Age-friendly Communities – the Irish experience

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As people live longer and generally healthier lives, the proportion of older people has been increasing steadily over the past century. While population ageing has been on the global policy agenda for at least a decade, it is likely to become a more important issue in the future as demographic change begins to impact on our systems and services.

Planning for a better future for all ages will ensure that the experience of ageing brings benefits to individuals and society. It is clear that the growing numbers of older people will create an additional demand for health and care in later life. This in turn will call for a re-examination of our systems and structures, to make sure that resources are used efficiently, and are prepared to respond to increased demand. By developing policies that can transform the challenge of an ageing society into an opportunity, we can stimulate economic growth and improve well-being for all people, not just for older people. However, “the window of opportunity to plan and prepare is, quickly closing”.

The purpose of this document is to

- Describe the concept of age-friendly communities in the context of Positive Ageing.
- Present a review of the literature on the issues or difficulties that exist for older people in each of the eight WHO domains, linked to examples of programmes that seek to address these issues.
- Describe how an intergenerational approach, bringing people of all ages together in a purposeful way, promotes greater understanding between generations and contributes to building cohesive age-friendly communities.
- Outline the stages in the development of the National Age-friendly Cities & Counties programme in Ireland and highlights the key actions to be taken.
In recent years, there has been a trend towards seeking to change the view of ageing from a negative to a positive perspective. Instead of later life being a period of health decline and 'retirement' from activity, it is increasingly being seen as a period in which older people are continuing to create and develop, a period in which they can enjoy their lives and actively contribute the experience and knowledge gained throughout their lifetimes to their families and communities.

Ireland’s population is now larger and older than it has ever been. The average age of the population has increased by two years since 1996 and the 2011 census revealed that the number of people aged over 65 increased by 14% since 2006, while numbers in the over 85 age-group have increased by 22%. Over the next thirty years, this trend will continue and the numbers of older people (aged over 65 years) are expected to reach between 1.3 and 1.4 million by 2041, compared with 460,000 in 2006. The increase will be larger among persons aged 80 years and over, the size of this group is projected to quadruple from 110,000 in 2006 to about 440,000 in 2041.

There is a growing recognition that, as people age, the quality of their lives is increasingly influenced by their environment and by decisions taken at local level. For example, good urban design can play a major role in helping older people to continue to live and remain active in their local communities. Safe pedestrian environments, easy access to shopping centres, a mix of housing choices, availability of local services such as health centres and recreational facilities are all important elements that can positively affect the ageing experience. Therefore local government, in partnership with other local service providers, community groups and older people’s organisations, can play a significant role in planning for and developing communities that are ‘Age-friendly’.

What is needed, is a dramatic shift from thinking of older people as a burden and a cost to seeing the opportunities offered by an increasing number of healthy older people with skills, knowledge, experience and time available for helping their families and communities. In order to benefit fully from these opportunities we will need transformational change; policies informed by the voice of older people and implemented through collaboration with many stakeholders. Change needs to happen at policy level to affect priorities and resource allocation, at organisational level to affect the quality and range of supports and services, and at individual level to change attitudes and behaviours.

Positive Ageing

The approach to viewing ageing in a positive way has long been recognised in policy circles. The Madrid International Plan of Action on Ageing (2002), with its focus on active ageing, was one of the first international agreements to recognise the potential of older people to contribute to the development of their societies. In England, the government published “Building a Society for All Ages” in 2009 to put forward a new approach to making people’s later lives productive and fulfilling. It is rooted in a vision for the future based on positive ageing rather than a ‘care model’. In Ireland, the government recently published a National Strategy based on the concept of ‘positive ageing’. A Government report stated that, “The [proposed] Strategy aims to ensure that older people are recognised, supported and enabled to live full, independent lives.” (Madrid International Plan of Action on Ageing-Regional Implementation Strategy)

The Australian Office of Ageing defines the term ‘positive ageing’ as meaning:

‘An individual, community, public and private sector approach to ageing that aims to maintain and improve the physical, emotional and mental well-being of older people. It extends beyond the health and community-service sectors, as the well-being of older people is affected by many different factors including socioeconomic status, family and broader social interactions, employment, housing and transport. Social attitudes and perceptions of ageing can also...’

“Later life is increasingly being seen as a period in which older people are continuing to create and develop...to enjoy their lives and actively contribute to their communities.”
“Social attitudes and perceptions of ageing can...strongly influence the well-being of older people, whether through direct discrimination or through negative attitudes and images”.

The ‘Positive Ageing’ approach therefore encompasses the various concepts of ‘active ageing’, ‘successful ageing’, ‘healthy ageing’, and ‘productive ageing’. These concepts are linked to good health, financial security, having a positive attitude to life, engagement with an activity or with society, feeling connected to and supported by families and friends, and living in a place with which they are familiar. It can be seen as a rejection of the ‘disengagement’ theory of ageing, which suggests that adjusting to old age requires a withdrawal by the individual from society and instead the older person remains actively engaged in society in order to adapt successfully to older age. It is important to recognise also that older people are not all the same and the health and support needs of a 65 year old are often very different from those of an 85 year old. This diversity in age, health, social and economic backgrounds means that older people have a wide range of and varying levels of health and wellbeing needs.

The ‘Positive Ageing’ approach to strategy development, while acknowledging the diversity of older people, seeks to focus on the ways in which we can support changes in lifestyle, attitude, and skills so that all older people can enjoy a better quality of life. The benefits of a positive ageing approach are clear and could include good health, independence, intellectual stimulation, self-fulfilment and friendship. The National Age Friendly Cities and Counties Programme developed by the Ageing Well Network reflects this approach and aims to support key stakeholders in their development and implementation of a strategic approach to positive ageing by adopting the World Health Organisation’s framework and guidelines for Age-friendly Cities and Communities.

The concept of an Age-Friendly City and County comes from an initiative started by the WHO called the Global Age-friendly Cities project. This project started in 2006 in recognition of the fact that the world was gradually becoming older and more urbanised. The WHO brought together representatives of 33 cities in 22 countries, including Ireland (where Dundalk was the participating Irish city). It highlighted the need to maximise the health and well-being of the older population in urban environments.

The WHO defined an Age-Friendly society as one in which “service providers, public officials, community leaders, faith leaders, business people and citizens recognize the great diversity among older persons, promote their inclusion and contribution in all areas of community life, respect their decisions and lifestyle choices, and anticipate and respond flexibly to age-related needs and preferences.”

The project started with extensive consultation with older people, which showed that simple and cost-effective changes could help enormously in...
determining whether older people feel confident in being ‘out and about’. The issues raised by older people in their consultations include:

- Level pavements can reduce the number of falls and increase older people’s sense of security in walking the streets:
- Good local transport taking older people where they want to go, at times they want to go, and in vehicles they feel secure in, will influence decisions to stay at home or go out.
- Adequate provision of public lighting, access to well-maintained public toilets, and sufficient seating in public places, all help determine how long people will stay out and where they will go.
- The range of housing options and supports for independent living has a significant impact on decisions about moving out of home into a nursing home.
- Opportunities to volunteer time and life-skills to address social and other community problems can make a difference to whether older people enjoy high levels of self-esteem and feelings of usefulness, or feel themselves a burden on others.
- Opportunities to socialise and maintain good networks of friends, family and neighbours contribute to physical and mental well-being.
- Ease of access to information, on matters including entitlements to services and support options, affects service uptake levels and hence general well-being.

Based on the views expressed by older people, the WHO identified eight key areas in which cities can strive to become more age-friendly:

- Respect and social inclusion,
- Civic participation and employment,
- Housing,
- Community support and health services,
- Communication and information,
- Outdoor spaces and buildings,
- Transportation and
- Social participation.

One important outcome from the project is the document, Global Age-friendly Cities: a Guide, alongside a shorter Checklist of Essential Features of Age-friendly Cities, (see appendix 1) designed to be used by service providers in partnership with older people’s group.

“An Age-friendly city is an inclusive and accessible urban environment that promotes active ageing”

[The World Health Organisation]
The Ageing Well Network

The Ageing Well Network, based in Dublin, was set up in 2007 as a ‘think tank’ bringing together leaders from the fields of policy development, academia, service delivery and advocacy, along with other key opinion formers in relation to ageing and older people. Network members share a vision of an Ireland that will be a great country in which to grow old. Through membership of the Network, many critical issues are explored and opportunities sought to support and influence the plans of the major organisations in the sector.

The network is not an advocacy body, instead it seeks to influence change ‘within the system’, by providing a forum in which members can strengthen relationships with each other; exploring new approaches to what needs to be done to make Ireland a great place for us all to grow old.

The mission of the network is two-fold;

- to reframe the agenda on ageing by extending the focus beyond health, care and pension provision to also address the significant opportunities of a rapidly ageing global population; and
- to act as a catalyst and support for better long-term planning and greater collaboration among agencies involved in policy development and service provision across the public, private and voluntary sectors.

In 2009, Ageing Well Network members saw the potential of the WHO Age-friendly Cities Programme to create a place where older people are more empowered, enjoy good health, live securely and continue to participate fully in society. The Louth County Manager, representing Local Authority managers on the Network, was instrumental in Louth being the first Age-Friendly County in Ireland.

Philosophy

The aims of the programme require a change in how we think about ageing and how we plan and deliver services as a result. The ambition is that every Local Authority area in Ireland will have its own Age-Friendly City & County Programme aimed at achieving much valued improvements in quality of life, quality of services and quality of environment for older people.

In an Age-Friendly City & County, older people are seen as critical contributors to our society and a resource, not a burden, to society. To achieve the best outcomes for older people, it is important, that service providers collaborate and align their plans and service provision across all sectors. This will help ensure that we not only provide a better quality of life for older people but we also achieve the greatest efficiencies and effectiveness in provision.

An Age-Friendly City & County adapts its structures and services to be accessible to and inclusive of older people with varying needs and capabilities. In practice, this means ensuring that policies and programmes that focus on the needs of older people are central to the work of the service providers. Once you have reframed your policies and programmes and essentially age-proofed them everyone benefits whatever their age.

An Age-Friendly City & County is a place where a person’s age does not affect their chance of having a good quality of life. The people living there are happy to bring up children and to grow older – because the services, infrastructure, housing and public spaces are designed to meet everyone’s needs, regardless of how old they are. Age-Friendly Cities & Counties are welcoming and confident; they are able to thrive in changing times. Every generation feels respected and valued, and everyone feels a sense of belonging and pride in where they live. That is what an Age-Friendly strategy is all about.

Objectives

- Increase the participation of older people in the social, economic and cultural life of the community for everybody’s benefit;
- Improve the health and well-being of older people in the county;
- Show how services and supports for older people can be made more responsive, caring, professional and accessible, through imaginative and cost-effective partnerships;
- Lead the way in demonstrating the processes that are required, the benefits to be gained and the lessons learnt from such an integrated initiative.

The journey so far

Following from participation in the WHO project, the Louth County Manager representing the National City and County Managers Association, agreed with the Ageing Well Network, to take the initial lead role in making Louth Ireland’s first Age-Friendly County and adopt an Age-Friendly Strategy – thereby launching phase one of the programme in Louth in November 2008. Since then the programme has developed nationwide. (see http://www.agefriendlycounties.com for further information)

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The 1st International Conference on Age-Friendly Cities

The first International Conference on Age-Friendly Cities took place in Dublin in 2011. The conference was organised by the Ageing Well Network in partnership with the World Health Organisation and the International Federation on Ageing. The conference, part sponsored by the Ireland-Wales Programme 2007-2013 INTERREG 4A, brought together a broad range of senior managers from municipal authorities across the world, including those not yet involved with the WHO Global Network of Age-friendly Cities.

The programme was built around three main themes: Social and Cultural Connectivity, Built Environment and Building Momentum for the WHO Global Age-friendly Cities project. It pursued twin objectives: to advance thinking and approaches on how to make cities more age-friendly and to strengthen the WHO Global Network for the benefit of all.

As the interest in the concept of an Age-friendly city developed, many cities approached the WHO to create linkages between cities that might generate collaboration, innovation and efficiency. This led to the establishment of the WHO Global Network of Age-friendly Cities, which provides a platform for exchange of information between countries. The principles of participation in the Global Network are the involvement of older people and commitment by municipalities to assess age-friendliness and then develop, monitor and action plan to improve it.

In recent times a new ePortal Age-friendly World has been launched. This is the creation of the World Health Organisation and the International Federation on Ageing, the goal of which is to provide information, resources and ideas that help create an Age-friendly World. The site is managed by the Global Coalition on Ageing.

Throughout the 3-day conference, the Global Village Exhibition offered a space for creating meaningful opportunities for participants to meet and forge working relationships. It provided all in attendance including sponsors the opportunity to make presentations through various media. For those involved in the Ireland-Wales Programme 2007-2014 INTERREG 4A, Age Friendly Communities it provided a unique opportunity to showcase the projects in place and those planned from across both countries.

The Dublin Declaration

As part of the 1st International Conference, the Dublin Declaration of Age-Friendly Cities and Communities was launched. It was signed by 42 country representatives on the 28th September 2011 and continues to be adopted in new countries. Signing the Declaration commits countries to a 5-year cycle of continual assessment and improvement to make their community and city more age-friendly and throughout the process, participating in the Network to support its role as a platform for mutual support, discussion and learning.

EU Summit on Active and Healthy Ageing

In 2013, the Ageing Well Network and the Global Coalition on Ageing (www.gcoa.com) organised a European summit in Dublin. It was held in association with the Irish Presidency and supported by the WHO’s Age-friendly Cities and Healthy Cities programmes, EIP European Innovation Partnership and four DGs – Employment, SANCO, CONNECT and REGIO.

The goal of the summit was to develop Europe-wide leadership support for a range of actions that are broadly based on the eight domains identified by the WHO in its Global Age-friendly Cities Guide. It expresses the clear and strong commitment of political leaders of cities and communities to strengthen and champion action to make their communities more age-friendly and highlights the need for ongoing improvement across a range of interrelated domains of older people’s lives.

2013 Dublin Declaration

A key feature of this summit was the signing of the Dublin Declaration on Age Friendly Cities and Communities in Europe 2013 by mayors/deputy mayors from Cities and municipalities across Europe. This Declaration builds on the original 2011 Declaration, with a specific European framework linked to key developments within the EU.

The aim of the Declaration 2013 is to solicit support for a range of actions that are broadly based on the eight domains identified by the WHO in its Global Age-friendly Cities Guide. It expresses the clear and strong commitment of political leaders of cities and communities to strengthen and champion action to make their communities more age-friendly and highlights the need for ongoing improvement across a range of interrelated domains of older people’s lives.
What is an Age-Friendly Community

Research and Practice

The consultation carried out by the WHO with older people and their organisations aimed to identify the attitudes to and experience of the different domains of life affecting older people. This section provides evidence, from a review of the literature, on the reasons for the importance of each of these areas for older people. It also provides some detail on initiatives taken to address some of the points highlighted through the Age-Friendly Programme consultation process in Ireland.

The Irish programme has focussed on outcomes and has developed a framework to reflect the key areas in which the programme seeks to influence outcomes for older people. The outcomes that the Age-Friendly Cities and Counties Age-Friendly Cities and Counties (AFC&C) programme seeks to achieve are that older people can...

- Lead healthier & active lives for longer,
- Stay living in our own homes and communities
- Get to where we need to go, when we need to
- Be enabled by the built and social environment
- Feel and be safe at home and out and about
- Have the information we need to live full lives
- Be truly valued and respected
- Participate in social, economic and public life
- Continue to learn, develop and work
With the ageing of the population, many countries are focussing efforts on seeking to increase the health and wellbeing of the growing numbers of older people through greater efforts in health promotion and disease or disability prevention in old age.

Healthy Ageing

It is widely recognised that health is determined by both collective and individual factors, including the social, physical and economic environment, health services, personal health practices, and individual capacity and coping skills. The Healthy Ageing Research Project (HARP), which involved interviews with over two thousand older adults in the Republic and Northern Ireland, estimated that one in ten older people living in the community were in very poor health with the remaining 90% living independent relatively healthy lifestyles 8.

However, a rise in the prevalence of chronic diseases, including heart disease, arthritis, congestive heart failure and diabetes, was recorded in older people during the past two decades in many parts of the developed world. Just over half of people over 65 years in Ireland describe themselves as having a chronic illness that limits their activities.

There are now significant differences in obesity rates between the various OECD countries. In Ireland, the rate stood at 15% in 2007, up from 11% in 1998. There is considerable variation in this rate throughout the world, from a low of 3.4% and 3.5% in Japan and Korea respectively, to a high of 34.3% in the United States in 2007. The rise in obesity is likely to have implications for future increases in the level of related diseases (such as diabetes and asthma) and consequently for health spending.

There is considerable evidence supporting the benefits of physical exercise in maintaining virtually all aspects of health and physical functioning as people age; it increases strength and is associated with lower incidence of cardiovascular disease, osteoporosis and bone loss, and certain forms of cancer. It can reduce the risk of falls, lower blood pressure among those suffering from hypertension, and reduce the risk of stroke and of insulin sensitivity.

Exercise, in association with other factors, may also reduce the risk of depression and may decrease the chances of developing dementia. In fact exercise has been described as the “best preventive medicine for old age” significantly reducing the risk of dependency in old age.

However, people in high-income countries are more than twice as likely to get insufficient exercise, with 41% of men and 48% of women not sufficiently active, compared with 18% of men and 21% of women in low-income countries.
Peel and colleagues (2005) confirmed that the aspects of healthy ageing which are determined by behaviour include; non-smoking, being physically active, maintaining weight within moderate ranges and consuming alcohol in moderation. Research carried out in the US studied a group of well educated, relatively affluent people with good access to medical services (to remove the possibility of socioeconomic factors influencing the outcome) found that the effects of good health habits on subsequent disability were extremely large. Their results showed that the cumulative lifetime disability for those who smoked, were obese, and did not exercise was four times as great as in those who were lean, exercised, and did not smoke.

Physical Activities

Local Authorities in Ireland support the County Sports Partnership through which ranges of physical activities, tailored to meet the needs of older people, are arranged. The Sports Partnerships work closely with a national NGO, Age & Opportunity, who have developed Go for Life games for over 50’s. Very successful pilot games were held in the summer of 2012. The response to the games indicates the huge interest there is among older people in physical activities. Local Authorities have also installed exercise equipment in their parks for the benefit of older people.

The Go for Life games have been rolled out in Kildare with assistance from the INTERREG project, which meant that many more people and many more teams have been introduced to sports. As part of Kilkenny’s Healthy Town participation, and in keeping with Positive Ageing Week, a number of additional activities have been included in the extensive programme of the Sports Partnership. These included city walks lead by the Mayor, free water activities including Aqua aerobics and Aqua jogging. Health information talks also took place and health screening in many family resource centres across the city and the local GP gave a talk on ‘Planning for Healthy Ageing’. The programme ran for 8 weeks and includes lots of activities for those who are interested in improving their health and quality of life as they age.

Promoting Healthy Ageing

Many common conditions although not life-threatening, if left untreated can lead to disability and can negatively impact on the quality of life of older people. Chronic conditions can be prevented, deferred or mitigated through good health promotion, screening and preventative measures. In the future, it will become increasingly important to find ways in which such approaches can reduce overall costs while increasing health and wellbeing. Over the past few decades, public health research has provided new insights into the kinds of interventions or behaviour change that will result in prevention, deferral or modification of health problems in later life. However, there is still a need to gain a clear understanding of the determinants of health, particularly for those that are associated with a reduction of disability or an increase in the number of “disability free years of life”.

There is evidence that health in later life is determined to some extent by the experiences we have throughout our lives. A recently published US study showed that maintaining a healthy lifestyle throughout young adulthood and middle age led to low cardiovascular disease risk in middle age. The health of participants was monitored over a period of 20 years and the majority of people who maintained five healthy lifestyle factors from young adulthood (including a lean body mass index (BMI), no excess alcohol intake, no smoking, a healthy diet and regular physical activity) were able to remain in this low-risk category in their middle-aged years.

In the first year of the study, when the participants’ average age was 24 years old, nearly 44% had a low cardiovascular disease risk profile. Twenty years later, overall, only 24.5% fell into the category of a low cardiovascular disease risk profile. However, 60% of...
those who maintained all five healthy lifestyles reached middle age with the low cardiovascular risk profile, compared with fewer than 5% who followed none of the healthy lifestyles17.

This, and other research, shows that we need to take a life course approach to the prevention of conditions that are prevalent in later life. Primary prevention could take place from teenage years and focus on improving nutrition, exercise and immunisation rates, preventing accidents and increasing awareness about the risks of smoking. Secondary prevention treats known risk factors such as blood pressure, cholesterol and low bone mass and can be most relevant to people aged 40 to 50 and finally tertiary prevention occurs when the disease is present, such as rehabilitation from stroke etc20.

There is plenty evidence of the success of such policies. Even simple measures can contribute to a reduction of the level of premature death. WHO and the NCD Alliance, estimate that primary prevention measures can prevent 80% of premature heart disease, 80% of Type 2 diabetes, and 40% of all cancers. Similarly, there is some evidence that secondary prevention can lower service use by between 7 and 17% at a very low cost21. Earlier and better treatment initiatives have reduced the number of people with heart disease and improved survival after cardiovascular events, which, in turn has lowered Cardiovascular (CVD) deaths21.

A case study in North Karelia, Finland, shows how the preventative approach can succeed. During the 1960s, the region had one of the highest rates of death in the world from coronary heart disease, especially among men. Following a large-scale community-based preventive programme, involving local and national authorities, the media, NGOs, supermarkets, the food industry, agriculture, health services, schools, and WHO experts, the level of smoking had fallen dramatically, dietary habits had improved, and most significantly, the prevalence of Coronary Heart Disease (CHD) had decreased22. Achieving better lifestyles through health promotion interventions can clearly have a significant impact on physical and mental health in older age.

There has been a welcome increase in preventative health services such as influenza immunization23 and other preventative interventions among older people24. Education about what makes a healthy lifestyle is one of the most common approaches to health promotion, Others important components of an effective health promotion strategy include self-checking for key symptoms of age-specific conditions by older people themselves – assessment and treatment for acute and chronic diseases.

Another proven approach is to screen for particular conditions. In 2008, Abu Dhabi launched a prevention programme that carried out simple screening for cardiovascular risks on 95% of the population in its first few years. Following screening each person received an individual report, outlining their main risk areas (such as high blood pressure or high body mass index), along with a range of recommended actions (such as dietary and exercise changes, or being assessed by their general practitioner). A recent overall assessment shows that the project identified a significant level of undiagnosed conditions – up to one-third of people with diabetes, one-half with hypertension, and two-thirds with high cholesterol were undiagnosed. It also found that the programme achieved substantial improvements in blood glucose levels and in lipids, at a very low cost – less than US$20 per person per year25.

**Hospital Care**

In most countries, older people represent the largest group presenting to acute hospitals with medical illnesses accounting for approximately 20% of emergency department (ED) attendances and 40% - 50% of acute medical admissions. Frail older adults who are discharged from the ED are at increased risk of death, functional decline and ED re-attendance and hospital admission in the next 3 months.

The acute hospital tends to be organised into ‘specialities’ which means that staff knowledge and

“Education about what makes a healthy lifestyle is one of the most common approaches to health promotion”
training will tend to lie within these specialities. This can impact on the ability of staff to respond to the complex needs of older people with a number of comorbidities and complicating factors. Acute hospitals are most suited to single diagnoses, rapid treatments, and short stays, and as a result they are not the best settings for the treatment of older people. Older people often have multiple complex disease-related conditions and need comprehensive, integrated physical and psychosocial assessment. Currently, older people may be inappropriately admitted or have a delayed discharge from acute hospitals, or be admitted to nursing homes because of the unavailability of timely multidisciplinary team care and other specialist services. Their complex needs are most appropriately met by multidisciplinary teams, made up of physicians, nurses, therapy professionals and medical social workers.

While general practitioners will continue to provide the early management of chronic illness, improved access to multidisciplinary team care, specialist services, rehabilitation units, etc, will enable a greater number of older people to live happily and healthily in their own homes. There is evidence that increased investment in community based health services could significantly reduce the time older people spend in hospital and outpatient hospital services. This would have significant benefit to them, produce better health outcomes and reduce the cost to the state. A study carried out in Norway found that patients who receive care at a community hospital, after an initial period in a general hospital, had lower readmission rates than patients given traditional prolonged care at a general hospital. The study also found that intermediate care at a community hospital increased the number of patients being independent of community care after 26 weeks of follow-up, without any increase in mortality.

Stay living in our own homes and communities

Independent living at home

As older people are living longer healthier lives, later life is changing. A long period is now spent in good health, continuing to be active and to live independently, only requiring support following a crisis such as a fall or the sudden onset of illness. Home is strongly linked to independence for older people and remaining independent is greatly valued. However, it is important to remember that home in old age can be a place of negative experiences, such as isolation and loneliness or poor physical environment of the home and neighbourhood, which undermine the person’s ability to live independently.

Research has shown that as people grow older, they spend relatively more time in their homes; on average, very old people tend to spend 80% of their time at home. The conditions in which people live and the appropriateness of the home environment to the older person’s needs are therefore likely to have a big impact on their quality of life and health. In addition, supporting independence amongst older people enables them to remain active members of their communities to the benefit of the society at large; “well designed, easy to manage, affordable, warm and safe housing is as important to independent living as inputs of care.”

Strong ties to the home environment are formed as people age, and, therefore, preventing relocation can be among the strongest needs of older adults as well as their families. The concept ‘ageing in place’ is often used to denote the policy ideal of being able to remain at home while ageing. Environmental gerontologists have suggested that increased attachment to one’s community is accompanied by sensitivity to one’s social and physical environment, both of which increase with age.

Irish people in particular have a strong regard for being helped to stay in their homes for as long as possible. A recent Eurobarometer report (2008) which surveyed
“As people grow older, they spend relatively more time in their homes, the conditions in which they live...are therefore likely to have a big impact on their quality of life and health.”

Approximately one thousand people of all ages in each EU state found that most Irish people feel that it is important to use public budgets for support services allowing older people to stay longer in their homes – 76% felt that this was very important and 22% felt it was fairly important. This was significantly higher than the EU average of 61% who felt that this was very important. When asked about their preferences for moving house during retirement only 31% of Irish people would consider moving to a smaller house in the same location (compared to almost 60% of Danish people or 57% of Dutch people). Only 4.5% of Irish people would consider moving to sheltered housing, compared to 40% of Slovenians or 24% of Austrians.

Carers and Caring

As people grow older, many develop chronic conditions which require higher levels of care and may become dependent on others for help in carrying out the activities of daily life. Family carers are relatives, friends or neighbours who provide unpaid care for people with a disability, mental illness, chronic condition or frail older people. For many, the presence of a family member, friend or neighbour who can provide these supports can mean the difference between being able to continue living at home and having to enter long-term care.

Family members often find themselves undertaking the role following very little consultation, education or preparation for the task. Because of the significance of the carer’s role it is important to investigate ways of alleviating the burden or intervening to provide support. The range of support services that can be offered to carers include: 1) information about available services; 2) assistance in getting access to support services; 3) individual counselling, support groups, and training to help with problem solving related to their roles; and 4) respite care.

Research shows that support services for carers such as counselling, respite care, education, and training can help to reduce the level of stress, and depression experienced and can improve overall well-being. Providing caregiver support services can also delay nursing home placement of persons with Alzheimer’s disease. One US study found that patients whose spouses received support experienced a 28% reduction in the rate of nursing home placement compared with other groups. The study also found an improvement in carers’ satisfaction with social support, better responses to patient behaviour problems, and a reduction in symptoms of depression. They concluded that greater access to effective programmes of counselling and support could bring about considerable benefits for carers, patients with Alzheimer disease, and society and although the study did not include a cost-benefit analysis they argued that the average nursing home cost savings would be far greater than the annual salary of a full-time counsellor.

Schofield and colleagues found that the two factors that contributed to a positive experience of caring were having the support of other family members and having a sense that there was some choice in...
the decision to provide care. Some studies have evaluated interventions and found that, in general, interventions with a number of different components tend to have more positive effects than narrowly focused interventions. Similarly, single component interventions with higher intensity (frequency and duration) have a more positive impact on the caregiver than interventions with lower intensity.

Assistive Technology

Health providers at both national and European levels have started to understand the need to introduce new approaches to healthcare delivery to meet the challenges of the changing demographics and technological solutions are often seen as one of the most promising solutions to this challenge. Assistive technology has the potential to facilitate people of varying levels of dependence to remain in their own homes, merging different services within the same home setting.

For example, Smart Homes monitor the activities of the user within their home and based on this information the environment can be modified or activity assistance provided to the person within his or her own home. Another widely used technological solution is the blood glucose meter, which can record vital sign based information and in conjunction with other activity related information can provide a broader overview of the status of the person within their own environment. Because successful ageing also depends on the psychological health of an older person, technologies that provide social connectedness could be an important component of any home-based care system. These technologies might include computer-based products designed to assess cognitive decline or help older users enhance memory, entertainment systems that offer both physical and mental stimulation and highly complex systems that provide important reminders to older people with memory loss. In addition, cell phones, video telephones and communications software could be adapted for older people so they are easier to use and, therefore, more useful in reducing isolation among this population.

Benefits of assistive technology

There is now a growing body of research and pilot studies indicating that assistive technologies can improve quality of life (physically, mentally and socially), reduce health care cost, and help create a proactive and preventative health service. In a randomized controlled trial by Mann (1999), the effects of an assistive technology and environmental intervention programme were evaluated. The findings indicated that participants who received environmental interventions showed less decline in functional dependence than those in the comparison group. This study also showed that the provision of environmental interventions has economic benefits, since it reduces the need for institutional and in-home personnel.

Scotland’s Telecare Development Programme is the most developed pilot programme in the UK and is already showing positive results. In its first full year the programme is estimated to have saved £11m and is thought to be improving the health of its users. The data estimates that 81,000 bed days have been saved, this includes 5,668 bed days saved through speedier discharge, 13,870 through reduced unplanned admissions and 61,990 care home bed days saved by enabling people to stay at one their own home rather than care homes. The study also found that 93% of telecare service users felt safer as a result of having telecare services in place and 87% also felt their families worried less as a result.

ENABLE was a three year pan-European study of dementia and assistive technology. Overall the results from this study showed that the technology produced savings and improvements for both dementia sufferers and carers. Almost half of all carers reported that the ENABLE device supported independence and
“Most Irish people feel that it is important to use public budgets for support services allowing older people to stay longer in their homes – 76% felt that this was very important and 22% felt it was fairly important.”

more than one-third reported that the ENABLE device reduced the general emotional burden of worry for the family41. The ENABLE data showed that it would take only one overnight stay in an Irish hospital to cover the cost of each of the ENABLE technologies42.

The Moycullen Robotics club

The Moycullen Robotics club Co. Galway, Ireland consists of a group of parents and children interested in the use of technology for aiding the quality of life for all types of users. It currently consists of ten technology savvy children and two mentors. The group competed in the First Lego League Robotics competition, which is an international competition consisting of 190,000 competitors every year. The children won the Irish nationals in February 2012 and represented their country in the European Open Championship in Manheim Germany in June of this year.

Every year the competition is based around a scientific and technological theme. The 2013 competition is based on increasing the quality of life for Seniors, keeping them connected, engaged and independent for longer in the home. The competition consists of two parts (a) A Robotic Challenge and (b) a Project.

This year the team selected a project called Elderworld. Elderworld consists of a suite of different software applications connected to hardware (cameras and sensors) that increases the security, independence, social and civic engagement activities, health and confidence of elders in the home. It targets older people that could potentially enter sheltered (assisted) living prematurely as a result of a lack of support and engagement in their community. It aims to sustain or improve the quality of a senior’s life in their home better, keeping them at home for longer.

Elder world has developed a series of tools:

Monitor-Me: This is by far the most socially innovative component of the Elder world project. The group have teamed up with a local assisted living home, where sensors will monitor the health characteristics of the older people and provide automatic alerts to the assisted living home if a need arises, (e.g. a fall). The centre will provide a nurse from the centre to visit the persons home if they do not respond to calls. This gives the elder the independence and the confidence to live at home.

Secure-me: This provides an interface for the older person through the computer to a security camera around the home. This allows the elder to monitor and observe the perimeter of their home at the press of a button. Further the older person will be provided with a button in their computer that allows them to turn on lights outside to deter uninvited visitors.

I-Communicate: Provides a ‘Skype’ type environment for the elder to communicate with family and their peers.

I-Exercise: The group have developed technology supported stretch routine using computer gaming hardware. The group have used the xBox Kinect sensor to interact with and feedback position to the seniors as the move around.

I-Link: In enables the older person to join interest groups and to contribute to these community groups on line. Elders can get a value of self-worth by being able to participate, lead and contribute to social and civic projects. I-Link in provide a platform for elders to express interest in on-going community civic and social projects and to share ideas.

In many countries small-scale and homelike facilities have been established, such as group living in Sweden, Green Houses in the United States, residential groups in Germany and in the Netherlands ‘group living facilities’43. In these facilities, a small number of residents live together and form a household with staff. Normal, daily life and social participation are emphasized with a view to improving quality of life for residents and increasing job satisfaction among staff. In Ireland one example of this approach has been called the ‘Teaghlach’ or ‘household’ model. It has been suggested that such an approach can potentially significantly improve the quality of life of older residents and that its capacity to promote the familiarity of the home environment can prevent against memory loss and disorientation.

Many of these homelike facilities involve changed physical environments e.g., smaller-scale, more-private rooms and baths and household-type settings for dining and cooking), transformed staff roles with more empowerment of staff, and a philosophy of individualized care.

Repair schemes

Through the Age-Friendly Communities consultation, a number of initiatives were suggested to support people living at home including the establishment of a trusted tradesmen scheme, and the establishment of
a scheme whereby young people befriend older people and carry out tasks eg shopping, form filling etc.

Carlow Age-Friendly County has launched their Care & Repair programme and initiatives such as the Men’s Sheds have expanded their scope of operation to deliver a comprehensive Care & Repair service to older neighbours in various parts of the country. The service is growing and the work complements other Men’s Sheds activities including workshops/ Allotment project and social outings.

OPRAH

The AWN (in 2013) started the implementation of a programme which will investigate the feasibility of a new approach to the provision of care in the community. Developed and supported by an Expert Advisory Working Group, the programme has completed its first phase and has produced recommendations on a new approach, which will be trialled during the next three years.

The objectives of the initiative are:

- to enable frail older people to stay living in their own homes where they might otherwise have been at risk of multiple hospitalisations, or admission to long-term nursing home care; to reduce the number of hospital admissions; and,
- where appropriate to enable some of this group of older people return home from a nursing home.

In order to test the approach, it has been agreed to trial it with 20 older adults initially at six sites within the Age Friendly County structures, but with a view to an eventual National roll-out. The focus of the trials is to examine how we can provide an adequately supported home environment where:

- The person’s social, care, health and housing needs are assessed and a care plan developed in collaboration with them and their families to meet their particular needs, preferences and priorities;
- The care is provided by formal and informal caregivers, and complemented with the use of technology, when and where appropriate;
- Families and the community have a key role to play in augmenting and enhancing the supports available through professional service organisations.

The position of a “Support Coordinator” to coordinate and manage the support package identified for each older adult is central to the approach. Their role is to identify the 20 participants, complete a holistic care plan and imaginatively bring together the different supports they need to stay living at home. The Support Coordinator will bring the vision of a broad holistic range of supports from the variety of public, voluntary, private and community agencies in the area as informed by the individual older adult’s needs and wishes.

Easy access to transport can promote greater participation in community life and greater levels of activity among older people. Those who are dependent on others for transport are most likely to prioritise their outings and only ask for help with essential journeys, such as grocery shopping and medical appointments, while leisure activities may be given a lesser priority. While essential travel needs tend to be met, it is the ‘discretionary’ trips that contribute significantly to the quality of life. A study conducted on 239 older Japanese people found that men with easy access to transport took part in outside activities more often than those without easy access.

The current generation of older people use the car more often than their predecessors. Hildebrand (2003) reported that driving a car or getting a lift in a car as a passenger is the most popular mode of transport for older people. However, declining driving ability and financial constraints may mean that older drivers have to change their practices (driving only in daylight or in good weather) and possibly eventually give up their cars. To compensate for the absence of the car they tend to use whatever other modes of transport are available, particularly public transport, but many encounter barriers which then limit their mobility.

Get to where we need to go, when we need to...
Over the past few decades people have become increasingly dependent on the availability of the car. The CSO statistics show that 38% of all driver licenses are held by people aged 50 and over and almost 2% of those were over 80 years old. More recently, the longitudinal study TILDA, found that among the participants in their study (age 50+) the majority use their own car as their usual means of transport (76%), with an additional 14% who are driven by a family member.

Access to driving is important for social inclusion and well-being. Research has found that driving cessation is associated with increased risk of nursing home entry as well as lower life satisfaction, reduced role engagement, and restricted activity patterns. In the future, growing numbers of older people will want to continue to lead an active life and transport and mobility are key factors in facilitating active ageing.

There is a widely held, and unfounded, view that the physical problems associated with ageing make it necessary for older people to stop driving. Research in both the US and the UK has shown that older drivers do not present an excessive risk to other road users and according to the OECD report ‘Ageing and Transport’ (2001) older drivers have fewer reported crashes per capita or as a proportion of all older drivers. In Ireland older people (aged over 65) are only involved in 7.7% of collisions as car drivers and 6.7% as car passengers while those in the 25-34 age-group are involved in 25% of accidents as car drivers and 14.7% as car passengers (RSA 2007). However, they are at greater risk of death if they walk or cycle rather than if they use a car.

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In 2007, the Departments of Transport, in both parts of the island, undertook joint research into the provision of rural transport services. The research showed that many people in rural counties have no access to any scheduled public transport services. Projections indicate that an estimated 450,000 rural dwellers could have unmet transport needs by 2021, including 250,000 people in key target groups such as older people.

Because of the absence of alternatives, a large majority (83%) of all respondents reported that their own car is their primary form of transport. The report also noted that many people live beyond walking distance from such services and that the situation is worse for people with disabilities or people who are otherwise mobility impaired. The report found that those who do not have ready access to a car make approximately 70% fewer trips than those who do have ready availability of a car.

After the car, the second most frequently used means of transport in both the US and Europe is walking. In 2001, between 25% and 30% of all journeys in Europe by older people were made as pedestrians, and this percentage increases with age. However older people experience a higher risk of injury or death as pedestrians or cyclists than other road users. According to a recent Irish study based on RSA statistics over 15 per cent of all those involved in accidents as a pedestrians are aged over 65 and older people represented 36% of all pedestrian fatalities and 23% of serious injuries.

In order to maintain mobility in the community, older people who are no longer (or have never been) drivers tend to use a variety of different modes of transport, including: lifts from family members, friends, and neighbours; adapted transport or specialised paratransit, bicycles, public transport, taxis, volunteer transport services, or walking. Those living in urban Age-Friendly Communities generally have access to a wider range of public transport options and although they may face difficulties of access, unsuitable routes (aimed at commuters rather than older people) or other barriers, they do tend to have options not available to those living in rural communities.

Accessibility Of Public Transport

Lack of access to private transport does not automatically translate to increased public bus use as many barriers to public bus use for older people are yet to be overcome. Accessing public transport has been found to be particularly difficult for older people and people with a disability. A survey carried out in 2006 found that 16% of persons did not use or had difficulty using public transport because of problems getting on and off public transport. Difficulty transferring from one service to another was the next most cited reason (12%), while difficulty getting to the public transport was reported by 9%. Around half of persons with a disability experienced...
difficulty with ‘going to town’ shopping (56%), going away for a break or holiday (53%), taking part in community life (54%) and socialising in a public venue (49%).

A German study which investigated the mobility and social participation of people over 55 years of age in Germany, Finland and Italy showed that one of the most valued improvements to mobility and social activity (by 55% of respondents) was adaptation of public buses to meet the needs of older people. This followed closely behind suggestions of services or persons to accompany or help older people during transport and improved traffic politeness and consideration for older drivers.

Rural Transport

The free travel pass for older people was introduced in Ireland to prevent social exclusion and isolation among older people although there is clear evidence that people in rural areas use buses less than their urban counterparts, even when controlling for factors such as income and car ownership. This is most likely to be accounted for by service frequencies.

A recent report on rural transport needs of older people found that where community transport is available, 48% of older people have availed of the service. In the ROI, research shows that:

- 35% of households headed by a person aged 65 and over have difficulty accessing public transport.
- 34% have difficulty accessing banking services, and
- 29% have difficulty accessing a general practitioner.

Research carried out by the Scottish Executive (2005) found that use of local bus services varies between urban and rural areas. In 2003, 56% of households in large urban areas had used a local bus in the previous month, with 5% using one every day, and a further 12% almost every day, whereas only 16–22% of those in rural areas or remote small towns had used a bus, and just 1–3% used one every day or almost every day [p. 21]. Just 4% of journeys by people living in remote small towns were made by bus and 3–4% of journeys made by people living in rural areas.

The Rural Transport Programme

The Rural Transport Programme was initiated as a response to the growing acknowledgement of the economic and social impacts of inadequate transport in rural areas. Services are planned to provide flexible community-based transport to meet the needs of those experiencing transport difficulties. Many services are semi-fixed or ‘Demand-Responsive’, passengers can phone the Transport Co-ordination Centre anytime before or on the afternoon before travel to request that the bus divert a short distance from the normal route to collect them at their door or lane-way.

In 2009, Rural Transport schemes provided over 1.29 million passenger journeys on 157,000 transport services, over 76% of which were provided on a door-to-door basis. Free travel pass holders account for an average of 64% of passengers, which shows the appeal of services to a wide profile of users, although individual Group figures vary considerably. 13% of passenger journeys are made by passengers who required assistance in order for them to travel.

The transport provided in the RTP differs from conventional public transport in a number of ways; it is delivered nationally through 37 community based groups, all of which are either not-for profit companies limited by guarantee or co-operatives. There is a bottom up approach to service development i.e. the RTP works with local communities to plan and deliver flexible transport services that meet the needs of the community, including those who experience social exclusion. All journeys tend to be local in nature, with an average distance of about 15 miles. RTP services are open to everyone and people with a Free Travel Pass may travel free of charge.

In early 2013 the Minister of State for Public and Commuter Transport announced new plans for the integration of all state transport services in rural areas, based initially on up to six pilot areas, with a view to creating a more co-ordinated service nationally. The National Transport Authority (NTA) has now assumed a national role for integrated local and rural transport and it will lead a high-level committee to oversee the initiative.

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Transport Initiatives

Meath Flexibus

Meath Flexibus is one example of a Transport Initiative, which is currently being piloted in partnership with Vantastic. Fingal County Council offers a free fully accessible door-to-door transport service to hospital/health appointments for people over 65 years of age. The service operates five days a week for older people living in areas in North Dublin.

“Research showed that many people in rural counties have no access to any scheduled public transport services”.

Meath Flexibus
As people age, the distance they can conveniently travel reduces for a number of reasons, such as slower driving and walking speeds and increased use of slower modes of transport. As a result, many older people spend a great deal of time in their local neighbourhood, shopping locally, using public facilities such as libraries and parks and participating in local social and recreation activities. To achieve the outcome of enabling older people, the built environment must be planned, designed and built in a way that is safe and accessible.

Older people are not the only people who can benefit from accessible local environments. The design of the built environment can also impact on the ability of persons with disabilities to be active and integrated into their community. One study found that there are many ways in which independence can be reduced by the characteristics of the built environment. People with reduced or declining physical abilities experience greater dependence in activities of daily life when they live in a community characterized by what they described as ‘limited land-use mixtures’\(^57\). In such environments, planning has led to a segregation of shops and services in areas far from the areas in which older people live. This means that older people have more difficulty travelling independently to shops, pharmacies, and banks, which in turn can prevent independence in activities such as meal preparation, taking medications (obtaining refills from the pharmacy), and managing money (paying bills at the bank).

Similarly, environments with poorer facilities and fewer or no recreational spaces are associated with a reduction in physical function in older people and lower levels of physical activity\(^6\). Urban design can also influence the level of dependence on cars and other forms of transport, which in turn can impacts on the number of crashes or pedestrian injuries\(^6\).

Accessibility and Physical Activity

For many years, it has been known that exercise offers psychological and physical benefits for older people. Research has found a link between physical activity and a range of benefits such as a reduction in the level of morbidity and mortality and a link to the prevention of obesity, type 2 diabetes and cardiovascular disease, high cholesterol and high blood pressure\(^6\), and even some cancers\(^6\).\(^7\). There is also evidence that physical activity can reduce the risk of falls and can help older people remain living independently for longer\(^6\).

However, despite the abundance of evidence suggesting that physical activity is beneficial, many older people are not exercising enough. For example, in the Netherlands between 2001 and 2006, it was estimated that an average of 48% of women and 34% of men (aged 65 years or older) did not take sufficient
There are a range of factors that contribute to the likelihood of walking in the local area such as, aesthetic qualities of the area, perceptions of safety and walkability, as well as personal attributes and motivations. The design of a community’s built environment can often become the determining factor between a healthy and active lifestyle and one characterised by limited mobility and high levels of social isolation.

However, for too long, health promotion strategies have sought to increase physical activity without any acknowledgement that, in many communities, environmental barriers act to deter or prevent physical activity e.g., no parks, inadequate or poorly maintained footpaths, poor lighting etc. In recent years there has been a growing interest in understanding the influence of particular characteristics of the built environment on the level of physical activity and in particular to walking. Other studies found that older people chose their route based on factors such as the quality of the footpath, the presence of other people along the route, traffic and having close by traffic lights with sufficient crossing time. Other factors included safety from crime, having places to stop and rest while walking and scenery or gardens.

Public footpaths can be a significant injury hazard for older people with limited mobility. The World Health Organisation consultations with older people found that inadequate footpaths were an almost universal problem: footpaths that are narrow, uneven, cracked, have high curbs, are congested and have obstructions, present potential tripping hazards and impact on older people’s ability to walk around. A UK-based study in 2008 found 24% of pavements unfit for use, and established that in one year (2006) a total of 2.5 million older people fell over on pavements alone. Such falls sometimes result in fractures which take months to heal, leaving the older person more frail, physically restricted and socially isolated, and possibly very fearful of falling again (OISE, 2007).

However, in areas where the built environment is adapted, such as through the provision of safe footpaths, older people were more physically active than those who did not have such access. Because of their importance in promoting physical health, mobility and social integration, Help the Aged (UK) has proposed that all pavements should be smooth and non-slip, with a maximum difference in slab height of 2.5cm, so that older people are less likely to fall or to fear falling in their local neighbourhoods.

Help the Aged have also shown that for older people who are becoming frail or less mobile, public seating can make the difference between living a full life and feeling cut off and isolated. Without the security of knowing there is adequate provision of benches etc. in places such as shopping centres, post offices, supermarkets, bus-stops, and public parks, these older people may be less inclined to go out. As with other forms of age-friendly provision, improving availability of seating is also in the interests of others, such as younger people with disabilities, and parents with young children.

CROSSING AT COMPLEX INTERSECTIONS WITH A HIGH VOLUME OF TRAFFIC PRESENTS A CHALLENGE FOR MANY OLDER PEOPLE, ESPECIALLY ON ROADS WITHOUT CENTRAL ISLANDS. OLDER PEDESTRIANS OFTEN EXPRESS CONCERN ABOUT THE SHORT TIME PROGRAMMED FOR THE WALK PHASE AT CONTROLLED INTERSECTIONS. A RECENT STUDY CARRIED OUT IN DUBLIN, COMPARED THE WALKING SPEED OF OLDER PEOPLE, GAINED THROUGH THE TECHNOLOGY RESEARCH FOR INDEPENDENT LIVING (TRIL) GAIT ASSESSMENTS (USING GAITRite™) WITH THE STANDARD TIMES ALLOCATED BY PEDESTRIAN LIGHTS IN DUBLIN. THE STUDY FOUND THAT WALKING SPEED DECREASES WITH AGE AND THAT PEDESTRIANS OVER THE AGE OF 80 ARE UNLIKELY TO HAVE SUFFICIENT TIME, ESPECIALLY WHEN CROSSING WIDER ROADS. THE AVERAGE WALKING SPEED OF PEDESTRIANS AGED OVER 89 WAS LIKELY TO BE LOWER THAN THE MINIMUM SPEED NEEDED TO CROSS THE NARROWEST STANDARD ROAD, ACCORDING TO THE RESEARCH. THE STUDY ALSO FOUND SOME EVIDENCE THAT YOUNGER OLDER PEOPLE EXPERIENCE DIFFICULTIES WITH TIMES ALLOCATED BY THE PEDESTRIAN LIGHTS.

Walkability Audit

In 2012 the Ageing Well Network developed and launched an Age-Friendly Walkability Audit which will be carried out initially in a number of towns as part of the Age-Friendly Towns project. These audits will involve groups of volunteers, young and old, with varying levels of ability, walking a number of routes in each town to identify what is working well on a given street.
and where the barriers to accessibility are. The audits cover the solid aspects of the built environment such as footpaths and pedestrian crossings, as well as aesthetic and safety aspects of the environment. The outcome of the audit will feed into the Age-Friendly Alliance for inclusion in the local Age-Friendly Strategy.

The Barry McGuigan Boxing Academy (BMBA)

The Barry McGuigan Boxing Academy (BMBA) is another example of an intergenerational approach to the development of health through activity. Jointly organised by Monaghan County Council, the Barry McGuigan Boxing Academy and the Age Friendly Cities and Counties Initiative.

This project is part financed by the European Union’s European Regional Development Fund through the PEACE III Programme funded through Monaghan PEACE III Partnership.

The main objective is to engage young people to take responsibility for their future by raising self-esteem and increasing their confidence. This is enhanced by using the wisdom, knowledge and expertise of mature adults by encouraging them to mentor young people whilst educating themselves.

The course integrated aspects of healthy living into a fun, interactive and educational programme. Through the acronym of H.E.A.L.T.H. (H – Heart; E – Energy; A – Activity; L – Lifestyle; T – Teamwork; H – Happiness) a series of educational workshops were delivered each of which complimented the physical exercise undertaken by the participants.

In Monaghan, 35 participants, male and female, ranging in age from 11 - 71½ years took part in the 8-week programme. There were a number of successes shared by participants at the end of the programme. Some are identifying and joining a local boxing club, another is interested in getting into coaching with a local club. Others outlined how their levels of fitness have improved greatly and how their perceptions of people have changed as a result of the programme. One parent has seen how more confident and outgoing their child has become as a result of the programme.

Quotes from project participants

Older person - “It was great fun training with the kids, sport has no boundaries”

Younger person - “Before the project I thought it was silly that older people would be boxing but after the programme I learnt that no matter what age you are, you can do anything, Age is just a number”

Planning for Age

According to the OECD, [2001] the needs of future generations are often not the main considerations in current land-use planning practices. They point out that compact communities with locally available facilities and services are environmentally sustainable and are of benefit to older people in particular and the wider society in general. Local authorities can therefore improve older people’s well-being and quality of life by basing their planning decisions and resource allocations on the known needs of older people.

The principles underlying age-friendly planning are those of universal design, and they concern planning which caters for people of all ages, young and old, rather than focusing on an imagined ‘average’ user. The Disability Act 2005 defines Universal Design, or UD, as:

“Availability and accessibility of local shopping areas, pedestrian areas and footpaths encourage increased levels of activity”

[Michael, Green and Farquhar, 2006].
Age-friendly planning should not be seen as focussing exclusively on older people as it will benefit all members of a community by facilitating accessibility, mobility and involvement of people of all ages, including those with disability, for the duration of their lifetimes. Because the built environment can limit the choices available to people, it can often become the determining factor between a healthy and active lifestyle and one characterised by limited mobility and high levels of social isolation.82

Age-Friendly Towns

The Ageing Well Network has developed a programme based on the experience of developing an Age-Friendly town in Ardee, Co Louth. In 2011, Ardee recruited a graduate planner, to engage and collaborate with the town in Ardee, Co Louth. In 2011, Ardee recruited a graduate planner, to engage and collaborate with the local community and other key stakeholders in improving the quality and experience of towns for older people.

In Ireland, every six years the local authorities develop Local Area Plans for towns in their area. These LAPs are a public statement of planning policies and are prepared in consultation with the local community and members of the public. The LAP sets out a strategy for the proper planning and sustainable development of an area, for example, village/town/district and seeks to provide a framework for how a town can develop. The revision of the Local Area Plan offered an opportunity for the creation of an Age-Friendly town. One of the Age-Friendly county programmes, Louth, took the initiative of making a submission to the Local Area Plan 2010-2016. The submission by Louth Older People’s Council aimed to propose amendments that would improve Ardee’s potential to become an Age Friendly Town. The submission was based on the following:

- A survey of existing areas and demographics within Ardee to determine the location, condition and convenience of communities and the services and facilities that are most likely to be used by older populations.
- A stakeholder consultation with key informants in public authorities and agencies as well as those currently involved in the provision of services to older people. A series of interviews with key stakeholders in Ardee took place in 2010. They were asked about their role in making Ardee an age-friendly town.
- Stakeholder consultation through a Community Consultation Workshop. This event captured the insights of older people in Ardee and their organisations. People were asked what is good about Ardee and what is needed to make Ardee more age friendly.

The real successes of the project were in small changes that made a big difference to the community.

- An access route was opened up to a retirement community, based parallel to the main street, this saved a long circuitous walk.
- Traders agreed to give up two parking spaces on the main street, to allow the bus stop in the centre of the town, making it accessible for older people. Previously the bus to stop had been on the outskirts, a long walk from the shops
- Time to cross at the pedestrian lights was increased, there had been two fatalities of older pedestrians previously.
- Benches already planned for the town were installed at suitable locations based on the input of older people, to facilitate walking to and from the centre
- Businesses took part in an Age Friendly scheme, making small changes to improve the experience for older people, e.g. the chemist introduced a delivery service for prescriptions.

The Age-Friendly Town programme is now being rolled out in fifteen towns and the Ageing Well Network has recruited planners in those fifteen towns. They will be responsible for coordinating the set-up, consultation, planning and implementation of the project in the participating towns. They will work with a group of local leaders, the local authority and the Regional Age Friendly Programme manager to deliver the project during 2013.

Improved Spaces & Places Kilkenny

One of the key features of the Age-friendly counties programme is the focus on the environment as an enabler, to people ageing well in their community. Kilkenny County Council has focussed on this aspect of their Age-friendly programme by assigning a special coordinator for the improvement of Spaces and Places for older people in Kilkenny. The aim is to help make Kilkenny a place in which the social and physical environments are conducive to being out and about. This is supported by the Age-Friendly Alliance and a number of cross-agency initiatives including Kilkenny Healthy City programme, Smart Travel Programme, Sports Partnership Programmes, including GP Referral programmes and the Walking Bus initiative.

Access audits were carried out on all public buildings and streetscapes. Training was provided to Local Authority staff. A comprehensive body of pavement augmentation and public space development has been undertaken by the Local Authority. Bus Shelters and designated older people’s recreational areas were also developed in the city and sealing has also modified.

Older People in Kilkenny city and county have places to sit, walk and exercise. The service is also augmented by organised walks and exercise programmes lead by the City Mayor and The Kilkenny Sports Partnership to ensure maximum usage of linear walks and 5 new tone zones which have been erected.
Feeling safe when out and about and relaxed about their own security is a very important factor in sustaining independence and engagement. All age groups need to feel safe in their own homes and neighbourhoods. However, there is some evidence that older people are more fearful for their own safety – a fear that is linked to the potential vulnerability of older people both within their own homes and in the surrounding environment.

In a comparison of perceptions of safety among people in two age groups, approximately 12% of people aged 65 and over either feel unsafe or very unsafe alone at home after dark, and approximately 45% either feel unsafe or very unsafe walking alone in the neighbourhood after dark.

The level of crime experienced by people aged over 65 was 1.7% - lower than the average in the general population (4.6%). However the percentage of people who felt crime was a serious problem was higher among older people than in the general population – 63% among older people but only 44% among all age groups. Older people also feel less safe walking alone after dark – 52% of those aged over 65 felt either unsafe or very unsafe but the average for all age groups was only 26.4%. However, low levels of victimization may also be explained by the reluctance of older people to place themselves at risk.

The increased sense of vulnerability caused by crime against older people also affects those who have not been victims of the crime. A survey looking at the level of fear among older people in County Galway, carried out following a number of crimes against older people, found that while only 5% of respondents had suffered either a physical attack or been burgled, 72% reported feeling upset by the recent crimes. Studies looking at the reasons behind the fear of crime in the general population found that factors such as inability to defend oneself and possible consequences from being a victim of crime can also play a role in the development of fear. Greve (1998) argued that those who are physically vulnerable or are physically weak, feel that they will recover slowly from bodily harm and

Feel and be safe at home and out and about
therefore experience higher levels of stress in relation to crime. These findings could help to explain the reasons behind the fear of crime among older people.

A Belgian study which examined the factors contributing to a fear of crime among older people, carried out interviews with almost 5000 men and women aged 60–103. The study revealed that demographic variables such as gender, physical vulnerability and income are linked to a fear of crime. Women feel less safe than men and people who are physically vulnerable or have low income are more likely to have a fear of crime. The study also found that where a person lives and the level of involvement they have in their community also plays an important role in the development of fear of crime. People who feel that they live in a neighbourhood that is adapted or is more Age-Friendly and who are more involved in their community feel safer than those who do not. Loneliness and lack of participation in both social and cultural life show a strong relationship with fear of crime.

There is also some evidence that fear of crime is linked to a lack of community cohesion. Surveys also show that local disorder and anti-social behaviour including noise, nuisance, graffiti, rudeness and rowdiness, litter, and cycling on the pavements are significant causes of distress for some older people.

**Initiatives**

The Beth Johnston Foundation has developed a practical toolkit Intergenerational approaches to community reassurance for local authorities and voluntary sector agencies. This ‘Reassurance Toolkit’ seeks to resolve some of the complexities of fear and anxiety in neighbourhoods by addressing complex community issues, setting out evidence-based guidance, and focusing on intergenerational tensions through case studies. The 5 step approach focuses on monitoring what is going on in communities, diagnosing the causes of the tensions, understanding what is needed, taking action to achieve it and evaluation the results (www.bjf.org.uk).

The Age Friendly City & County Programme promotes collaborative approaches amongst statutory and non-statutory agencies to encourage and maintain the best possible health and wellbeing of older people. The Gardaí have developed an Older Person’s Strategy which they are currently implementing. Among the initiatives included are:

- Community Gardaí throughout the country provide a number of initiatives to benefit older people, such as the ‘A Cup of Tea, You and Me initiative’, Senior Citizen Information Days, etc.
- The Garda Síochána have undertaken to pilot their new Crime Prevention Ambassadors Programme in 3 Age Friendly Counties (Cavan, Monaghan, Meath) and then roll out the programme nationally.
- They are striving to improve quality of follow up, including victim support referrals, with older people who are victims of crime and develop/improve partnerships with statutory and non-statutory agencies in producing information designed to reduce the fear of crime.
- Community Alert and Neighbourhood Watch Schemes.
- The Bogus Caller Initiative - This programme assists in advising older people how to engage with uninvited callers to their homes. Essentially a contact card is given from behind a closed door by the older person to the caller, which advises them to contact a named and trusted neighbour to validate the authenticity of the original caller.
Feedback from consultation through the Age-Friendly Cities and Counties Programme suggest that availability and accessibility of information is of the utmost importance to older people. The importance of information, and the ability to act on it, has been found to be vital for older people in maintaining their independence and essential to support decisions they may wish to make regarding their lives and the services they need. One study in 2006 found an important correlation between access to information and access to services; and between access to services and quality of life for older people86.

Older people tend to access information differently from other age cohorts. Research in the UK found that older people prefer face-to-face communication, they expect and like official information to be available in hardcopy; they like telephone help-lines, but these are not as good for people with certain kinds of impairment and for older people with language difficulties; and they are less likely to throw out printed material of value87.

Technology

Technology plays an increasing role in enabling people to interact with each other and the system. For older people technology can play a vital role in their daily lives in monitoring their health, creating social networks and increasing engagement in society. The use of technology can also facilitate social inclusion, improve their professional engagement and quality of life and ultimately enhance independent living.

There is general acceptance that the use of IT and the internet is of benefit to all people but has the potential to be of particular benefit to older people. For example, internet-based communication with other people is convenient and affordable, access to medical or health information can relieve anxiety, online shopping, banking, or training and learning are effective ways to overcome physical handicaps and also offer the advantage of facilitating shopping around to purchase cheaper and more conveniently available goods and services online. Research confirms the benefits to those experiencing increased vulnerability as they age. In residential care situations, for instance, computer-learning programmes were found to be positively linked with skills and confidence in spite of older adults own health perceptions88.

Older people are sometimes reluctant to use or learn about the use of IT. Barriers to learning about IT are similar to those associated with learning in general such as attitudinal barriers - feeling too old to learn, embarrassed with their lack of abilities, short-term memory loss, declines of manual dexterity and visual acuity89. In a study carried out in Northern Ireland other attitudinal barriers were identified, including lack of interest in using computers, dislike of computers or unwillingness to see any need for or value in the use of computers. A study of older adults in South England and Wales also found that older people’s non-use of computers was due to the perceived irrelevance of ICT in their lives, with 78% of non-users stating they had no need, and no interest, in using computers90.

Situational factors such as transport difficulties, particularly in rural areas and access to computers were also found to be barriers. Irregular access to computers created difficulties in retaining IT skills. Access to classes or other situational issues were also cited as barriers to learning. For example the class was too big, the venue was not accessible, the time of the class did not suit, the pace of the class was too quick or the content of the class was not relevant. Physical or health issues were also mentioned along with mobility or dexterity problems, poor eyesight and concerns about posture while using a computer.

The Parlours Initiative

The Parlours Initiative is an information giving initiative that is currently operating in four locations in the Louth, two in Dundalk and two in Drogheda. The Parlour is a place where older people can drop-in at any time for a chat or to get advice and information on any of the services available in the community; health, housing, transport, lifelong learning, leisure and exercise opportunities etc., that facilitate inclusion and wellbeing in later life. This initiative complements the
existing Cúltaca programme, an independent service dedicated to improving the quality of life and well-being of people over 65 years of age. There are currently two Cúltaca working in the Dundalk and over the past three years they have worked with over five hundred older people, providing a range of supports depending on the need and circumstances of each person.

The Louth Age Friendly Website is a response by the Louth Older People’s Council to the voice of older people who expressed a wish to have up to date information on services particularly for older people on the one site. Older people and their families will be able to access information on supports while living at home, living in nursing homes, other supports, home improvement grants, transport and mobility, community support services, safety and protection and positive ageing. It was designed and developed by the Louth Older People’s Council together with key people from DkIT, Louth Leader Partnership, Citizen’s Information Centre and Louth County Council IT staff.

Log on Learn Programme

Some successful intergenerational initiatives have been undertaken in assisting older people learn computer skills. The Log on Learn Programme devised by INTEL has been rolled out in a number of schools and has had highly successful outcomes. The Louth Leader Partnership, in association with DkIT, has trained over 1,500 older people in computers and IT over the past three years. The range of classes provided to date include:

- Computer for Beginners
- Digital Photography
- Skype
- Mobile Phone
- Digital Handbag / Digital T-Shirt
- Computer Art

In Carlow/Kilkenny, the local newspaper provides space for a weekly Age Friendly column on the Editors page of Kilkenny People. This column provides information and general news items for older people.

Age Friendly Libraries Project

Libraries play a key role in both education in the use of technology and in the provision of information. However, current Irish studies of older people have found that many older people do not recognise libraries as a provider of their information needs. In 2012, the Ageing Well Network joined in partnership with the Department of Health and Children and the Local Government Management Agency LOMA to undertake a National Libraries Project.

The Project aim was to establish a strategy for libraries to provide and promote services relevant to older people,

- to establish a model of good practice for all library authorities in the delivery of services to older people and
- to develop an Age Friendly Protocol for all libraries nationwide.

The outcome of a survey of City and County Libraries and the results from focus groups of older library and non-library users which was carried out in early 2013 will inform the Strategy.

Older people are not a homogenous group and various factors such as the level of each person’s independence, educational attainment, social inclusion and geography (e.g. rural or urban) can have a major impact on their ability to participate in society. Older people can be stereotyped in ways often based on assumptions about their competencies, beliefs, and abilities across different areas. When these assumptions are based on some of the negative stereotypes about older people, ageism can result.

Changes in attitudes across all population groups, including among older people themselves, will be necessary to counteract the misconception of the older population as mostly frail and dependent. In reality, the majority of older people lead healthy and active lives and many organisations are working to raise awareness to change these negative and largely inaccurate perceptions.
Research has found that stereotypes about older people have been identified across different cultures as being a combination of warmth and incompetence, “doddering but dear”, according to Cuddy & Fiske, (2002). In an international study of ageism, (carried out in five countries), older people were given far higher scores in benevolence but lower scores in competence. There are conflicting research results on attitudes towards older people in Ireland. Recent research (2012) on active ageing showed that 76% of people in ROI see people over the age of 55 in a positive light, compared to an EU average of 61%. In the UK, 68% of respondents see the over 55 age-group in a positive light. A 2007 study carried out in Ireland on behalf of the NCAOP found that 57% of respondents felt that society treats older people worse than it does its younger people while 62% disagreed with the statement that Ireland is an Age Friendly society. Although this is changing to some extent, media depictions of older people often fail to reflect any positive contributions, strength or resourcefulness of older people. Instead they are often depicted as weak and dependent while positive developments in relation to mortality and longevity of older people in western societies is often negatively referred to as a ‘demographic time bomb’ raising questions over older people’s share of public resources relative to younger groups.

A UN Working Group is, at present, considering proposals for the enhancement of the rights of older people. In an address to the Irish Seanad on the merits of such an approach, Professor Gerard Quinn of NUIG argued that the traditional focus of policy in the past was on the ‘maintenance’ of older people and the delivery of public services. However, when this becomes the sole focus it tends to reinforce dependence, passivity and negative stereotypes. Be truly valued and respected

“Media depictions of older people often fail to reflect any positive contributions, strength or resourcefulness of older people”

“Culture sees capacity as declining inexorably in old age. Culture does not see any use value for older persons in the economy. Culture does not see the value of social connectedness for all – not to mention for the elderly themselves”
“The whole idea of the life cycle is that it emphasizes that development occurs at all points of the life cycle, from conception to death. In order words, that development and ageing should be seen as similar or maybe even synonymous terms, not as contrasts” Dr Maureen Gaffney.

Arguing that universal norms are heavily distorted, discounted and diluted by decades of cultural assumptions about older people, Prof Gerard Quinn said that “the ageing process seems particularly captive to the tendency we have to ‘exclude’ and to discount the personhood of certain vulnerable groups and individuals through cultural assumptions that need to be dissolved. Culture sees capacity as declining inexorably in old age. Culture does not see any use value for older persons in the economy. Culture does not see the value of social connectedness for all – not to mention for the elderly themselves” he said.

Dr Maureen Gaffney has argued that ageism today is where sexism was in the 1970s. Arguing for a new ‘language’ in relation to older people she said that in the 1970s when women began to try to change their position in a radical way in society, it started with the language. “I think that ageism is a bit like the sexism that remains, it’s very rarely explicit, but it coils around policies, its hidden in weasel words like concern, it fogs up discussion and I think it makes older people invisible” she said. Discussing the importance of taking a ‘life cycle approach’, Dr Gaffney argued “The whole idea of the life cycle is that it emphasizes that development occurs at all points of the life cycle, from conception to death. In order words, that development and ageing should be seen as similar or maybe even synonymous terms, not as contrasts... if we start thinking about ageing as being simply another progression of development of capacities, development of needs etc. it gives a seamless integrity to approaching it.”

Older Peoples Councils
Being respected and valued as members of the community means that older people are regularly consulted on how their community is organised and how services are provided. The older person’s consultation organised as part of the establishment of the Age-Friendly City and Counties programme offered an opportunity to older people to inform and influence the age friendly strategy in the spirit of finding solutions to the issues and challenges that they face.

One of the critical developments, in each of the Age Friendly Cities and Counties, is the establishment of the Older People’s Council. Each Council is a democratically elected body and draws from all electoral areas of the city and county to represent older people and support the implementation of the county strategy. Two members of the Executive represent the Council on the Age Friendly County Alliance.

Meeting to set up the Clare Older People’s Council

Valuing Older Consumers
Because of the misconception that older people are valuable in the economy, many business owners fail to recognise them as an important target group as consumers. The ageing of the population provides opportunities to businesses operating in markets for goods and services aimed at meeting the needs of older people, as the growing numbers of healthier, wealthier older people will create an emerging market known as the “silver market”.

The growth in the number of older households over time, twinned with a continued rise in their spending power relative to other households, can be expected to lead to increasing expenditure on certain categories of goods and services. There is evidence from analysis of household expenditure in the UK that people in the 50-64 age group spend more per head on cars, foreign holidays and recreation and culture, including cinema and theatre admissions, than any other age group. They also tend to have fewer debts than do younger age groups.

- Older people own 75% of the wealth in the EU and account for 50% of consumer spending. An analysis of the UK household income and expenditure among older people found that:
  - Older households devote a greater proportion of their total expenditure to necessities like food and drink and housing, fuel and power.
  - Luxury items related to recreation and culture are also areas of significant expenditure for older households;
  - People aged over 50 bought 80% of all top-of-the-range cars, 70% of first-class travel and 80% of cruises and 50% of skincare products.

In Ireland some of the key facts are that:
- Older customers (65+) in Ireland have a declared annual income (2008) of over €6.5 billion.
- Older people are loyal customers and outspend younger shoppers and they not only spend locally and have a lot of purchasing power, but also have the time to shop.
- Over 50s take on average almost three trips a year in Ireland, staying three nights away.

Many companies are either not aware of the potential or have failed to respond and adapt to the changing market and demand for products. Research has found that only 10% of marketing spend is aimed at the over 50s, and the most communication sent about brands and services is either irrelevant or insulting to them. Many companies hold incorrect assumptions about older people such as the fact that older consumers don’t use new technologies. In fact, Facebook usage amongst the over 64’s has surged in the last 12 months - 310% in the UK, 1230% in the US and 1600% in Italy.
There is evidence that older people are consistently more brand-loyal than younger consumers. Assumptions about the kind of products that will appeal to the older consumer have also been found to be wrong in many cases. Studies show that over half of the 60-75 age group in the US see themselves as middle aged and not old and that older people are living healthier lives for longer. Therefore, products which make incorrect assumptions about their abilities are likely to be unappealing. Instead of zimmer frames and nursing homes a range of products such as self-parking cars, adventure gap years, disease targeting nutrient food products and dating agencies are more likely to be appealing.

In the motor industry, products which would appeal to older consumers could include; thicker steering wheels, wide-angle mirrors, larger dashboard controls, among others and cars that are easy to get in and out of, easy to see out of, easy to operate and manoeuvrable enough to park easily. Some manufacturers have already adapted to the needs of older drivers. Changes will also be needed in industries such as nutritional products, over-the-counter medicines, and ‘luxury products’. In addition, pack sizes may need to be reduced to satisfy the counter medicines, and ‘luxury products’. In addition, industries such as nutritional products, over-the-counter medicines, and ‘luxury products’. In addition, industries such as nutritional products, over-the-counter medicines, and ‘luxury products’. In addition, industries such as nutritional products, over-the-counter medicines, and ‘luxury products’. In addition, industries such as nutritional products, over-the-counter medicines, and ‘luxury products’. In addition, industries such as nutritional products, over-the-counter medicines, and ‘luxury products’. In addition, industries such as nutritional products, over-the-counter medicines, and ‘luxury products’. In addition, industries such as nutritional products, over-the-counter medicines, and ‘luxury products’. In addition, industries such as nutritional products, over-the-counter medicines, and ‘luxury products’. In addition, industries such as nutritional products, over-the-counter medicines, and ‘luxury products’. In addition, industries such as nutritional products, over-the-counter medicines, and ‘luxury products’. In addition, industries such as nutritional products, over-the-counter medicines, and ‘luxury products’. In addition, industries such as nutritional products, over-the-counter medicines, and ‘luxury products’. In addition, industries such as nutritional products, over-the-counter medicines, and ‘luxury products’. In addition, industries such as nutritional products, over-the-counter medicines, and ‘luxury products’. In addition, industries such as nutritional products, over-the-counter medicines, and ‘luxury products'.

Age Friendly Business Recognition Scheme

In order to promote awareness of the older consumer the Ageing Well Network has developed the Age-Friendly Business Scheme. This is a National Recognition Scheme, aimed at smaller businesses, in counties where the Age Friendly Counties programme is currently in operation. Its aim is to recognise in some systematic way efforts made by small and medium sized businesses to provide age-friendly services and products.

Intergenerational Unity

For centuries, older peoples were valued and respected as elders and were central to the transfer of knowledge and values between the generations within the family structure. As the proportion of older people in society grows over the coming decades, development of positive attitudes and mutual understanding between young and old will become increasingly important.

The potential for intergenerational conflict is often expressed in concerns about the increased future spending on pensions or the possibility of older people preventing any reduction of spending on older people to the detriment of spending on younger people or those of working age. This unfounded theory has been around for quite a while and as far back as 1948 it was suggested that as the median voter grows in age, “age-biased policies will become the norm and the generations will pursue their own respective self-interests at the expense of others”.

In recent years a number of factors have contributed to an increasing social distance between generations.
very little personal contact with younger people outside their immediate family circle. Since age segregation contributes to a lack of understanding people tend to fall back on stereotypes, which in turn reduce the possibility of contact between the generations.

Most Europeans do not believe that their governments are doing enough to promote a better understanding between the young and the old. In a Euro-barometer study an average of 27% of respondents said that they thought their government was doing a good job. A higher proportion of Irish respondents to the study (45%) strongly disagreed that the Irish government was doing enough to promote intergenerational understanding.

There is evidence from a UK study that younger people feel that they are viewed negatively by older people and that older people regard them as ‘hoodie-wearing, knife-wielding, label obsessive’. In turn, younger people think older people are: ‘boring, very grumpy, weak and unkempt, with “one foot in the grave”. One younger person said that older people have ‘lost touch’ with what it was like to be young.

In some communities this distance between generations contributes to a sense of distrust and manifests in a fear of crime and feeling of lack of safety among older people. Psychologists argue that perceptions of risk are linked to a person’s understanding of the social and physical make-up of their neighbourhood. This may help to explain why many older people have a fear of crime that is not linked to their actual statistical likelihood of being a victim of crime and can often be associated with older people’s perceptions of young people as a threat.

Differences between the generations become apparent in the priority they give to various community issues. Young people express concern about road accidents, teenage pregnancy, education, and safe public spaces while older people tend to prioritise transport and other services, fear of crime and antisocial behaviour. One shared priority is the lack of safe public spaces in which to congregate.

Evaluation of one programme found that young people involved in intergenerational mentoring programmes were less likely to get involved in violence and drug abuse and were more likely to attend school, have more solid academic outcomes and be able to build healthier relationships. A Canadian study showed that such programmes enhance literacy development in the children and young people involved.

The value of promoting intergenerational solidarity is recognised in the Madrid International Plan of Action on Ageing (MIPAA) 2002. It recommends the following to strengthen solidarity between generations:

- Public education to promote understanding
- Policy reviews to ensure that they promote social cohesion
- Initiatives aimed at promoting mutual, productive exchange between the generations, focusing on older persons as a societal resource
- Consideration of the needs of carers who have to care, simultaneously, for their parents, their own children and their grand-children
- Research on the advantages and disadvantages of different living arrangements for older persons, including familial co-residence and independent living in different cultures and settings.

The European Year for Active Ageing and Solidarity between Generations 2012 provided the opportunity for the Age-Friendly Counties programme to integrate the EY 2012 objectives into the programme. The objectives for 2012 were as follows:

- To raise general awareness of the value of active ageing and solidarity between generations
- Stimulate public debate and develop mutual learning between member states and stakeholders at all levels
- Offer a framework for commitment and concrete action

The overall purpose of the European campaign has been to challenge stereotypes and attitudes from an intergenerational perspective, inspire society to give recognition and visibility to remarkable initiatives, engage new actors to do more for an Age-Friendly Europe, and support organisations and member states in their efforts to promote active ageing.

Intergenerational programmes have been shown to offer many benefits for young and old including; building better more cohesive communities; improving the physical and mental health of older people and the academic performance of young people and children. Finally has the potential to improve the economic viability of service provision and the coping skills of families. It is important that those considering the development of new initiatives would look to existing models and seek to build the elements of best practice into new programmes.

One of the central aims of these programmes tends to be a desire to bring the different age groups together. The overall purpose of the European campaign has been to challenge stereotypes and attitudes from an intergenerational perspective, inspire society to give recognition and visibility to remarkable initiatives, engage new actors to do more for an Age-Friendly Europe, and support organisations and member states in their efforts to promote active ageing.
together in order to resolve conflict and tension in local community settings. Those who are involved in developing intergenerational practice see it as a way to encourage meaningful and productive ‘engagement’ between the young and old in order to improve and enhance the quality of life for the young, old and general community. Or as Kaplan (2001) puts it, “we are better off—as individuals and as a society—when open lines of communication, caring and support exist between the generations” [p. 2].

Research has found that, in order to develop and implement a successful intergenerational programme there are a number of key considerations to be borne in mind. These include;

- The needs of both generations must be prioritised equally and programmes must ensure that both generations benefit. The activities should also be of genuine benefit to the participants and their communities.
- Programmes need to be of sufficient duration to ensure the development of meaningful relationships.
- They should have clearly defined and agreed aims and outcomes, developed with participant groups as far as possible.
- Including so-called ‘hard to reach’ groups can lead to more meaningful and effective outcomes.
- The setting should be one in which both generations feel comfortable. Young and older people should enter the programme on an equal footing, and have equal involvement in the planning and delivery of the programme.

**Examples**

Many of the intergenerational programmes developed in Ireland meet the considerations identified above. For example, the Memories of Clare Project (Cuimhneamh an Chlair) is a social visiting group and folklore collection group of mainly younger people, who digitally record, preserve and share the memories and lore of the county’s oldest citizens, who connect the group to an older and rapidly fading way of life in the west of Ireland.

This group has renewed the art of storytelling in order to build a resource for the county with multiple benefits. By illuminating the value of older people and by reconnecting the generations, they are helping to address social isolation, empowering older people and demonstrating their value to broader society. Their work also generates a resource that will impact on current and future generations in terms of the social and cultural wealth.

**Ireland Wales Programme 2007-2013 INTERREG 4A – Age-friendly Communities (part funded by the European Regional Development Fund)**

Since 2011, the Ageing Well Network, through the Kildare Age Friendly County Programme has been a partner in an Ireland Wales Programme 2007-2013 INTERREG 4A. The Programme provides opportunities to engage with partners in Ireland and Wales in the creation of vibrant communities for all. The partners in the project are Conwy County Borough Council.
The primary aim of this project is to:

- Support community regeneration and the development of intergenerational strategies on both trans national and local levels
- Create cohesive communities through the implementation of pilot projects targeting the social inclusion of older people in their community
- Capture, preserve and protect cultural heritage through the implementation of pilot projects reinforcing the positive image of older people
- Ensure communities well-being through the implementation of pilot projects encouraging lifelong activities

The activity of the Project is broken into work packages, which relate to Intergenerational Community Strategies, Cohesion and Social Inclusion, Positive Image and Cultural Heritage, Healthy Lifestyles and Lifelong Learning. The Age-Friendly Community Project aims to use these themes to encourage people of all ages to interact with each other and therefore improve community cohesion, sharing of skills, learning and wellbeing.

Various pilot projects have been undertaken within these themes. A Good Neighbour Scheme brings residents together, a Good Turn Scheme aimed at supporting people to stay living in their home longer and a creative exchange/collaboration between a young and old critics group were just three of the initiatives undertaken by the Project under Cohesion and Social Inclusion.

Examples of Positive Image and Cultural Heritage projects include a project which aims to encourage people to come together and share memories of playing as children and a diary project whereby all the citizens keep a diary for a year to show community life.

Healthy Lifestyle Projects have included the development of a trim trail, a community recipe book, and an outdoor environmentally friendly exercise station. Supports to remain healthy and wellbeing are key to Positive Ageing and within the Project there were many sustainable initiatives developed to promote health and fitness, including games for over 55’s walking, gardening and cycling.

Skills projects have included an IT course, which aimed to attract all ages through more advanced courses such as photoshop. An example from the Arts Project is the ‘If you were in my shoes’ project.

**If you were in my shoes?**

This project is an intergenerational participatory arts project involving Nas na Riogh Housing Association working in partnership with a number of agencies with responsibility for Older Persons services and schools. In total 30 people, ranging in age from 5 to 80, were involved in the Project. It is a year-long project which explores via visual arts, text and performance the creation of a pair of bespoke slippers customised by each participant. Each pair of decorated slippers embodies the vitality, aspirations and creative talents of an individual participant. In tandem with the creation of the slippers is a collection of stories, observations and opinions of participants on the world around them that emerge during the process.

The title as a question embodies and invites enquiry into the present day and the future as well as giving value to the experiences and wisdom gained from the past both recent and distant. The process culminated in an exhibition where each participant’s pair of slippers was displayed alongside their texts. A specially designed portable frame displayed the completed art works and the exhibition will tour locally, nationally and internationally. A book will be published documenting the process and learning in the project.

An international seminar in 2013 shared and debated the enabling role of the arts in an Age-Friendly initiative and in policies. The project created a ‘community of interest’, Tony Fegan project director, through the combination of felt-making sessions with the felt artist and participants writing work with the writer. For many older participants, it was a revelation that they are creative beings, that they could create art. What emerged for some was a sense of community at a time, due to ageing, they saw the building of relationships a diminishing opportunity. For younger participants, it was a growing awareness that whatever age you are there is great fun in creating work alongside people of all ages.

National initiatives from our Age-friendly Cities and Counties Programme

Colaiste Muire Transition Year students in Ennis attended the launch of County Clare’s Age Friendly initiative. As a result they began to think about the ageing community around them and how they might help. They brought a proposal to Ennis Town Council on making Ennis an Age Friendly place. They identified non age friendly hot spots in the town in terms of traffic, safety and security and they consulted with 100 older residents in the town on what they thought was important. As a result, they proposed to the town council adding 5-7 seconds to traffic light timers to ensure safe passage of young and old across the road at these hot spots.
Journey of Equals Intergenerational PEACE III Project

The “Journey of Equals” is a programme, designed to reach out to the five main settlements in Monaghan and engage older and young people in a series of five interconnected peace building projects. It will address issues of sectarianism, racism and prejudice through a range of different media including arts, sport, theatre, storytelling, genealogy and traditional skills. Projects are theme specific and were identified through consultations in each of the communities last year.

Ballybay Project

The traditional skills programme consists of a series of cooking and crafts workshops where young participants will be taught traditional recipes and craftsmanship from older members of the community. Discussions around the similarities and differences in Catholic and Protestant homes will be discussed by participants. As part of the crafts workshops a group of 12 older and younger members from the community will build an 18ft rowing boat, which will then be left in the community for all to enjoy.

Monaghan Project

The Barry Mc Guigan Boxing Academy, discussed above, is an innovative 8-week programme using sport and education to build confidence and bridge a gap between young and old. The second project in Monaghan is a North South police exchange. The programme will look at young people and their relationships with the law. It will deal with ways look at life after the Troubles. Both programmes in Monaghan will be targeting the most vulnerable, hard to reach young people.

Castleblayney Project

This is a year-long project with 15 transition year students from each of the Secondary Schools in Castleblayney. This project entitled “A look at border life from the shores of Lough Muckno” will see the group look at life from 4 distinct themes and 3 locations in Castleblayney. Locations identified where social history research will be carried out are Castleblayney town, Toome and Mullagh. As part of the project participants will work with an artist on a visual interpretation of their research and findings. They will produce a series of sculptures that would be inspired by their discoveries. The finished pieces will be displayed in Lough Muckno.

Carrickmacross Project

The Barry Mc Guigan Boxing Academy will also be delivered in Carrickmacross. The second project involves working with Carrickmacross Allotment Society. It will see young and old work on creating a shared space and social area where people can sit and chat after doing work on their allotment. The group will lay down a decking area and create picnic seating from reclaimed wood. It will also involve some educational training about the value of growing your own vegetables.

One of the main determinants of health and wellbeing is a sense of social inclusion or feeling part of a network of family, friends and community. 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. A recent analysis of the Survey of Health, Ageing, and Retirement in Europe (SHARE) data found that social engagement contributes to better health status in all countries in the sample and that the impact of social engagement on health has the potential to raise the number of people in good/very good health from 56.7% to 62.8% on average.

Numerous other studies have found links between engagement in meaningful and productive activities and reduced risk of mortality in later life. For instance, Wolinsky, Stump, and Clark (1995) found that involvement in activities such as volunteer work, social contact, and religious activities, significantly reduced the mortality risk in a group of older people. Glass and colleagues showed that social activities (e.g., church attendance, recreation, and group activities), productive activities (e.g., gardening, preparing meals, and shopping), and fitness activities were associated with survival of older persons, even after other factors such as history of several diseases were controlled for.

Wang (2002) found a link between involvement in stimulating activity and a reduced risk of dementia, suggesting that both social interaction and intellectual stimulation may be relevant to preserving mental functioning. Other studies found links between engagement in hobbies and recreation, both inside and outside the home, and delayed mortality in older people and evidence has even been found that simply leaving the house every day can be beneficial.

Social capital has been defined as networks together with shared norms, values and understandings that facilitate co-operation within or among groups. It can play a role of in linking to public agencies, to disadvantaged groups and developing community level supports and mutual care at local level. Promoting social engagement and community involvement has been found to help foster empowerment which is central to better health among older people and a variety of health indicators. The factors that have been found to be associated with
greater levels of social engagement among older people include higher activity levels as well as better overall health. However, greater age was identified as a negative factor in discouraging engagement.

The positive impacts of social connections and social networks are well known and several international research reports have shown the view that people, regardless of age, with rich networks of active social relationships tend to be happier with their lives. Older adults may have experienced a shrinking of their social network because of the death of family and friends and at the very time when they need support, it is often lacking. As families become more dispersed geographically, intergenerational contact within the family has reduced and this can in some cases result in a gap in understanding between old and young.

Social connectedness, which is necessary for engagement in community service, is also strongly linked to the health and welfare of the people in a community. Providing help and being engaged in political or charitable organisations and performing voluntary work strengthens civil society structures and is often regarded as promoting social capital and the social cohesion of a society.

The impact of social engagement, which is defined as the maintenance of many social connections and a high level of engagement in social activities, and its link to cognitive decline in older persons was the subject of a longitudinal study in the US. The study found that compared with persons who had five or six social ties, those who had no social ties were at increased risk for incident cognitive decline.

Loneliness

Happiness among older people tends to increase with the number of people available for discussing important matters. Pinquart and Sorensen show that the frequency of contact with friends is more closely linked to self-reported life satisfaction than having contact with adult children. However, another study found that with increasing age, older adults tend to report substantially less contact with friends but relatively stable levels of contact with family, suggesting that as people grow older, they invest increasingly scarce resources in maintaining relationships with more intimate social ties.

In the past decade there has been much discussion of the increasing isolation, disconnection and passivity of civic life developing in our communities. Evidence suggests that older people are more likely to remain involved in the life of the community if they remain in their own homes and are more likely to disengage if they move away at this stage of their lives. An increasing focus has been placed on the involvement of community leaders and voluntary groups or associations in the policy decisions which affect their lives and in the design and implementation of services, especially at the local level. Following from this trend both international and national social policy have emphasised the importance of ensuring that older people’s voices are included in the formulation of decision making.

The prevalence of loneliness varies widely between different countries with between five and fifteen per cent of older adults experiencing frequent loneliness. Most international research indicates that the majority of older people are not lonely and in one English study, older people reported lower levels of loneliness than younger people. In the US, however, studies found higher levels of loneliness. Dugan and Kivett reported that 21 per cent of rural older Americans experienced ‘much loneliness’.

Research carried out in 2008 has shown that loneliness results in adverse mental and physical health conditions, increasing the risks of depression and cognitive decline. In a review of 149 studies in the US, loneliness in older persons, women, those over 80, and those with lower incomes, were more likely to be lonely.

A number of Irish studies have examined the links between loneliness and social isolation. Of the 10 per cent of older Irish people who reported being ‘bothered by loneliness’, four-in-ten spent an average of 10 to 14 hours alone each day. However, Fahey and Murray in a study of social contacts and the experience of loneliness concluded that the quantity of social contact may have little bearing on the experience of loneliness, and that a single strong bond may be more important than multiple weak social relationships.

In recognition of the impact that loneliness and social isolation can have on health and longevity, many countries have developed programmes that are designed to promote the development of new relationships in later life and to tackle or prevent loneliness among older persons. These programmes are often based on the premise that home visitation improves the wellbeing of housebound older people.

“Involvement in activities such as volunteer work, social contact, and religious activities, significantly reduced the mortality risk in a group of older people”
Visitation and phone call services

A number of initiatives have begun in Ireland in recent times, which have significantly addressed the loneliness issues for older people. Good Morning Kildare is a new service to help reduce the feelings of isolation and loneliness. This free service provides a phone call on a regular basis to people in their own home or place of residence. The service is for anyone over 55 years of age who may feel lonely, isolated or who simply would enjoy receiving a phone call on a daily or regular basis.

A new home visitation service Cairdeas has also been established in Athlone following representations from a number of service providers.

National Study on Loneliness

A major research effort has been underway in Ireland over the last 2 years, to see if loneliness can be alleviated. (Randomised Controlled Trial in Loneliness, Mercer’s institute for Successful Ageing). The aim is to find a solution to the problem and consequences of loneliness and the results of a controlled trial carried out in Kilkenny, Meath and Dublin where older volunteers encouraged lonely people to make a connection will be disseminated during 2013.

If this study shows a positive benefit of older volunteer intervention, this model could be rolled out as a feasible and pragmatic societal response to the terrible disease of loneliness. In 2013, it is also hoped that this project will demonstrate that there is a benefit to volunteers themselves from participating in this type of research, thereby encouraging older Irish people to support the ‘Let’s actively participate in research in ageing’ campaign, as part of the a the National Positive Ageing Strategy and also contribute to the Defeat Loneliness campaign.

Wisdom Time Banks

The Ageing Well Network has developed a proposal for a national Wisdom Time Bank as a mechanism to enable older adults to volunteer, swap or trade offers of time and skills. It will be rolled-out through the Age Friendly Counties Programme.

This time-bank will be a mechanism for enabling older adults ‘deposit’ offers of time/skills into a community bank that allows them in return ‘draw down’ time/skills offers from others. The essential principle behind the time-bank model is that it creates a new currency to promote social improvement and engagement, where one hour of one person’s time is equivalent to one hour of another persons’ - irrespective of different levels of skills and expertise.

It is a concept that has been proven in some towns or districts in other countries and is already in operation in Ireland in a few local areas. It is intended that it will be plugged into the ‘system’ through the Age Friendly Counties Programme, allowing participants a choice between ‘drawing down’ time or drawing down ‘social credits’ provided by bodies such as Local Authorities, HSE, Gardai, businesses. For example, if a group of older adults in an area, who have the relevant mix of skills, offer to upgrade a public park, the Local Authority can provide them with credits such as free entrance to swimming pools, free bin tags etc.

At a local level there will be local time-banks/’swap-shops’ for skills sharing where people offer their skills/time to work on community projects that have been identified by the local Age Friendly Counties Programme and specifically within Age Friendly Towns. Projects are likely to be quite varied – in areas such as transport, healthy ageing, information services, public space enhancement initiatives, crime prevention, intergenerational activities, combating loneliness and isolation.

At the national level, the Wisdom Bank will provide opportunities for people to volunteer their time for national initiatives. For example, the Gardai are establishing a National Crime Prevention Ambassadors programme, where retirees are trained to provide...
The Wisdom Time Banks could provide the infrastructure, backed by an on-line service, to cope with significant numbers of participants with varying levels of expertise. They can also be used as a National Talent Bank, which can be accessed by senior policy makers and others seeking to identify people with the experience and skills to participate in national expert advisory groups.

The Social Credits system
South Dublin County Council has a Social Credit System in operation which rewards proactive communities. The Social Credits System rewards groups who improve their environment by cleaning up, planting, and getting active in their area. It encourages groups to continue taking positive sustainable actions. The programme seeks to motivate, assist and reward groups and encourage those who may not be involved in the enhancement of local areas, to get involved. The rewards are based on usage of South County Dublin’s services and facilities.

Groups interested in taking part complete an application form detailing the action they propose to carry out, who is involved and what they would like in return for their proposed action. Community groups take part in various activities including community clean-ups, development of community gardens, graffiti removal, planting of shrubs and flowers, maintenance of estate name-stones. Rewards include the use of swimming pools, tickets to theatre, tickets to stadium, training events.

The benefits of the Social Credits Scheme is that practical assistance is offered, advice is given from departmental staff, a reward given for completing an action, the activities increase local pride and a sense of ownership of the local area, and groups feel empowered to create cleaner, greener and safer communities.

Continuing to work and learn;

“Six out of ten respondents think people should be able to continue working past the official retirement age if they want to”.

Most older people want to spend their later years involved in a mix of work, leisure and education rather than in passive retirement. They also have a strong preference for later and more gradual retirement. The 2012 Eurobarometer report found that six out of ten respondents think people should be able to continue working past the official retirement age if they want to. Only a third believes that they should have to stop working.

A HSBC survey found that 80 per cent believed that people should have the right to continue working as long as they wanted to. In the UK, nine out of 10 respondents were opposed to a mandatory retirement age and more than three-quarters of those surveyed (77 per cent) said they would work in retirement.

Concern about the impact of demographic change on the long-term viability of pension systems has led Governments throughout the developed world to introduce policy reforms aimed at extending the working life. While Governments seek to extend the working life, many people feel that there are obstacles in the workplace which discourage them from continuing to work in later life. Recent EU research identified a number of obstacles to a longer working life: the lack of opportunities to reduce working hours gradually; exclusion from training in the workplace; and the fact that older employees are not viewed positively by employers.

These three obstacles were considered important by around seven out of ten EU citizens. Six out of ten feel that the lack of skills for the modern workplace is an important reason stopping people 55 years and
Recent statistics from the CSO showed that policies plan to use them to cut their workforces. That because of the global recession some 15% of older people are retired and interested in participating in the labour force, provided certain barriers to their participation are overcome. These include: lack of flexible or part-time hours, lack of appropriate skills and education, low take-home pay, concerns about reductions in pensions-income and benefits as a result of taking up paid employment and age discrimination.

But why do older people want to remain in employment? Working longer is often associated with both physical and psychological benefits. For some older people, the desire to remain in the workplace is motivated by a need to maintain a standard of living gained through their working life. For others, the need to increase their income or to compensate for poor returns from an occupational or private pension may be the motivating factor. Evidence shows that the potential for continued or increased earnings is particularly important for older people with lower levels of savings.

Reports from the UK charity AGE-OK indicate that because of the global recession some 15% of employers operating mandatory retirement age policies plan to use them to cut their workforces. Recent statistics from the CSO showed that the largest percentage increase in unemployment for men occurred in the 60--64 age group, which increased by 13.0% in the six months to October 2009.

Research in the US found that a worker who becomes unemployed at age 55 has a 61 per cent chance of being back at work two years later if male and only a 55 per cent chance if female. For those aged 55--64 who lost their jobs (between 2005 and 2007), only 61 per cent were re-employed when surveyed in 2008; among unemployed workers aged 65 years and over, the re-employment rate was only 18 per cent.

In addition to difficulties that older unemployed persons may face regaining employment, they may also suffer wage losses. Diminished occupational status, loss of seniority, and reduced health and pension benefits if they do regain employment. Moreover, unemployment during the pre-retirement period may disrupt savings that will support retirement, which is especially important, given evidence that a considerable share of wealth accrual occurs in the decade prior to retirement.

The Survey of Health, Ageing and Retirement in Europe along with an imbalance of effort and reward and low control at work.

In the US, many workers have opted to reduce hours and work more flexibly rather than take retirement - a bridge job. Research has found that the majority of older Americans leaving full-time employment (about 60% of those leaving a full-time career job after age 50 and about 53% of those leaving after age 55) moved first to a bridge job rather than directly out of the labour force. In some cases, people who were financially independent chose to transition to a job that they have always wanted - a ‘dream’ job – even though they no longer need to work. For those who were unable to continue in full-time work perhaps because of illness or reduced ability to carry out physical aspects of the job, but who need to continue earning, a bridge job can supplement the income from pension.

Late Life Entrepreneurs

While the participation of older people in the labour force has increased over the past decades, the level of self-employment is still low. Older self-employed people are also less likely to have employees; two-thirds of self-employment and 80% of self-employed women have no employees.

A British report published by the National Endowment for Science, Technology and the Arts (NESTA), found that entrepreneurs aged 50-65 years, created 27% of successful companies between 2001-2005. Over this period, older people were responsible for creating 93,500 companies and employing almost 400,000 people. The report also found that, contrary to the common perception of older people as being more risk-averse, many of the respondents are just as happy to take risks as younger people. Many reported being less concerned about their homes being repossessed as they have alternative forms of income from pensions, second jobs, directorships, property or investments.

The Eurobarometer 283 on Entrepreneurship found that 16% of older respondents were either considering entrepreneurship as a late career alternative or were already engaged in entrepreneurial activities. However, this proportion is considerably lower than prime age workers, at 37%.

Becoming self-employed

Self-employment offers many potential benefits for individuals and the economy in general. In seeking to promote entrepreneurial activity, it is useful to consider the reasons why older people may wish to become self-employed. As people age, opportunities for career enhancement and mobility tend to reduce and older workers may choose self-employment to provide more flexibility and control over their time. Many authors have suggested that the decision to become self-employed may be linked to ‘push’ and ‘pull’ factors - the positive benefits of being an entrepreneur and the negative aspects of work in later life such as poorer job prospects or lack of flexibility in the wage and salary sector.

“Older workers may choose self-employment to provide more flexibility and control over their time.
Being made redundant or being unsatisfied with current employment can lead to higher levels of risk-taking amongst older workers and increase the likelihood of starting a business. Unskilled and lower-skilled people, particularly men over 50, are more likely to turn to self-employment when they cannot obtain paid employment in the workforce. In addition, sex, age, education, and marital status are strong indicators of the likelihood of choosing self-employment: those with higher levels of education, a disability, men, older workers, and those who are married are all more likely to become self-employed.

Evidence also shows that older entrepreneurs are more successful than other small-business owners. The survival rates of businesses established by older entrepreneurs are higher than those of younger entrepreneurs: perhaps because older entrepreneurs are more experienced in business management and have built up financial, human and social resources. The survival rates of businesses established by older people had a 70% chance of surviving the crucial first 5 years compared with 28% for companies started by younger people.

Research carried out by Barclays Bank (2001) in the UK found that companies started by older people tend to have a 70% chance of surviving the crucial first 5 years compared with 28% for companies started by younger people.

Supporting older people in doing this could create important employment opportunities, reduce pension costs and provide other important social benefits. However, to date there has been little effort to encourage older people to set up businesses.

Research has identified three types of older entrepreneurs:

- the constrained entrepreneur, who has always wanted to start a business but for lack of finance or family flexibility has been unable to follow through;
- the rational entrepreneur, who sees self-employment as the next step of their career, or as a way to increase personal wealth; and
- the reluctant entrepreneur, who is forced into self-employment due to a lack of acceptable alternatives and insufficient wealth to retire early.

Research in the U.K. and Australia has identified increased unemployment in later years as the single most common reason for starting a business.

There is currently a gap in the market for some form of educational preparation for the new phase of their working lives, which allows them to blend the paid work they have chosen with volunteering or leisure activities that they can now afford. This course would take a holistic approach to planning for their future health, wealth and happiness. It could include tasters or work experience in different work areas or volunteering activities. One such example is the Harvard’s Odyssey: School for the Second Half of Life. It was the first course of its kind to acknowledge that older people can still play an important and active role in society. It tailored to the changing needs of corporate executives and provided participants with the tools necessary to enact sustained change in their lives. The course has since ceased.

**Education**

As people age, they are less likely to participate in formal education, especially in education leading to qualifications. In the past a view existed which held that older people were less able to learn new things. However in recent times it has been shown that ageing does not reduce adults’ capacity for learning and that the brain needs mental exercise and exposure to new experiences throughout life to remain vital.

The share of adult learners (aged 40 and above) in Ireland is one of the lowest in the EU at less than 0.5% (Eurostat 2011). The highest rate was seen in countries such as Belgium, Finland, Portugal and Sweden (5%).

There is growing evidence that continued mental stimulation in later life helps to promote good physical health. Recent neurological research also suggests that mental training in later life can boost intellectual power, assist in maintaining mental function and help to reverse memory decline.

In fact evidence shows that there are four factors linked to retention of mental agility: (1) education level, (2) strenuous activity, (3) adequate lung function, and (4) the absence of chronic disease.

Research carried out by the Institute for Public Health in Ireland has also identified a link between lower levels of education and poor health and showed that taking part in some form of educational activity helps keep body and mind healthy and active.

Education can also help to combat social isolation and help older people face change in their lives and
Participating in learning also provides many intrinsic rewards for older people. Successful participation in educational and learning programmes can reinforce a sense of self-efficacy for older adults as well as enhancing quality of life, increasing motivation, coping skills, maintenance of independence and gains in knowledge. 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.

Irish research, which involved older and younger students in the Waterford Institute of Education, looked at the motivations for learning among older people. It found that personal development and making up for lack of opportunities in the past were the main reasons for participating in education. Many also participate for social reasons whereas the younger students take part in learning predominantly to enhance their career prospects. Participating in education for instrumental reasons, such as career advancement is less important to older learners. Some of the older men who participated in the Waterford research study were pursuing higher education qualifications to enhance their careers while the majority of older women said that they would be pleased to gain employment after their studies but did not pursue education for that reason.

Age Friendly University

DCU is currently leading a global initiative to create an Age Friendly University programme, in partnership with universities in two other countries initially. The university will adopt a broad range of ‘age-friendly’ initiatives across its research agenda, curriculum, engagement with the community and relationship to its own faculty, staff and students. Some core age-friendly practices include:

- Strengthening older adults’ access to educational opportunities and proactively seeking to attract older adults into undergraduate and post-graduate programmes, and positioning the mix of generations as a strength and one of the university’s attractions;
- Increasing access to university resources for older adults in the community (library, computers, physical education, arts, lectures, etc.);
- Developing partnerships with community organizations working with older adults to build and expand learning opportunities for older adults;
- Participating in the age-friendly county programme and acting as a key player on the Alliance;
- Enhancing the curriculum at all levels to broaden students’ views of their personal and professional roles in an aging society;
- Creating knowledge and models to make the transformation to an aging society positive for all generations;
- Expanding engagement opportunities for emeritus faculty, staff, and alumni.

“The survival rates of businesses established by older entrepreneurs are higher than those of younger entrepreneurs”

How does it work in Ireland?

Setting up an Age-Friendly City or County Programme

Core Elements

The development of the Age-Friendly County Programme in each county can be tailored to meet the needs, priorities and preferences of older people in that county. However, all county programmes share the following common features.

- The Programme is always embedded within existing resources and structures
- The Programme finds ways to reconfigure the use of existing resources rather than create new spends
- The Programme always adopts a collaborative and person-centred approach
- Sustainability is core to the success of the Programme in each Local Authority area.

The Ageing Well Network, through its Age Friendly Cities and Counties programme, works directly with service providers and relevant organisations across the four regions of Ireland. Each local Age Friendly County Alliance is supported at National level by a National Implementation Group. This group is chaired by a senior civil servant and includes representatives from the Departments of Health and Children, Transport and Environment as well as the head of Older Peoples Services in the Health Service Executive, the City and County Managers Association and the Director of the Ageing Well Network.

When fully established each Age-Friendly County has a number of core structures:

Age-Friendly County Alliance

The Age-Friendly County Alliance leads the programme and is made up of the most senior decision makers from the key public, private and not-for-profit agencies. These include the local County Manager, Health Services...
Executive Local Health Manager, and the chairs of three newly created Councils – Older People, Service Providers and Business. They will also include key leaders from the An Garda Siochana, 3rd level institutions, voluntary organisations and other service providers in the area. The Alliance is embedded into the local infrastructure through the County Development Board.

Older People’s Councils:
These forums are made up of representatives of all the older people’s organisations in the county and all older people in the area can participate through publicly organised meetings. These meetings give members the opportunity to determine key priorities for the Age-Friendly County Strategy. The Role of the Forum is to represent the views of older people within the Alliance and to set up its own initiatives to address issues identified through the consultation process.

Business of Ageing Forum
The Business of Ageing Forum works to stimulate awareness among the business community about how best to grow their customer base; by deepening their understanding of older people’s needs, preferences, behaviours and attitudes. They are made up of business leaders from the area with an interest in responding to those needs and see the opportunities for businesses to benefit from the becoming more Age-Friendly.

Service Providers Forum
This Forum brings together all those organisations providing services to older people in the county – across the public, private and not-for-profit sectors with a view to exploring how to improve the range and quality of those services and make them more responsive to the expressed needs of older people. The forum seeks to identify ways in which services might be provided in a more cost effective way, removing any areas of duplication and prioritising areas of greatest needs.

Consultation Process:
A comprehensive consultation process is held in each county to establish the key priorities for the area. In some counties, this verbal consultation is accompanied by a base-line survey which is conducted at the start of the programme. The consultation involves a wide representation of older people’s groups including minority and disability groups and those who experience rural isolation. The process also seeks to include groups such as statutory agencies, intergenerational groups and those providing services and supports for older people along with business interests and arts/sport and cultural interest groups. The consultation seeks to find out from older people what they feel is good in the county, what could improve, what they can do to improve things and what they feel that others can do to make life better for older people in the county.

It is structured around the eight WHO themes:
- Home: remaining at home when mobility reduces and support needs increase; access to quality supported and sheltered housing, access to residential homes, access to nursing homes, access to home supports and home help.
- Physical Environment, Outdoor Spaces, Public Services, Public Spaces: street lighting, seating, level accessible pavements, access to parks and gardens; consultation in respect of town planning and access to information on town planning, availability of accessible, good quality, consumer goods and services.
- Transport; access to transport, availability of public transport, and parking; traffic; sufficient time for traversing at pedestrian crossings; safety and security.
- Community Support and Health Services: initiatives to promote healthy living, facilities and supports for dealing with older people living with chronic health conditions; access to good quality healthcare facilities and services in the local community; access to community based, good quality healthcare facilities and services, access to good hospital services in the county.
- Income: opportunities for older people to set up businesses, opportunities for older people to remain working after 65 if they so wish; opportunities for flexible working; and information on income and entitlements.
- Communication and Information: information on what’s going on in your county, Public Service information, Voluntary Service information, Citizens Information; ensuring the AFC initiative is an informative, inclusive and consultative body.
- Engagement in the Community: engagement and involvement with family and friends; for example, opportunities for volunteering, opportunities for participation and community involvement, opportunities for participation in sport, leisure, and sporting events, opportunities for participation in the arts.
- Business of Ageing Forum works to stimulate awareness among the business community about how best to grow their customer base; by deepening their understanding of older people’s needs, preferences, behaviours and attitudes. They are made up of business leaders from the area with an interest in responding to those needs and see the opportunities for businesses to benefit from the becoming more Age-Friendly.

Outcomes
The Ageing Well Network (AWN) decided to adopt an outcomes-based planning approach to its work on the Age Friendly County (AFC) programme. This approach begins with the end in mind and then determines the actions and activities, the means, which will best achieve that end. By beginning the planning process with broad outcomes, it quickly makes it clear that no one agency on its own can improve these outcomes, but that progress requires various agencies to contribute and work collaboratively in a creative way to improve the lives of older people. The aim is therefore to challenge the ‘silo’ approach to planning which encourages agencies to focus solely on their core roles rather than appreciating how they can contribute in a broader sense to the achievement of a range of outcomes.

The approach also allows an Alliance to demonstrate progress in implementing its strategy - to show that it is ‘making a difference’ - by identifying relevant ways of measuring progress and tracking these indicators over the lifetime of the strategy. This is an increasingly important consideration as resources become scarcer and there’s a more pressing need to account for their effective use.
Case Study - The Voice of Older People

Participation is a fundamental aspect of the United Nations Principles for Older Persons (United Nations, 1991), along with independence, care, self-fulfilment and dignity. Current thinking supports the inclusion of older people’s voices in decision-making at all levels, and supporting them to inform planning, policy, strategy and research processes on issues that affect their lives. In Ireland, there is no systematic approach to ensuring that older people have a voice in decision-making processes, either locally, regionally or nationally.

As discussed earlier, one of the key structures within the Irish National Age-Friendly County programme is the Older Persons Forum. engAGE Kildare is the voice of older people in Kildare. This Forum was established by the Kildare Age-Friendly Programme in August 2011 in partnership with Older Voices Kildare.

engAGE Kildare has a commitment to:
- Be represented on relevant national, regional and local structures
- Be an information sharing hub for all on key identified areas
- Be actively involved in the promotion of Older Voices Kildare, an initiative which
- Provide and promote opportunities for social inclusion with particular emphasis on the most socially isolated
- Work in partnership to reduce discrimination, promote respect value and visibility
- Pro-actively engage across generations in the promotion of inclusive communities
- Provide representation on and work closely with the Kildare Age-Friendly County Alliance in the development and implementation of the Kildare Age-Friendly County Strategy

In their first year engAGE Kildare appointed an Executive who meet on a bi-monthly basis. The key focus of their work has been the establishment of quarterly Forums county wide to which all members are invited. The Forum concentrates on issues of interest and importance to members, essentially, topics that were prioritised through the consultation process in preparation for the Strategy.

Key issues addressed included aspects of healthy living, advocacy, and social inclusion. A key feature of each Forum is the showcasing the work of organisations relevant to older people, and the provision of the opportunity for people from across the county to meet and exchange views and ideas. An outcome of those Fora has been the establishment of an annual physical activity day, organised by Kildare Sports Partnership. This serves to provide people with ‘tasters’ of many activities including creative dance, tai-chi, yoga, pilates, Nordic walking, swimming, bowling. People are also encouraged to take part in specially adapted games for over 55’s. These Go for Life Games have been developed by Age & Opportunity and people are encouraged to participate at regional and national level. These ‘taster days’ have been successful in getting people connected.

The need for clear and accessible information has been highlighted as a key priority for older people. The Executive through the county Forum sought to address some of the gaps highlighted. During the Age Friendly consultation, the role played by the Libraries in the county in the provision of information was highlighted by library services. However there was a question as to whether older people viewed the library as an information hub. During the European Year for Active Ageing and Solidarity between Generations 2012, an opportunity arose to carry out a study with the national library network with regard the provision and promotion of Libraries as Information services to Older People. This study was undertaken in partnership with the Dept of Health, the Ageing Well Network, and the Local Government Management Agency. engAGE members contributed to focus groups of library and non-library users to inform the process.

engAGE have been involved in a number of intergenerational activities. A Celebration of Generations brought young and old together to celebrate their music, dance, poetry and song. An intergenerational debate focused on education and the media. Benefits highlighted include a deeper understanding of each generations experiences and opinions, and the development of new relationships and networks.

Going forward engAGE are reviewing the efficacy of their approach to ensure that clear lines of communication exist between members and with the wider organisations throughout the county.
The Development of an Age-Friendly County

Drawing on the experience of implementing the programme in the existing counties, the Ageing Well Network has developed a ten-step approach to becoming an Age Friendly city and county.

1. The programme starts with agreement from the Local Authority Management to lead the programme in the initial phase. The commitment of the County or City Manager to the roll out of the Age Friendly Programme is the crucial starting point from which a county begins the journey to becoming Age-Friendly.

2. The next step is to seek the agreement of the managers of the most critical agencies in the county. This includes Managers of agencies such as the Local Authority, the HSE, An Garda Síochána, Third Level Institute, local Older People’s organisations and bodies representing local businesses.

3. Getting the support of the political representatives is also very important. Local politicians will play a vital role in supporting and promoting the AFC Programme and therefore securing their buy-in from an early stage is essential.

4. Having secured agreement from the key people, the next step is to create an Age Friendly County & City Alliance. The Alliance is made up of the heads of key agencies across public, private and voluntary organisations in the county, including the HSE, An Garda Síochána, local Older Peoples’ organisations. As the programme develops, the Age Friendly County Alliance will include representatives from the Older People’s Council, Service Providers Forum and Business of Ageing Forum.

5. In many counties, a base-line study is conducted at the start of the programme in order to find out the views of older people and to assess the impact over time. The study combines an attitudinal survey assessing the degrees of satisfaction of older people, with a quantitative survey of key factors profiling the position of older in the area.

6. All counties must then carry out an extensive Consultation with Older People. In towns and villages across the county, consultation meetings are organised, bringing together older people and other key stakeholders to discuss the matters that are most pertinent to them.

7. The Alliance, following extensive consultation with older people, service providers and others, then develops an Age Friendly County Strategy. The Strategy contains specific commitments by agencies, service providers and older people’s organisations, often in collaboration, to implement agreed changes – often reflecting the priorities expressed by older people in the consultation phase.

8. The next step is to carry out a further consultation to ensure the strategy reflects the priorities of those consulted and secure Alliance approval.

9. Having finalised the Strategy, the next step is to hold a public launch of the initiative and the strategy. The launch helps promote the programme by circulating information as widely as possible.

10. Following the launch, the programme then moves into Implementation Phase.

Conclusions

As discussed earlier, demographic change will mean that in the future we will have greater numbers of healthy older people. In seeking to realise the vision of a better Ireland for these older people, communities need to be prepared to support them to live healthy, active and engaged lives, where they are valued for the contribution they make.

The Age Friendly Cities and Counties Programme is now operational in many parts of the country. Through its structures and the participation of older people, the programme is helping to change the communities in which it exists so that older people can live healthy, engaged lives.

The approach it uses is an example of how we can plan and implement integrated services, ‘joined-up’ thinking and planning at local level. This approach brings the key agencies across public, private and voluntary sectors together to plan and integrate their services and supports, consulting with older people and enabling them to have a role in shaping how services are provided. It is a model where the plans are developed and agreed locally and the agencies involved agree to be accountable to each other at local level.

There is a strong record of real change happening on the ground in areas such as housing, transport, information, representation, public spaces and much more. Older people are represented in each Alliance through the Older Person’s Council. Initiatives such as the Age Friendly Towns are working on the process of consultation, mapping, planning and implementation of change projects on the ground. The Business Recognition Scheme encourages businesses to adapt their practices to acknowledge and meet the needs of older consumers. The Older People Remaining at Home (OPRAH) project is seeking to develop new ways of supporting frail older people who wish to remain at home rather than enter a nursing home.

Locally, there is a well-developed process for getting the programme established and the Ageing Well Network’s regional managers support the programme in its initial stages. The different Alliances have also built up a strong track record of imaginative changes at local level – from Men’s Sheds and Bogus Caller Cards to lengthened traffic light crossing times and sporting and activity initiatives.

One of the most significant achievements has been the development of inter-agency collaborations and partnerships that are a central part of the Age-friendly Cities and Counties programme. Healthy Ireland, the recently published health strategy, has recognised the importance of such partnerships in the creation of truly healthy communities. Acknowledging the role that such partnerships can play, it states that, as part of the implementation of the strategy, relationships must be built between sectors to address the determinants of health and wellbeing.

That these developments have been achieved against the backdrop of Ireland’s financial crisis is all the more remarkable. That so many local stakeholders have been prepared to show how outcomes for older people can be improved by using current resources, mainly by re-engineering service provision and improving efficiency and effectiveness, gives great hope that the programme will achieve the vision of making Ireland the best place in which to grow old.
Appendix 1

What makes a community age friendly – WHO checklist

According to the WHO (2007) the following is a checklist of all the features necessary to make a community age-friendly.

- Outdoor spaces and buildings
- Pavements are well-maintained, free of obstructions and reserved for pedestrians.
- Pavements are non-slip, are wide enough for wheelchairs and have dropped curbs to road level.
- Public areas are clean and pleasant.
- Green spaces and outdoor seating are sufficient in number, well-maintained and safe.
- Pedestrian crossings are sufficient in number and safe for people with different levels and types of disability, with nonslip markings, visual and audio cues and adequate crossing times.
- Drivers give way to pedestrians at intersections and pedestrian crossings.
- Cycle paths are separate from pavements and other pedestrian walkways.
- Outdoor safety is promoted by good street lighting, police patrols and community education.
- Services are situated together and are accessible.
- Special customer service arrangements are provided, such as separate queues or service counters for older people.
- Buildings are well-signed outside and inside, with sufficient seating and toilets, accessible elevators, ramps, railings and stairs, and non-slip floors.
- Public toilets outdoors and indoors are sufficient in number, clean, well-maintained and accessible.

Transportation

- Public transportation costs are consistent, clearly displayed and affordable.
- Public transportation is reliable and frequent, including at night and on weekends and holidays.
- All city areas and services are accessible by public transport, with good connections and well-marked routes and vehicles.
- Vehicles are clean, well-maintained, accessible, not overcrowded and have priority seating that is respected.
- Specialized transportation is available for disabled people.
- Drivers stop at designated stops and beside the curb to facilitate boarding and wait for passengers to be seated before driving off.
- Transport stops and stations are conveniently located, accessible, safe, clean, well lit and well-marked, with adequate seating and shelter.
- Complete and accessible information is provided to users about routes, schedules and special needs facilities.
- A voluntary transport service is available where public transportation is too limited.
- Taxis are accessible and affordable, and drivers are courteous and helpful.
- Roads are well-maintained, with covered drains and good lighting.
- Traffic flow is well-regulated.
- Roadways are free of obstructions that block drivers’ vision.
- Traffic signs and intersections are visible and well-placed.
- Driver education and refresher courses are promoted for all drivers.
- Parking and drop-off areas are safe, sufficient in number and conveniently located.
- Priority parking and drop-off spots for people with special needs are available and respected.

Housing

- Sufficient, affordable housing is available in areas that are safe and close to services and the rest of the community.
- Housing is well-constructed and provides safe and comfortable shelter from the weather.
- Interior spaces and surface allow freedom of movement in all rooms and passageways.
- Home modification options and supplies are available and affordable, and providers understand the needs of older people.
- Public and commercial rental housing is clean, well-maintained and safe.
- Sufficient and affordable housing for frail and disabled older people, with appropriate services, is provided locally.

Social participation

- Venues for events and activities are conveniently located, accessible, well-lit and easily reached by public transport.
- Events are held at times convenient for older people.
- Activities and events can be attended alone or with a companion.
- Activities and attractions are affordable with no hidden or additional participation.
- Good information about activities and events is provided, including details about accessibility of facilities and transportation options for older people.
- A wide variety of activities is offered to appeal to a diverse population of older people.
- Gatherings including older people are held in various local community spots, such as recreation centres, schools, libraries, community centres and parks.

Respect and social inclusion

- Older people are regularly consulted by public, voluntary and commercial services on how to serve them better.
- Services and products to suit varying needs and preferences are provided by public and commercial services.
- Service staff are courteous and helpful.
- Older people are visible in the media, and are depicted positively and without stereotyping.
- Community-wide settings, activities and events attract all generations by accommodating age-specific needs and preferences.
- Older people are specifically included in community activities for “families”.
- Schools provide opportunities to learn about ageing and older people, and involve older people in school activities.
- Older people are recognized by the community for their past as well as their present contributions.
- Older people who are less well-off have good access to public, voluntary and private services.

Civic participation and employment

- A range of flexible options for older volunteers is available, with training, recognition, guidance and compensation for personal costs.
- The qualities of older employees are well-promoted.
- A range of flexible and appropriately paid opportunities for older people to work is promoted.
Communication and information

• Discrimination on the basis of age alone is forbidden in the hiring, retention, promotion and training of employees.

• Workplaces are adapted to meet the needs of disabled people.

• Self-employment options for older people are promoted and supported.

• Training in post-retirement options is provided for older workers.

• Decision-making bodies in public, private and voluntary sectors encourage and facilitate membership of older people.

Print and spoken communication uses

• Clear headings and bold-face type.

• Printed information – including official forms, such as government offices, community centres and libraries.

• There is wide public access to computers and the Internet, at no or minimal charge, in public places such as government offices, community centres and libraries.

Community and health services

• An adequate range of health and community support services is offered for promoting, maintaining and restoring health.

• Home care services include health and personal care and housekeeping.

• Health and social services are conveniently located and accessible by all means of transport.

• Residential care facilities and designated older people’s housing are located close to services and the rest of the community.

• Health and community service facilities are safely constructed and fully accessible.

• Clear and accessible information is provided about health and social services for older people.

• Delivery of services is coordinated and administratively simple.

• All staff are respectful, helpful and trained to serve older people.

• Economic barriers impeding access to health and community support services are minimized.

• Voluntary services by people of all ages are encouraged and supported.

• There are sufficient and accessible burial sites.

• Community emergency planning takes into account the rest of the community.

• Health and social services are conveniently located and accessible by all means of transport.

• Residential care facilities and designated older people’s housing are located close to services and the rest of the community.

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