POSITIVE AGEING – STARTS NOW!

THE NATIONAL POSITIVE AGEING STRATEGY

An Roinn Sláinte
DEPARTMENT OF HEALTH

Tús Áite do Shábháilteacht Othar
Patient Safety First

hi Healthy Ireland

CONTENTS

VISION STATEMENT

Ireland will be a society for all ages that celebrates and prepares properly for individual and population ageing. It will enable and support all ages and older people to enjoy physical and mental health and wellbeing to their full potential. It will promote and respect older people's engagement in economic, social, cultural, community and family life, and foster better solidarity between generations. It will be a society in which the equality, independence, participation, care, self-fulfilment and dignity of older people are pursued at all times.

MINISTER'S FOREWORD

The ageing of our population from this point onwards will represent one of the most significant demographic and social developments that Irish society has encountered. There is no doubt that this will pose challenges but it will also bring great opportunities. This Government believes that any challenges can be met and opportunities exploited by planning **now** to ensure that Irish society is an 'age-friendly' one in the years ahead. This National Positive Ageing Strategy provides the blueprint for this planning - for what we can and must do - individually and collectively - to make Ireland a good country in which to grow older in the years ahead.

At its core, this National Positive Ageing Strategy seeks to create a shift in mind-set in how we, collectively and individually, conceptualise ageing and what needs to be done to promote positive ageing. We have a tendency to think of older people as a separate group rather than to recognise that, hopefully, old age will be a phase in all our lives. At a national level, the Strategy seeks to highlight that ageing is not solely a health issue – it requires a whole of Government response. At an individual level, the Strategy seeks to demonstrate that ageing is a lifelong process that does not start at 65 years of age - the choices that we make when young and middle aged will determine how healthy we will be in our old age.

Therefore, it would be a mistake to think that this Strategy is only aimed at older people. Positive ageing starts from birth – the way we care for our children, educate our population and provide for a society in which all stages of the lifecycle can be supported to live well. An ageing Ireland is an issue in which we all have a stake.

So, this Strategy is a call to action to individuals of all ages to think positively about their own ageing. It is an invitation to families to plan ahead to ensure the best quality of life for their loved-ones. It is an invitation to local, regional and national organisations in the statutory, community, voluntary and private sectors to work creatively together to improve the delivery of services and supports for older people. After all, the arrangements that we are putting in place to ensure that Ireland becomes an age-friendly society are the arrangements that we are putting in place for everyone.

I would like to take this opportunity to thank everyone who took part in the most comprehensive and wide-ranging consultation process ever undertaken between Government and older people in Ireland to inform the development of this Strategy. I am also grateful to my colleagues in the Office for Older People and to the members of the Cross-Departmental Group and the Non-Governmental Organisation Liaison Group who assisted in its preparation.

In conclusion, whether or not we respond successfully to the greying of our population will depend largely on the willingness of every sector of Irish society to adapt, in good time, to the changes that population ageing will present in the coming decades. Fundamentally, it will depend on the willingness of individuals to make timely choices in relation to the changes that will result from the process of ageing in their own lives. The key to ensuring a positive ageing experience for all is to ensure that Irish society as a whole, and individuals within it, plan and prepare adequately for a changing future. This Strategy aims to act as the catalyst to make this happen.

Ms Kathleen Lynch T.D
Minister for Disability, Equality, Mental Health and Older People
April 2013

SETTING THE CONTEXT

Individual and Population Ageing – A Cause for Celebration

> *It must be remembered that increasing longevity is an indicator of social and economic progress: a great triumph of civilisation and, specifically, of science and public policy over many of the causes of premature death which truncated lives in earlier times. Therefore, we should recognise that this unique phenomenon is one of the great achievements of the 20th century (Walker, 2002)*

Population ageing is a success story. However, there is little doubt that this demographic transition may have profound economic, social and political implications.

In this regard, many commentators have emphasised deteriorating old age dependency ratios and strains on the public system and the working age population. Many portray older people as frail and dependent and the ageing of the population as an unsustainable burden on national finances and in particular on health and pensions systems.

In response to this apocalyptic demography, there have been a number of international developments (Appendix 1) in relation to ageing, which reflect a movement away from seeing the later years as a time of decline and dependency to a time of new beginnings and of new possibilities.

These developments view increasing numbers of older people, better educated and in better health than previous generations, as an enormous opportunity for economic, social and cultural development;

- UN First World Assembly on Ageing 1982
- UN Principles for Older Persons 1991
- International Year of Older Persons 1999
- UN Second World Assembly on Ageing, the Madrid International Plan of Action on Ageing (MIPAA) 2002 and the MIPAA+5 and MIPAA+10 Reviews
- Europe 2020 - Innovation Union (2010) and the European Innovation Partnership on Active and Healthy Ageing (EIP-AHA)
- European Year for Active Ageing and Solidarity between Generations 2012

These stress that later life can and should be a time for active citizenship, for continued contribution and participation in local community affairs, for engaging in the kinds of activities that enhance physical and mental health, and a time for involvement with family, friends, neighbours and the wider community.

These developments have a number of common features, which include;
- the promotion of a positive societal approach to population ageing based on the concept of intergenerational solidarity;

- an acknowledgement of the breadth of determinants or factors that enable people to age well and an emphasis on adopting a life course perspective in relation to these determinants;

- a reference to affirmative concepts of ageing, such as healthy, active, positive, productive and successful ageing (Appendix 2). Each of these concepts revolves around the idea that older people are capable of living a self-reliant life, successfully compensating for losses, contributing to the public good, helping themselves and others, as well as striving for positive fulfilment through meaningful engagement.

> *As we enter the 21st century, global ageing will put increased economic and social demands on all countries. At the same time, older people are a precious, often ignored resource that makes an important contribution to the fabric of our*

Planning for an Ageing Population

> *Population ageing is a major global trend that is transforming economies and societies around the world. It is one of the most important demographic megatrends with implications for all aspects of our societies (UN, 2012)*

According to the World Health Organisation (WHO) and the United Nations (UN), population ageing is both one of humanity's greatest triumphs and one of its greatest challenges. Notwithstanding further increases in life expectancy and healthy life expectancy in the coming decades, it has been proposed that the expected increase in the sheer numbers of people over the age of 65 years will lead to increased demands on our health and welfare services in particular.

However, the WHO and UN also propose that it is how we plan for the ageing of our population, how we choose to address the challenges and to maximise the opportunities, that will determine whether society can reap the benefits of the 'longevity dividend'. In essence, they propose that societies that are willing to plan can afford to grow old.

Planning should focus on keeping people as healthy as possible for as long as possible. Planning should also focus on the positive opportunities provided by large numbers of healthy and active older people and of the significant contributions that they continue to make in society as consumers, workers, mentors, caregivers, child-minders and as volunteers.

There is evidence that innovation, cooperation from all sectors, planning ahead and making evidence-based policy choices will enable countries to successfully manage the economics of an ageing population. For some Government Departments, the ageing of the Irish population will be a planning and resourcing issue. For others, it will require a fundamental shift in thinking, a reorientation of policy and a re-examination of our systems and structures and how they are organised and resourced.

This re-examination has already commenced in relation to a number of Government priorities, as articulated in the current *Programme for Government* (2011-2016). Chief among these is the proposed reform of the pensions and health systems. In addition to the *National Carers' Strategy* (2012) and a commitment to develop a *National Alzheimer's and Dementia Strategy*, other policy commitments in the Programme for Government that are relevant to the welfare of older people include:
- a strategy to tackle fuel-poverty
- an implementation plan for the *National Disability Strategy* (2004)
- the implementation of *A Vision for Change* (2006)*,* the report of the expert group on mental health policy
- implementation of *Reach Out*, *the National Suicide Prevention Strategy* (2005).
- achievement of the targets in the *National Action Plan for Social Inclusion* (*2007-2016)* to reduce the number of people experiencing poverty.

Positive Ageing in Ireland

In general, people in Ireland are living longer than previous generations. A century ago, average life expectancy was in the region of fifty years. Today, average life expectancy for men in Ireland is 76.8 years and for women 81.6 years, and life expectancy at the age of 65 is rising faster here than anywhere else in the EU.

In Ireland, at the last Census in 2011, there were approximately 535,000 people aged over 65 in the population, representing an increase of 14.4 per cent since 2006. Ireland will experience an unprecedented ageing of the population in the first half of the twenty-first century and by 2041 there will be an estimated 1.3 million to 1.4 million people aged over 65 years, representing 20-25 per cent of the total Irish population. The greatest increases are expected in the over-80 year's age group, where numbers are expected to increase four-fold from 110,000 in 2006 to about 440,000 in 2041.

A population with between 1 in 5 and 1 in 4 people over the age of 65 years in the future will have significant social and economic implications at an individual, family and societal level.

Ireland currently has one of the youngest populations and the lowest proportion of people aged over 65 in the EU. However, this does not mean that we should not take demographic ageing seriously. If we are to achieve the goals of an age-friendly society in Ireland in the years ahead, we must start planning today for a future that starts tomorrow.

As people remain fit and healthy for longer, they can continue to contribute to economic, social and family life during more active years and can also bring more experience. Will these opportunities be used effectively? Will older people find new occupations to remain active and to be helpful to others? Will they be treated equally? What will their economic status be? How will their needs change? All these and other questions are important when thinking about the consequences of ageing (UNECE, 2009)

A number of policy documents have addressed issues relevant to ageing and older people to a greater or lesser extent and in a variety of policy areas in recent years (Appendix 3). However, not since *The Years Ahead* (1988) has there been a specific policy document dedicated to addressing the needs and preferences of older people in a comprehensive manner.

The formal process of identifying the specific provisions that must be made and the plans that must be implemented to ensure the best quality of life for older people into the future began in 2007 when the Government made a commitment to 'better recognise the position of older people in Irish society' and to develop a National Positive Ageing Strategy.

In early 2011, the new Programme for Government committed to completing and implementing the National Positive Ageing Strategy so that 'older people are recognised, supported and enabled to live independent full lives' (pg. 56). In essence, the Government has committed to enhancing and protecting people's wellbeing and quality of life as they age.

Positive Ageing – Health and Wellbeing Matters

Wellbeing is a positive physical, social and mental state. It requires that basic needs are met, that individuals have a sense of purpose and feel able to achieve goals that are important to them and that they can participate in society and live lives that they value.

While there is no agreed definition of older people's wellbeing, current thinking associates it with the affirmative concepts of ageing that have been developed internationally i.e. healthy, active, positive, productive and successful ageing.

A range of factors impacts on health and wellbeing as people age. In the past, policy relating to older people tended to deal almost exclusively with health and social care issues.

However, it is clear that the implications of a society in which the average citizen will live longer, the average age of the population will rise, and the average number of years spent in retirement will increase must be considered in the context of all key policy spheres.

It is also now widely recognised that health and wellbeing is a multi-dimensional concept that is determined by a range of interconnected social, economic and environmental factors.

The social determinants of health (illustrated in the diagram below) are the range of factors that impact on health and wellbeing. These include the circumstances in which people are born, grow up, live, work and age. These factors are not usually the direct causes of illness but considered as the 'causes of the causes'.

Determinants of Health
(Adapted from Dalghren and Whitehead, 1991 and Grant and Barton, 2006)
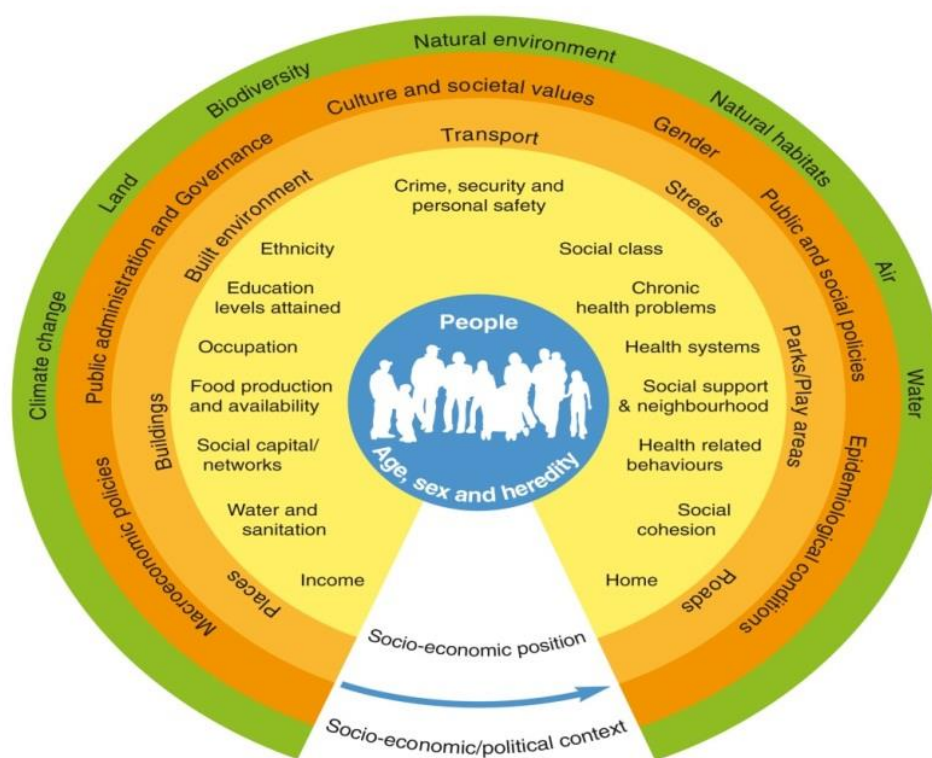
By their very nature, these determinants are not exclusive to health and arise in all sectors of society and, therefore, **all sectors of society** have responsibility for or can influence some or all of these determinants.

> ## *Healthy Ireland – A Framework for Improved Health and Wellbeing 2013-2025*

Within Ireland's health reform programme, and of key relevance to the implementation of the National Positive Ageing Strategy, is *Healthy Ireland – A Framework for Improved Health and Wellbeing 2013-2025.*

Vision

A Healthy Ireland, where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported and at every level of society and is everyone's responsibility

Healthy Ireland (2013) was developed to establish formal structures that enable a whole of society approach to health and wellbeing, to create the conditions that allow for the broader determinants of health to be addressed, to provide leadership and direction for this work, to set indicators and to develop targets. Healthy Ireland;

- emphasises the need for public policy to focus on health and wellbeing over the life-course and across the broader determinants of health
- emphasises personal and collective responsibility for protecting health and preventing disease
- provides for new arrangements to ensure the development of broad inter-sectoral partnerships to ensure effective cooperation between the health sector and other areas of Government and public services
- provides a practical approach to implementation to ensure that existing resources are used to better effect.

Healthy Ireland has four high-level Goals, which are to;

- Increase the proportion of people who are healthy at all stages of life
- Reduce health inequalities
- Protect the public from threats to health and wellbeing
  - Create an environment where every individual and sector of society can play its part in achieving a healthy Ireland

Positive Ageing – Partnerships for Action

Consistent with the whole-of-Government and whole-of-society approach to health and wellbeing adopted by *Healthy Ireland,* the National Positive Ageing Strategy addresses the broader determinants of health and, therefore, is a new departure in policy-making for ageing in Ireland that will address the following priority areas;

- Healthy ageing
- Health and personal social services
- Carers
- Employment and retirement
- Education and lifelong learning
- Volunteering
- Cultural and social participation
- Transport
- Financial security
- Housing
- The built environment
- Safety and security
- Elder abuse

Given the range of stakeholders that have responsibility for or can influence the broader determinants of health, stronger engagement, interaction and joint working around wellbeing and ageing issues is critical. The Positive Ageing Strategy is the over-arching blueprint for age related policy and service delivery **across** Government and society in the years ahead.

It provides a framework to enable better engagement to identify and to address issues that require co-operation among, in the first instance, a number of Government Departments. This will promote coherence and integration in policy making and planning and a better identification of crossover points with other relevant national priorities and strategies. It will also ensure that issues affecting older people are mainstreamed in policymaking at all levels and across all sectors.

The Community and Voluntary Sector has a significant role to play, as both a service provider and advocate, in the implementation of the Strategy given its:

- commitment to social solidarity and equality
- advocacy on behalf of older people
- commitment to articulating shared/agreed policy positions on behalf of a spectrum of organisations on issues key to the wellbeing of older people
- its first-hand experience of close working with older people.

The valuable relationships that have been built up with this sector during the development of the Strategy and during the European Year for Active Ageing and Solidarity between Generations 2012 will be maintained and developed.

The Sector will be encouraged to engage in partnerships with public and private stakeholders to progress the implementation of the Strategy. In addition, an analysis of existing community support infrastructures to promote and enable active citizenship and volunteering across the lifecycle will be conducted with a view to their consolidation and strengthening.

Government Departments, other statutory agencies at a national and local level and the statutory, voluntary and private sectors must now take their lead from the National Positive Ageing Strategy to inform their planning and service delivery into the future.

> *Ultimately, a collective approach to ageing and older people will determine how we, our children and our grandchildren will experience life in later years' (WHO, 2002)*

Positive Ageing – Changing Mind-Sets to Promote Inclusion

Older people are often viewed as sick and disabled non-contributors to society and dependent on the welfare system. In recent years, another stereotype of older people has been emerging – one that portrays them as healthy, financially secure and taking advantage of state benefits that they can afford to pay for themselves.

Neither of these portrayals properly captures the heterogeneity of the older population and of their contributions to all aspects of society. Older people mirror the rest of the population in their diversity and individuality.

Population ageing in Ireland should be considered as an enormous demographic bounty given that people as they age continue to contribute;
-     as consumers and producers in the economy and society,
-     in families as parents and grandparents often acting as child minders,
-     as volunteers working locally.

What Ireland needs now is a strong vehicle to challenge assumptions about older age as a period of ill-health and decline and population ageing as a burden and a cost. Planning for an ageing population must focus on and leverage the positive opportunities provided by the on-going contributions of large numbers of healthy and active older people.

This will require a paradigm shift in how all sectors of society (public, private and voluntary) of all ages (across the life-course) view ageing and older people. The reality is that older people are a vital resource for social and economic development.

That said, in celebrating ageing and the fact that more people are living longer and continuing to contribute to their families and communities, it must be remembered that, consistent with members of other groups in society, individual older people can differ greatly in terms of material resources, educational attainment, health status and life experiences.

Inevitably, some people as they get older will be subject to increasing risk of poor health or a loss of independence due to accidental injury, to issues relating to personal security, to lack of information or because of difficulties in accessing services.

Other older people may be financially vulnerable in their later years, or may be prone to social isolation and loneliness brought about by family circumstances or as a consequence of where they live.   In addition, the differing needs of older women and men, in terms of life expectancy, employment, physical and mental health and caring roles and responsibilities are key considerations.

Particular attention should also be paid to the needs of more marginalised, vulnerable, hard-to-reach and minority groups of older people such as the frail and the oldest old (aged 80 years and over); people living in rural areas; persons with impaired mental capacity or dementia and those who care for them; older migrants and people from different ethnic backgrounds; older people with specific physical and intellectual disabilities; Travellers; and lesbian, gay, bisexual and transgender older people.

Government is now taking the lead in creating this shift in mind-set by developing and implementing this National Positive Ageing Strategy that very clearly puts ageing firmly on the national agenda.

The Strategy provides the blueprint to address the opportunities and challenges associated with ageing at both an individual and societal level and across the full range of policy areas in a well-thought out, coherent and inclusive way.

It is important to remember that the attitudes and actions of individuals are just as important as the attitudes and actions of Government and other agencies in enabling people as they age to do so in a positive way. At an individual level, many of the choices made when young and middle aged, will determine how healthy people will be in later life. For example, employment circumstances and savings in early and middle age influence financial security in old age and healthy lifestyle choices in early life affect health status in later life.

The National Positive Ageing Strategy will create the conditions necessary to support individuals and families to plan and prepare for older age. Therefore, the National Positive Ageing Strategy is not just for those who might be considered "old" - it is of relevance to everyone in Ireland, no matter what age he or she may be.

Positive ageing is in everyone's interests and this Strategy provides an important and timely opportunity for Ireland to formally recognise, at a national level, the need for all sectors of society to plan properly for individual and population ageing in Ireland.

STRATEGY DEVELOPMENT

Introduction

The Strategy marks a milestone in the development of policies for older people in Ireland because it;

- was developed on the basis of the expressed views of older people and their representatives about what they, as citizens of Ireland, need to enable them to age positively. Therefore, the Strategy is citizen-centred as opposed to service-centred.

- is a holistic and integrated Strategy that addresses the very wide spectrum of issues necessary to ensure that the experience of ageing in Ireland is a positive one.

Cross-Departmental Group

The Strategy was developed by a Cross-Departmental Group (CDG). This Group was comprised of representatives of the Departments of Health; Social Protection; Jobs, Enterprise and Innovation; Education and Skills; Environment, Community and Local Government; Communications, Energy and Natural Resources; Taoiseach; Transport, Tourism and Sport; Justice and Equality as well as the Central Statistics Office and An Garda Síochána.

The development of the Strategy was overseen by the Cabinet Committee on Social Policy.

Non-Governmental Organisation (NGO) Liaison Group

An NGO Liaison Group comprising representatives of twelve national-level non-Governmental organisations representing the interests of older people was also established to facilitate the exchange of information and views between these organisations and the Cross Departmental Group during the development of the National Positive Ageing Strategy. The organisations represented on this Group were;

- Age and Opportunity
- The Carer's Association
- Age Action Ireland
- The Disability Federation of Ireland
- Society of Vincent de Paul
- Third Age Foundation
- Alzheimer Society of Ireland
- Irish Hospice Foundation
- Irish Senior Citizen's Parliament
- Active Retirement Ireland
- Older and Bolder
- The Older Women's Network

Public Consultation Process

Given that the National Positive Ageing Strategy has a wider focus than any previous policy document for older people, it was considered important that the views and opinions of people in all sectors of Irish society could inform its development – public, private, community and voluntary, institutions, agencies and representative groups as well as those of individual older people.

In this regard, a public consultation process, which represented the most comprehensive and wide-ranging consultation exercise ever between Government and older people in Ireland, was carried out.

This consultation process comprised:
- a public call for written submissions (190 written submissions were received from statutory agencies, organisations in the community and voluntary sectors, academic and cultural institutions, as well as from older people themselves)

- a series of public regional consultation meetings which were attended by over 1,100 people

- meetings between the Minister for Older People and groups representing vulnerable and marginalised older people to discuss in greater detail issues raised in their submissions

- a round table meeting in Co Louth to hear at first hand the learnings and experience so far of the Louth Age Friendly County Initiative.

A report of the consultation process, *In Our Own Words*, was published in 2010 (www.doh.ie).

Review of Strategies on Ageing

The development of the Strategy was also informed by a review of strategies on ageing from other jurisdictions, which included;
- Canada National Framework on Aging (1998)
- New Zealand Positive Ageing Strategy (2001)
- National Strategy for an Ageing Australia (2003)
- Generations Together: the Western Australian Active Ageing Strategy (2004)
- England Opportunity Age: Meeting the challenges of ageing in the 21st century (2005)
- Netherlands Policy for Older Persons in the Perspective of an Ageing Population (2006)
- Aging Well in British Columbia (2006)
- USA Administration on Aging Strategic Action Plan 2007 -12 (2007)
- All Our Futures: Planning for a Scotland with an Ageing Population (2007)
- Strategy for Older People in Wales 2008-2013: Living Longer Living Better (2008)

## Theoretical Framework - Active Ageing – A Policy Framework (WHO, 2002)

The National Positive Ageing Strategy is grounded in and consistent with the international developments in relation to ageing discussed previously.

Of these developments, the WHO's *Active Ageing – A Policy Framework* (2002) (Appendix 4) was considered the most appropriate theoretical underpinning for the Strategy given that it;

- provides a roadmap for designing multi-sectoral active ageing policies, which will enhance health and participation among ageing populations while ensuring that older people have adequate security, protection and care when they require assistance

- aims to encourage policy makers to recognise and address factors or 'determinants' that affect how people and populations age

- encourages policy makers to adopt a life-course perspective and to promote intergenerational solidarity in developing policies to respond to population ageing

- emphasises the need for a balance between the roles of both individuals and Government in facilitating active ageing.

The WHO Active Ageing Framework calls for action on three fronts by defining active ageing as a process of optimising opportunities for participation, health and security. It addresses specific areas under each of the following three 'pillars' for action:

- Participation
- Health
- Security
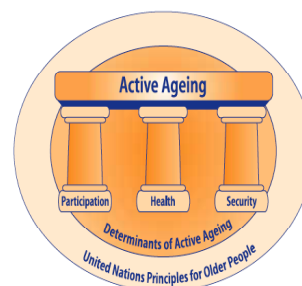
Participation

According to the WHO, when labour market, employment, education and social policies and programmes support their full participation in socioeconomic, cultural and spiritual activities, according to their basic human rights, capacities, needs and preferences, people will continue to make a productive contribution to society in both paid and unpaid activities as they age.

Health

According to the WHO, when the risk factors (both environmental and behavioural) for chronic diseases and functional decline are kept low while the protective factors are kept high, people will enjoy both a longer quantity and quality of life; they will remain healthy and able to manage their own lives as they grow older; fewer older adults will need costly medical treatment and care services. For those who do need care, they should have access to

the entire range of health and social services that addresses the needs of women and men as they age.

Security

According to the WHO, when policies and programmes address the social, financial and physical security needs of people as they age, older people are ensured of protection, dignity and care in the event that they are no longer able to support and protect themselves, and families and communities are supported in efforts to care for their older members.

The concept of active ageing attempts to streamline ageing policies from various political domains, such as labour market participation, social inclusion as well as health. Active labour market participation may be supported by establishing flexible retirement arrangements, by forming a working environment that is adapted to the needs of all generations, through continuous education and training, as well as by promoting positive images of older employees and anti-discrimination policies. Older persons can integrate socially better when they find structures for volunteering, for instance in intergenerational settings. Health policies that promote active ageing throughout the life course concern preventive health measures and community care settings. An intergenerational (considering the effects of a policy on various age-groups), a life course (considering future potential impacts of a policy on individual living circumstances), and a gender approach (considering gender differences in the effects of policies) shall ensure that the complex demographic phenomenon of population ageing is addressed adequately and in a well-balanced manner (UNECE, 2012).

THE STRATEGY IN OUTLINE

The National Positive Ageing Strategy aims to act as a catalyst for action and innovation to promote the health, wellbeing and quality of life of people as they age in Ireland by focusing attention on issues relevant to older people across the policy development and service delivery process.

The National Positive Ageing Strategy contains;
- A Vision Statement
- Operating Principles
- Four National Goals
- Goal-specific Objectives
- Cross-cutting Objectives
- Priority Action Areas
- Implementation and Monitoring Arrangement

Vision Statement

This Vision Statement identifies where Ireland wants to be, and where it should be, to best meet the needs of individual and population ageing in the years ahead. It seeks to foster a shared understanding across Government and all sectors of society about the meaning of positive ageing for older people and to direct and guide policy and service delivery towards that purpose.

Ireland will be a society for all ages that celebrates and prepares properly for individual and population ageing. It will enable and support all ages and older people to enjoy physical and mental health and wellbeing to their full potential. It will promote and respect older people's engagement in economic, social, cultural, community and family life, and foster better solidarity between generations. It will be a society in which the equality, independence, participation, care, self-fulfilment and dignity of older people are pursued at all times.

Operating Principles

The UN Principles for Older Persons, which are independence, participation, care, self-fulfilment and dignity (Appendix 5) are the operating principles underpinning the Strategy.

As such, these Principles should guide any actions developed to progress Ireland towards an age-friendly society i.e they should be used to assess the age-friendliness of policies, programmes and services for older people. By phrasing each principle as a policy question, a policy evaluation check-list can be developed, for example:

- How can the policy, programme or service under consideration be improved to better enhance the independence, participation, care, self-fulfilment or dignity of older people?
- Will a policy, programme or service under consideration have a negative impact on the independence, participation, care, self-fulfilment or dignity of older people?

In this way, these UN Principles can serve as a useful age-proofing tool for policy development and service delivery purposes.

National Goals

Anchored in the *Active Ageing Framework* and in the information derived from the consultation process, four National Goals have been developed to address key aspects of older people's lives. Consistent with the key areas for action in the Active Ageing Framework, the first three National Goals seek to enhance opportunities for health, participation and security for people as they age.

Given the importance of evidence-informed policy making, the Strategy also contains a fourth Goal of supporting the generation and use of high quality research on ageing and older people. This is also consistent with recommendations of the Active Ageing Framework which proposes that actions to promote active ageing should be supported by knowledge development activities including evaluation, research and surveillance and the dissemination of research findings.

National Goal 1
Remove barriers to participation and provide more opportunities for the continued involvement of people as they age in all aspects of cultural, economic and social life in their communities according to their needs, preferences and capacities.

National Goal 2
Support people as they age to maintain, improve or manage their physical and mental health and wellbeing.

National Goal 3
Enable people to age with confidence, security and dignity in their own homes and communities for as long as possible.

National Goal 4
Support and use research about people as they age to better inform policy responses to population ageing in Ireland

Goal-specific Objectives

Each of the National Goals is underpinned by a number of Objectives that are relevant to specific policy areas.

National Goal 1

Remove barriers to participation and provide more opportunities for the continued involvement of people as they age in all aspects of cultural, economic and social life in their communities according to their needs, preferences and capacities.

Objectives

Develop a wide range of employment options (including options for gradual retirement) for people as they age and identify any barriers (legislative, attitudinal, custom and practice) to continued employment and training opportunities for people as they age.

Promote access (in terms of affordability, transport availability, accessibility of venue) to a wide range of opportunities for continued learning and education for older people.

Promote the concept of active citizenship and the value of volunteering, and encourage people of all ages to become more involved in and to contribute to their own communities.

Promote the development of opportunities for engagement and participation of people of all ages in a range of arts, cultural, spiritual, leisure, learning and physical activities in their local communities.

Enable people as they age 'to get out and about' through the provision of accessible, affordable, and flexible transport systems in both rural and urban areas.

National Goal 2

Support people as they age to maintain, improve or manage their physical and mental health and wellbeing

Objectives

Prevent and reduce disability, chronic disease and premature mortality as people age by supporting the development and implementation of policies to reduce associated lifestyle factors.

Promote the development and delivery of a continuum of high quality care services and supports that are responsive to the changing needs and preferences of people as they age and at end of life.

Recognise and support the role of carers by implementing the National Carers' Strategy (2012)

National Goal 3
Enable people to age with confidence, security and dignity in their own homes and communities for as long as possible

Objectives

Provide income and other supports to enable people as they age to enjoy an acceptable standard of living.

Facilitate older people to live in well-maintained, affordable, safe and secure homes, which are suitable to their physical and social needs.

Support the design and development of age friendly public spaces, transport and buildings.

Continue to implement An Garda Síochána Older People Strategy and empower people as they age to live free from fear in their own homes, to feel safe and confident outside in their own communities, and support an environment where this sense of security is enhanced.

Continue to address the problem of elder abuse at all levels of society through raising awareness, improving reporting rates and developing services.

National Goal 4
Support and use research about people as they age to better inform policy responses to population ageing in Ireland

Objectives

Continue to employ an evidence-informed approach to decision-making at all levels of planning.

Promote the development of a comprehensive framework for gathering data in relation to all aspects of ageing and older people to underpin evidence-informed policy making.

Cross-cutting Objectives

The four National Goals and their underpinning Objectives are specific to particular policy areas (such as health, housing, transport, income, employment etc.). However, combating ageism and improving information provision should be objectives for **all** policy development and service delivery for older people across **all** policy areas.

Combating Ageism

The specific objectives in relation to combating ageism are to:

Promote activities which will help to combat age discrimination and to dispel age related stereotypes.

Combat ageism through awareness campaigns and by encouraging the media and other opinion-making actors to give an age-balanced image of society.

Ensure that older people's needs are considered in the development of any policies that might affect them.

Promote a better understanding of the importance of intergenerational solidarity and ensure that policy developments enhance solidarity between generations.

Encourage the development of intergenerational initiatives at local, regional and national level.

Create a better awareness of the needs and preferences of people as they age during policy and service development by adopting more comprehensive and inclusive approaches to consultation.

Improving Information Provision

The specific objectives in relation to improving information provision are to:

Ensure that older people can exercise choice and control over their own lives by being able to access user-friendly, up-to-date, comprehensive and coordinated information and advice in relation to entitlements, services, support and activities.

Promote the development of advocacy services to assist older people to access the services, supports and activities that they may require.

Implementation and Monitoring

Healthy Ireland will establish the formal structures to enable a whole of society approach to health and wellbeing, allowing for the broader determinants of health to be addressed. Through the *Healthy Ireland* structures, the Goals and Objectives of the National Positive Ageing Strategy will be translated into key deliverables with associated timelines and performance indicators.

The National Positive Ageing Strategy is not prescriptive in relation to the specific actions that should be taken to promote positive ageing. Rather, it contains a suite of Priority Action Areas to provide a focus for activity for the implementation of the Strategy. This suite of Action Areas also names the Departments with lead responsibility for these areas and highlights where a joined-up approach by a number of different Departments/Agencies is needed.

Collaboration between units in the Department of Health responsible for health and wellbeing and for services for older people, other Departments and stakeholders will begin immediately to ensure coherence between implementation of the National Positive Ageing Strategy and roll out of *Healthy Ireland*.

The monitoring and review mechanisms for *Healthy Ireland* will also be used as the mechanisms through which the implementation of the National Positive Ageing Strategy will be monitored.

A multi-stakeholder National Health and Wellbeing Council that is reflective of the life-course will be established. The Department of Health will convene an Annual Positive Ageing Forum (similar to the Carers' Forum that is convened by the Department of Social Protection) to assess progress from the perspective of older people and their representative organisations

Annual updates on positive ageing activity will be produced including the preparation of an Annual Report. These will be presented to the Cabinet Committee on Social Policy.

NATIONAL GOAL 1

Remove barriers to participation and provide more opportunities for the continued involvement of people as they age in all aspects of cultural, economic and social life in their communities according to their needs, preferences and capacities.

Introduction

A society for all ages encompasses the goal of providing older persons with the opportunity to continue contributing to society (UN, 2003)

The aims of the Objectives and any actions developed to achieve this Goal are; to provide education and learning opportunities throughout the life course; to recognise and enable the active participation of people in formal and informal work and voluntary activities as they age, according to their individual needs, preferences and capacities and to encourage people to participate fully in family and community life, as they grow older.

The policy areas that are addressed under this Goal are:
- Employment and retirement
- Education and lifelong learning
- Volunteering
- Cultural and social participation
- Transport

Employment and Retirement

Older people should be enabled to continue with income-generating work for as long as they want and for as long as they are able to do so productively (UN, 2003)

There is evidence that longer working lives have beneficial effects on individuals' physical and psychological wellbeing. Some evidence also shows that workers' productivity does not necessarily decline with age - any decline in physical capacity is easily compensated by qualities and skills acquired through experience. In essence, it is health status rather than age that is a key factor in determining productivity levels.

Irish research has found that early retirement is common but often unplanned, with the most common cause (accounting for one-third of early retirements) being illness and disability.

The second most common cause of early retirement was access to a redundancy package or a pension that made early retirement affordable.

This research also found a strong preference for gradual retirement. More flexible retirement options were also considered important. A recent Eurobarometer found that almost three quarters of Irish people believe that they should be allowed to continue working past their official retirement age compared to 60 per cent of their European counterparts. If more flexible retirement regimes are to become a reality, workplaces will need to be adapted to become more age friendly.

Retirement is an important event that can be accompanied by enormous changes in everyday life. In contrast to other life events such as bereavement, illness/disability etc., retirement is a transition time that can be planned for and such planning can greatly facilitate the significant social and economic changes that retirement may bring.

What needs to be done?
Objective 1.1 Develop a wide range of employment options (including options for gradual retirement) for people as they age and identify any barriers (legislative, attitudinal, custom and practice) to continued employment and training opportunities for people as they age.

Education and Lifelong Learning

Education is a crucial basis for an active and fulfilling life (UN, 2003)

Research has identified a link between lower levels of education and poor health, and that taking part in some form of educational activity helps keep body and mind healthy and active. In fact, there is evidence of a positive relationship between education and the economic, social, physical and mental wellbeing of individuals. Lifelong learning also contributes to personal development, self-esteem and confidence.

It has been proposed that, as the number of older people increases and people live longer, developing and implementing strategies for maintaining cognitive health should be a priority for both individuals and societies. On-going education and training are also vital in a world of constant change and development.

It is of note that the share of adult learners (aged 40 years and over) in Ireland is one of the lowest in the EU at less than 0.5 per cent compared to, for example, Belgium, Finland and Portugal with rates of 5 per cent.

What needs to be done?
Objective 1.2 Promote access (in terms of affordability, transport availability, accessibility of venue) to a wide range of opportunities for continued learning and education for older people.

Volunteering

The positive association between voluntary work and wellbeing has been widely established. Many studies have found that engaging in voluntary work in later life is a strong predictor of better self-rated health, functioning, physical activity, life satisfaction, and with decreases in depression, hypertension, and mortality among older people.

In addition to health benefits, volunteering can enhance social support networks, increase social status, and reinforce knowledge and skills. Volunteering also provides a role identity and sense of purpose for those retired from paid work.

Many older people provide volunteer support in childcare and education, as well as to older more dependent people who would otherwise be very isolated. While over a quarter of males and females age 50 years and over volunteer at least once a month, research has found that, in Ireland, the role of older people as volunteers has often been undervalued - some voluntary organisations have not always solicited older volunteers, while others have expected volunteers to retire from volunteering when they reach 65 years of age.

What needs to be done?
Objective 1.3 Promote the concept of active citizenship and the value of volunteering and encourage people of all ages to become more involved in and to contribute to their own communities.

Cultural and social participation

Provide opportunities, programmes and support to encourage older persons to participate or to continue to participate in cultural, economic, political and social life and lifelong learning (UN, 2003)

The influence of social networks on health is an area of growing interest. Fewer social networks are associated with a number of adverse health outcomes including obesity, cardiovascular disease, mental health problems and increased rates of mortality. In fact, research has found that the health risks associated with lower levels of social integration are

comparable to those of smoking, high blood pressure and obesity. Research has further found that loneliness results in adverse mental and physical health conditions, increasing the risks of depression and cognitive decline.

Engagement through activity can help to maintain quality of life, promote social contact, combat loneliness and isolation and maintain people as active members of society. Participation in leisure activities is associated with a lower risk of poor mental and physical health outcomes and mortality.

What needs to be done?

Objective 1.4
Promote the development of opportunities for engagement and participation of people of all ages in a range of arts and cultural, spiritual, leisure, learning and physical activities in their local communities.

Transport

Being able to drive has been associated with higher levels of life satisfaction, better adjustment, less loneliness and better perceived control. Mobility is a key determinant of an individual's ability to access services, whether social or practical, and to engage in community activities.

While the majority of older people are fit, active and healthy, the onset of conditions associated with ageing, such as chronic diseases and impaired vision and hearing, may cause limitations in mobility and difficulties with driving.

Driving cessation is associated with lower life satisfaction and restricted activity patterns. For older non-drivers, the accessibility and affordability of different modes of transportation are essential factors to ensure that they can remain actively engaged in their communities. Inaccessible or unavailable transport (which can be common in rural areas) can have a detrimental effect on quality of life.

What needs to be done?

Objective 1.5
Enable people as they age 'to get out and about' through the provision of accessible, affordable, and flexible transport systems in both rural and urban areas.

NATIONAL GOAL 2

Support people as they age to maintain, improve or manage their physical and mental health and wellbeing

Introduction

The aims of the Objectives and any actions that are developed to progress the achievement of this Goal are to prevent and reduce the burden of excess disabilities, chronic disease and premature mortality, to reduce risk factors associated with major diseases and increase factors that protect health throughout the life course, and to continue to develop a continuum of affordable, accessible, high quality and age friendly health and social services.

The policy areas that are addressed in the Strategy under this Goal are:
- Healthy Ageing
- Health and personal social services
- Carers

Healthy Ageing

Good health is a prerequisite to anyone expecting to lead an active and fulfilling life.....Longer life expectancies for both women and men are major achievements that should be valued and preserved and will not necessarily result in higher costs to society if people are empowered to remain healthy until very old age..... (AGE, 2006)

Health is defined as a state of complete physical, mental and social wellbeing, and not merely by the absence of disease and infirmity. Recent Irish research has found that older people considered the deterioration in their physical or mental health as the biggest threat to their wellbeing.

As life expectancy increases, it becomes more important that the added years to life are accompanied by good health. Physical health is strongly influenced by broader environmental, economic and social determinants, including the physical environment, geography, education, occupation, income, social status, social support, culture and gender.

While dementia and Alzheimer's disease are a significant cause of disability among the older population, depression is the most common mental health problem in those aged 65 years and over. It is of note that recent Irish research found a high prevalence of undiagnosed depression and anxiety in the older population. Consistent with physical health, a range of factors contribute to good or poor mental health, such as environmental, economic and social

determinants, including the physical environment, geography, education, occupation, income, social status, social support, culture and gender.

Chronic diseases are considered one of the most significant health challenges in developed countries and represent a major component of service activity and expenditure, as well as a major contributor to disability, mortality and ill-health among the older population in this country.

Chronic diseases are common in the older population and it is expected that increases in this population will be matched by increases in the prevalence of diseases such as dementia, arthritis, diabetes, sensory impairments and congestive heart conditions, to name a few. Figures 2.1 and 2.2 illustrate the relationship between increasing age and prevalence of chronic disease in Ireland.

Figure 2.1 Prevalence of Cardiovascular disease (% (rounded) males and females, 50 years and over, TILDA, 2011)
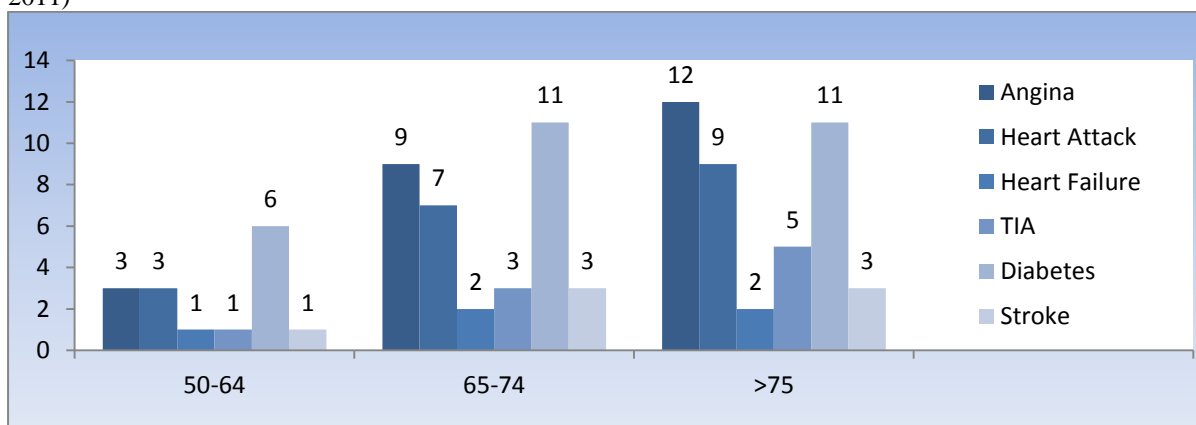

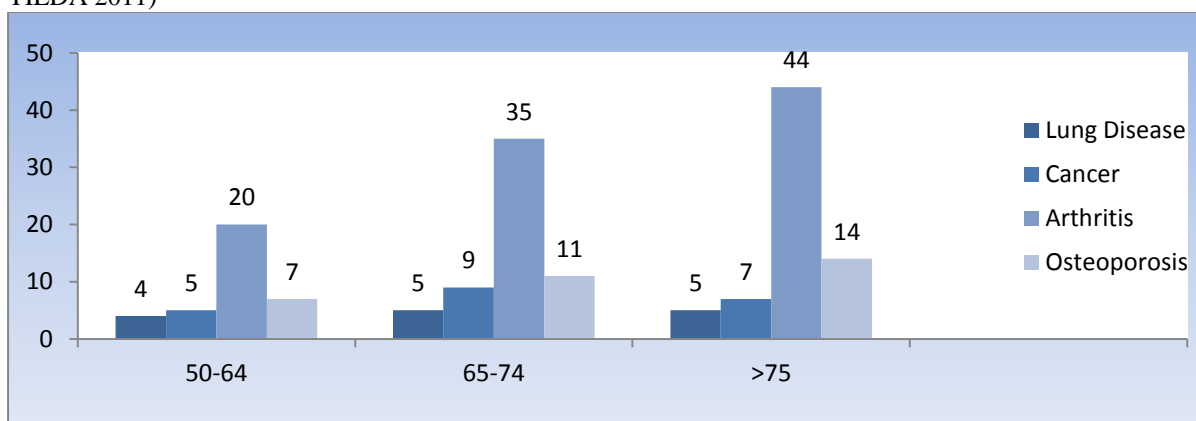**Figure 2.2** Prevalence of Non- cardiovascular conditions (% (rounded) males and females, 50 years and over, TILDA 2011)


It is of note that recent Irish research found a high prevalence of undiagnosed hypertension in the older population. Many chronic diseases are largely preventable. Lifestyle factors including tobacco and alcohol usage, together with physical inactivity, poor nutrition/diet and

obesity are key risk factors, along with high blood pressure and cholesterol. Many of these are also key risk factors for the development of dementia.

It has been reported that the cumulative lifetime disability for those who smoke, are obese and do not exercise is four times as great as for those who are a healthy weight, exercise and do not smoke. Figure 2.3 demonstrates worrying Irish research findings in relation to smoking, drinking and obesity.

Figure 2.3 Behavioural Health (males and females, 50 years and over, TILDA, 2011)
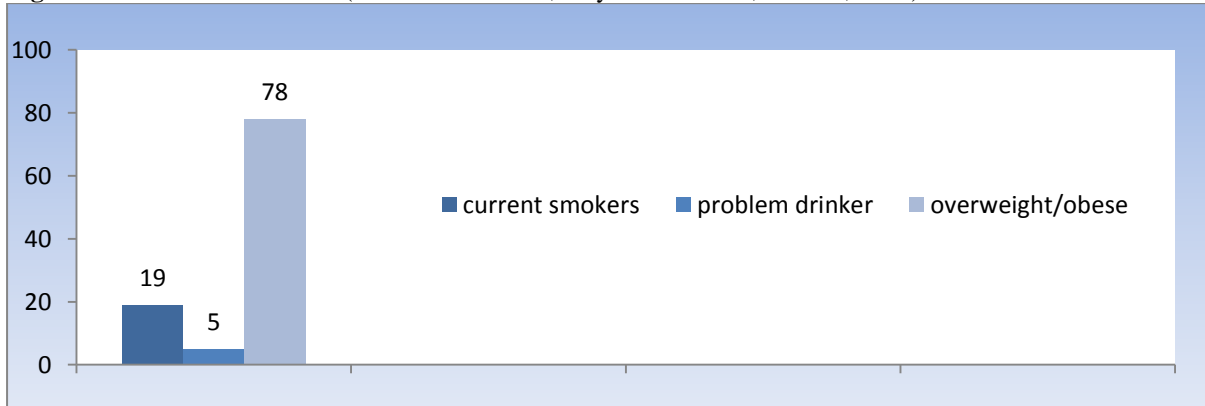
While there is evidence that it is difficult to change the behaviour patterns of older people, research has also found that changes in lifestyle, even in later years can bring health benefits.

Traditionally, models of care have tended to focus on those with the most severe needs. Future service provision needs to reverse this trend to ensure that equal priority is accorded to promotion of health and wellbeing. Shifting the focus to the promotion of lifelong good health would lead to a significant increase not only in life expectancy but also in disability-free life expectancy. This is consistent with the aims of *Healthy Ireland* (2013).

There is an increasing recognition that new technologies can offer new ways of supporting people with a disability or chronic illness, facilitating them to continue living independently at home and can play an important role in prevention and self-care. Telecare and telehealth services are also becoming increasingly recognised as an effective way to prevent or manage some health conditions effectively.


What needs to be done?

Objective 2.1
Prevent and reduce disability, chronic disease and premature mortality as people age by supporting the development and implementation of policies to reduce associated lifestyle factors.

Health and Personal Social Services

Older people are among the largest consumers of health and personal social services in Ireland. Recent Irish research has highlighted that the most pressing effects of ageing are likely to be on demands for a range of community-based health and personal social services (Figure 2.4).

Figure 2.4 Health service usage (% males and females, 50 years and over, TILDA, 2011)
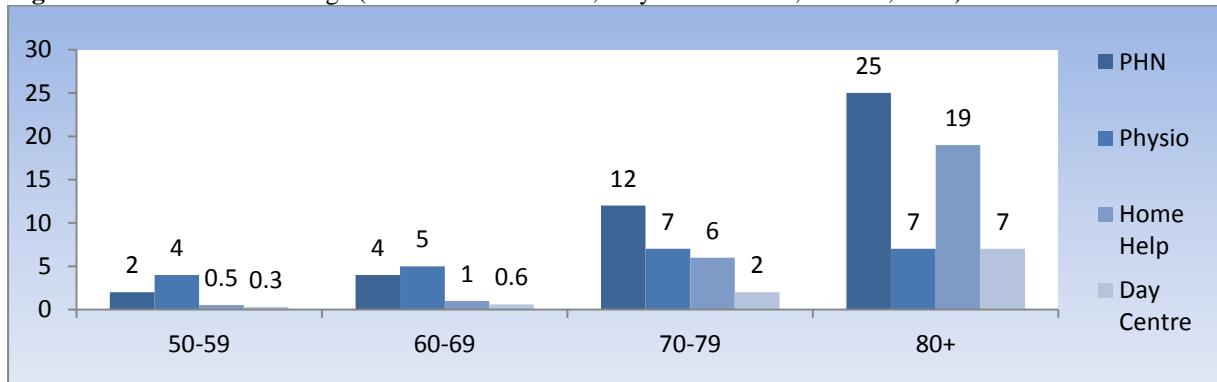
Government policy is to support older people to live in dignity and independence in their own homes and communities for as long as possible. Home Helps and Home Care Packages are critical to both supporting this Government policy and older people's own preferred wishes to remain in their own homes. These services also reduce pressures in the wider care system. It is expected that the demand for these services, and for additional supports such as Meals-on-Wheels and Day or Respite Care, will continue to increase as the age profile, and complex needs, of the older population change.

Older people represent a higher percentage of hospital admissions and have longer stays than younger persons often due to the complexity of their health conditions and the limited availability of alternative care supports. In addition to the expected increased prevalence of chronic disease that will accompany growing numbers of older people in the population into the future, of particular concern is the incidence of falling among those aged 65 years and over, with recent Irish research suggesting that one in three people in this age cohort fall once a year.

The cost to the economy of falls and fractures in older people is approximately €500 million annually, which includes costs associated with emergency department visits, hospital stays, General Practitioner and out-patient visits and long stay residential care. The most predictive risk factors for falling are muscle weakness, history of falls and gait/balance deficits and poly-pharmacy.

Poly-pharmacy is most commonly defined as the concurrent use of five or more medications and excessive poly-pharmacy is defined as the concurrent use of 10 or more medications. While a number of medications may be necessary to manage certain diseases, it can indicate inappropriate prescribing.

Research has found an association between poly-pharmacy, functional impairment, falls and fractures, hospital admissions and mortality. According to recent Irish research, 12 per cent of those aged between 50 and 64 are taking five or more medications with this percentage rising to 41 per cent of those aged 75 years and over.

Between 4 and 5 per cent of those aged 65 years and over reside in long stay residential care. It is of note that recent long stay activity statistics compiled by the Department of Health showed that nearly 13 per cent of long stay care residents are classified as 'low dependency' and a further 21 per cent as 'medium dependency', suggesting scope to further reduce demand on residential care.

Nearly 80 per cent of people who die in Ireland each year are over 65 years of age and therefore, end-of-life care is considered as an important public health issue. Research has found that over two-thirds of Irish people expressed a wish to die at home if at all possible. However, of those aged 65 or older who die in Ireland every year, the majority die in acute hospital settings (often in multi-bedded wards) and in private and public long-stay care facilities.

Irrespective of the location of death, Irish research has also found that the most important things for people at end of life were to be surrounded by the people they love, to be free from pain and to be able to communicate. It is also of note that in a recent study of end-of-life care of older people in Ireland, two fifths of those surveyed had access to a consultant-led palliative care team.

Finally, across all care locations, of key importance is the availability of care staff who have the necessary skills to address the specific health and communication needs of older patients.

A number of commitments in *Future Health: A Strategic Framework for Reform of the Health Service 2012-2015)* are particularly relevant to improving access to health and personal social services for older people:

- Breast Check screening for 65-69 year old women from 2014
- National colorectal screening for 60-69 year old men and women by end 2015Introduction of a Universal Health Care System which will give older people equal access based on need not ability to pay - to integrated, multi-disciplinary care by GPs, nurses, physiotherapists, occupational therapists and others working in collaboration
- Investment in the supply of more and better care for older people in the community and in residential settings will be a priority
- Additional funding each year for the care of older people
- Review of the Fair Deal system of financing nursing home care with a view to developing a secure and equitable system of financing for community and long-term care
- Consistent application of the eligibility criteria for the home help and the Home-Care Package Scheme

What needs to be done?
Objective 2.2 Promote the development and delivery of a continuum of high quality care services and supports that are responsive to the changing needs and preferences of people as they age and at end of life

Carers

While there is some evidence of positive impacts of caring, the health and wellbeing of carers can be adversely affected by their caring role. It is expected that Ireland's ageing population coupled with medical advances in relation to disability and chronic illness will result in more older people being cared for in the community in the years ahead. In this regard, it should be noted that;

- 80% of the main caregivers to people over the age of 50 years were themselves aged 50 years and over
- Approximately 1 in 5 of these were aged over 65 years
- These carers were predominantly the spouse of the person for whom are was being provided

What needs to be done?
Objective 2.3 Recognise and support the role of carers by implementing the National Carers' Strategy (2012)

NATIONAL GOAL 3

Enable people to age with confidence, security and dignity in their own homes and communities for as long as possible

Introduction

The aims of the Objectives and any actions that are developed to progress the achievement of this Goal are to ensure the protection, safety and dignity of older people by addressing the social, financial and physical security needs of people as they age.

The policy areas that are addressed in the Strategy under this pillar are:
- Financial security
- Housing
- The built environment
- Safety and security
- Elder abuse

Financial Security

Studies of quality of life across a number of countries show that a person's level of income and material resources strongly affects their overall satisfaction with life and wellbeing. A recent study found that an important factor that contributes to thriving in old age is adequate income.

The National Action Plan for Social Inclusion 2007 – 2016 commits to the goal of sufficient income for older people to enable them to enjoy *an acceptable standard of living*. The Programme for Government has committed to achieving the targets in the National Action Plan for Social Inclusion in relation to reducing the number of people experiencing poverty.

In this regard, it is of note that the percentage of older people at risk of poverty has been reducing in recent years. Figure 3.1 below demonstrates a significant reduction in the percentage of people aged 65 years and over who were at risk of poverty between 2004 and 2010 (from 27.1% to 9.6%).

In 2009 and 2010, older people had the lowest at risk of poverty rate compared to other age groups. This significant reduction is generally attributed to the generosity of social welfare transfers during this period.
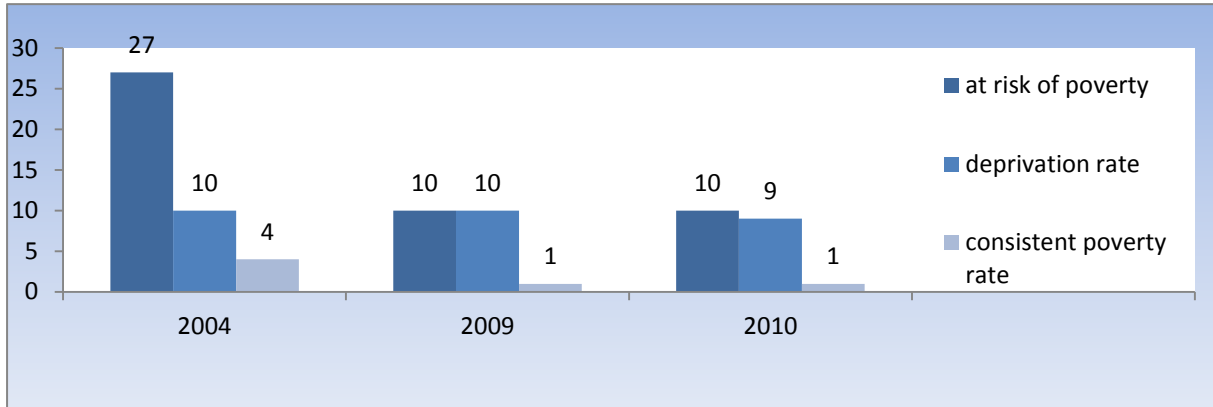
Figure 3.1 % (rounded) At risk of poverty, deprivation and consistent poverty rates for 65+ years 2004, 2009 and 2010 (EU SILC)

While a significant minority of older people are at risk of poverty, it is also important to note that many contribute financially to their families through transfers of money and other assets. For example, recent Irish research found that 24 per cent of those aged 50 years and over gave a financial or material gift worth €5000 or more to their children in the last 10 years. In contrast, 9 per cent of this population received financial transfers from their children.

What needs to be done?

Objective 3.1
Provide income and other supports to enable people as they age to enjoy an acceptable standard of living.

Housing

In Ireland, the vast majority of older people live in privately owned houses. Housing is not just about a roof over one's head. It is a place from which a person can access services, foster social networks and support family bonds. Good quality housing is critical to the promotion of independence and the attainment of a good quality of life.

However, the quality of older people's housing can be poorer than that of the general population. Older people are twice as likely to report a major problem with their dwelling e.g dampness.

Research has highlighted that there are strong associations between cold temperatures and cardiovascular and respiratory morbidity and mortality. Older people are less likely to have modern insulation and other energy efficiency measures installed. Fuel poverty refers to an inability to heat their home to a level that is healthy and safe and is caused by the interaction of high fuel prices, low income and poor energy efficiency in the home. Older people are considered as having a higher risk of experiencing fuel poverty than the general population, while those with a chronic illness or disability are considered particularly vulnerable.

The Programme for Government has committed to developing a strategy to tackle fuel poverty.

Furthermore, older people may have changing physical, mental and medical needs that can coincide with the ageing process, which may deem accommodation unsuitable, particularly from an accessibility perspective. As people age, adaptation and modification of their homes can compensate for a reduction in functional capacity. For some, alternative accommodation, such as sheltered housing, may be required to assist them to live independently. *The National Housing Strategy for People with Disabilities* 2011–2016 and its accompanying Implementation Framework aim to:

> *facilitate access, for people with disability, to the appropriate range of housing and housing related support services, delivered in an integrated and sustainable manner, which promotes equality of opportunity, individual choice and independent living.*

What needs to be done?

Objective 3.2
Facilitate older people to live in well-maintained, affordable, safe and secure homes, which are suitable to their physical and social needs.

Built Environment

Many older people tend to shop locally, use local public facilities such as libraries and parks and participate in local social and recreation activities. Planning, designing and building local environments that are safe and accessible to older people are, therefore, vital to supporting them to live in their own homes and local communities.

Older people who live in inaccessible environments are less likely to go outdoors, and therefore, may be more prone to isolation, depression, reduced fitness and mobility problems. In its submission to the Second World Assembly on Ageing in 2002, the World Health Organisation observed that age-friendly built environments:

> *can make the difference between independence and dependence for all individuals but are of particular importance for those growing older. For example, older people who live in an unsafe environment or areas with multiple physical barriers are less likely to get out and therefore more prone to isolation, depression, reduced fitness and increased mobility problems*

The Programme for Government has committed to promoting and supporting universal design, which refers to the design and composition of an environment so that it may be accessed, understood and used to the greatest possible extent by persons of any age or size or having any particular physical, sensory, mental health or intellectual ability or disability.

What needs to be done?

Objective 3.3
Support the design and development of age friendly public spaces, transport and buildings.

Safety and Security

Crime victimisation has been found to be lower among older people than among other age groups. However, fear of crime is significantly higher among this group. Research has found that fear of crime has negative effects on quality of life. It can significantly limit or restrict the movement and activities of individuals, which can further impact on physical, social and emotional wellbeing.

Figure 3.2 Perceptions of crime (% males and females, 65 years and over, CSO, 2010)
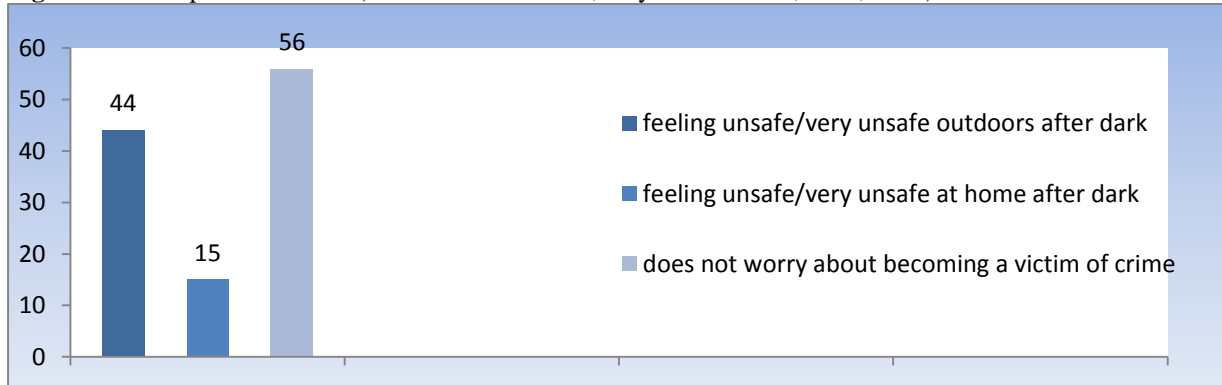
Fear of crime coupled with a feeling of vulnerability can lead to isolation and the social exclusion of older people. Therefore, it is important that the needs of older people with regard to policing, safety and security are addressed to ensure that they can feel safe and comfortable in their own homes and can remain active outside in their own communities.

In this regard, An Garda Síochána Older People Strategy (2010) aims to:
- develop and maintain effective communication links between Gardaí and older people
- deliver a timely and effective proactive response by An Garda Síochána for older people
- increase trust and confidence by lessening the fear of crime amongst older people
- determine and respond to the needs and expectations of older people in an on-going way

> **What needs to be done?**
>
> **Objective 3.4**
> Continue to implement An Garda Síochána Older People Strategy and empower people as they age to live free from fear in their own homes, to feel safe and confident outside in their own communities, and support an environment where this sense of security is enhanced.
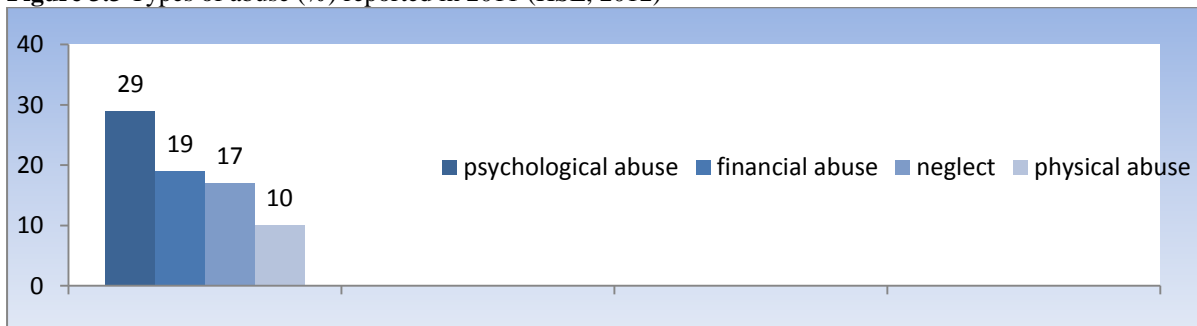
Elder Abuse

Elder Abuse is a complex issue and may involve financial abuse, physical abuse, psychological abuse, sexual abuse or a combination of some or all of these. Research on the prevalence of elder abuse in Ireland found that 2.2 per cent of the study population experienced abuse or neglect in the last 12 months. This suggests that approximately 10,000 people living in the community might have experienced abuse, neglect or maltreatment in the last year. However, research has found that the prevalence of elder abuse in other developed countries is between 3 and 5 per cent. This could mean that up to 20,000 people living in the community, in Ireland, could be suffering abuse.

Between 2008 and 2011, the number of elder abuse allegations referred to the Health Service Executive increased by approximately 25 per cent. An analysis of the referrals to the HSE during this period identified the following trends:
- Over 80 per cent were living at home; over 60 per cent were women
- In nearly 80 per cent of cases, there was a familial relationship between those referred and the alleged perpetrator

In Ireland, policy on elder abuse is derived from the 2002 Report of the Working Group on Elder Abuse, *Protecting our Future* (2002) and the 2009 Review of that Report. The Health Service Executive's Elder Abuse Service is comprised of a dedicated staffing structure throughout the country, unified data collection, national and regional oversight mechanisms, a research facility based in UCD (The National Centre for the Protection of Older People - NCPOP) and awareness and training programmes.

Figure 3.3 Types of abuse (%) reported in 2011 (HSE, 2012)

What needs to be done?
Objective 3.5 Continue to address the problem of elder abuse at all levels of society through raising awareness, improving reporting rates and developing services.

NATIONAL GOAL 4

Support and use research about people as they age to better inform policy responses to population ageing in Ireland

Introduction

Research, including age and gender sensitive data collection and analysis, provides essential evidence for effective policies (UN, 2003)

Policy development and service delivery for people as they age should be based on a robust evidence-base in relation to their lived needs, experiences and preferences. Furthermore, when information is known about how efficient and effective policies and services are in supporting and improving health and wellbeing, resources can be strategically targeted to better support positive ageing.

Evidence-informed policy making and service delivery

It is important to recognise that ageing poses no threat to our society but there is a need to plan and make the fullest use of research to take account of this demographic transformation (CARDI, 2010)

A key ingredient for good planning and policy development for older people in Ireland now and into the future is the availability of valid, reliable and timely evidence about ageing and our older population. If programmes and policies are to be designed to support and enable positive ageing, timely and regular access to comprehensive information about all of the determinants of health, wellbeing and quality of life and the inter-relationships between them is necessary.

Furthermore, given prospective increases in the older population in the coming decades, the capacity of policy makers to make projections of need among this population across all policy areas must also be strengthened. Data availability and the capacity to analyse this data are key requirements in this regard.

Information and data to assist in monitoring the implementation of the National Positive Ageing Strategy is also a key requirement.

International Action on Ageing Research

A number of international initiatives have been developed to progress the ageing research agenda with a view to assisting countries to respond effectively to the challenges and opportunities that prospective increases in their older populations will bring.

The Research Agenda on Ageing for the 21st Century

In 2007, the Declaration from the European Union Ministerial Conference on Ageing described research as vital in developing policies and programmes to implement the Madrid International Plan of Action on Ageing (MIPAA). The UN Programme on Ageing, in co-operation with the International Association of Gerontology produced the *Research Agenda on Ageing for the 21st Century* (2007) to support the implementation of the Madrid Plan through the identification of priorities for policy related research and data collection. It was developed with a view to encouraging researchers to pursue studies in policy related areas of ageing where findings can have practical and realistic applications.

A Roadmap for Ageing Research

> *Ageing research is an area of great social, political and economic importance for the European Union...I want to re-focus research and innovation policies very clearly on developing a coherent strategic research agenda which will tackle the grand societal challenges, which include both the promotion of healthy living and healthy ageing....These challenges can only be confronted if innovative and multi-disciplinary approaches are taken (Geoghegan-Quinn, 2010)*

FUTURAGE was a two year project funded by the European Commission, under the Seventh Framework Programme, to create the definitive road map for ageing research in Europe for the next 10-15 years. The broad aims for the roadmap are: to develop a concerted approach to this highly important research area; promote a multi-disciplinary perspective on ageing research, and to ensure that both the research priorities and research outputs reflect the broader European goal of quality of life of citizens. *A Road Map for European Ageing Research* was published in 2011.

European Innovation Partnership

European Innovation Partnerships are intended to address weaknesses in the European research and innovation system and are seen as key to address major societal challenges and to achieve the EU 2020 objective of a smart, sustainable and inclusive growth.

The objectives of the European Innovation Partnership (EIP) are twofold;
- addressing societal challenges and,
- enhancing Europe's competitiveness, against the background of globalisation and current fiscal constraints.

The European Commission launched the European Innovation Partnership on Active and Healthy Ageing (EIP-AHA) under the Europe 2020 Flagship Initiative, Innovation Union. The focus of this EIP is on prevention and health promotion, care and cure, and active and independent living of elderly people. The overarching target of this EIP is to increase average healthy lifespan by two years by 2020.

National Action on Ageing Research

Draft Framework for the Collection of Information about the Older Population

Irish multi-disciplinary, cross-sectional research on ageing and older people has grown significantly in the last decade and has been instrumental in informing age related policy development. Numerous academic institutions across the island of Ireland are engaged in a wide range of research programmes and projects relating to ageing, which contribute to developing the evidence base with which to inform policy into the future.

However, there are still notable data deficits and a growing need for the prioritisation of the information collected on ageing and older people for policy design, monitoring and service delivery purposes. In this regard, a *Draft Framework for the Collection of Information about the Older Population* (2006) highlighted the particular areas in which information is deficient, which included;
- Data on levels of health and social need and general dependency
- Information on service use
- Qualitative information on older people's lives, their attitudes, experiences and expectations
- Information on the extent of elder abuse
- Intergenerational transfers and accumulation of assets
- Participation in education and training

The Irish Longitudinal Study on Ageing (TILDA)

Given its potential to increase the quality and quantity of data available on the experience of ageing in Ireland, the Department of Health (with the Atlantic Philanthropies and Irish Life) agreed to co-fund the Irish Longitudinal Study on Ageing (TILDA; www.tilda.ie). This is a 10 year longitudinal study of the health, social and economic circumstances of a representative sample of 8,000 people aged 50 years and over on a periodic basis. TILDA's objectives are to investigate;
- the health status and needs of older people;
- the social and economic status and needs of older people;
- the health and social status and needs of families and carers of older people;

- the biological and environmental components of successful ageing;
- the contributions that older people are making to society and economy;
- how each of these main life domains (health, wealth, happiness) interact with each other in determining the quality of life experienced by older people.

It is of note that TILDA is already addressing a number of data deficits highlighted in the *Draft Framework* (2006) referred to above. Furthermore, many Government Departments are working in partnership with the Office for Older People in the Department of Health to access TILDA data to inform policy and service developments relevant to ageing and older people.

Silver Technology

Recognition of the importance of the role that Silver Technology can play in addressing health care issues for an ageing population has been increasing internationally.

Ireland has significant strengths in its enterprise base and in its research capabilities that are particularly relevant to the growth of a Silver Technology sector. These strengths include a positive public attitude towards research, a strong third level sector with recognised strengths in high-quality, world class ageing–related research and a strong industry base with the involvement of some of the major multinational companies in this sector in Ireland including INTEL, IBM, Microsoft as well as a base of successful indigenous companies.

Government is committed to innovation and believes that Ireland now has an opportunity to become a global centre for the commercialisation of technologies, services and products that improve wellbeing. In this regard, the current Programme for Government has committed to progressively implementing the recommendations in *Trading and Investing in the Smart Economy* (2010), which has specifically highlighted Silver Tech as a key area for action.

What needs to be done?

Objective 4.1
Continue to employ an evidence-informed approach to decision-making at all levels of planning.

Objective 4.2
Promote the development of a comprehensive framework for gathering data in relation to all aspects of ageing and older people to underpin evidence-informed policy making.

PROMOTING INCLUSION - CROSS CUTTING OBJECTIVES

Two issues were raised consistently during the consultation process that informed the development of the Strategy. Ageism and difficulties accessing information about services and supports were considered as having a negative impact on the social inclusion and quality of life of older people.

While the four National Goals and their underpinning Objectives are specific to particular policy areas (such as health, housing, transport, income, employment etc.), actions to combat ageism and to improve information provision are required in **all** policy areas.

Combating Ageism

Ireland is a frontrunner in relation to equality legislation. However, ageism can still manifest as prejudicial attitudes and practices against older people. Eradicating all forms of ageism in society will help to create a society for all ages underpinned by equality. Measures to promote positive images of ageing and older persons are central elements of the Madrid International Plan of Action on Ageing. Important measures in this regard include;
- Mainstreaming Ageing
- Promotion of Intergenerational Solidarity
- Better Consultation with Older People

Mainstreaming Ageing

The Madrid International Plan of Action on Ageing (MIPAA) proposes that a necessary first step in changing attitudes towards older people is to mainstream ageing and the concerns of older people into national frameworks and strategies. The Plan describes mainstreaming as;

> *the process of assessing the implications (for older persons) of any planned action, including legislation, policies or programmes, in all areas and at all levels. It is a strategy for making older persons' concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres*

Mainstreaming ageing is a strategy, process and multi-dimensional effort of integrating ageing issues into all policy fields and all policy levels. The ultimate objective is to achieve a more equitable society to the benefit all social groups. Mainstreaming is considered as an important tool for achieving a society for all ages. The implementation of this National Positive Ageing Strategy should be considered as a first and necessary step in mainstreaming the concerns of older people in all policy fields.

Promotion of Intergenerational Solidarity

Solidarity between generations at all levels – in families, communities and nations – is fundamental to the achievement of a society for all ages. It has been proposed that, in recent years, a number of factors have contributed to an increasing social distance between generations e.g. more geographically dispersed families, ageism.

Furthermore, given the concern about the effect that a rising share of the older population will have on the financial sustainability of public health and welfare systems, it must be noted that all members of society, irrespective of age, have contributions to make and needs to be met. While the nature of the contributions and needs may change over the life-course, the giving and receiving of resources between generations are crucial to promoting economic and social stability. Therefore, it is important that any policies and programmes that are developed in support of the Goals and Objectives of the Strategy should meet the needs of all generations and should be used to connect generations rather than to separate them.

Better Consultation with Older People

Given that many stereotypes about ageing are based on myths and misinformation about older people's competencies, beliefs and abilities, a better understanding of the process and experience of ageing is needed. One of the most effective ways of ensuring that the reality of ageing is reflected in policy and service development is to ensure that people, as they age, are included in decision-making processes at all levels.

What needs to be done?

The specific objectives in relation to combating ageism are to:

Promote activities that will help to combat age discrimination and to dispel age related stereotypes.

Combat ageism through awareness campaigns and by encouraging the media and other opinion-making actors to give an age-balanced image of society.

Ensure that older people's needs are considered in the development of any policies that might affect them.

Promote a better understanding of the importance of intergenerational solidarity and ensure that policy developments enhance solidarity between generations.

Encourage the development of intergenerational initiatives at local, regional and national level.

Create a better awareness of the needs and preferences of people as they age during policy and service development by adopting more comprehensive and inclusive approaches to consultation.

Improving Information Provision

Access to information is a key requirement for enabling older people to age well and to continue to participate in all aspects of community life according to their needs and preferences. Of all the issues raised during the consultation process conducted to inform the development of this Strategy, difficulty accessing information on services and supports was most frequently mentioned.

While it is true that there has never been a time when information has been more readily available, some older people still find it difficult to access due to physical, visual or hearing impairments or as a result of literacy difficulties. For some people there may be an element of embarrassment about certain information needs, or a fear of appearing uneducated. Others may lack social skills or experience social or geographical isolation. A lack of access to transport and underdeveloped IT skills also constitute a significant barrier to accessing information for some people as they age.

What needs to be done?

The specific objectives in relation to improving information provision are to:

Ensure that older people can exercise choice and control over their own lives by being able to access user-friendly, up-to-date, comprehensive and coordinated information and advice in relation to entitlements, services, support and activities.

Promote the development of advocacy services to assist older people to access the services, supports and activities that they may require.

IMPLEMENTATION

Positive Ageing Implementation Plan

Healthy Ireland will create the foundations for the implementation of the National Positive Ageing Strategy. Collaboration between units in the Department of Health responsible for health and wellbeing and for services for older people, policy units in other Government Departments, partner organisations, such as the Equality Authority and other stakeholders will begin immediately in this regard.

A high level implementation plan and associated timelines for *Healthy Ireland* will be developed in 2013. While it will be important to ensure coherence between implementation of the National Positive Ageing Strategy and the roll out of *Healthy Ireland*, a **separate** implementation plan, based on the strategic direction laid out in the National Positive Ageing Strategy, will be developed. This implementation plan will facilitate;
- the translation of the Goals and Objectives of the Strategy into action on the ground and
- the development of key deliverables in a more detailed manner, taking account of relevant linkages with other statutory agencies
- the development of timelines and performance indicators
- the specification of 'direct responsible individuals' across Government and wider civil society

The Health and Wellbeing Programme in the Department of Health will work with the Office for Older People, policy units in Government Departments and partner organisations to produce inter-sectoral plans to promote positive ageing. It will coordinate specific initiatives in this regard through the Cabinet Committee on Social Policy.

Priority Action Areas

The Priority Action Areas are key areas in which actions in support of the National Goals and Objectives should be developed. These Action Areas set the strategic direction for activity rather than prescribe the specific measures that will be taken to progress the implementation of the Strategy because;

- Ireland has a significant fiscal deficit and this Strategy cannot currently make commitments that will involve a cost in the current and medium term. Maintaining services to the greatest extent possible within the resources available and greater efficiency and effective use of resources currently invested are key priorities.

- many of the commitments in the Programme for Government that will have both direct and indirect impacts on people as they age will be enacted over the lifetime of the Government. Given the timelines involved and the extent of some of the reforms proposed, it is premature at this time to specify the actions that will be taken in their regard.

- the structures and processes being developed to implement *Healthy Ireland* will be used to translate the Goals and Objectives of the National Positive Ageing Strategy into key deliverables in a more detailed manner. In advance of the operationalisation of these structures it is difficult to specify the actions for older people that will be developed.

Lead Responsibility and Partnerships for Implementation

As already noted, traditionally, older age has been associated with illness and disability, with limited consideration of the needs of older people in other policy spheres. By naming the Departments with lead responsibility in addressing the Priority Action Areas (See Appendix 6), the Government seeks to achieve, in the first instance, an increase in awareness across Departments and their agencies, local Government and institutions that they too, in addition to the Department of Health, have a responsibility for the health and wellbeing of people as they age.

In light of realistic resource expectations, all Government Departments and agencies, local Government and institutions should review the effectiveness of existing policies, services and supports with a view to identifying whether inefficiencies in provision exist and how they can be addressed. They must refocus and adapt existing services rather than establish new ones. Maximising value for money and cost effectiveness in the funding and operation of services for a more-coordinated and effective use of the resources currently invested is the priority.

> *Each and everyone of us, young and old, has a role to play in promoting solidarity between generations, in combating discrimination against older persons, and in building a future of security, opportunity and dignity for people of all ages (UN, 2003)*

To address the broader determinants of health and wellbeing, a whole of Government **and** whole of society approach will be required to implement the National Positive Ageing Strategy. In addition to the Government Departments that have been allocated lead responsibility for the Priority Action Areas, it should be noted that other stakeholders will be needed to play their part – state agencies, the voluntary, community and private sectors, academia, representative bodies, communities, families and individuals.

The development of partnerships in this regard will be critical and the National Positive Ageing Implementation Plan will be developed with all key actors with responsibility for the delivery of services and supports for older people.

The report of the public consultation process, *In Our Own Words* (www.doh.ie) and on-going engagement with all key stakeholders will provide direction for the National Positive Ageing Implementation Plan and the actions that should be taken to promote positive ageing across the determinants of health and wellbeing.

Local Implementation is Key

Many of the factors that contribute to a good quality of life for older people and to the creation of communities in which ageing can be a positive experience are influenced at local level. Therefore, it will be important to identify local structures for the implementation of the National Positive Ageing Strategy and how these can be supported to work on common agendas.

The Programme for Government commits to the establishment of Older People Councils by local authorities, where members of the community can raise local concerns or issues of importance. It is envisaged that these Councils will have a 'bottom-up' role in monitoring the implementation of the Strategy. In establishing these Councils, local authorities should ensure among other things that;

- their composition is representative of the diversity of the older population at the local level
- they are linked with local groups of older people
- the participation of the most vulnerable is supported.

The Health and Wellbeing Programme in the Department of Health will co-ordinate the development of key partnerships with organisations with a role in promoting positive ageing. County or City Councils, and County Development Boards will co-ordinate inter-sectoral working to promote positive ageing at a local level. The Age Friendly Counties Programme is an example of inter-sectoral working co-ordinated by local authorities.

The Age Friendly Counties Programme aims to create communities where all of us as we age, enjoy a good quality of life and continue to participate fully in the life of those communities. The programme is currently being rolled out on a phased basis through the four regions. The aim is for every Local Authority area in Ireland to have its own *Age-Friendly County Programme* involving an Alliance of senior decision makers and influencers across key public, private and voluntary agencies and the leaders of an Older People's Forum which is open to all older people to join.

The programme is based on the WHO Age-friendly Cities Framework and Guidelines – which were developed by 33 cities from across the world and involved a major consultation with older people in each of those places. The WHO has recently established the WHO Global Network of Age-friendly cities and participating Irish counties are affiliating.

PRIORITY ACTION AREAS			
National Goal 1 **Remove barriers to participation and provide more opportunities for the continued involvement of people as they age in all aspects of cultural, economic and social life in their communities according to their needs, preferences and capacities**			
Objective 1.1		**Areas for Action**	**Lead Responsibility**
Develop a wide range of employment options for people as they age and identify any barriers to continued employment and training opportunities for people as they age.	1.1.1	Age-friendly workplaces	DJEI
	1.1.2	Contracts of employment	DJEI
	1.1.3	Flexible workplace practices	DJEI
	1.1.4	Gradual retirement	DSP; DJEI
	1.1.5	Pre-retirement planning	DSP; DJEI
Objective 1.2		**Areas for Action**	**Lead Responsibility**
Promote access to a wide range of opportunities for continued learning and education for older people.	1.2.1	Literacy, numeracy and technological skills training	DES; DSP
	1.2.2	Re-training and up-skilling for employment	DJEI
	1.2.3	Barriers to continued learning (availability, cost, lack of transport, inaccessible venues, volunteers) by people as they age	DES

	1.2.4	Intergenerational educational programmes	DES
Objective 1.3		**Areas for Action**	**Lead Responsibility**
Promote the concept of active citizenship and the value of volunteering, and encourage people of all ages to become more involved in and to contribute to their own communities.	1.3.1	Supports for the community and voluntary sector to provide services for people as they age.	DECLG
	1.3.2	Barriers to volunteering (insurance, costs, lack of transport) by people as they age	DECLG
Objective 1.4		**Areas for Action**	**Lead Responsibility**
Promote the development of opportunities for engagement and participation of people of all ages in a range of arts, cultural, spiritual, leisure, learning and physical activities in their local communities.	1.4.1	Barriers to participation (e.g. insurance, cost – petrol, insurance, lack of transport, lack of venue)	DECLG
	1.4.2	Supports for community and voluntary sector to provide opportunities for participation by people as they age	DECLG
Objective 1.5		**Areas for Action**	**Lead Responsibility**
Enable people as they age 'to get out and about' through the provision of accessible, affordable, and flexible transport systems in both rural and urban	1.5.1	Barriers to people continuing to use their own transport	DTTS; RSA
	1.5.2	Age-friendly public transport	DTTS; NTA
	1.5.3	Integration of Rural Transport	DTTS; NTA

| | | Programme with other local transport services | |
| areas. | 1.5.4 | Public transport linkages to major health facilities | DTTS; NTA |

National Goal 2			
Support people age they age to maintain, improve or manage their physical and mental health and wellbeing			

Objective 2.1		**Areas for Action**	**Lead Responsibility**
Prevent and reduce disability, chronic disease and premature mortality as people age by supporting the development and implementation of policies to reduce associated lifestyle factors.	2.1.1	Health education, promotion and prevention across the life-cycle	DoH: HSE
	2.1.2	Chronic disease management	DoH; HSE
	2.1.3	Medication management	DoH; HSE
	2.1.4	Tobacco	DoH; HSE
	2.1.5	Alcohol	DoH; HSE
	2.1.6	Screening programmes	DoH; HSE
	2.1.7	Mental health (anxiety, depression, dementia) and mental capacity	DoH; HSE
	2.1.8	Falls and fractures prevention	DoH; HSE
	2.1.9	Nutrition	DoH; HSE

	2.1.10	Physical Activity	DoH; HSE
	2.1.11	Telehealthcare and telemedicine	DoH; HSE
Objective 2.2		**Areas for Action**	**Lead Responsibility**
Promote the development and delivery of a continuum of high quality care services and supports that are responsive to the changing needs of people as they age and at end of life	2.2.1	Single assessment tool	DoH; HSE
	2.2.2	Quality community care services	DoH; HSE
	2.2.3	Access to and discharge from acute settings	DoH; HSE
	2.2.4	Affordable residential care services	DoH; HSE
	2.2.5	End of life care and palliative care	DoH; HSE
	2.2.6	Training and education for health and personal social service providers	DoH; HSE
Objective 2.3		**Areas for Action**	**Lead Responsibility**
Recognise and support the role of carers by implementing the National Carers' Strategy (2012)	2.3.1	Implementation and monitoring of the National Carers' Strategy	All Departments as appropriate

National Goal 2 Enable people to age with confidence, security and dignity in their own homes and communities for as long as possible.			
Objective 3.1		**Areas for Action**	**Lead Responsibility**
Provide income and other supports to enable people as they age to enjoy an acceptable standard of living	3.1.1	Income supports (pensions, supplementary welfare benefits) for people as they age	**DSP**
	3.1.2	Poverty reduction	DSP
	3.1.3	Occupational and private pensions	DSP
Objective 3.2		**Areas for Action**	**Lead Responsibility**
Facilitate older people to live in well-maintained, affordable, safe and secure homes, which are suitable to their physical and social needs.	3.2.1	Assessment of housing need	DECLG
	3.2.2	Housing grants for older people and people with a disability	DECLG
	3.2.3	Lifetime adaptable housing and universal design	DECLG
	3.2.4	Alternative housing options (i.e. social housing, sheltered housing; retirement villages)	DECLG
	3.2.5	Assistive technologies	DoH; DECLG; DCENR
	3.2.6	Linkages between housing and health	DECLG

		and personal social services	
	3.2.7	Fuel Poverty	DECLG; DSP
Objective 3.3		**Areas for Action**	**Lead Responsibility**
Support the design and development of age friendly public spaces, transport and buildings	3.3.1	Age Friendly Counties	DECLG
	3.3.2	Age friendly urban environments (street lighting, footpaths, roads, public seating)	DECLG
	3.3.3	Universal design	DECLG
Objective 3.4		**Areas for Action**	**Lead Responsibility**
Continue to implement An Garda Síochána Older People Strategy and empower people as they age to live free from fear in their own homes, to feel safe and confident outside in their own communities, and support an environment where this sense of security is enhanced.	3.4.1	Implementation of An Garda Síochána Older People Strategy	An Garda Síochána
	3.4.2	Develop White Paper on Crime	DJE
Objective 3.5		**Areas for Action**	**Lead Responsibility**
Continue to address the problem of elder abuse at all levels of society through raising awareness,	3.5.1	Implementation of National Policy on Elder Abuse	DoH; HSE
	3.5.2	Awareness raising	DoH; HSE

improving reporting rates and developing services.			
National Goal 4 **Support and use research about people as they age to better inform policy responses to population ageing in Ireland.**			
Objective 4.1		**Areas for Action**	**Lead Responsibility**
Continue to employ an evidence-informed approach to decision-making at all levels of planning	4.1.1	Stimulate research in areas that can be used to inform age-related policy and practice.	All Departments and CSO
	4.1.2	Use of TILDA data by Government Departments	DoH
Objective 4.2			
Promote the development of a comprehensive framework for gathering data in relation to all aspects of ageing and older people to underpin evidence-informed policy making.	4.2.1	Data framework in relation to all aspects of ageing and older people	All Departments and CSO

Cross-Cutting Objectives	
Combating Ageism	
Objectives	**Lead Responsibility**
Promote activities which help to combat age discrimination and to dispel age related stereotypes	All Government Departments and statutory agencies as appropriate
Combat ageism through awareness campaigns and by encouraging the media and other opinion-making actors to give an age-balanced image of society	
Ensure that older people's needs are considered in the development of any policies that might affect them	
Promote a better understanding of the importance of intergenerational solidarity and ensure that policy developments enhance solidarity between generations	
Encourage the development of intergenerational initiatives at local, regional and national level	

Create a better awareness of the needs and preferences of people as they age during policy and service development by adopting more comprehensive and inclusive approaches to consultation	All Government Departments and statutory agencies as appropriate

Improving Information Provision	
Objectives	**Lead Responsibility**
Ensure that older people can exercise choice and control over their own lives by being able to access user-friendly, up-to-date, comprehensive and coordinated information and advice in relation to entitlements, services, support and activities	All Government Departments and statutory agencies as appropriate
Promote the development of advocacy services to assist older people to access the services, supports and activities that they may require	

MONITORING

The implementation of the Strategy will be monitored on an on-going basis to ensure that it remains reflective of older people's needs and preferences in the years ahead. This process will also ensure that the Strategy and its implementation remain a priority for Government. Structures and processes will be developed to review the implementation of *Healthy Ireland*, which will be used as the mechanism through which the implementation of the National Positive Ageing Strategy will also be monitored.

Outcomes Framework

A robust 'outcomes framework' for *Healthy Ireland,* which will allow for the measurement of progress on improving the health of the population across the life-course, will be developed and published by the end of 2013. 'Levels' of indicators will be defined and a robust and comprehensive model for measurement and evaluation agreed. Performance indicators related to the specific Goals, Objectives and specific measures developed to promote positive ageing will be developed and collected on a periodic basis throughout the implementation process.

Units responsible for older people and for health and wellbeing in the Department of Health will collaborate in the development of indicators to monitor the implementation of the National Positive Ageing Strategy. These will be included in the 'outcomes framework' referred to above.

National Health and Wellbeing Council

A multi-stakeholder National Health and Wellbeing Council that is reflective of the life-course will be established in 2013. This will provide a national advisory forum to support implementation of *Healthy Ireland* and, in turn, the National Positive Ageing Strategy across sectors. The composition of this Council will, therefore, be reflective of older people and their representative organisations.

Annual Positive Ageing Forum

The Department of Health will convene an Annual Positive Ageing Forum (similar to the Carers' Forum that is convened by the Department of Social Protection) to assess progress from the perspective of older people and their representative organisations

Annual report

Annual updates on positive ageing activity will be produced including the preparation of an Annual Report. This will be presented to the Cabinet Committee on Social Policy.

Cabinet Committee on Social Policy

The Cabinet Committee on Social Policy, chaired by the Taoiseach, will oversee the implementation of the National Positive Ageing Strategy. The Minister of State with responsibility for older people will drive implementation of the National Positive Ageing Strategy at political level.

APPENDICES

APPENDIX 1 – International Developments in relation to Ageing and Older People

UN First World Assembly on Ageing 1982

The Vienna International Plan of Action on Ageing was the first international instrument on ageing, and provided a basis for the formulation of policies and programmes on ageing. It included 62 recommendations for action addressing research, data collection and analysis, training and education, as well as the following sectoral areas: health and nutrition, protection of elderly consumers, housing and environment, family, social welfare, income security and employment, and education.

UN Principles for Older Persons 1991

Nine years later in 1991, the UN General Assembly adopted the UN Principles for Older Persons. These Principles address the independence, participation, care, self-fulfilment and dignity of older people (see Appendix). In adopting these Principles, the UN urged governments to incorporate them into their national programmes whenever possible.

International Year of Older Persons 1999

In 1999, the UN celebrated the International Year of Older Persons, the theme of which was 'a society for all ages', a society which is an age-integrated society 'that adjusts its structures and functioning, as well as its policies and plans, to the needs and capabilities of all, thereby releasing the potential of all, for the benefit of all'. An age-integrated society is characterised by relationships of reciprocity, solidarity and equity between the generations.

UN Second World Assembly on Ageing, the Madrid International Plan of Action on Ageing 2002 (MIPAA) and the MIPAA+5 and MIPAA+10 Reviews

In 2002, the UN Second World Assembly on Ageing, convened in Madrid and developed the Madrid International Plan of Action on Ageing (MIPAA). As a contribution to this Assembly on Ageing, the WHO published Active Ageing: A Policy Framework (2002). The Assembly was a turning point in international policy debate and in action on ageing. The assembly recognised ageing as a global developmental phenomenon and supported the inclusion of ageing on the international development agenda.

A ministerial conference on ageing in Berlin in September 2002 culminated in the adoption of the Regional Implementation Strategy of the Madrid Plan, which specified ten commitments, nationally and regionally, in pursuit of a society for all ages. Ministerial representatives of UNECE member states, including Ireland, declared their support for these commitments. The first review of the implementation of MIPAA was conducted in 2007 and

the second review and appraisal, in which Ireland participated, took place in 2012 at which a Ministerial Declaration was signed.

Europe 2020 - Innovation Union and the European Innovation Partnership on Active and Healthy Ageing (EIP – AHA)

Recognising that the ageing of the population is a pressing societal challenge that will have significant social and economic implications, the European Commission launched a Pilot European Innovation Partnership on Active and Healthy Ageing (EIP AHA) as one of the key elements of the "Innovation Union", in 2011. A key objective of this pilot project is that, by 2020, healthy life expectancy will have increased by two years through a combination of better preventive measures, medical advances to combat chronic diseases, innovative and more integrated care systems, and the development and deployment of innovative products and devices specifically aimed at elderly people.

European Year for Active Ageing and Solidarity between Generations 2012

The European Year for Active Ageing and Solidarity between Generations 2012 aims to contribute to raising-awareness and promoting active ageing to enable older people to continue working, to stay healthy longer, to continue to contribute to society in other ways, for example through volunteering and to promote activities that will help to combat age discrimination.

APPENDIX 2 – Affirmative Concepts of Ageing

Healthy Ageing

Healthy ageing is the process of optimising opportunities for physical, social and mental health to enable older people to take an active part in society without discrimination and to enjoy an independent and good quality of life.

Positive Ageing

Positive ageing has been defined by the Office of an Ageing Australia as 'an individual, community, public and private sector approach to ageing that aims to maintain and improve the physical, emotional and mental wellbeing of older people. It extends beyond the health and community service sectors, as the wellbeing of older people is affected by many different factors including socio-economic status, family and broader social interactions, employment, housing and transport. Social attitudes and perceptions of ageing can also strongly influence the wellbeing of older people, whether through direct discrimination or through negative attitudes and images.'

Successful Ageing

Successful ageing refers to the ability to adapt to the transitions and diminishments experienced by the ageing person. The best known model of successful ageing is the selection, optimisation and compensation (SOC) model developed by Baltes and Baltes, which proposes that as people experience losses of function in older age, a parallel deterioration in their quality of life is prevented through a process of adaptation. Individuals become more selective in their goals and expectations, use their resources to optimise their functioning in these selected goal areas, and compensate for whatever losses they have experienced with available resources.

Productive Ageing

Productive ageing recognises that older people contribute to society in many different ways. As the Madrid International Plan of Action on Ageing (para. 23) states:

'The social and economic contribution of older persons reaches beyond their economic activities. They often play crucial roles in families and in the community. They make many valuable contributions that are not measured in economic terms: care for family members, productive subsistence work, household maintenance and voluntary activities in the community. Moreover, these roles contribute to the preparation of the future labour force. All these contributions, including those made through unpaid work in all sectors by persons of all ages, particularly women, should be recognised'.

Active Ageing

Active ageing is the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age. It allows people to realise their potential for physical, social and mental wellbeing throughout the life course and to participate in society according to their needs, desires and capacities, while providing them with adequate protection, security and care when they require assistance.

The word "active" refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force. Older people who retire from work and those who are ill or live with disabilities can remain active contributors to their families, peers, communities and nations. Active ageing aims to extend healthy life expectancy and quality of life for all people as they age, including those who are frail, disabled and in need of care (WHO, 2002). The term 'active ageing' was adopted by the WHO in the late 1990s to convey a more inclusive message than healthy ageing and to recognise the factors in addition to healthcare that affect how individuals and populations age.

APPENDIX 3 – Policy developments relevant for ageing and older people

Social Inclusion	Employment Equality Act (1998)
	Equal Status Act (2000)
	National Disability Strategy (2004)
	Disability Act (2005)
	The National Action Plan for Social Inclusion (NAPInclusion 2007 – 2016)
	The National Women's Strategy (2007 – 2016)
	The National Carers' Strategy (2012)
Income	The National Pensions Framework (2010)
Health	The Years Ahead (1988)
	Adding Years to Life and Life to Years (1998)
	Quality and Fairness (2001)
	National Health Promotion Strategy (2005)
	A Strategy for Cancer Control in Ireland (2006)
	A Vision for Change - Report of the Expert Group on Mental Health Policy (2006)
	Report of the Interdepartmental Working Group on Long Term Care (2008)
	Tackling Chronic Disease - A Policy Framework for the Management of Chronic Diseases (2008)
	National Mens' Health Policy (2008 - 2013)
	HSE Population Health Strategy (2008)
	Action Plan for Health Research (2009 - 2013)
	National Guidelines on Physical Activity for Health (2009)
	Changing Cardiovascular Health: National Cardiovascular Health Policy (2010-2019)
	Review of the Recommendations of Protecting Our Future: Report of the Working Group on Elder Abuse (2010)

	Future Health – A Strategic Framework for Reform of the Health Service 2012-2015
Employment	Employment Equality Act (1998)
Housing	Delivering Homes, Sustaining Communities: Statement on Housing Policy (2007) Housing Strategy for People with a Disability (2011-2016)
Safety and Security	Protecting Our Future - Report of the Working Group on Elder Abuse (2002) Road Safety Strategy (2007 - 2012) An Garda Síochána Strategy for Older People (2010) National Strategy on Domestic, Sexual and Gender-based Violence (2010 - 2014)
Education and Lifelong Learning	White Paper on Education: Learning for Life (2000)
Participation	Report of the Taskforce on Active Citizenship (2007) Building Sport for Life: The Next Phase (2009 - 2011)

APPENDIX 4   Active Ageing – A Policy Framework (WHO, 2002)

The Framework incorporates three strands:

1.   It is guided by the *United Nations Principles for Older Persons,* which are:
-       Independence
-       Participation
-       Care
-       Self-fulfilment
-       Dignity

2.   It is also guided by an understanding of how the *determinants of active ageing* influence the way that individuals and populations age. These include:
-       determinants related to health and social service systems
-       behavioural determinants
-       determinants related to personal factors
-       determinants related to the physical environment
-       determinants related to the social environment
-       economic determinants

The framework also highlights the importance of gender and cultural considerations in the development of policies and services to support active ageing. The experience of growing older for women and men can vary considerably. For example, older women tend to live longer, have lower incomes and provide more unpaid care than men. In addition, cultural values, beliefs and traditions determine how the ageing process is viewed by society.

3.   It addresses specific areas under each of the following three 'pillars' for action:
▪   Participation
▪   Health
▪   Security

Active Ageing – A Policy Framework (WHO, 2002)
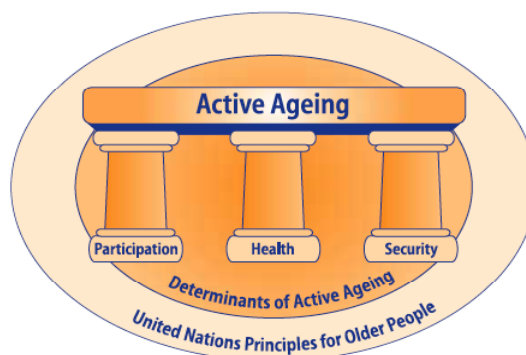
APPENDIX 5 - UN Principles for Older Persons

Independence

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

Participation

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

Care

10 Older persons should benefit from family and community care and protection in accordance with each society's system of cultural values.
11 Older persons should have access to healthcare to help them to maintain or regain the optimum level of physical, mental and emotional wellbeing and to prevent or delay the onset of illness.
12 Older persons should have access to social and legal services to enhance their autonomy, protection and care.
13 Older persons should be able to utilise appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment.
14 Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.

Self-fulfilment

15 Older persons should be able to pursue opportunities for the full development of their potential.

16   Older persons should have access to the educational, cultural, spiritual and recreational resources of society.

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

APPENDIX 6   Acronyms

Central Statistics Office	CSO
Department of Communications, Energy and Natural Resources	DCENR
Department of the Environment, Community and Local Government	DECLG
Department of Education and Skills	DES
Department of Justice and Equality	DJE
Department of Jobs Enterprise and Innovation	DJEI
Department of Health	DoH
Department of Social Protection	DSP
Department of Transport, Tourism and Sport	DTTS
Health Service Executive	HSE
National Transport Authority	NTA
Road Safety Authority	RSA

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