – 1850 440 444 - is based in Summerhill, Co. Meath and is modelled on an Italian project it provides opportunities for older people to talk to someone of their own age group for the price of a local call from anywhere in Ireland. Callers can talk to one of the 300 older volunteers in 11 centres and all calls are taken in the strictest confidence.

⁶Source: Professor Ian Robertson, *The Irish Times*, 2 May 2006

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further. But changing lifestyles of Irish older people can also make a powerful contribution to their well-being.

The Irish Sports Council, in conjunction with the Economic and Social Research Institute (ESRI) produced a report in 2004 entitled: *Sports Participation and Health Among Adults in Ireland*. This report found that:

- Participation in sports and exercise decreases with age.

BUT

- The benefits of partaking of regular exercise increase with age.

This report lays out quite clearly the benefits of exercise for older people. It also highlights an alarming fact: 59% of older people consider themselves unable to exercise. When this statistic is considered in context – 80% of older people consider themselves to have no functional difficulties (based upon the HESSOP II report findings, see Chart 1) – it becomes apparent that older people are underestimating their own abilities. Older people urgently need to be encouraged to take regular exercise; and clubs and organisations that facilitate this must be encouraged.

Bowls, swimming, walking, golf, bridge and billiards are all activities that are proven to have a beneficial effect on older people's health. Yet many such clubs and organisations receive no State funding whatsoever.

The Government should make a concerted effort to raise the levels of exercise taken by older people.

RECOMMENDATION 13

The Government should establish a fund to support recreational activities for older people and should provide incentives for fitness and leisure clubs to provide affordable age-friendly activities. Older people's activities must be funded at the same per capita level as other sports.

Responsibility: Department of Arts, Sport and Tourism

The Government should also take a more pro-active role in the promotion of health for older people. Despite recent improvements, alcohol and tobacco consumption amongst over 65s in Ireland remains high above the European average, and many older people, particularly older men, do not attend for regular health check-ups. National Council on Ageing and Older People research shows that over 20% of older people have not had a health check-up for 3 years (An *Age Friendly Society: A Position Statement*, 2005)



In addition, the same research has reported that 33% of people aged 55 and over do not consume the recommended daily servings of dairy, fruit, vegetables and meat/fish.

In 2002, cancers accounted for 36% of deaths among those aged 64-75. Many of these cancers could be prevented through living a healthier lifestyle – and could have been treatable had they been identified earlier.

The National Council on Ageing and Older people estimates that 20-25% of older Irish people are suffering from some variety of mental disorder – approximately 5% of these may be dementia, but the majority are illnesses such as depression and anxiety that can be treated if they are identified.

Tobacco and alcohol consumption, poor diet and lack of awareness about health issues can have a detrimental effect on the population as a whole, and yet health promotion campaigns place an undue focus on the young.

More attention must be focused on older people by Government health promotion schemes and sports/activity funds and a continuous campaign to improve the health of older people must begin immediately.

RECOMMENDATION 14

The Government should devise and launch a long-term campaign aimed at raising awareness of health issues among older people.

Responsibility: Department of Health and Children

4 HOUSING AND CARE OPTIONS FOR OLDER PEOPLE

Addressing the imbalance in resources toward long-stay residential care and providing real housing and community care options for older people in an integrated and well-planned manner is the focus of this chapter.

The vast majority of older people want to live independently and with dignity in their own home for as long as possible. It has been Government policy to reflect this wish since the publication of *The Years ahead: A Policy for the Elderly in 1988*. However, this has not happened. As Professor Eamon O’ Shea’s report (*Review of the Nursing Home Subvention Scheme, 2002*) states:

The nursing home subvention scheme (assistance toward cost of nursing home care) succeeded in drawing more people into residential care in contravention of stated policy objectives and preferences for home care.

Similarly, a report conducted by Dr. David Stratton of Age Action in 2004⁷ found that older people with deteriorating health considered institutional long-stay care their only option and were fearful of having to leave their own homes to enter such care. Dr. Stratton continued:

The result of the failure of adequate provision for the ageing population is that older people lack the type of alternative supports needed to make informed choices about their future accommodation needs and their choices in any event are limited due to the lack of forward planning by Government.

The report states that where it is no longer feasible to maintain older people in their own homes, sheltered housing should be considered before nursing home care.

It is clear that policy makers must address this anomaly, which has led to an unwarranted focus on long-stay care. The imbalance must be addressed and bias must be directed toward the preferred care option: care in the older person’s own home and

community. The level and range of supports available in the community and how well they are integrated and co-ordinated have a clear bearing on how long it is possible for an older person to live at home. This is a key point to consider.

4.1 Independent Community Living

4.1.1 Sheltered Housing

The supply of sheltered housing is mainly provided by the not-for-profit voluntary sector and by local authorities. Only 30% of the approximately 7,000 sheltered housing units in Ireland receive statutory Government funding.

Sheltered housing usually takes the shape of a group scheme with on-site communal facilities for ‘assisted independent living’. These are usually dwellings for 1-2 persons in a suitably designed group of apartments or houses, with on-site communal facilities such as a kitchen, dining area, a laundry and scheme caretaker.

The Irish Council for Social Housing produced a report in 2002 entitled: *An Overlooked Option for Caring for the Elderly*. This report examined 3,165 units of accommodation in 26 counties, and found that while there is sheltered housing available to some older people in some parts of the country, provision is disorganised and there are no accepted standards. Furthermore, sheltered housing is not generally part of an integrated community plan, and progressive levels of care are not often available in the vicinity of the development.

The Irish Council for Social Housing has lobbied for many years for an exchequer funded scheme for sheltered housing in Ireland on the basis that it provides value for money, is more appropriate, and is less expensive than nursing home care; it is a community solution and provides a better quality of life for older people.⁸

The development of sheltered housing services has been recommended in numerous reports such as The National Economic and Social Forum’s *Care for Older People 2006*; Age Action’s *The Housing Needs of Older People, 2004*; and the National Council on Ageing and Older People’s *Sheltered Housing in Ireland: Its Role and Contribution in the Care of the Elderly, 1989*.

A target number of sheltered housing units should be established and delivered upon. In 1989, the National Council on Ageing and Older People recommended that sheltered housing be expanded to the minimum norm of 25 sheltered housing units per 1,000 older people.⁹ Today this would translate into 11,250 sheltered housing units – over 4,000 more units than presently exist. Owing to growing older population, the Government should aim to have 12,000 sheltered housing units in place by 2010 – an increase of 5,000 units.

⁷The Housing Needs of Older People carried out by Dr. David Stratton for Age Action Ireland, 2004

⁸The Irish Council on Social Housing is part of a working group with the National Council on Ageing and Older People and Health Services Executive, which is undertaking comprehensive research into sheltered housing in Ireland. This will be completed in Autumn 2006.

⁹Key recommendation in the National Council For The Aged (now National Council on Ageing and Older People) policy document, *Sheltered Housing in Ireland: Its Role And Contribution To The Care of The Elderly, 1989*

Figure 2: Accommodation and Care Options for Older People

DEPENDENCY SCALE		
Independent	Semi-independent	Dependent
Home	Medium Support	
Sheltered Housing	Community Unit	High Support
Retirement Community	Home with carer	Residential Care

EVERYDAY FUNCTIONS SCALE		
No difficulties	Minor Difficulties	Major/severe difficulties

4 HOUSING AND CARE OPTIONS FOR OLDER PEOPLE

RECOMMENDATION 15

A centrally funded Sheltered Housing programme should be implemented to increase the supply of sheltered housing by 5,000 units to a total of 12,000 units by 2010.

Local Authorities should identify suitable locations for sheltered housing as part of their 6-year development plans, and work with the Health Services Executive and Government to meet the needs of older people in the community.

Responsibility: Department of Environment, Heritage and Local Government

4.2 Semi-Independent Living – Care at Home

For those older people who are not fully independent and have minor difficulties with everyday activities, a range of supports must be put in place to ensure that the older person can remain in their own home for as long as possible. Professor O' Shea's 2002 report argues that people with low or medium dependency should not require publicly funded or assisted long-stay care, as appropriate care options should be provided in the community for these levels of dependency.

Four community supports in particular are discussed below: Home Care Support Packages, Home Helps, Day and Respite Care Services and informal home carers.

4.2.1 Home Care Support Packages

The Home Care Support package is a State provided, needs-assessed package, and includes the services of nurses, home care attendants, home helps and various therapists including physiotherapists and occupational therapists. The Government's 2006 Budget has allocated a major increase in finance for home care packages totalling approximately €110 million and will see the number of home care packages increase from the current 1,100 packages in 2005 to 3,100 packages in 2006. This is a very welcome development. It is imperative that the Health Services Executive initiates these home care support packages at the early stages of an older person's disability.

The extra Government investment in home care should continue over the coming years to address the imbalance towards institutional care and to help older people remain in their own homes.

4.2.2 Home Help, Day and Respite Care Services

Home Helps support older people with their daily activities at home and thereby delay or prevent admission to long-stay residential care.¹⁰ Day and Respite Care Services are community based and include mid-day meals, bathing, physiotherapy, occupational therapy, chiropody, laundry and hairdressing. They facilitate social contact amongst older people, and respite for family members and/or

carers. They also provide social stimulation in a safe environment for older people with mild forms of dementia.¹¹

Too often, these care services, which are of vital importance to the quality of life of an older person, are subject to budgetary constraints. This must change. Maximising an older person's quality of life is a human right and care services, which allow an older person to remain in their own, should be underpinned and guaranteed by legislation as a right – ideally in a comprehensive Bill that will enshrine all the rights and entitlements for older people in Ireland into law (see Section 7.2).

RECOMMENDATION 16

The long-term funding shortfall for community support services such as home care packages, home helps, day and respite care services should be addressed further in Budgets 2007 and 2008 to meet demand.

Legislation, as recommended by the Equality Authority (2002), the National Council on Ageing and Older People (2005) and the Human Rights Commission (2002), should be enacted to put essential home care services on a statutory footing so that they are not subject to budgetary constraints.

Responsibility: Department of Finance and Department of Health and Children

4.2.3 Supports for Carers

At the time of the 2002 census, there were 150,000 informal family carers in Ireland, many of whom care for older people. It is estimated that these carers save the State up to €1.5 billion per annum by providing an estimated 3 million hours of care each week to their dependents, which would otherwise be provided in an expensive residential care setting. This is a huge informal contribution to the health service.

There are two types of payment to informal carers who look after people in need of full-time care in their home: A means tested Carer's Allowance for those on low incomes, and Carer's Benefit, which is paid to those PRSI contributors under 66 years of age who have temporarily left the workforce to provide care on a full-time basis. Budget 2006 introduced some welcome increases in the Carer's Allowance: increased by €26.40 per week for those under 66 and €30.20 per week for those over 66. Carer's Benefit was also increased by €17.

The rates of payments now are:¹²

Caring For	1 person	2 persons
Carer's Allowance (aged under 66)	€180	€270
Carer's Allowance (aged over 66)	€200	€300
Carer's Benefit	€180.70	€271.10

¹⁰Investment in home help totals €145 million for 2006 providing 8.75 million home help hours.

¹¹Funding for 2006 is €7m (with an additional €2m due in 2007), providing 1,325 units of care.

¹²Carers in both categories may also benefit from a payment for child dependents. A carer who is single, widowed or separated may be eligible for €16.80 for each dependent child while a carer who is living with a spouse or partner may be entitled to €8.40 for each dependent child.

4 HOUSING AND CARE OPTIONS FOR OLDER PEOPLE

In May 2006 the Minister for Social and Family Affairs, Seamus Brennan T.D., increased the number of hours a person can work at other activities outside of caring from 10 to 15 hours per week without forfeiting their eligibility for Carer's Allowance, Carer's Benefit or a Respite Care Grant. This provides greater flexibility for those who seek to balance a caring role with work-life. The Minister also extended the duration of Carer's Benefit from 9 months to 24 months.

Full-time carers are also eligible to apply for a Respite Care Grant, which assists carers to take a break from caring. The grant was increased by Minister Seamus Brennan T.D., in Budget 2006 from €1,000 to €1,200. This is a very welcome development.

Minister for Labour Affairs, Tony Killeen T.D., also announced in May 2006 a significant increase in the ability to avail of Carers' Leave from employment to 104 weeks from 52 weeks.

Initiating further supports must now be a priority. The burdensome means testing process for Carer's Allowance should be abolished. This is supported by the Joint Oireachtas Committee on Social and Family Affairs report of November 2003, *Report on the Position of Full-Time Carers*, which has pointed out that the Domiciliary Care Allowance is paid to all parents of disabled children, child benefit is universally paid to all parents and the medical card is paid to all people over 70.

The Committee's report also rightly recommends that health and social services work more closely with carers and care recipients in order that carers be recognised as key partners in the provision of care.

Additionally, there is a need for further work-life balance initiatives for parents and carers alike. I have drafted a Flexible Working Bill, which is being discussed by the social partners in the current social partnership talks. This Bill could form the basis for providing more flexible work-life balance opportunities.

RECOMMENDATION 17

Carer's Allowance and Carer's Benefit should be increased further to ensure an adequate standard of living for carers and means testing for the Carer's Allowance should be abolished in view of the outstanding contribution of carers in enabling older people to stay at home and the stressful and demanding nature of their work. The Health Services Executive (HSE) should work more closely with carers and assist with education and training.

Flexible Working legislation, which will allow parents of young children and carers alike to seek flexible working arrangements from their employer, should be supported by the social partners and passed by the Oireachtas.

Responsibility: Department of Enterprise, Trade and Employment and Department of Social and Family Affairs.

4.3 Nursing Homes and Institutional Long-Stay Care

4.3.1 Current Situation

While the preferred option is to keep older people in their homes and communities for as long as possible, approximately 5% of older people require long-stay residential nursing home care. The principal reasons for admission include chronic illness, mental infirmity, physical disability and social reasons.

Despite perceptions:

- 87% of those in nursing home care are there for less than 1 year.
- 77% for less than 3 months.
- 63% of those in institutional care go back into community.
- 22% die in care.

Source: *The Housing Needs of Older People, Age Action, 2004*

The fact that most older people leave residential care after short periods means that, in many instances, they are entering residential care because there are no supports available to assist them to live at home. While some older people may need a short period of care while they recover from illness or injury, ensuring that an option to return to their homes with appropriate supports must be a priority for Government.

At present, there are approximately 27,000 nursing home places in Ireland catering for 5% of the over 65 population. Up to 60% of these places are in private nursing homes.

While public long-stay care is free to older people¹⁴, private bed costs vary between €700 and €1000 per week. Therefore, the average cost of a long-stay place is between €36,000 – €52,000 per annum. The current situation regarding places is that:

- There are not currently enough public nursing home beds to meet the demand from eligible people.
- There is an oversupply of private nursing home beds.

In many instances, people who are eligible for a public nursing home bed cannot avail of one because none are available. They are therefore provided with a 'contracted' bed in a private nursing home and receive an enhanced publicly funded subvention (discussed below) to contribute towards the cost of a private bed.

Where an older person is deemed ineligible for a public nursing home bed, a private nursing home is the only option and the full cost must be met by the older person.

However, it is in cases where older people – be they eligible for a public bed or not - cannot meet the full cost of private nursing home care that difficulties

¹³The Carer's Leave Act 2001 allows employees in Ireland to leave their employment temporarily to provide full-time care for someone in need of full-time care and attention. The legislation ensures that the carer's job is kept open for them for the duration of the leave.

¹⁴€120 is automatically deducted from the older person's weekly pension each week to contribute toward costs.

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arise. In order to help meet the cost, older people can apply for a means-tested subvention from the Government, while in many instances they will require financial assistance from their family or equity released from their own home.

4.3.2 Subvention System to Meet Cost of Private Nursing Home Care

An older person in a registered private nursing home may apply for a subvention to help meet the cost of care if they are dependent and pass a means test. If the person does not qualify, they must meet the full costs themselves.

For those deemed ineligible for a public nursing home bed but who qualify for subvention in a private nursing home, the financial support toward costs range between €130 and €190 per week depending on dependency levels. The maximum rate of subvention falls substantially short of costs in the region of €700 - €1,000 per week but these must be met by the older person or their family.

For an older person who is eligible for a public nursing bed, there is an ad-hoc system of enhanced subvention, which may cover a substantial part of the cost of care, or in some cases, all costs. Nonetheless, the system is ad-hoc and inconsistent across different Health Service Executive areas.

With these problems in mind, the Government has published the *Health (Nursing Homes)(Amendment) Bill 2006* in March 2006. The Bill aims to ensure the existing subvention scheme for private nursing home care is grounded in primary legislation. The Bill will revise subvention levels and also aims to standardise the implementation of the subvention scheme by the Health Services Executive across the country. This is a very welcome development.

4.3.3 Financing Long-Stay Institutional Care

In terms of current thinking on the financing of long-stay care, it is useful to mention the three objectives of the nursing home subvention scheme introduced in 1990:

1. To promote the highest standards of care.
2. To change the arrangements for the subvention of persons in nursing homes.
3. To ensure improved cost effectiveness in the care of dependent older people.

(*Review of the Nursing Home Subvention Scheme – O' Shea, 2002*)

While the scheme did bring about a change in arrangements for subvention the success achieved in the other two objectives is highly questionable. In the case of the first objective, quality assurance has not been guaranteed (as discussed below), and in the case of the third objective, the bias towards long-stay care has not been cost effective when community supports – the preferred option – should have been provided at a lower net cost, particularly for those with low or medium dependency levels. Additionally, the scheme incentivised older people toward long-stay care when the preferred option and Government policy has been to support people in their own homes for as long as possible.

For those older people who do require long-stay care, the question of who should pay is both complicated and divisive.

Professor O' Shea's 2002 report raises a number of interesting points for discussion, which are worthy of mention. In order to better assist older people meet the rising cost of long-stay care in a private institution, O' Shea considers the possibility that:

- The rate of subvention should be linked more directly to the cost of care and subject to biennial review by the Department of Health and Children.
- In the interests of fairness, the State should assume full responsibility for the care costs of all subvention-eligible older people in private care.
- Means testing on individual homes should be regionally determined according to property prices and raised accordingly in line with regional property price inflation.
- In order to help meet the costs of care, the Government could recoup care costs posthumously on assets – referred to as 'reverse deductible'.
- The involvement of the State in home equity release schemes to help finance the cost of care would likely overcome many of the risks older people associate with market based products.

O'Shea also raises a number of interesting points of discussion, which would help incentivise community care over long-stay care. These include:

- Introducing a time limit for subvention eligibility, which would encourage an older person to seek a home care option over in-patient care.
- Providing universal equal access to public rehabilitation facilities with a view to enabling older people return home as soon as possible with appropriate supports.
- That nursing home subvention should not be granted unless community and home supports cannot help the older person stay at home.
- That a 'community subvention' should be introduced to assist an older person cover the costs of a home help or day/respite care. It could be fixed at 60% of maximum subvention (= €114) so that the cost benefit vis à vis nursing home care would be real and transparent.

Each of Professor O' Shea's points deserve consideration and they provide practical measures upon which to firstly, reform the current financing of long-stay care and secondly, to redirect the systematic bias away from long-stay care and toward care in the community.

Nonetheless, the issue of financing long-term care is extremely divisive and a national debate is required involving all sides. Of particular sensitivity is the concept of selling an older person's home to finance

4 HOUSING AND CARE OPTIONS FOR OLDER PEOPLE

care. While proponents contend that an older person must contribute toward the cost of care, opponents argue that this will instil a sense of fear and insecurity amongst older people, and may in some instances, incentivise families to encourage an older relative toward long-stay care.

However, selling one's home and releasing equity on a home are two different things. There are innovative financial products emerging that allow older people to release equity from their homes, while still retaining ownership and use of the property. These schemes must be carefully monitored and regulated; but they have the potential to allow older people the freedom to avail of institutional care without selling their home, allowing them to return to the residence if their health allows.

Equity release can involve full or partial release of equity, based upon the value of a person's home. In the case of full equity release, the bank or financial institution will allow the person retain possession of the home until they die. In cases of partial equity release (eg. €30-40,000), the person would pay negligible interest repayments on the sum of capital released. Rossbank is an example of an Irish institution that provides equity release schemes for over 60s (www.rossbank.ie).

In fact, there is no reason why similar schemes could not be operated by Local Authorities. Currently, Local Authorities provide 'Shared Ownership' schemes that enable people seeking to buy a home to share ownership of that house with the local authority. Under these schemes, the Local Authority will own up to 60% of the property, while the occupier has full use of the home, and the ability to increase their share over time.

However, the underlying principle remains that older people should not be put in a position where they are forced to sell and relinquish possession of their homes, as this leads to fear and insecurity.

In the long-term, what is required is a balance of responsibility between the Government, the older person and their family.

RECOMMENDATION 18

The Government should encourage the provision of innovative financial arrangements – both by private institutions and Local Authorities - that would enable older people to raise funds from their home to cover the cost of care while still retaining full possession of their home.

Responsibility: Department of Health and Children; Department of Environment, Heritage and Local Government

RECOMMENDATION 19

While the emphasis of investment must be on community care, there should be a steady monitored increase in State funding for public nursing home places to meet the demand from eligible older people who are of high or extreme dependency.

Responsibility: Department of Health and Children

4.4 Quality Assurance of Long-Stay Care

A Prime Time Investigation programme in May 2005 highlighted shocking and serious lapses in the standard of care for older people in Leas Cross nursing home. Issues included patients with untreated bedsores, poor hygiene, poor record keeping and a lack of activities for the nursing home residents.

On foot of the programme, it was revealed there was no inspectorate in place to monitor standards of care in public nursing homes. Only private nursing homes were inspected by the Health Services Executive (HSE). These were to occur twice a year, but it was revealed that in many instances, this target was not met due to a lack of resources.

The Government immediately announced that it would introduce legislation to put the Social Services Inspectorate on a statutory footing widening its remit to include both public and private nursing homes. It was planned to introduce the legislation in the autumn of 2005. This did not happen.

In April 2006, the Government published the 'General Scheme' (outline) of the Health Bill 2006, which will establish the Health Information and Quality Authority incorporating the Office of the Chief Inspector of Social Services on a statutory basis.

The Office of the Chief Inspector of Social Services will be a statutory office within the Health Information and Quality Authority, and will replace the Social Services Inspectorate.

Part of the Chief Inspector's brief will be to inspect, for the first time, public nursing homes as well as private nursing homes. The Inspectorate will be based upon clear and uniform standards for all nursing homes in the country and inspections will be based on compliance with these standards.

This legislation is long-overdue and remains in 'General Scheme' format (has not been formally published or put before the Dáil or Seanad for debate). It must be introduced as a matter of urgency.

Attention must also be drawn toward quality of life for those in long-stay care. The 2006 National Council on Ageing and Older People report, *Improving Quality of Life for Older People in Long-Stay Care Settings in Ireland*, has recommended a number of key areas to be addressed to ensure a good quality of life for those who require long-stay care.

4 HOUSING AND CARE OPTIONS FOR OLDER PEOPLE

The report recommended that a shift from a privacy-deprived and institutionalised approach to care towards an individualised and person-centred care is essential to improve the quality of life and well-being of people in long-stay care. Long-stay facilities must therefore be encouraged through regulations and sanctions to produce a more home-like environment. The report also highlighted that the nurse to resident staffing ratios must be raised to ensure proper care is provided at all times.

In addition, the Tanaiste Mary Harney launched the 'National Quality Care for Nursing Homes' scheme in May 2006, which will be overseen by the Excellence Ireland Quality Association. The national scheme for quality of care in public and private nursing homes in Ireland will be based upon the delivery of superior quality of life for nursing home residents. This is also a welcome development.

RECOMMENDATION 20

The Health Bill 2006, incorporating the establishment of the Office of the Chief Inspector of Social Services within the Health Information and Quality Authority must be introduced as a matter of urgency and put proper financial and staffing resources in place to ensure consistent and regular inspections are made of all nursing homes.

Improving the quality of life for each individual in long-stay care should be our constant preoccupation.

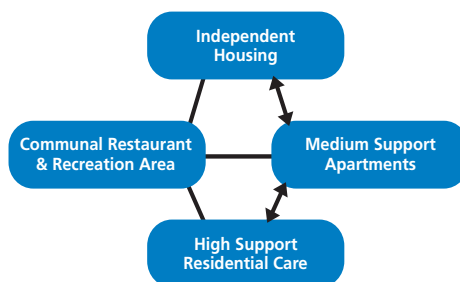
Nursing staff-resident ratios in nursing homes should be high enough to ensure a quality standard of living for nursing home residents

Responsibility: Department of Health and Children

4.5 The Future of Housing and Care

4.5.1 Progressive and Integrated Arrangements

Chart 8: The Mulranny Development: A model for community living and care of older people.



The future of housing and care must centre on a community-based model, which incorporates housing and care options for older people from the level of fully independent to extreme dependence.

An excellent example of integrated housing and care options can be found in the supported living development in Mulranny, Co. Mayo. This Mulranny development contains independent houses in the same development as medium-support units and high-support units (nursing home care), which ensures that all housing and care options are available for all older people regardless of dependency levels.

All of the older people living in the development can avail of centrally located canteen and recreational facilities. Crucially, the development provides integrated housing and care options for older people allowing the transition between one care option and another while remaining in one's own community.

4.6 Conclusion

The current housing and care situation for the older people of Ireland is unacceptable. There is a clear lack of integrated planning at local and national level for the provision of alternative housing options for older people and community-based supported living. Developments with the full spectrum of supports and options are only happening on a small scale.

The bias toward long-stay care, begun by the subvention scheme introduced in 1990, must be addressed immediately. Policy and investment must be geared towards the three options below with an emphasis on investment in arrangements that will increase housing and care options for older people and reduce the number of people needing the least preferred option of nursing home care. At the same time, those with high or extreme dependency who require long-stay care deserve the best quality of care and quality of life achievable.

Investment must focus on:

1. **Sheltered Housing.**
2. **Range of care options that allow people to stay at home.**
3. **Integrated Community Developments.**

These options reflect the wishes of older people and will help address the perverse bias towards long-stay care. Quality assured long-stay care must be a last resort and achieving this revolution in housing and care options for older people must be a Government priority.

RECOMMENDATION 21

Changes in the approach to the provision of care should be planned and implemented at a national and local level. The Health Services Executive (HSE) and Local Authorities should play a leading role and should centralise and support the provision of integrated community living and care for older people.

Responsibility: Department of Health and Children and Department of Environment, Heritage and Local Government

5 INCOME, PENSIONS AND POVERTY

Ensuring an adequate income in retirement to prevent income poverty, social exclusion and fuel poverty is the focus of this chapter.

5.1 Income and Pensions

Financial security is a crucial determinant in an older person's ability to lead a full, independent and active life. For this reason, pension provision is a critical to the quality of an older person's life in retirement.

There are three types of pension available to Irish workers:

	Entitlement Age
1. Public	
a. Basic, Non-Contributory Pension	66
b. Contributory (PRSI) Pension	66
c. Retirement Pension	65

2. Voluntary Occupational Pension Upon Retirement

3. Individual Savings Plans (PRSA) Upon Retirement

There are two objectives of Public Pensions:

1. To redistribute income towards low-income pensioners and prevent poverty in old age, and
2. To help workers maintain living standards during retirement by replacing income from work at an adequate level.

Evidence illustrates that public pension provision in Ireland is poor by international standards. An OECD seminar (*Policy Implications of Ageing Populations*) in February 2006 stated that 'Ireland – which has only basic and targeted pensions has the lowest OECD replacement rate at average earnings'. The replacement rate is measured by comparing pension provision with pre-retirement average earnings. Ireland's replacement rate is less than that of Mexico, and highlights the fact that the plight of older people has been neglected for too long.

Inadequate pension provision is a contributory cause of poverty among many older people in retirement, particularly those from low-income backgrounds.

The Pensions Board has conducted a comprehensive National Pensions Review and published its finding in October 2005. It proposed that:

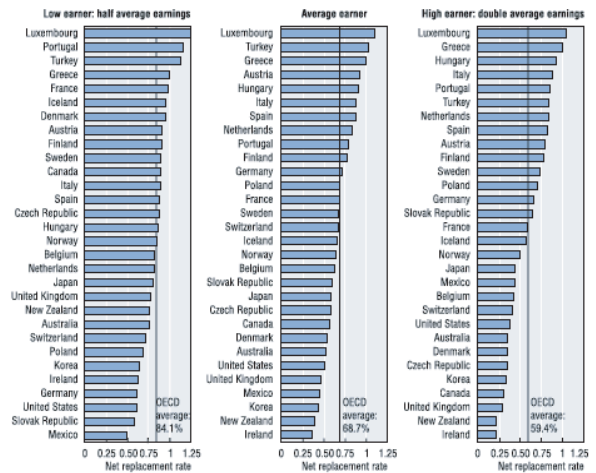
- Retirees should be offered the option of deferring drawing their first type pension in exchange for a larger pension starting at a later date.
- Those with occupational pensions could work beyond their retirement age to accrue additional pension entitlements.

These proposals are consistent with my views on the desirability of more retirement options for older people (Chapter 2).

Chart 9: OECD Chart of Pension Replacement Rates

Figure 2.

NET REPLACEMENT RATES AT DIFFERENT EARNINGS LEVELS
Per cent of individual pre-retirement earnings



Source: OECD pension models.

5.1.1 Poverty

Combat Poverty estimates that 27% of people over 65, or approximately 120,000 older people, are living in income poverty. Combat Poverty define income poverty as of 2005 as living on an income of less than €185 per person per week.

The weekly State non-contributory pension is currently €182, and the contributory State pension is currently €192.50. These figures represent a significant increase on figures prior to 1997, but they still leave older people too close to the poverty line, with limited means to lead full and active lives.

Consistent recommendations by bodies including The Pensions Board call for public pensions to be raised to 34% of the average industrial wage. The Government is set to achieve this target in Budget 2007. However, successfully reaching 34% of the average industrial wage will still contrast sharply with the OECD average pension replacement rate of 68.7% of average earnings (see Chart 9).

Successive Governments have promoted the take-up by employees of a second or third type pensions to supplement the State pension. Yet, in 2004 just 39.4% of the persons in employment between 20 and 69 years of age were covered by either an occupational pension or a combination of an occupational pension and personal pension (OECD, *Ageing and Employment Policies: Ireland*, 2006). And those most reliant on the State pension – low-income earners – are least likely to be able to afford contributions to a second or third type pension.

5.1.2 Women, Pensions and Poverty

The majority of pensioners are women. Therefore, an equitable pensions regime will be one that fully accommodates and responds to the fact that women's

5 INCOME, PENSIONS AND POVERTY

life histories are radically different from men due to a number of factors:

- Greater longevity.
- Lower earnings during working life.
- Fewer years of employment due to caring responsibilities.
- Less access to occupational pension schemes.
- More retirement years as a single person.

The most important cause of women's low pension accumulation is the time they spend out of the labour market in order to provide care for children and family members.

A report by the House of Lords Select Committee on Economic Affairs (*Aspects of the Economics of an Ageing Population, Session 2002 – 2003, 4th Report*) concluded that

The contributory nature of the basic State pension (PRSI contributions in Ireland) means that people who do not have a full contribution record cannot qualify for a full basic State pension.

This is as applicable here in Ireland and is in the United Kingdom.

Quite aptly, the Select Committee on Economic Affairs recommended the following:

The basic state pension should be paid on the basis of the history of citizenship rather than the contribution record.¹⁵

Older women are especially at high risk of poverty, particularly if living alone or in an isolated rural area. With women having a longer life expectancy than men, they are therefore more likely to live alone in old age. Income is important for not only preventing poverty but in preventing social exclusion and allowing an older person lead a full, active and independent life.

The Government is on target to reach its target of raising the State contributory pension to €200 per week in Budget 2007. This is in line with the Pension's Board recommendation of the equivalent of 34% of the average industrial wage. However, this income replacement rate remains well below the OECD average (68.7% of the wage of an average earner – see Chart 9); and so it should continue to be increased towards the OECD average. A reasonable initial target would be a pension of €250 per week by 2008 – this would represent 42% of the average industrial wage.

RECOMMENDATION 22

The Government should set a new short-term target for the State contributory pension of 42% of the average industrial wage (€250 in today's money) to ensure that those without supplementary pensions (2nd or 3rd type) have an adequate income. State pensions must be index linked to either inflation or wage inflation, whichever is greater.

The Government must examine the possibility of

paying pensions on the basis of a person's history of citizenship rather than PRSI contribution to assist women who have taken leave from work to care for their children.

Women who get a limited pension (Qualified Adult Payment) should have payment made directly to them and the level of payment should be increased to the standard adult allowance.

Responsibility: Department of Finance and Department of Social and Family Affairs.

5.2 Fuel Poverty

Affordable warmth is a right, not a privilege. Fuel poverty exists when a household, be it a single person, couple or family, is unable to heat the home to a comfortable and safe level. The Combat Poverty Agency states that Ireland has one of the highest national estimates of fuel poverty in northern Europe. Combat Poverty estimates that as many as 2,000 excess winter deaths in Ireland are associated with fuel poverty and domestic energy inefficiency. The majority of these deaths occur in the over 65 age group, of which 25% have no central heating (*Fuel Poverty and Policy in Ireland and the European Union, Jonathan Healy, Combat Poverty, 2003, An Age Friendly Society: A Policy Statement, NCAOP, 2005*) These deaths from cold and related illnesses are particularly troublesome because they are avoidable.

There are two contributory factors to fuel poverty: one, is a financial inability to properly heat ones home, while the second is energy inefficient households and substandard insulation.

The fuel allowance currently stands at €14 per week. Sustainable Energy Ireland's *Low Income Housing Programme* was set up to help establish and implement a national plan of action to address the problem of fuel poverty, particularly to low-income households. Core delivery is through the Warmer Homes Scheme, which helps low-income householders with attic insulation, draught proofing, lagging jackets, energy efficient lighting, cavity wall insulation and energy advice.

Thus the avenues through which fuel poverty can be tackled are in place but they must be accorded a greater priority ensuring that the necessary financial supports are in place.

RECOMMENDATION 23

The fuel allowance should be indexed linked to fuel cost inflation.

A specific Sustainable Energy Ireland programme for older people under its Warmer Homes Scheme should be introduced, with specific targets to assist older people to better insulate their homes, ensuring that they do not die unnecessarily from the cold.

Responsibility: Department of Finance and Department of Social and Family Affairs

¹⁵Quite how 'history of citizenship' could be determined is open for debate – a record of residency while not claiming welfare payments might be one possibility.

6 CRIME AGAINST OLDER PEOPLE



Helping older people consult with and gain confidence in their local Gardaí while combating the scourge of abuse against some of society's most vulnerable citizens is the focus of this chapter.

Older people are particularly likely to experience physical and psychological ill-effects if they fall victim to crime. The experience of crime can also exacerbate feelings of helplessness, an established precursor to disorders such as depression and anxiety.

Even when older people are not direct victims of crime, the increased sense of vulnerability caused by crime against older people affects non-victims.

Following a spate of crimes, an Irish Medical Journal survey in 1990 examined the level of fear among 207 older people in County Galway (*Impact of Crime on the Rural Elderly*, Irish Medical Journal, 1990). The survey found that while only 5% of respondents had suffered either a physical attack or been burgled, 72% reported feeling upset by the recent crimes.

Fear of crime should be combated by greater engagement between the Garda Síochána and older people and a greater visibility of Gardaí, particularly in isolated rural areas.

6.1 Current Initiatives

Muintir na Tíre, a State-funded body, employs five full-time Community Development Officers and a National Co-ordinator to promote and develop the Community Alert Programme.

These officers help older people to access Community Support Schemes, and provide a point of contact for older people wishing to communicate with the Garda Síochána. However, with just 5 people covering the entire country, it is an extremely difficult task for one officer to develop strong relationships with communities across large sections of the country. This program produces results, but must be expanded.

RECOMMENDATION 24

Funding for the Community Development Officer Scheme should be increased in order to double the number of community development officers from 5 to 10.

Responsibility: Department of Community, Rural and Gaeltacht Affairs

The Garda Síochána Act 2005 provides for enhanced co-operation between the Gardaí and local authorities through the establishment of joint policing committees and Local Police Fora. These bodies are currently in the process of being rolled out on a pilot basis and will allow local people to have a say in how the Gardaí operate in their community. These schemes should be adopted nationally as soon as possible, and they should be age balanced.

Currently, the Government through the Department of Justice, Equality and Law Reform and the Department of Community, Rural and Gaeltacht Affairs, provides funding for initiatives to improve the security and social support of vulnerable older people.

6 CRIME AGAINST OLDER PEOPLE

However, many older people are not aware of their entitlements, or do not know whom to contact to avail of grants for security modifications to their homes. In addition, this scheme does not cover the maintenance of security systems after they have been installed. These schemes should be expanded and made available through the Garda Síochána. In addition, every local Garda station should have a designated Senior Liaison Officer with special responsibility for dealing with older people's issues and informing older people of such security grants.

RECOMMENDATION 25

Local Community Police Fora should be rolled out nationwide to allow consultation between Gardaí and the community.

Also, the Gardaí should provide Senior Liaison Officers to engage with older people in the community and provide security advice and information.

Responsibility: Department of Justice, Equality and Law Reform

6.2 Elder Abuse

Elder Abuse is a serious issue in Ireland that has not received the same priority as in other countries. The Elder Abuse Response Helpline, set up to help victims of abuse in the UK, received so many calls from Ireland that it now provides a special number (1800 940 010) for callers from Ireland.

The Health Services Executive (HSE) is due to set up a network of Senior Case Workers to deal with reports of suspected elder abuse. In the meanwhile, General Managers in each local HSE area will arrange to have any such concerns dealt with by the appropriate health or social care professional, and the HSE information line will make sure that a query will be passed on to the appropriate General Manager's office who will handle the report. The HSE information line number is lo-call 1850 24 1850 and operates from 8.00 am to 8.00 pm, Monday to Saturday. If a vulnerable older person is in immediate danger outside of these hours, please call the Gardaí.

Fear and/or abuse account for a quarter of calls to the Senior Help Line, which is staffed by volunteers at centres around the country (1850 440 444).¹⁶

The National Council for Ageing and Older People (NCAOP) report that between 12,000 and 20,000 older Irish people may be suffering from some form of abuse at any given time (*An Age Friendly Society: A Position Statement, 2005*).

¹⁶*Irish Independent, 12 January 2006*



This report recommended that social work services for older people be developed within HSE community care programmes. According to the report:

These services should have responsibility for protecting the rights of individual older people against exploitation, mistreatment or abuse.

The community care social worker (in conjunction with other key staff, particularly the Public Health Nurse) should have responsibility for identifying cases and coordinating interventions to diminish the risk of any future abuse.

In December 2003, the Department of Health and Children established the Elder Abuse National Implementation Group to oversee the implementation of the 2002 Working Group on Elder Abuse Report. Despite this, the recommendations of the 2002 Report have not been implemented and new scandals of elder abuse continue to emerge.

RECOMMENDATION 26

The recommendations of the Working Group Report on Elder Abuse should be implemented immediately, and dedicated social workers should be provided to identify and prevent cases of elder abuse.

Responsibility: Department of Health and Children

7 CHANGING POLICY, CHANGING PERCEPTIONS

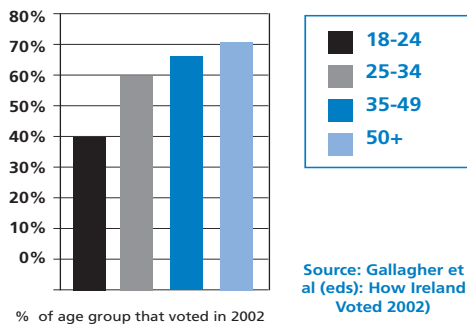
An influential and unified voice to reflect an influential group of people, alongside legislation underpinning entitlements for older people are focused on in this chapter.

7.1 A Commission on the Status of Older People

As of the last census (2002) 35% of all voters were 50 or over.¹⁷ And in the last General Election:

- 71% of 50 year olds and over voted.
- 40% of 18-24 year olds voted.
- 60.9% of 25-34 year olds voted.
- 66.1% of 35-49 year olds voted.

Chart 10: Percentage of each age cohort that voted in 2002



The figures in Chart 10 illustrate that older people from 50 years old upwards vote in greater numbers than any other age cohort. As indicated above, 71% of those over 50 voted in general election 2002.

Yet paradoxically to date, the voice of older people has not been as effective as it should be in demanding older people's rights in this country. Older people must come together and be heard.

- Older people need one innovative and powerful organization to ensure that their voice is heard – this should be modeled along the lines of the American Association of Retired Persons.
- The vote of older people is a powerful reminder to politicians that the 'grey vote' is on the march - older people over 50 years of age vote in larger numbers than any other age cohort (71% of over 50s voted in 2002). Consequently, politicians require a 'paradigm shift' in their attitude to the older population.

One avenue through which the voice of older people can be raised is A Commission on the Status of Older People, which will manage and encourage the transition to a culture of active participation and manifest 'parity of esteem' for older people with citizens of all ages. Its equivalent on disability, set up in the 1990s, has had a tremendous positive impact on rights and services for people with disabilities.

RECOMMENDATION 27

A Commission on the Status of Older People in Irish Society should be established to help raise the profile of older people and create a strong united forum for lobbying for older people's rights.

Responsibility : Department of the Taoiseach and the Oireachtas

7.2 The Way Forward

In 1986, the then Minister for Health appointed a Working Group, chaired by Dr. Joseph Robins, Assistant Secretary of the Department of Health, to develop a new policy for the elderly.

The Working Party was asked to review:

- (1) The role and function of existing health and welfare services in serving these objectives.
- (2) The appropriateness of existing health and welfare services.
- (3) The comparative effectiveness, efficiency and cost of alternative models and settings.
- (4) The planning norms for services both residential and community.

The Working Group produced an imaginative road map: *The Years Ahead – A Policy for the Elderly* published in June 1988.

The report itself stated:

A central theme of our Report is the need for co-ordination in providing services for the elderly, within health boards and between health boards and local authorities. We attach equal importance to the strengthening of certain services to support elderly people at home and to ensuring that the elderly receive first class care. We believe that in the long run it will be more cost effective to strengthen and promote services which support elderly people at home than to rely, as we have in the past on institutional care.

I believe the recommendations in this report are as relevant today as they were twenty years ago. Because of the failure of successive Governments over the last twenty years to implement the integrated policies spelt out in *The Years Ahead – A Policy for the Elderly*, I believe that the best way forward is for the Oireachtas to introduce legislation on the lines of the Older Americans Act of 1965, which enshrines older people's rights and entitlements into law. It is worth noting that the politicians who legislate for a mandatory retirement age in the public service are not themselves bound by a mandatory retirement age.

RECOMMENDATION 28

The Oireachtas should introduce and pass legislation that will enshrine the rights and entitlements of older people into law – similar to the Older Americans Act of 1965.

Responsibility: Department of the Taoiseach and the Oireachtas

¹⁷50 years and over is used because it is approximately the age when one must consider the implications of retirement in the not too distant future. Over 65s comprised 15% of all voters in the last census.

CONCLUSION

A fairer society manifesting 'parity of esteem' for older people with people of all ages; that is what we should aspire to and achieve.

Older people today are more active, are healthier, and have greater ambitions and desires than any previous older generation. A New Approach To Ageing and Ageism is about helping today's older generation and future older generations realise their full potential and foster a society where those ambitions and desires can be fulfilled. It is a road map towards that age friendly Ireland.

A New Approach To Ageing and Ageism is about breaking down ageist barriers in employment, in communities and health service provision. It is about ensuring financial stability for older people in their retirement; it is about ensuring that older people feel safe in their own homes and communities, and it is about the voice of older people being heard.

A New Approach To Ageing and Ageism is about ensuring that older people have alternative housing options such as sheltered housing. And the document is about ensuring that older people who fall ill have access to a full range of care options that will allow them remain in their own home for as long as possible, with a quality and affordable high-support unit bed being the last resort.

A New Approach To Ageing and Ageism is about the place in society that older people deserve – parity of esteem with people of all ages.

Action now on a new approach to ageing and ageism can deliver a massive improvement in the quality of life of older people. Action now can fulfil the obligation that we as a society have to the generation on whose backs the Celtic Tiger was built. Action now can lay the foundations for a long and happy retirement for the older generation of today and tomorrow. Action now can ensure that older people realise their full potential: as valued individuals in society, as valued family members, as valued friends, as valued employees, and as a valuable inspiration for the younger citizens to look up to and cherish.



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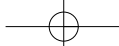
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Senator Mary White

Spokesperson for Trade & Commerce



6 Wyckham Park Road, Dundrum, Dublin 16.
Mobile: 086 256 0533 Seanad Éireann Tel: (01) 618 3820 Fax: (01) 618 4046
Email: mwhite@oireachtas.ie Web: www.senatormarywhite.ie

