The Age Friendly Cities and Counties programme

...The Story So Far
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The Story So Far...

A synopsis of key learnings gathered to date

2009- 2014
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Who is Age Friendly Ireland?

Background

As in all other countries in the world, the population of Ireland is ageing. To plan for this, in 2013 the Department of Health published the National Positive Ageing Strategy. The Strategy sets out a vision for an age-friendly society through the achievement of four national goals (participation, health, security and research). It recognises that all sectors of society - government, businesses, voluntary groups, service providers, local authorities and the general public - have a part to play in creating an age-friendly society.

The Strategy allocates lead responsibility for its Priority Action Areas to various Government Departments and agencies. It also sets out the need for local joint working structures to complement this national-level activity, since many of the factors that contribute to a good quality of life for older people are community-based.

Role of Age Friendly Ireland

Established in January 2014 as an intermediary organisation, Age Friendly Ireland coordinates the national Age Friendly Cities and Counties Programme. Age Friendly Ireland brings together, supports and provides technical guidance to the 31 local authority-led, multi-agency Age Friendly City and County Programmes in every local authority area.


The WHO programme involves a multi-agency approach to age-related planning and service provision. Applying this methodology consistently throughout the country Age Friendly Ireland helps cities and counties to be more inclusive of older people by addressing their expressed concerns under eight headings:
Outdoor spaces and buildings; housing; social participation; transport; respect and social inclusion; civic participation and employment; communication and information; community support and health services.

**How Age Friendly Ireland works**

Age Friendly Ireland actively promotes partnerships and collaborations. The Age Friendly Cities and Counties Programme is run by effective city- and county-based Alliances, involving senior decision-makers from public, commercial and not-for-profit organisations. Age Friendly Ireland assists Alliances to streamline the work of all key players at local level, putting the views, interests and needs of older people at their core. Through an Older People’s Council in each participating local authority area older people exercise a strong, guiding influence on age-friendly local development.

Age Friendly Ireland provides guidance to the Alliances as they consult widely with older people. The Age Friendly City and County Strategies which the Alliances draw up are based squarely on the expressed views, needs and interests of older people. Through an Alliance’s Age Friendly Strategy, participating service providers and businesses become accountable to each other, and to older people, for the age-friendly actions they take.

Age Friendly Ireland develops tools and methodologies for age-friendly practitioners at frontline and management levels. It works as a hub for knowledge transfer, brokering connections and information exchange between agency officials, service providers and older people, both locally and nationally. The aim is to ensure the exchange of age-friendly best practices that older people want and value, and which are appropriate, sustainable and cost-effective.

Age Friendly Ireland offers access to valid, reliable and timely evidence on the lives of older people in Ireland through its partnership with the Department of Health and the HSE on the Healthy and Positive Ageing Initiative (HaPAI). This work offers a baseline against which Ireland can measure progress on positive ageing.

Hosted by Dublin City Council on behalf of the local government network, Age Friendly Ireland is primarily funded by The Atlantic Philanthropies.
It gives me great pleasure to introduce this report which gathers together many of the practical learnings and solutions introduced to date through the Age Friendly Cities & Counties Programme.

As key national policy (Healthy Ireland, National Positive Ageing Strategy) indicates ageing is not solely a health issue – it requires a whole of Government and whole of society response. The Age Friendly Cities and Counties Programme supports that pursuit of ‘positive and healthy ageing’ by providing a structure and set of supports which enable local authorities to take the lead on changing thinking about ageing, and how services are planned and delivered locally.

Local older people are key to the process – their voice is at the heart of the Age Friendly design in every city or county. It is particularly pleasing to see the collaborative nature of the commitments put forward by the range of stakeholders involved in the various strategies produced to date; local authorities, An Garda Síochána, the HSE, transport providers, third level institutions, NGO’s and other key agencies. In developing an age friendly city or county strategy, these partners, working collaboratively with older people across Ireland, are demonstrating how they can engage effectively together in ensuring that their combined resources are used optimally in delivering necessary services to older people.

This important resource, ‘The Story So Far,’ highlights the research evidence which supports the Programme’s focus on each of the eight WHO themes. By setting this summary of key literature alongside not only a synopsis of what was most frequently surfaced by older people through the county and city wide consultations but also against an
overview of some of very many practical practices that have emerged to date, this document provides an important first step in sharing good practice.

This document will also act as a useful companion to the recently published Age Friendly Cities and Counties Programme Handbook which provides practical, process related support and guidance to those charged with establishing an Age Friendly City or County Programme.

The now near national network of participating cities and counties provides a means of learning from each other and strengthening what can be done to improve the quality of life for all of us as we age. This document represents one further, important input to the development of that ‘learning exchange’. Soon this will be further complemented by the launch of an online repository of age friendly practices. Later this year findings will also start to emerge from the Healthy and Positive Ageing Outcomes Research Initiative supported in partnership with the Department of Health and HSE. Through the further development of the Age Friendly Programme and the sharing of both research evidence and practice we will work together to meet the challenges that lie ahead in a positive way which will improve the lives of our older citizens in the future.

I am grateful to the many people who contributed so significantly to the development of this resource and I am look forward to continuing to work closely with all of the programme partners on behalf of older people across Ireland.

Brendan Kenny, Chair, Age Friendly Ireland and Deputy Chief Executive, Dublin City Council
Supported by considerable planning and preparation, local government in Ireland now has a very clear purpose and a definite direction.

The policy document ‘Putting People First; Action Programme for Effective Local Government’ clearly outlines the direction we are all going in, through a number of important statements, central among those being; “Local Government will lead economic, social and community development locally. It will be the main vehicle of governance and public service at local level…”

This is an important statement to focus on because it has prompted us, within local authorities, to identify the functions most relevant at a local level and, in particular, the functions that Councils must take a strong lead on.

This has involved the development of a new model of local governance and service delivery.

Empowering the citizen to participate in the development of their community, both rural and urban, is central to this new model. In looking to realise this ambition, our Councils must therefore be closer and more responsive to the day to day needs of citizens and more representative of their priorities in setting policies and making decisions. It is important that no section of the community is left behind in the future delivery of our services.
The signing of the Dublin Declaration on Age Friendly Cities & Communities by all 31 local authorities represents a significant and unique national commitment to creating an inclusive, equitable society for citizens of all ages. By signing the Declaration,Councils have committed our Cities and Counties to developing themselves as places where older people can live full, active and healthy lives.

The Declaration provides a most important underpinning role for the Age Friendly Cities & Counties Programme. It is extremely pleasing to see Chief Executives and senior managers across all of our local authorities showing such strong leadership in supporting the adoption of this innovative, yet very practical programme.

These leaders will play a key role in sustaining the momentum across the long term. I would also like to pay tribute to Dublin City Council (DCC) for the lead role that it has assumed in hosting Age Friendly Ireland, the organisation which provides programme support to the participating local authorities and other key partners.

The Age Friendly Programme is proving to be a very effective model for bringing diverse organisations, groups, services and businesses together to streamline their work, with the interests and needs of older people at their core.

When policies, programmes and actions are re-framed in this way, the whole community benefits.

This is because what is essential for older people tends to be of benefit to everyone.

Very often simple things will improve everyone’s quality of life. For example, liaison between transport providers and health and social services mean that people can attend health appointments with minimal difficulty, while liaison between local authorities and health and social services can reduce the amount of time that people have to spend in hospital.
The National Positive Ageing Strategy calls for the establishment of Older People’s Councils in each authority area. As part of the Age Friendly Cities & Counties Programme, such Councils will help in supporting the voice of the local older person to be heard and for that voice to influence and inform.

The Age Friendly concept resonates closely with so much of the work within the County and City Councils and the communities that they serve.

Collaboration amongst agencies and communities has, so far, been key to delivering comprehensive and effective strategies. We know multi-agency working is complex and challenging. However, the Age Friendly Programme has shown how agencies can work effectively together and can commit in very pragmatic ways to doing things.

Working together we must deliver the type of quality services that the older people of Ireland so richly deserve.

Together with its sister publication (the Age Friendly Cities and Counties Programme Handbook) this ‘Story So Far’ document provides, through a synopsis of relevant literature, a valuable sense for the programme rationale along with an overview of some of the many relevant programme practices that have emerged through the Age Friendly Cities & Counties programme to date.

Continuing to share practices will contribute much to our common goal of building a more age friendly Ireland. I would like to wish all of the programme partners continued success in the future.

Conn Murray,
Chair of the City & County Management Association
Chief Executive, Limerick City and County Council
Summary

The growth in the number of older people, living longer lives, was the impetus behind the WHO Age Friendly Cities and Counties programme, which started in 2006. Following extensive consultation with older people, the WHO published Global Age Friendly Cities; a Guide which identified the key features of an ‘age-friendly’ world. The programme aims to support people of all ages to actively participate in community activities, to live safely and securely in their own homes, to stay connected to people, to remain healthy and active in their communities and to be treated with respect, regardless of their age.

Since 2014, the Age Friendly Cities and Counties programme has been hosted in Ireland by a new organisation, Age Friendly Ireland. Age Friendly Ireland has been tasked with the role of supporting the extension of the Programme to all local authority areas across Ireland. Within each local authority area, the commitment of the Chief Executive and the establishment of an Alliance (made up of the key stakeholders) are the starting points. This is followed by a widespread consultation process involving older people across the city/county. The consultation process identifies actions to improve the city or county for people as they age and these actions form the basis of the Age Friendly City/County Strategy. An Older People’s Council is formed to ensure the voice of the older person is central to decision making and members of this Older People’s Council work with the senior managers of the Age Friendly Alliance to develop and implement an Age Friendly City/County Strategy.

In the consultation processes up to now, the Age Friendly Cities and Counties programme has used mainly qualitative approaches such as focus groups and roundtable discussions. Consultation sessions have been held in urban and rural parts of each county in order to achieve as wide a representation of older people in terms of their age, gender, home location and socio-economic group. Hearing the views of other groups such as statutory agencies, business, sports and cultural groups and those providing services and supports for older people was also an important part of the consultation process.
Within each of the eight WHO themes, this report traces the evolution of the project in Ireland. It presents a brief synopsis of the evidence from literature on the importance of each issue for older people. It highlights the key issues raised through the consultations with older people and it provides examples of projects developed nationally and in individual Age Friendly Cities and Counties programmes and finally it offers ideas and suggestions for those who are currently developing and implementing Age Friendly Strategies.

Evidence from literature and from consultations with older people has shown that the physical environment has considerable potential to enable or disable the physical, social, civic and community interactions of older people. Local authorities can improve older people’s wellbeing by providing accessibility to outdoor spaces and public buildings. Careful planning decisions and use of resources can improve the everyday lives of people of all ages in the community.

Older people feel that the condition of footpaths and walkways can lead to trips and falls. Within the limits of existing resources, one of the key priorities identified is a scheme to improve, widen and where appropriate dish pavements. Appropriate and better quality seating and benches and greater access to toilets would facilitate greater mobility within the community. Older people feel that accessible green spaces with seating and activities should be at the core of all development plans. The lack of a local ‘centre’ for gathering and socialising (in some towns) was identified as an issue in many areas contributing to a greater sense of isolation among some older people. Finally many older people feel that they have limited access to the planning process which shapes their communities.

One of the main responses to issues raised under ‘Outdoor Spaces and Buildings’, has been the development of a national initiative to create Age Friendly Towns. This initiative has been developed and tested by the Age Friendly Cities & Counties Programme team and takes a four-step approach to improving the local area; Set Up, Audit and Consult; Plan; Implement and Review. This initiative has now been implemented in several towns throughout the country and is responsible for a wide variety of infrastructural changes such as pavement upgrades, park enhancement and installation of public seating, among others.
Access to regular, integrated transport systems can be essential to promote participation in community life and greater levels of activity among older people. Research has found that those who are dependent on others for transport are most likely to restrict their outings to those that are considered essential while the more discretionary trips, for social activities, are sacrificed. Older people who experience difficulties driving cannot automatically increase their use of public transport in order to compensate. In many cases, difficulties getting on and off buses or badly planned and integrated routes and timetables, can prevent them from taking public transport.

Parking can be a significant problem for older adults, families and people with disabilities and many would like to see the introduction of designated parking for older people. Rural transport services are often inadequate and don’t always effectively meet the real needs of the community. Routing in the public transport system doesn’t always meet the needs of older people, particularly in relation to accessing medical care. Older people feel that the future development of transport plans need to consider transport links between the counties, local GPs and hospitals and the major national treatment centres.

To address these and other difficulties, Transport Working groups have been established in many Age Friendly communities bringing together the key personnel such as representatives from the Health Service Executive; Vocational Education Committee; Rural Transport scheme; Local Authority; Gardaí; Older Peoples Forum and Bus Eireann. A number of transport initiatives have been developed to address the lack of integration between health services locations and public transport routes, resulting in cost reductions for the HSE and fewer missed appointments for older people.

As people grow older, they spend relatively more time in their homes and as a consequence the condition, safety and comfort of the home, becomes much more important and is likely to have a greater impact on their quality of life and health. Supporting independence enables older people to remain active members of their communities, which is to the benefit of the society at large.
Quite often older people are unaware of the housing options open to them in the event that they need additional support to remain in the community. They want to remain in their communities and generally would prefer if sheltered housing and other housing options were more widely available. If forced to leave their homes, they need the security and familiarity of their local community around them to protect their quality of life.

One response to the need for suitable supported housing can be the development of alternative models such as the Great Northern Haven development in Dundalk. This is a purpose-built development of sixteen 'smart' apartments, designed and constructed specifically for Ambient Assisted Living (AAL) applications and each apartment has more than 100 sensors, connected TV’s, touch screen devices and a core network infrastructure throughout. Established as a collaboration between the HSE, the Local Authority and the Netwell centre, the development will provide a rich dataset of information about the impact of the housing on quality of life. Other needs have been addressed through the introduction of ‘care and repair’ schemes in a number of Age Friendly Cities and Counties programme (AFCC) areas.

Feelings of safety contribute greatly to health and wellbeing and living in an area that is perceived to be unsafe at night is a barrier to regular physical activity among older people, especially women, living in urban low-income housing. The increased sense of vulnerability caused by crime against older people also affects those who have not been victims of the crime. There is evidence that 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 are not.

Older people have a distrust of strangers coming into their homes, even when they are offering to provide essential maintenance services. They feel that there is not enough accessible information about personal safety and security. Another concern raised in consultations throughout the country is the lack of visibility and connection with Gardaí to provide a greater sense of security for older people.
Research has found that a feeling of being part of a network of family, friends and community has a strong impact on health and wellbeing and that the health risks associated with lower levels of social integration are comparable to those of smoking, high blood pressure and obesity. There is evidence that many older people experience a shrinking of their social circles and may feel isolated and lonely. Prof Brian Lawlor from the Mercer’s Institute for Research on Ageing recently developed a programme involving volunteers providing weekly contact to older people at risk of social isolation. The study succeeded in reducing the loneliness of the participants as well as producing benefits for the volunteers.

Age Friendly Cities and Counties programmes have developed many responses to the lack of opportunities for social participation and loneliness. Many of these activities acknowledge the benefits to be gained by including older people as volunteers and offering opportunities to increase their knowledge as well as their health and fitness, to act as ‘befrienders’ or to share their knowledge and skill with young people through intergenerational activities.

Older people can often feel invisible or stereotyped in a number of ways often based on assumptions about their competencies, beliefs, and abilities across different areas. Research has found that stereotypes about older people have been identified across different cultures as being a combination of warmth and incompetence. There is evidence of increasing social distance between generations as families become more geographically dispersed, leading to a gap in understanding between old and young. Measures such as the establishment of Older People’s Councils in each Age Friendly Programme can help to ensure that older people are consulted on decisions that affect their lives.

In consultations with older people many expressed the view that there was a need for greater awareness of potentially isolated people in communities throughout the country. Some older people feel that young people should be taught from an early age to respect them and their life’s experience and opportunities should be created to allow both to share life experiences.
Working in later life can provide vital additional income to avoid poverty in old age. Many people wish to remain in the workplace, others may need to work in order to maintain a standard of living gained through their working life or to compensate for poor returns from an occupational or private pension. Older people feel that there is a need for more opportunities for education and continued learning for older adults throughout their working lives. Further opportunities to remain in the workplace and avail of phased retirement options would also be important to avoid the feeling that retirement happens suddenly and leads to a loss of self-esteem or social contact. Employers need to recognise the wealth of knowledge that older workers have gained and use this to effectively support the introduction of new, younger workers or apprentices. Older people have skills and knowledge which need to be recognised and shared, perhaps with schools and community groups or in mentoring young people looking to start businesses.

Age Friendly Cities and Counties programmes have responded to these needs by establishing social activities which use the skills of older people such as ‘Men’s Sheds’ or learning activities such as through the establishment of Age Friendly Universities or other activities, for example, Age Friendly Business programmes.

Older people living in the community need information on services and resources that can help them live independently and remain socially connected. Generally speaking, older people tend to rely on their family carers and their close social network to find out what they need to know. Information technology has the potential to be of particular benefit to older people, providing cheap, convenient access to online medical or health information, better value shopping and travel services or more convenient banking and social connections for those whose mobility is challenged. Research has found that barriers to learning and using IT tend to be similar to those associated with learning in general. Older people may feel too old to learn and embarrassed with their lack of abilities, or challenged by their short-term memory loss, declines in manual dexterity and visual acuity.
The Consultation processes throughout the country revealed that older people would generally prefer courses that are focused on their actual needs, such as accessing information and services online, rather than generic computer courses aimed at providing a broad range of skills. They need a range of different approaches to information provision and many older people have expressed a desire for information to be made available in one central location, such as a drop-in community centre. Accessing information about health services is one of the primary information needs of older people and their carers (e.g. knowing how to access the public health nurse or find out about accessing certain entitlements). Many people agreed that a comprehensive directory of all relevant supports and services is needed.

Age Friendly Cities and Counties Programmes have developed a number of activities and initiatives to improve information provision. Examples include the development of a ‘one stop shop’ providing support on queries relating to entitlements, form filling and signposting to relevant service providers, the publication of a weekly ‘Age Friendly’ column as well as websites and Facebook pages in several counties.

It is generally recognised that health is determined by both collective and individual factors including the social and economic environment, the physical environment, health services, personal health behaviours, and individual capacity and coping skills. Maintaining a healthy lifestyle throughout life can lead to lower levels of chronic conditions which can also be mitigated through good health promotion, screening and preventative measures. Age Friendly Cities and Counties programmes can support healthy ageing by creating environments and services that encourage active living, and by providing access to appropriate community-based services for those who need them.
Older people have identified a range of concerns relating to the availability of health services and potential cuts in local services provided by day centres or local hospitals and health centres. They would like to be helped to remain healthy and in their own homes and would prefer if preventative and early medical interventions were prioritised plus opportunities created to engage in physical activity locally.

Age Friendly Cities and Counties programmes have responded to these needs through the development of initiatives to promote healthy, active ageing. In addition to the expansion of physical activity programmes in many counties, some have also offered Physical Activity Leader (PAL) training to teach people the skills to lead local groups in things like short exercise routines or games like pitch and toss. Alzheimer Cafes have been introduced across parts of Dublin providing venues where persons with dementia and/or their family and friends can gather together in a safe, welcoming environment, in the company of other carers, volunteers and healthcare professionals.

Finally changes have been introduced in the provision of acute services to older people. For example, the introduction of a new discharge planning code of practice for post-discharge arrangements for older people leaving hospital and the introduction of a new system of patient prioritisation at hospital emergency departments are among the changes aimed at improving the experience of older people in hospital settings.
CHAPTER 1:

Introduction

The World Health Organisation (WHO) is the driving force behind the global movement for age friendliness, as part of an effort to address the twin global challenges of demographic ageing and urbanisation. The Age Friendly movement does this by focusing on the environmental, economic and social factors that contribute to active and healthy ageing in societies.

The Story So Far documents the research base for and the experience of the Age Friendly Cities and Counties programme to date in Ireland. By taking each of the eight WHO themes of an Age Friendly Community as a chapter heading (Outdoor Spaces and Buildings, Transport, Housing, Social Participation, Respect and Social Inclusion, Civic Participation and Employment, Communication and Information, and Community Support and Health Services), we look at the research in each area, the knowledge gained through the Age Friendly City and County programme consultations and highlight some of the practical responses that have emerged through the programme to date. At the end of each chapter, we offer suggestions on how to develop the programme further within the Age Friendly structures.
Demographic Change – Challenges

The growth in the number of older people, living longer lives, will have significant implications for policy development in the future. There are two ways of looking at demographic change – one is to see it as a challenge, which has the potential to increase pension costs and lead to greater demand for health and social care services. The other is to see it as an opportunity to create a more inclusive society where people can participate in meaningful voluntary activities or paid employment for longer while living safely in their communities as they age.

Currently the age structure of the Irish population is younger than most other countries in the EU and will remain so until 2016. From 2016 onwards, Ireland’s proportion of older people will begin to increase. By 2046, there will be 1.4 million people in Ireland aged 65 and over, three times more than the older population now. This older group will make up 22% of the total population, compared to 11% of the population in 2006 (1).

Life expectancy rates have increased and are expected to continue increasing significantly. It is expected that by 2046, men will live to their mid-80s and women even longer. The number of people aged over-80 is expected to rise more dramatically, from 128,000 in 2011 to about 480,000 in 2046. The young population was higher than the older population in 2011 - with 976,600 compared to 531,600. But the CSO has predicted that this will reverse by 2036, and the gap will be even wider by 2046 when there is expected to be between 112,000 and 561,000 more older people than young (1).

The economic impact of this growth in the number of older people will be seen primarily in relation to pension provision and in health and social care provision.

Despite a forecasted decline in the prevalence of disability between 2006 and 2021 for people aged 65 and over (2), demand for care services are set to increase dramatically over the next decade. The ESRI has predicted that we will need an additional 13,324 long-term care places – 888 annually – to meet the increase in demand from 2007 – 2021 (3). Already there are indications that supply is not meeting the demand, the HSE National Operational Plan 2013 indicates that there are areas that currently have an under supply of beds, particularly Dublin and other urban centres and that
“based on population projections, there will be a significant national deficit of long stay beds by 2016 based on the HSE’s target of 4% of older persons in long stay care.” (3)

Similarly, demand for home care is predicted to increase dramatically over the next decade. This could amount to 75,000 people seeking to avail of home help services in 2021 (compared with 48,000 in 2012) with 14,250 Home Care Packages (HCPs) required (compared with 10,942 currently) (4).

The state currently funds the public pension from the tax contributions of today’s workforce. The number of people receiving public pension payments is set to rise from around 840,000 in 2010 to nearly 1.7 million in 2060; an increase of over 100%. The total spend on public pensions is projected to increase significantly in the coming decades - from around 7½% of GDP in 2010 to nearly 12% in 2060 (5). The big concern is that the costs associated with a greater number of people of pension age will need to be funded by a reduced number of people of working age.

Opportunities of Demographic Change

But, what if we were to take another view of ageing? What if we were to see such a demographic change as a positive development?

In recent years, there has been a trend towards seeking to change the view of ageing and older people. Instead of seeing older people from the point of view of their care and health needs, societies are increasingly seeing the potential that healthy, active older people have to contribute to their communities. This approach to viewing ageing in a positive way has its roots in international policy. 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.

Similarly in Ireland, the recently published National Positive Ageing Strategy is based on the concept of ‘positive ageing’ and sets out a vision for Ireland as “a society for all ages that celebrates and prepares properly
for individual and population ageing. It will enable and support all ages and older people to enjoy physical and mental health and wellbeing...” (2013)

The WHO Global Age Friendly Cities project

The concept of an Age Friendly City and County, takes a similar approach to the NPAS, seeking to improve the lives of older people through the promotion of Positive Ageing. It started in 2006 when the World Health Organisation responded to both an ageing and more urbanised population with its Global Age-friendly Cities project. The WHO brought together 33 cities in 22 countries, including Ireland (where Dundalk was the participating Irish city) in order to highlight the need to maximise the health and wellbeing of the older population in urban environments.

In recognition of the fact that older people are the ultimate experts on their own lives, WHO and its partners in each city have involved older people from the start. A total of 158 focus groups were set up, involving 1485 participants aged 60 years and older. They were asked; what are the age-friendly features of the city they live in; what problems do they encounter; and what is missing from the city that would enhance their health, participation and security?

To get the views of those who would be unable to attend focus groups owing to physical or mental impairment, most cities also held a focus group with caregivers who talked about the experience of the older people for whom they were caring. To complement the information from older people and caregivers, most cities also conducted focus groups with service providers from the public, voluntary and commercial sectors.

The WHO definition of an Age-Friendly community is 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 ageing-related needs and preferences” (6).

One important output from the consultation carried out in 2006/7 was the WHO’s publication of the Global Age-friendly Cities: a Guide,
which is supported by a shorter Checklist of Essential Features of Age-friendly Cities, designed to be used by service providers in partnership with older people’s groups. In 2012, as interest in the concept of an Age-friendly City developed, many cities approached the WHO to create links between the participating cities to facilitate 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 Age Friendly Cities and Counties Programme in Ireland

The Age Friendly Cities and Counties programme is well developed in Ireland. Following from the 2006 WHO-led consultation exercise, at which Dundalk was represented, the then Louth County Manager, Conn Murray, was instrumental in Louth committing to develop a county-wide Age Friendly Strategy – a first for Ireland.

The Age Friendly Cities and Counties Programme in Ireland was initially supported by the Ageing Well Network, a ‘think-tank’ set up in Dublin in 2007 and funded by The Atlantic Philanthropies. This Network brought 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.

In early 2014, hosting of the national Age Friendly Cities and Counties Programme was transferred to a new organisation, Age Friendly Ireland, which in turn is hosted by Dublin City Council on behalf of the Local Government sector. As of January, 2014 Age Friendly Ireland has been tasked with supporting the extension of the Programme to all local authority areas across Ireland.

The programme is governed by a board and advised by a National Implementation & Integration Group whose members include senior representatives from;

- The Local Authority sector (three Chief/Assistants Chief Executives);
- The Department of An Taoiseach, the Department of the Environment, Community and Local Government and the
Department of Health (three Assistant Secretaries);
• The Health Service Executive (Director level);
• An Garda Síochána (Assistant Commissioner);
• The third/fourth level sector (a University President and the Director of the DKIT-based Netwell Centre
• The NGO sector (two NGO Chief Executives) and
• Business (Chief Executive of Chambers Ireland).

In addition to informing the Programme’s strategic direction the National Implementation & Integration Group’s role involves: advising on structural barriers that the programme may encounter and the Programme’s long term positioning.

The programme sets out to support senior managers in state and voluntary agencies to develop and implement initiatives that older people themselves say are necessary in their communities. In adopting the Programme, the Chief Executive of the local authority commits to establishing the programme with the help of an Age Friendly City/County Coordinator within the local authority. The Chief Executive then seeks senior managers from the key state and voluntary agencies to join a multi-agency Age Friendly Alliance.

This is followed by a widespread consultation process involving older people across the city/county. The process focuses on identifying relevant actions to improve the city/county for people as they age. An Older People’s Council is formed in parallel to ensure the voice of the older person is central to decision making. Members of this Older People’s Council work with the senior managers of the Age Friendly Alliance to develop and implement an Age Friendly City/County Strategy.

The Age Friendly programme requires a change in how we think about ageing and how we plan and deliver services as a result. To achieve the best outcomes for older people, it is important that service providers collaborate and align their “age friendly” 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. 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.
However, once policies and programmes are age-proofed then, very often, everyone will benefit whatever their age.

The Irish Age Friendly Cities and Counties programme has developed a desired set of outcomes for older people which reflect the key WHO themes set out within the original Global Cities programme.

Remaining true to the eight original WHO themes, the following table identifies the parallels between the approaches of the WHO and Ireland’s Age Friendly Cities & Counties programme.

### WHO Themes And Age Friendly Cities and Counties Programme (AFCC) Outcomes For Older Adults

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<th>WHO Themes</th>
<th>AFCC Outcomes</th>
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<tbody>
<tr>
<td>Outdoor spaces and public buildings</td>
<td>Be enabled by the built and social environment</td>
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<tr>
<td>Transportation</td>
<td>Get to where we need to go, when we need to</td>
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<tr>
<td>Housing</td>
<td>Stay living in our own homes and communities</td>
</tr>
<tr>
<td></td>
<td>Feel and be safe at home and out and about</td>
</tr>
<tr>
<td>Social participation</td>
<td>Participate in social, economic and public life</td>
</tr>
<tr>
<td>Respect and social inclusion</td>
<td>Be truly valued and respected</td>
</tr>
<tr>
<td>Civic participation and employment</td>
<td>Continue to learn, develop and work</td>
</tr>
<tr>
<td>Communication and information</td>
<td>Have the information we need to lead full lives</td>
</tr>
<tr>
<td>Community support, and health services</td>
<td>Lead healthier and active lives for longer</td>
</tr>
</tbody>
</table>
To join the WHO Global Network of Age-friendly cities and communities have to commit to the following four steps:

1. To establish mechanisms to involve older people in all stages of the Age-friendly Cities and Counties process. Cities and counties are also encouraged to build partnerships (including non-governmental organizations and academic institutions). (Reflected in Ireland through the establishment of multi-agency Alliances, chaired initially by the local authority Chief Executive, and followed by the establishment of a city/county Older People’s Council.)

2. To carry out an early-stage assessment of the age-friendliness of the city or community. This should include, at a minimum, each of the eight domains identified in the Global Age-friendly Cities guide. (Reflected in Ireland through the conduct of a city/county-wide consultation with older people.)

3. To develop a 3 year action plan based on an assessment of the findings. This action plan should link to other municipal instruments to ensure that age-friendliness becomes a core responsibility for all municipal departments. (Reflected in Ireland through the development of a city/county Age Friendly Strategy).

4. To identify indicators to monitor progress against this plan. (This is currently reflected by the process of review carried out on published annual reports. In the future it will be reflected through the development of a series of city/county-level indicators as part of a national programme of Indicator development through the Healthy and Positive Ageing Initiative).
CHAPTER 2 – Consultation With Older People

Age Friendly programme strategies are informed by the views and needs of local older people. According to the WHO, the programme adopts a “locally driven and bottom up” approach. The first step to achieving this is to conduct a wide range of consultations in each county or city, to identify the key issues facing people as they age.

This section will outline the types of consultations carried out to date in the Age Friendly Cities and Counties programme in Ireland. It summarises what they achieved and how in the future, a standardised approach to consultation might better inform local and national initiatives and policies on growing old in Ireland.

Consultation Approaches

To date, the Age Friendly Cities and Counties programme has used mainly qualitative approaches such as roundtable discussions and focus groups to consult with older people. In each city or county, older people have been invited to the consultation sessions either through their local voluntary organisations, through local newspaper and radio advertisements and interviews and/or through service providers plus parish newsletters and noticeboards.

Several consultation sessions have been held in urban and rural parts of each county in order to achieve as wide a representation of older people in terms of their age, gender, home location and their socio-economic group. While these public consultations attracted older people who were able to travel to specified locations, particular efforts also had to be made to ensure that the voices of minority and disability groups were heard.

The importance of consulting with other groups such as statutory agencies, intergenerational groups, business, sports and cultural groups plus those providing services and supports for older people was also understood. Innovative forms of consultations such as
approaching older people on rural transport journeys or undertaking targeted sessions in nursing homes and day care centres were also carried out. At times, relatives or key health service personnel such as public health nurses and carers were asked to identify needs for those who were not in a position to speak for themselves.

In its Vancouver Protocol, (2007) the WHO provides guidance for cities who wish to use a standardised research approach to assess their community’s age-friendliness in order to identify areas for action. The World Health Organisation recommends that all consultations should be recorded and transcribed for analysis. The Age Friendly Cities and Counties programme followed this recommendation in the early stages but as additional counties joined the programme, resources were not always available to record and fully transcribe all feedback at consultations. At some consultations, older people or other volunteers were recruited to record the key issues and themes rather than produce verbatim transcripts. These recorded accounts of the consultation sessions focused on the key issues and priorities for the Age Friendly programme in that city/county. Regardless of the approach taken, the results of the consultation formed the core information used to inform the issues to be prioritised in the Age-Friendly Strategy.

**Types of Consultation**

As the programme has evolved, it has adapted to local circumstances and resources. While the approaches taken and the methodologies have differed, these consultations have included combinations of focus groups and round-table consultations; surveys, and 'on-street' conversations.

**Round table discussions:** These are the most common type of consultation used in the Age Friendly programme in Ireland. Most counties have held a number of round table consultations either in tandem with the launch of the Age Friendly programme or at the early stage meetings of the Older People’s Council. There is a defined approach to this type of consultation which is clearly set out in *The Age Friendly Cities and Counties Handbook*.

The WHO themes for an Age-Friendly City are used as the points for discussion at these consultations. These themes are Outdoor
Spaces and Buildings; Transportation; Housing; Respect and Social Inclusion; Social Participation; Communication and Information; Civic Participation and Employment; and Community Support and Health Services. As the programme has evolved in Ireland, these themes have been matched with nine desired outcomes for an Age Friendly City or County. The table in the previous chapter maps these nine outcomes to the eight WHO themes for an Age Friendly City/County.

**Focus groups:** This type of consultation is used as a means of gathering feedback from existing groups of older people in a city or county such as Active Retirement groups. Day care centres and nursing homes across each county are also appropriate settings for focus group consultations. Usually, the WHO themes that are most appropriate to the setting are used as a starting point for discussion. Specialist advice is often taken to ensure that participants get the most out of these sessions in terms of their ability to contribute.

**On Street Consultations:** This form of consultation was used in Dublin City Centre. It was deemed a useful way of developing a snapshot of views from a large number of people in a short space of time.

During a consultation, participants are asked the following 4 key questions:

- What is good about each topic drawn from the eight WHO themes, in the City/County?
- What would improve each topic in [the area]?
- What can you yourself as older people or as service providers do to improve each topic in [the area]?
- What can others do to improve each topic in [the area]?

The following table provides an outline of the different approaches that have been taken to consulting with older people and their organisations. Some approaches, such as on-street conversations are particularly suited to urban areas where high volumes of people can be reached in a short period while others such as round tables work best where people can travel to a central location and are available to discuss the issues over a longer period of time. Focus groups have proven to be particularly useful when consulting with older people in residential settings who would not otherwise be able to air their views.
Table 1; Consultation Methodologies used from 2009 to 2013*

<table>
<thead>
<tr>
<th>Methodology</th>
<th>Areas and Events</th>
<th>Numbers Consulted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus Groups</td>
<td>17</td>
<td>582</td>
</tr>
<tr>
<td>Round Table</td>
<td>97</td>
<td>6248</td>
</tr>
<tr>
<td>Questionnaires</td>
<td>9</td>
<td>3945</td>
</tr>
<tr>
<td>On-Street conversations</td>
<td>45</td>
<td>572</td>
</tr>
<tr>
<td>Stakeholder Consultations</td>
<td>42</td>
<td>584</td>
</tr>
<tr>
<td>Others eg consultations carried out as part of the Age Friendly Towns planning process</td>
<td>11</td>
<td>1235</td>
</tr>
<tr>
<td>Totals</td>
<td>211</td>
<td>17,111</td>
</tr>
</tbody>
</table>

Following the consultations, Age Friendly Alliances have conducted mapping exercises of their counties to identify the key organisations and services that are currently available to older adults. These services have then been mapped against the priority findings from the consultation to support an Alliance to:

- Highlight where service provision needs to be better aligned in the community.
- Identify where the key gaps in services exist.

**Baseline Surveys**

In some counties, surveys were also carried out to inform the development of the Age Friendly strategy. The objectives of these surveys were:

- To generate relevant baseline data to inform later evaluation of the impact of the Age Friendly Counties Programme
- To provide relevant data to the Age Friendly programme to support initial and ongoing decision making and goal setting

*This period covered consultations across 15 AF Programme areas
• To engage older people in the development of the Age Friendly programme by actively involving them in the design and implementation of the questionnaire.

The baseline surveys were intended to support rather than replace the consultation process and were carried out to acknowledge the fact that many national surveys do not produce data that can be disaggregated on a county by county basis.

A variety of approaches were used to administer these baseline surveys. In County Carlow, the third level institution carried out the data entry and analysis. In County Kilkenny, an independent market research company was employed to support the administration, data entry and analysis of the survey, while in County Kildare, required support was provided by the Ageing Well Network. Counties Kilkenny and Kildare carried out full random sample surveys of 500 older people supported by volunteer researchers from the target age-group.

The first of two random sample surveys, the Kilkenny Baseline Study, was undertaken in August 2011 following six months of consultation and testing of various questionnaires with members of the Kilkenny Older People’s Council. The baseline study also followed a series of training sessions delivered to the volunteers on market research and associated Health and Safety issues. Geo sampling was used to select 50 random sample starting points and 500 interviews were conducted on a face to face basis by 28 older volunteers. A review day was held in September 2011 prior to the publication of the Baseline report in December 2011. The report formed a critical part of the ongoing service planning and the Kilkenny Age Friendly County Alliance is now planning to revisit the baseline findings in 2015.

The Kildare baseline study was administered by the Ageing Well Network. The fieldwork took place during October 2011, with 500 interviews carried out by 25-30 older volunteers, recruited by word of mouth and through promotion with active retirement groups. The piloting of the project in Kilkenny enabled the questionnaire and volunteer training to be streamlined. The Carlow baseline was the third baseline study conducted in 2012. However in this county, the recruitment of volunteers and the resources necessary to analyse the data proved to be difficult to secure. Thus only 200 surveys were completed in Carlow.

The costs associated with carrying out these surveys were minimised by the use of volunteers to carry out the research. However, as the
number of counties adopting the programme increased, the resources were not available locally to support the costs associated with required survey administration and analysis.

The Consultation Findings

The findings from the consultation process are drawn together and then further informed by the knowledge and experience of local service providers. The consultation findings are frequently re-visited by the Age Friendly Alliances as they work to develop creative, innovative solutions to respond to the issues raised by older people. It is this voice and lived experience that drives the Alliances to respond in ways that make a real difference to the lives of local older people. The Age Friendly strategies themselves communicate to the public, older persons and decision-makers the key priorities for action that will make our communities more age-friendly.

Over the five years, as different approaches have been trialled, much has been learnt about the best way of ensuring that the Age Friendly City and County Strategies are informed by the views of older people. The adoption of a more standardised, consistent approach could, of course, better inform policy-making at a national level and could help in identifying similarities and differences throughout the country, among different settings or communities.

Developing more documentary evidence from the consultation process (eg published documents on the consultations like that developed in County Leitrim) could also help national policy makers to identify priorities and, perhaps, direct resources more effectively to particular areas.

While the Age Friendly Cities and Counties programme is structured in such a way as to respond to issues identified locally, common themes have emerged across all cities and counties, the responses to which can be enhanced or augmented through coordinated national approaches.

In implementing the Age Friendly Programme in each county, a body of knowledge has been developed around ideas and initiatives that work. The following chapters offer those engaged in the Age Friendly Cities and Counties Programme some examples that may prove useful when seeking to respond to the needs of local older people.
Section 2: Action Areas

Chapter 3 – Outdoor Spaces & Buildings
Chapter 4 – Transport
Chapter 5 – Housing
Chapter 6 – Social Participation
Chapter 7 – Respect & Social Inclusion
Chapter 8 – Civic Participation & Employment
Chapter 9 – Communication & Information
Chapter 10 – Community Support & Health Services
Chapter 3 – Outdoor Spaces & Buildings

...That all people as they age are enabled by the built and social environment

“I don’t want to go online to pay bills, I want to go down to the post office, meet other people and have a chat. It is important for community life that we are supported to get out and about.” Tallaght Resident

What the literature highlights

The physical environment in which older people live has considerable potential to enable or disable their physical, social, civic and community interactions. Local authorities can improve older people’s well-being and quality of life by understanding and responding to their needs in terms of available access to outdoor spaces and to public buildings. Careful planning decisions and use of resources will improve the everyday lives of people of all ages in the community.

In recent years there has been a growing understanding that different features of the built environment can increase or decrease physical activity and in particular walking (7). Factors such as the aesthetic qualities of the area, perceptions of safety and walkability, as well as personal attributes and motivations can all increase the likelihood of walking in the local area. 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 (7).

Physical changes that often accompany ageing, such as poorer eye sight, hearing and reduced mobility can pose risks for older people when they are out and about in their community (8,9). The ideal physical environment for older people will very often feature a compact community with shops and health/social services within easy walking distance of each other.
It is well known that exercise offers psychological and physical benefits and walking has been found to be the physical activity of choice for older people, both as a form of exercise and a means of getting places (10,11). Research suggests that those who regularly walk a mile are less likely to lose physical function, less likely to suffer falls and more likely to remain living independently for longer (12,13).

Easy accessibility can determine whether older people make regular use of the public spaces, services and facilities provided. For example, one study found that 60-70% of people using a park live within 800m of it (14).

Research carried out in the Netherlands found that people living in urban areas with access to green space (within a one kilometre or three kilometer radius of their homes) have better self-perceived health than those living in a less green environment. The study also found that the relationship between green space and health was stronger for people who spend more time close to their homes such as people from lower socioeconomic backgrounds, children and older people. (15)

The design of a community’s built environment can often become the determining factor between a healthy and active lifestyle or one characterised by limited mobility and high levels of social isolation (16). Traffic congestion, poor pedestrian access to shops or shopping centres and hazardous footpaths have all been found to deter older people from walking in their local area (17). Other studies found that older people chose their walking route based on factors such as the quality of the footpath, the presence of other people along the route, absence of heavy traffic and traffic lights with sufficient crossing time. Other contributory factors included safety from crime, having places to stop and rest while walking and scenery or gardens (18).

In addition to reducing the level of physical activity, poor quality public footpaths can actually be an injury hazard for 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 (19-21).
A UK-based study in 2008 found 24% of pavements to be 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 (22).

Help the Aged has 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.

Crossing at complex intersections with a high volume of traffic presents a challenge for many older people and 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 pelican 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. (23)

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 old people experience difficulties with times allocated by the pelican crossings (23).

**An Overview Of What Has Been Heard**

The findings from international studies have been supported by the findings from the Age Friendly Cities and Counties consultations with older people. The following are a reflection of the issues that were surfaced across the majority of counties on the theme of “Outdoor Spaces and Buildings”.

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40
The Story So Far
In many counties older people feel that the condition of pavements and walkways can lead to trips and falls. Within the limits of existing resources, older people would like to see a scheme to improve, widen and where appropriate dish pavements, becoming a high priority in on-going maintenance and redevelopment plans.

Appropriate and better quality seating and benches need to be provided across towns and counties. Where they are provided or have been newly installed, benches can be cold, hard, uncomfortable and unsuited to older people’s needs. Without suitable opportunities to rest along their route many older people feel unable to walk to services provided in towns and cities.

Accessible green spaces with seating and opportunities for activity can have a very significant impact on health and wellbeing for all generations and should be at the core of all development plans. Outdoor gyms or ‘tone zones’ in some areas are excellent and activities around them would be valuable in prompting generations to mix together. These facilities need to be developed, mindful of the Irish weather.

The lack of a local ‘centre’ for gathering and socialising (in some towns) can leave older people feeling more vulnerable and isolated.

Many older people feel that there is limited creativity and consultation in the planning of public spaces. It can be difficult to access planning departments and to feel included in any real way in the planning process which shapes communities. Public consultations which are carried out are often thought to be too late when plans are nearing completion.

Access to toilets when out and about is a real issue and can be a source of embarrassment for older people. There needs to be either greater provision of public toilets or better access to such facilities in local shops, bars and restaurants.

Inadequate lighting, overgrown shrubbery, illegal parking and antisocial behaviour all play their part in keeping older people from engaging in their community.

The closure of essential services (like post offices and banks) has been identified as a significant problem for those who can’t travel longer distances.
In the words of the older person....

“There are not enough public toilets in town. I have to queue and pay in the [shopping centre] if caught short”

“Some streets have no accessible footpaths... poles, bollards, too narrow, with no dropped areas to gain access either side of offending obstacles”

“It seems that the seats provided are very few and far between. Also, the seats are for designer’s satisfaction rather than comfort for users”

What has been done through the Age Friendly Programme to respond.

The following are examples of just some of the many initiatives introduced throughout the country to address needs in the built and social environment.

Age Friendly Towns

Following pioneering work supported by the Louth Age Friendly Programme a ‘deep-dive’ towns-based approach to age-friendly planning was undertaken in Ardee, Co Louth. (see below) The Age Friendly Towns programme was subsequently initiated as a pilot in 2013 when Age Friendly Ireland supported a further fifteen towns across Ireland in their adoption of this process. These communities are now working on implementing their action plans and, based on the success of the 2013
initiative, a further eight towns and two services have been supported by Age Friendly Ireland to engage in a comparable process. The initiative involves a partnership between Age Friendly Ireland and participating local authorities. The objective of the programme is to significantly improve the quality of life of older adults living in the participating areas and to engage these older adults in shaping and enhancing their own communities.

The initiative involves a four-step process which has been developed and tested by the Age Friendly Cities & Counties Programme team as part of the successful 2013 pilot.

**Set Up:** Recruit a town planner, local older people and stakeholders to form a Steering Group. Seek agreement and support for the project from the local Age Friendly Alliance and public representatives.

**Audit and Consult:** Consult extensively with older people by means of a walkability audit, surveys, and town mapping. Results from consultations are then used to inform the local planning process.

**Plan:** Secure agreement for an Age Friendly Action Plan for the town, informed by the priorities and preferences of older adults, outlined in the consultations.

**Implement and Review:** To support effective implementation of the commitments made in the Town strategy, oversight, and where appropriate direct support, can be provided by the City or County Age Friendly Alliance.

The key feature of the initiative is that the process is led by older adults who have a role to play in bringing key stakeholders together to prioritise the changes needed and implement the changes agreed as part of the plan.

The following are some of the Age Friendly towns that have brought about change in their outdoor spaces and buildings.
Ardee Age Friendly Town

Ardee became Ireland’s first Age Friendly town in 2010 when the Louth Older People’s Forum and the Ardee Active Retirement Group worked together to make a submission to Louth County Council during the public consultation period of the Ardee Area Development Plan. Following a consultation session, which was the first to focus on the age friendly aspects of area planning, the Louth Age Friendly County Alliance developed a toolkit for age friendly public consultation which can be accessed on www.louthagefriendlycounty.ie

Ardee Town Council formally adopted Ardee as an Age Friendly Town in 2010 and identified the improvement of mobility and accessibility as its primary objective. Early changes included new pedestrian crossings, pruning of trees and an audit of lighting output at the pedestrian bridge/walkway. Pavement upgrades were carried out, seats installed at various locations and exercise equipment installed in Fair Green, the local park.

The process of change continued into the Local Area Plan 2010-2016 which included infrastructure policies to provide for the progressive upgrading of the physical environment, and to create a public realm which is accessible to all, regardless of age or mobility requirements.

One area in the town has been zoned as an ‘Enabled Area’ centrally located immediately to the east of the zoned town centre. This ‘Enabled Area’ has a specific land use zoning objective which is designed to facilitate the provision of housing for older people in the optimal location to maximise ease of access to the essential services and facilities in the immediate locality. The designation of the ‘Enabled Area’ was in part, the result of the public consultation exercise carried out as an essential element of the local area plan preparation process.

Many changes have now been completed and a review of the improvements was carried out and published in 2013. http://agefriendly.ie/louthagefriendly/wpcontent/uploads/ardee_age_friendly_2013_update.pdf
Improved Spaces & Places Kilkenny

Kilkenny County Council prioritised this aspect of their Age-friendly programme by assigning a special coordinator for the improvement of spaces and places for older people in Kilkenny.

During the course of this work, access audits were carried out on all public buildings and streetscapes. Training was also provided to local authority staff. Among the achievements of the project was the completion of a comprehensive scheme of pavement augmentation and public space development undertaken by the local authority. Bus shelters and designated older people’s recreational areas were also developed in the city and seating has also been modified to better meet the preferences of older adults.

Older people in Kilkenny city and county now have places to sit, walk and exercise. The service is also enhanced by organised walks and exercise programmes led by the City Mayor and the Kilkenny Sports Partnership.

Further improvements to the public realm experienced by older people were introduced as part of village renewal schemes in towns such as Graiguenamanagh, Ballyragget and Callan.

Cavan Age Friendly Town

Cavan County Council has developed a number of projects within Cavan Town and its environs to reflect the Council’s commitment to encouraging accessibility, responsible tourism and inclusivity of older people. For example an Outdoor Recreational Gym for Adults & Older People was designed specifically for older people and installed in the Cavan Town’s Con Smith Park in 2009. The Green Lough Eco Park was developed with a focus on accessibility and sustainability. The Park with its accessible picnic bench, accessible paths, insect hotel, animal footprints trail and information on flora and fauna, references to old local folklore stories is a resource for all ages.

An Age Friendly Accessibility Audit was conducted by the O50 Network (Older People’s Council) to assess the accessibility of buildings and streetscapes within Cavan Town. In total 326 public buildings in the town were visited and meetings/interviews took place with 90 people.
The Johnston Central Library Building offers fully accessible services to older people including assistive and adaptive technology and various other supports for older people.

Following the audit an information session and training sessions were held. To date over 25 businesses are committed to becoming age friendly and to making the small changes that can make a difference such as provision of customer seating, making toilets available to customers, clearer signage, smaller portions or special offers for the older customer.

Other improvements include the installation of dropped kerbs, tactile paving, parking bays, and multi-access paths. There have also been upgrades to existing public buildings such as the award-winning Johnston Central Library, the Leisure Centre & Swimming Pool and the Cavan County Museum. Sandwich boards have been removed from the streets and an online access audit and consultation process has been carried out with people with disabilities and older people.

**Mohill Age Friendly Town Community Planning Initiative**

As part of the Leitrim Age Friendly County Strategy, an Age Friendly Town planning exercise was carried out in Mohill. The local Community Network facilitated the active engagement of diverse local interests, including community groups, local authority, local development, educational, farming and business representatives. With the support of the Age Friendly Towns planner, a representative steering group was established with 29 members representing 17 local groups and agencies. These diverse groups were also represented in the consultation findings and in the development of the Mohill Age Friendly Town Plan.

Local groups and businesses hosted questionnaires, Leitrim Development Company and Leitrim Association of People with Disabilities facilitated input from a range of marginalised groups, while a stand was set up at the local annual Agricultural Show, which facilitated input from the farming community and older, isolated farmers in particular. The outcome of the planning exercise led to the creation of a coherent community vision and strategic actions to transform Mohill into a vibrant Age Friendly Town, which accommodates the needs of all of its citizens.
Skerries Age Friendly Town Initiative

The Skerries Age Friendly town was developed as one of the Actions of the Fingal Age Friendly County Strategy in response to the aspirations of Skerries Community Development Association and Skerries Tidy Towns Committee to improve the town and become more age friendly.

As part of the Age Friendly Town process a number of actions were undertaken such as:

- Walkability Surveys
- Consultation days with older adults, Service Providers, Local Community and Voluntary Groups
- An audit of signage in the town
- Participation in the Business of Ageing programme

Feedback from the Age Friendly Town process undertaken during 2013 was used to develop an Action Plan for the town. The Plan included a number of actions such as upgrading and enhancing the town park to make it more accessible for all and committing to the roll out of the OPRAH (Older People Remaining at Home) initiative. To address the social isolation of older people, the town has also developed a befriending programme.

Skerries has also implemented the Message in a Bottle Initiative and the ‘Health Route’ transport initiative for over 65 year olds with impaired mobility issues gaining access to local hospitals.

An Age Friendly Town Information Working Group has been established and has begun to collate all existing relevant information and to develop a new user friendly information database for older people. The information will be made available in both hardcopy format and on a new online directory of services.

Many of the issues identified in the Plan have already been addressed. For example, Fingal County Council’s Operations Team has installed a number of additional seats around the town and commenced work on the upgrade of the Town Park. In association with the Alzheimer’s Society and the Dementia Friendly Town’s Initiative, an area of the park will be designed with input from Alzheimer’s sufferers and their Carers.
Crumlin Age Friendly Town

Crumlin village, as part of the Age Friendly Towns project, has undertaken a number of different initiatives to improve the outdoor environment for older people and for the wider community. In 2014 a pilot scheme was undertaken to reintroduce some public seating in the area. Considerable design work went into seat selection and seat location with a public collaborative mapping exercise to determine the priority location for seats. Two seats were installed in the village core area in locations recommended by local people and have been a major addition to the community.

East Wall Waste Ground and Community Garden

The issue of derelict sites and unsightly waste ground was identified in East Wall as an issue of concern to older people. Local volunteers and the Men’s Shed group chose a number of these sites and contacted the owners. As the owners were not in a position to clear the sites the volunteers organised three clean-up days and planted the perimeter of the derelict site with flower pots and planters. The local residents have taken responsibility for the watering and maintenance of the plants and the local primary school will bring children to the area to undertake some replanting. The intergenerational aspect of the project gives a sense of shared ownership and has reduced illegal dumping and anti-social activity in the area.

Agreement has also been reached between the community, the church and Dublin City Council (DCC) to establish a Community Garden in one of the few available green spaces, around the local church. It is expected that this work will commence in 2015.

Dublin’s Passport for Leisure

In Dublin, as part of the Lord Mayor’s Special Initiative for older people ‘Embracing Ageing, a Passport for Leisure has been established. If you are aged fifty-five or older, Dublin City Council aims to help you live a richer, more active and exciting life. The passport is a discount card and directory that unlocks an array of free and discounted
leisure opportunities in Dublin. For only €10, the annual Passport for Leisure includes vouchers and discounts worth hundreds of euros providing the bearer with discounted access to key facilities, spaces and buildings across the city. Membership also entitles cardholders to discounts offered by businesses throughout the city.

**Suggestions for Age Friendly Programmes**

Involving older people in the planning of their communities will ensure that the local environment is better adapted to their needs and helps them to be active in their community. A number of Age Friendly County Programmes have developed different initiatives to improve the built environment. The following are ideas that Age Friendly Cities and Counties can adopt to help ensure that older people are enabled by the built environment.

Develop an Age Friendly Town project in your area. The four-step process set out previously can be tailored to suit your local community. The Age Friendly Town planning guide is particularly useful when planning age friendly parks, pedestrian areas and access to buildings. The Walkability Audit empowers older people to highlight problems with the physical environment.

Encourage local businesses to make their premises more age friendly by getting involved in the Business of Ageing Forum. Simple things like portable chairs that can be put out during the day and removed at night are especially useful when set out along natural walking routes of towns.

Ask the local authority to carry out a Green Spaces review of local parks, green spaces and vacant lots. This could encourage fresh ideas for new age friendly meeting spaces such as life-size chess or draughts board or an age friendly park café run by older people for older people. These facilities could usefully be located close to children’s play areas offering intergenerational opportunities.

Ensure that any planned urban and village renewal programmes are informed by, and mindful of, key Age Friendly policies and principles. Ideally annual work plans and budgets of key local authority departments (i.e. housing, roads, traffic, maintenance etc.) would be informed by key Age Friendly policies and principles.
The Local Government Reform Act 2014 brought in a number of changes to the system of local government, including the creation of ‘Municipal Districts’ in 25 counties. There will also be metropolitan districts in Limerick and Waterford. Age Friendly Cities and Counties programmes could usefully engage with the elected representatives at Municipal/Metropolitan level to promote local ownership in relation to Age Friendly Towns programmes. In Meath for example the annual Age Friendly report will be presented to the 6 Municipal District areas.

Each Local Authority is obliged, under the Planning and Development Act 2000-2011, to publish a Development Plan which sets out the overall strategy for the proper planning and sustainable development for the County for a period of 6 years. In reviewing the existing County Development Plan and preparing the new County Development Plan regard must be had to the existing higher level planning framework and hierarchy of plans. Age Friendly Cities and Counties programmes can use this opportunity to embed the ethos of building and planning for sustainable environments particularly in relation to housing, urban design, roads and connectivity.

Support the adoption of relevant Age Friendly principles and commitments across all relevant local authority plans; Corporate Plans, Local Economic and Community Plans, and County/City Development Plans.

Ask the Sports Partnership to create a training programme to introduce people to the available tone zone equipment. Such a programme would need to be well publicised through local active retirement groups and other community noticeboards.

Encourage the local library network to audit its facilities to ensure it is fully accessible to older people. For example, the scope for a mobile library service for older people or carers who may not be able to access a library in opening hours could usefully be explored. Use the Age Friendly Libraries Guide to identify the small changes that can be made to make libraries more engaging buildings for all.
Chapter 4 – Transport

People as they age can get to where they need to go, when they need to

‘This is the only bus that passes our door we would be lost without it’

What the literature highlights

Easy access to transport can promote greater participation in community life and greater levels of activity among older people (25, 26). Those who are dependent on others for transport are most likely to seek help for those outings which are seen as necessary, such as grocery shopping and medical appointments, while leisure activities may be given a lesser priority and may not be provided for (26). It is often the ‘discretionary’ trips that contribute most to the quality of life which may be lost when private transport is unavailable.

Recent Irish research found a clear distinction was made between discretionary travel and essential travel. Essential travel (like doctor’s appointments and food shopping trips) tends to be carried out by older people in rural areas by whatever means possible. The study found that older people will use community transport, ask for lifts or pay for taxis if necessary. However, people are less likely to ask for lifts or pay for taxis to allow them to have a social life. (27)

The current generation of older people use the car more frequently 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 transportation for older people (28). However, declining driving ability and financial constraints may mean that older motorists have to adjust their driving practices and possibly eventually give up their cars.

Recent Irish research found that the range of routes and access points for public transport is generally very limited so free travel passes very often do little to improve access to service and activities, and taxis
can be prohibitively expensive. This means that older people who do not have good access to transport very often do not participate fully in activities and cannot access supports and services. (26)

**Accessibility of Public Transport**

Lack of access to private transport does not automatically translate to increased public bus use because of difficulties getting on and off buses, badly planned and integrated public transport routes and timetables that sometimes prevent older people from taking public transport. A study carried out in Germany, Finland and Italy found that adaptation of public buses to meet the needs of older people was regarded as the most valued improvement to mobility and social activity (28). This followed closely behind suggestions of services or persons to accompany or help older people when using public transport and improved traffic politeness and consideration for older drivers.

In the UK and throughout Europe, an increasing number of people experience difficulties using conventional public transport. It is estimated that 14% of the British population and 18% of the Northern Irish population experience mobility problems that make it difficult or impossible for them to use conventional public transport (29).

In Britain the introduction of low floor buses increased bus use by about 10%. In Leeds, where the full quality package including low floor buses, bus-priority measures, retrained staff, and extensive publicity was introduced in one bus corridor, ridership increased 70% in 2 years. (30)

**Rural Transport**

Irish research has identified a number of transport problems for those living in rural areas. In many parts of rural Ireland, older people are very car dependent and there are few alternatives available to them, apart from community transport services. The research found that health trips, both for patients and those visiting patients, can cause challenges and that health policy or service provision is not always coordinated with transport policy and service provision. (26)
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 taking into consideration income and car ownership. This is most likely due to infrequent public transport service provision.

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, whereas only 16–22% of those in rural areas or “remote” small towns had used a bus. 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. (31)

Irish research on the rural transport needs of older people found that where community transport is available, 48% of older people have availed of the service. (Rural Community Network, Ageing and Rural Poverty 2004)

Evidence indicates that the role families play in rural areas is vital for the mobility of older people, particularly for people who have no access to their own car. Other research findings show that:

- One third of rural households report difficulty in accessing banking services and general medical practitioners, compared with 15% and 11% respectively for their urban counterparts.
- 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. (32)

An Overview Of What Has Been Heard

The findings from international and national research studies were supported by the evidence from the Age Friendly Cities and Counties consultations with older people. The following are a reflection of the issues that came up across the majority of counties under the theme of transport.
Parking can be a significant problem for older adults, families and people with disabilities. Local authorities could usefully consider the introduction of designated parking for older people, like those for mothers and children with stronger enforcement of current legislations.

Rural transport services are essential to allow older people remain socially connected. However, these services are often inadequate and don’t always effectively meet the real needs of the community.

Older people identified issues with existing bus services relating to for example: late or unreliable services, routes being removed in areas where people feel unsafe walking, lack of direct routes, and lack of driver awareness.

Transport issues directly impact access to medical care for many older people with considerable implications for general health and wellbeing. The cost of taxis can be prohibitive but may be the only way to connect with public and sometimes rural transport. Future development of transport plans need to consider transport links between the counties, local GPs and hospitals and the major national treatment centres. Parking costs at hospital for patients over 65 can also further increase anxiety.

There is a need to provide bus shelters with appropriate seating. Provision should be prioritised beside hospitals and health centres. Buses in the city need to have more stops in housing estates as the walking distance between bus stops and housing is often too great for those with mobility problems.

Current transport providers could be encouraged to use all available vehicles more effectively. Many have long periods of down-time and it would appear that better use could be made of the existing vehicles to meet the needs of the community. Older people would welcome being part of a broader mapping exercise to inform community transport development.

The timings at pedestrian crossings very often need to be extended to allow for older pedestrians to cross safely. This would also be a welcome improvement for parents with young children and people with a disability.
In the words of the older person....

“The areas where bus stops are located need to be safe and suitable”

“People don't see the need for rural services because they will travel to bigger centres, but this is difficult for older people who don't drive”

‘This is the only bus that passes our door we would be lost without it’

“In my opinion one of the most important issues for the elderly is reliable transport as, when the time comes that one is no longer able to drive, several issues then manifest themselves, e.g. socialising, shopping, hospital appointments.”

“I'd go everywhere, if only I could get there...”.

“It's most frustrating to see designated blue painted areas and not accessible because it’s too small or it's encroached by another driver”

“The lack of a simple bench to enable the elderly to be seated whilst waiting for a bus makes public transport inaccessible to some elderly people”
What has been done through the Age Friendly Programme to respond.

Measures to improve transport in Age Friendly Communities can focus on the removal of barriers to the use of public transport or the development of new forms of flexible or adapted public transport. Many Age-Friendly Counties now have transport committees to address these issues. The following are examples of just some of the initiatives introduced in Age Friendly Cities and Counties throughout the country to address the transport needs of older people.

Transport Working Groups

In the North East region, a multi-agency approach was established through the Age Friendly Initiative to address transport provision within each county. A transport working group was set up with key personnel appointed by the Age Friendly Alliance. These include representatives from the Health Service Executive; Vocational Education Committee; Rural Transport scheme; Local Authority; Gardaí; Older Peoples Forum and Bus Eireann. A regional committee was also set up to address issues that cross county borders.

A travel needs survey was prepared and is currently being circulated widely throughout each county to all older persons clubs and through health, social and voluntary agencies. This survey will identify the transport needs within the county and the data will be used to create a map of what routes are needed and at what frequency. The aim is to provide a single, centralised booking source to meet all the transport needs of older people within each county.

Other initiatives include Bus Eireann rerouting buses to drop users at the gates of hospitals. New bus shelters and more accessible buses will also be provided to make it easier for older people to avail of public transport.
Health Routes

Many public transport services are radial based routes that serve Dublin City Centre with limited direct service to hospitals and other healthcare facilities. Consultations carried out in 2014 with older people under the Age Friendly initiative found that, for many older people, taxi costs are unaffordable on a sustained basis and relying on family and friends to transport them to appointments was not always suitable. Many older people in the county do not qualify for the Transport Service provided by the HSE. Missed appointments can have a knock-on negative effect on the hospital systems.

To address these issues, in association with Vantastic, three low-cost accessible transport services were introduced for people living in Fingal, Dublin North Central and Dublin South East. In Dublin North Central the service was based on the existing Shop Route joint initiative model (started 2008) which continues today, offering a core local social benefit by providing a fully accessible transport service to local shopping centres for the over 65s living in the area.

In Fingal a service was introduced as a pilot during 2012 and 2013 for older people living in the North East and South East areas of Fingal.

A client survey (152 responses) carried out in September 2012 found that prior to the availability of the Fingal Pilot Health Route clients travelled by taxi (48%) or with a family member (37%) to attend health appointments. Half of respondents felt the availability of the service allowed them to attend more appointments and 97% indicated they would like to see the service continued, with 85% willing to pay to use the service. A review of the service found that the health route service cost approximately 50% less than the Patient Transport Service (PTS).

Following the completion of the pilot, a review and evaluation of the Fingal pilot Health Route Service was carried out in 2013. This Initiative has grown from strength to strength and now has over 600 registered users in Fingal.

In Dublin North Central the health route service provided 2,300 passenger trips in 2014 and a total of 12,830 since it was first introduced in September 2010. Currently there are 1,998 people registered to use the Health Route service. The main benefits are a reduction in the number of missed appointments (in Fingal, prior
to the introduction of the health route 47% of older people missed hospital appointments due to lack of transport), a reduction in costs to the HSE, reduced burden on families and carers and the promotion of independent living and social interaction among older people. The project is now funded through the HSE and Vantastic Ltd with fixed contributions from older people availing of the service.

**Westmeath Rural Community Transport**

In Westmeath, the Rural Transport company agreed that they would facilitate as many routes as possible in the rural areas to bring older people to important activities in the community e.g. the nearest town for shopping, banking, payment of bills and the ability to meet others. Westmeath Rural Community Transport has developed two additional routes in rural areas to provide additional access to the urban areas. It has trained bus drivers on how to support older people and has also recruited volunteers to travel on some routes to help older people on and off the bus.

In response to the lack of integration between the various transport services, Westmeath has also launched an Integrated Transport Initiative. Bringing together the main partners, a steering group was established with membership from Westmeath County Council, FAS, the local Rural Community Transport Initiative, the National Learning network, Irish Wheelchair Association, Westmeath Community Development Ltd, the HSE, and Friends of People with Disabilities. The Steering Group carried out GIS mapping of all existing routes provided by the statutory and voluntary groups signed up to the initiative. A new computer programme was developed to facilitate greater integration through the identification of the gaps in transport routes and where the introduction of a bus service would be relevant in filling those gaps.

For further information see the Westmeath County Council website at http://www.westmeathcoco.ie/WestmeathRoutes_VB/
Two Partnership Approaches for Hospital Appointments in County Meath.

Flexibus offers two cost-effective partnership approaches to the provision of transport for hospital appointments for people who have no access to transport; Volunteer drivers and Tús drivers.

Since 2011, Flexibus has provided 4,339 passenger journeys to hospitals through the Tús Initiative and since 2012, has offered 1,111 passenger journey to hospitals through the Community Car Initiative.

This initiative offers benefits to the volunteer drivers, the Tús drivers and the passengers. For the volunteer drivers strong bonds are forged between passenger and driver. For the Tús drivers, increased confidence, respect and a genuine sense of self-worth are just some of the benefits that drivers feel when they bring people to hospital appointments. These drivers, who may not have worked in a few years, are given an opportunity to get back into an employment routine, be part of a team, and know that they have made a difference. As a result of being part of the programme, some drivers have got a bus licence, and become drivers for Flexibus. A number of surveys carried out in Meath reveal that access to hospital and health appointments are key requirements for older people living in rural areas. The two services respond effectively to this need.

Suggestions for Age Friendly Programmes

The following are some suggestions for initiatives that can help people “get to where they need to go, when they need to”

• Set up an integrated transport working group within your Age Friendly Alliance. This group would take responsibility for the conduct of an audit of current transport in line with national transport policy. The possibilities of, for example, utilising school buses during downtime could then be usefully considered as part of this programme.
Explore the development of a Pilot Health Route Transport Initiative such as those developed in Fingal and Dublin North Central. In determining its long-term relevance or value, this pilot should demonstrate savings when compared to the cost of taxis paid for by the HSE to take patients to and from medical appointments. These types of initiatives can then be used to explore long term options for developing a full hospital transport service for patients and visitors who do not have access to private transport.

- Make contact with all transport service providers, requesting them to provide customer service training to drivers which includes a focus on the specific needs of older people.

- Support the ongoing development of alternative transportation initiatives such as those introduced across Dublin North Central and Fingal which have been tailored to the needs of older people, and which support older adults in accessing key services such as hospitals and shops.

- Promote the development of community social responsibility programmes amongst private transport providers, as in west Dublin where a local taxi firm provides 100 free taxi trips to older people each week.

- Support the dissemination and adoption of the Age Friendly Awareness Checklist for transport service providers.

- Consider the adaptation of models such as those provided by Dublin Bus who offer training in schools which includes an element on respect for other bus users, including older people.

- Ensure that a representative of the Older People’s Councils sits on the Transport Coordination Unit (TCU). This will give older people a chance to be involved in decision making, to feedback information to the community and to highlight the specific needs of older people with mobility and other health issues.

- Introduce a volunteer car scheme or social car scheme using local volunteer drivers to provide transport for non-emergency health appointments or social activities.
Chapter 5 – Housing and Home

...People as they age can stay living in their own homes and communities

“Older people should have the opportunity to live in their own homes where they have their own freedom, independence and privacy... this should be a right for older people as they have worked all their lives”

What the literature in this area highlights?

Home is strongly linked to independence for older people and remaining independent is greatly valued. However, home in old age can also be a place of negative experiences, which may involve isolation and loneliness or poor physical environment of the home and neighbourhood, which undermines 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 (41). The conditions in which people live and the appropriateness of the home environment to older people's needs are therefore likely to have a significant impact on their quality of life and health. Supporting independence enables older people to remain active members of their communities, which is 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” (43).

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 (44). The concept of ‘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 the social and physical environment, both of which increase with age (45).

Quality of life research has consistently highlighted the importance of living in a home and neighbourhood that feels safe, offers access to local facilities, enhances independence and control over one’s life, and facilitates the retention of a role in society. Therefore the quality, security and location of an older person’s home are key determinants of his/her quality of life. (46)

Irish people in particular have a strong regard for being helped to stay in their homes for as long as possible. A recent Euro barometer report (2008) (47) which surveyed 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 (47).

The condition and quality of the home can impact on physical and mental health. In one Welsh study, substandard housing conditions were found to be linked to restrictions in activity among older people. Older people are especially vulnerable to inadequate heating and cold has been found to be a predictor of poorer overall health status among older people (48).

The decision of older people or their carers to seek nursing home or residential care is often influenced by an inability to manage everyday activities and by an absence of a social support network to help them do so (49). The onset of disability is one of the greatest threats to the capacity of older adults to live independently. Assistive technology offers the possibility of overcoming some of these difficulties.
The ability to remain living independently in one's home is also impacted by the physical location of the home, e.g., is it within walking distance of a shop, bus stop, church, and close to family and friends. According to a study carried out in Ireland, the location of 22% of older people's homes impacted negatively on their quality of life. (49)

An Overview Of What Has Been Heard

The findings from international studies have been supported by the findings from the AFCC consultations with older people. The following are a reflection of the issues that were raised across the majority of counties on the theme of home and housing.

Many older people are unaware of the housing options open to them. Information about the availability and access to sheltered housing and other housing options should be widely available. Where possible, sheltered and adapted housing options should ensure that people have access to the communities and facilities they have previously lived in. If people are forced to leave their homes, they need the security and familiarity of their local community around them to protect their quality of life.

Information should be provided on panic buttons and other available assistive technologies and services.

Some existing housing is not suitable for older people and many have expressed concern about bathroom sizes, downstairs sleeping options and other adaptability options. Information is needed about schemes and grants available to support home adaptation.

Older people feel that community planning should take more consideration of their needs, e.g., better traffic management near shops, greater accessibility for less mobile people, opportunities for health and exercise and a chance for community members to come together.

Older people would prefer supported housing that is integrated into the community.
The Story So Far

What has been done through the Age Friendly Programme to respond.

The following are examples of just some of the many initiatives introduced as part of the Age Friendly programme across the country to address older people’s needs in terms of housing.

Repair schemes

Through the AFCC programme consultations, a number of initiatives were suggested to support older people living at home. These include Trusted Tradesmen schemes, and befriending schemes.

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

In Westmeath, over 1,000 care and repair jobs were logged in 2014 as part of a new service set up under the AFCC programme. The Repair Service uses a pool of volunteers to carry out small repairs and to complete minor home tasks for older people. All requests for small jobs are considered and the most commonly used services are: minor gardening, minor painting (e.g. front door, garden gate), changing

In the words of the older person...

“The nights are very difficult when you are trying to take care of your husband who is very ill and you have no support or home help”
plugs, fuses and light bulbs, hanging curtains, installing security locks and chains, installing domestic smoke alarms.

In Louth, the Cúltaca programme offers one-to-one community-based supports to older people depending on their needs and circumstances. Currently in its fourth year, two Cúltaca posts are supported by the HSE and the DKIT based Netwell Centre currently serve a population of 1000 older people.

The “Cúltaca” are primarily advocates providing a ‘brokerage’ ‘signposting’ and befriending service. They listen to the concerns and needs of the older person and empower them to take control of decision making in their lives and support them in their choices. By visiting people in their homes and working with them to meet their needs, e.g. form filling for entitlements, etc, trusting relationships are built, access to services facilitated and health and social wellbeing improved.

The Great Northern Haven

Great Northern Haven is a purpose-built development of sixteen ‘smart’ apartments built to enable independent living in Dundalk. The sixteen apartments were designed and constructed specifically for Ambient Assisted Living (AAL) applications and each apartment has more than 100 sensors, connected TV’s, touch screen devices and a core network infrastructure throughout.

The development is a unique collaboration between the HSE, Louth Local Authorities, academia and research & development. Using sensor technologies, a rich dataset is continuously being gathered from the consenting residents; the Netwell Centre examines the impact of the housing on quality of life; CASALA manages the technology, collates the data and adapts the systems to meet the unique needs of individual occupants. One apartment is maintained as a demonstration and transitional unit for people moving from acute based care, back to their homes.

This is a flagship project for County Louth as Ireland’s first ‘Age-Friendly’ County and for the Dundalk 2020 initiative. It will inform national policy in relation to services for older people, and has commercial applications in the assisted living and healthcare sector. The project was short-listed for the Engineers Ireland Excellence Awards 2011.
Intergenerational and Creative Development – Kildare

In January 2000, a group of professionals, all living in Naas and aware of their own ageing, came together to plan the type of environment they would choose to live in if they could no longer remain independent at home but did not need full nursing care. They committed themselves to developing an alternative to institutional residential care for older persons and a model that would create a society for all ages. Twelve years later, McAuley Place was established, which features 53 self-contained one bedroomed apartments in the former Convent of Mercy which is in the heart of Naas. It is a development where the older person is at the heart of a vibrant community, where they would choose to live if they could no longer remain independent at home and where they continue to remain a dividend to the community.

Ballymun Cold Weather Response Initiative

In Dublin the Ballymun Cold Weather Response Initiative was established to bring together relevant agencies and groups to plan for a coordinated response to cold weather using all available local resources. The initiative ensures that all vulnerable people in the area have access to shops and/or to at least one hot meal per day during periods of severe cold weather. The initiative provides information on emergency and out of hour services in easy to read format and also provides tips to vulnerable people on staying warm and comfortable.

Cuairt Programme

The Cuairt programme is a new project developed by Clare Local Development Company. The programme seeks to help older people remain safe and happy in their homes for as long as possible by mobilising local community groups to assist vulnerable people in their locality. The programme was developed in recognition of the fact that many older people feel pressured to leave their own homes, because of their inability to undertake some simple but essential tasks such as collecting weekly shopping or bringing in bins.
Housing Grants

One example of good practice in the allocation of housing grants is provided by the Multiagency Housing Action Group established in Kilkenny. This group has acute hospital discharge members/Occupational Health Managers and community based clinicians working alongside the director of housing at the local authority to ensure a rapid and flexible response to applications and allocations of capital grants for appropriate housing.

OPRAH- Older People Remaining at Home

This is a programme which will investigate the feasibility of a new approach to the provision of care in the community. It is being rolled out by Age Friendly Ireland, supported by an Expert Working Group, across four sites within the Age Friendly County structures. The focus of the trial is to examine how an adequately supported home environment can be provided 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 by 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 participants, complete a holistic care plan and imaginatively bring together the different supports they need to stay living at home. The Support Coordinator brings 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.
Suggestions for Age Friendly Programmes

The following are some suggestions that Age Friendly Cities and Counties can adopt to help ensure that older people can live in their homes for as long as possible:

Assess the housing needs of older people in your county. Consider whether the introduction of a multi-agency housing working group is appropriate for the Age Friendly Alliance.

Determine the current success rate for helping older people to remain living at home in your county. Assess whether the Age Friendly Alliance can support the HSE to introduce appropriate models to deliver home help services within the existing resources.

Consider developing programmes similar to the Ballyfermot Cold Weather Response Initiative to ensure that in times of severe weather that further older people are supported.

Support collaborative approaches to housing development to involve key partners such as the local authority housing departments, housing providers (private, voluntary and public) and the HSE. The aim should be to ensure that plans for the development of housing schemes and community supports are informed by the needs of older people as surfaced through consultations with older people and the Older People’s Councils.

Promote the introduction of “leaf and dog foul” clean ups in areas where there are high concentrations of older people. These clean ups would ideally be undertaken on a regular basis but particularly so in the autumn and winter periods.

Engage with your local Volunteer Centre in order to enhance volunteer recruitment and retention in voluntary organisations that support older people remaining in their own homes (such as Meals on Wheels). Find out what Meals on Wheels services currently operate in your area and determine whether these services could be enhanced or augmented with additional support provided through the Age Friendly Alliance.
Consider how the potential use of assistive technology can be used to support older people to remain at home. Develop links with local 3rd level networks which have the technology and knowledge to develop these systems. Engage with ‘Independent Living Ireland’ to provide talks or demonstrations on a range of products to support older adults living at home.

Collaborate with social housing providers to identify future builds and align with the known demand and thereby deliver an appropriate housing mix.

Encourage neighbours and young people to support older people during periods of bad weather. Existing structures such as Residents Associations or Transition Year students can be usefully engaged in this context.

**Safety**

People as they age feel safe at home and out and about

“There's been a lot of break-ins around here...I go to bed thinking I'm next...” (Monaghan Participant)

**What the literature highlights**

Research from the US found that living in an area that is perceived to be unsafe at night is a barrier to regular physical activity among older people, especially women, living in urban low-income housing (34). In Ireland a survey of perceptions of safety found that approximately 12% of people aged 65 and over either feel unsafe or very unsafe when alone at home after dark. Approximately 44% of those aged 65 years or over reported feeling unsafe or very unsafe walking alone in their neighbourhoods after dark, compared to 21% of those aged 18-24 (35).

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 46% among all age groups. However the
level of crime experienced by people aged over 65 was 1.7% - lower than the average in the general population (4.6%) (35). Low levels of victimisation may be explained by the reluctance of older people to place themselves at risk (36).

The increased sense of vulnerability caused by crime against older people also affects those who have not been victims of the crime. A survey examining 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 (37).

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) (38) argued that those who are physically vulnerable or are physically weak fear that they will recover slowly from bodily harm and 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 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 are not. (39)

Loneliness and lack of participation in both social and cultural life have a strong relationship with fear of crime. The study also found that watching television was linked to an increased fear of crime while the daily reading of a newspaper decreases fear (39).

Fear of crime has been found to be very strongly related to a lack of community cohesiveness (40). 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. (41)

Regardless of whether the fear is real or disproportionate the significant point is that a heightened sense of danger means that decisions are made on the basis of possible risks, and this can have the effect of disempowering older people, preventing them from participating freely in social activity and thereby diminishing their quality of life by leading to isolation and disengagement from the local community.

**An Overview Of What Has Been Heard**

The findings from international and national research studies were supported by the evidence from the Age Friendly City and County consultations with older people. The following are a reflection of the issues that were raised across the majority of counties on the theme of Housing and Home.

There is often a real fear of crime in the home and on leaving the home. Older people have a distrust of strangers coming into their homes, even when they are offering to provide essential maintenance services. There is a need for information and access to reputable tradesmen for home maintenance for older people. The appeal of countywide Care & Repair schemes specifically for older people was noted frequently.

There is not enough accessible information about personal safety and security. Bogus callers, empty houses, break-ins are all issues of concern for older people.

The low level of intergenerational or intercultural contact can create a ‘disconnect’ between young and old or between different cultures. This can lead to fear and distrust unless opportunities for interaction around shared interests are increased.

There can be a lack of connection with Gardaí and the current level of Garda presence doesn’t always offer a real sense of security. There is a need for the local Gardaí to be more visible to the people of the community.
In the words of the older person...

“Guards need to enforce nuisance laws, we need to see the Garda in the community”.

“More Garda presence on the streets of the neighbourhood would improve the sense of security and then more older people would stay living in their homes”

“When I'm at home I am afraid of somebody breaking in, when I am out I am afraid of being mugged.”

“My house is like a fortress, I leave the kitchen light on all the time to deter people from breaking in, I have a safety light that automatically switches on if all other lights are off which I got from the Neighbourhood Officer”.
What has been done through the Age Friendly Programme to respond.

The following are examples of just some of the many initiatives introduced throughout the country to address needs in the area of housing and home and safety.

- In Louth, the Cúltaca (service brokers) facilitate access to social alarms, pendants and other security devices to help provide that much needed sense of security and support for independent living in later life. ‘Cúltaca’ is an Irish word meaning a strong support or backup. The ‘Cúltaca’ acts as a liaison between the statutory and non statutory services and the older person.

- In Foxford, County Mayo, the Trusted Tradesman programme was introduced as part of the County's Age Friendly programme with nine tradespeople from the local area signing up to the initiative. These tradespeople have worked closely with Mayo County Council and An Garda Siochana to explore how they can deliver a more age friendly service. A brochure containing their contact and service details, including photographs, will be circulated to all older adults in the community. The tradespeople have also been given the opportunity to attend a dementia friendly workshop to increase their awareness of working in residences where people are living with dementia.

- In South Kildare a text alert system was set up in response to the safety concerns expressed by many older people, particularly those living in rural parts of Kildare. With the support of the Gardai, the text alert system is operated by a group of volunteers and has a membership of over 500 people. The system operates from 8am to 10 pm and outside of those hours if a serious incident has occurred. Since its establishment a number of crimes have been intercepted by Gardai on receipt of information. Stolen materials have been recovered and several arrests have occurred of criminals wanted in different parts of the country.
The Story So Far
This text alert system is also operated on a wider basis and has been used over a million times since its introduction in late 2013. Gardaí use the system to inform designated “community contacts” of suspicious activity and information is then sent to other members of the community to warn them of any danger. The scheme has a particularly rural focus, with groups such as the Irish Farmers’ Association (IFA) and Muintir na Tíre involved in its development and operation.

Over 100,000 people have signed up to the system which is now being used by 550 groups in towns and villages across the country, according to latest figures.

Joint Policing Committees (JPCs), (made up of representatives from the Local Authority, the Gardaí, local members of the Oireachtas and the Community/Voluntary sector) serve as a forum for consultations, discussions and recommendations on policing and crime issues within Local Authority areas. Each County has a JPC and in Cavan the Chair of the Cavan Older People’s Council sits on the JPC which provides an opportunity for older person’s issues to be represented at the JPC table. This is not the case in every County and it provides an example of how the Age Friendly concept can be embedded into existing structures.

It is common to find that the messages of crime prevention do not always reach older people who are isolated due to physical disability, geographical or social isolation. The Crime Prevention Ambassadors initiative was piloted in Cavan, Meath and Monaghan the initiative emerged in the context of the National Community Policing Office’s remit to implement and support An Garda Síochána’s Older People Strategy and to roll it out through the Age Friendly Cities and Counties programme.

The inter-agency approach involved the Gardaí, Local Authority, Muintir Na Tire, Neighbourhood Watch, the Community & Voluntary Sector, the Older People’s Councils and others in identifying potential volunteers to roll out the programme. In each County between 10 and 20 volunteers were recruited, vetted and given initial briefing sessions. The pilot has now been completed and a total of 230 older people were visited across the three counties by approximately 40 volunteers. An evaluation of the programme is currently being carried out with a view to scaling this programme up nationally.
The ‘Message in a Bottle’ Initiative enables vulnerable people and people who live alone or those with medical conditions or allergies to keep their personal and medical details on a standard form in a common location i.e. the fridge. The information in the bottle includes items such as a photograph, health details, emergency contact, doctor contact, whether there are pets that need looking after and where medication is kept in the house etc. Stickers are put on the fridge and on the inside of the front and back door to alert the emergency services that the vital information is available in the fridge, saving valuable time in the event of an emergency.

The Message in a Bottle Initiative was rolled out in a number of towns throughout Fingal. In Skerries it was launched as part of the Age Friendly Town programme and the kit was assembled by volunteers and members of the Skerries Auxiliary Fire Brigade. The distribution of the 2000 bottles was a community effort, involving the local public library service, Skerries Citizen’s Information Service, the Public Health Nurse team within the HSE, local Community Gardaí and staff from Fingal Home Care Ltd.

A total of 43 active Community Alert Groups have been supported across Cavan. The Bailieborough Community Alert Group has been particularly active in implementing initiatives for older people. In 2014 the Group set up the ‘Lend a Hand’ initiative which provides a visitation and minor repairs service to vulnerable and older people in the Bailieborough area. It is delivered by a pool of local volunteers which also manages the provision of a very successful Text Alert Service to 287 people registered with the scheme.

In 2014, Bailieborough Community Alert made a successful application to Cavan County Council for a new footpath on the Cavan Road out of Bailieborough to connect the town with the Castle Lake and Forest. They received 80% of the required funding towards this and the committee secured the remaining funds through local fundraising. This new footpath is now complete and increases pedestrian safety which is extremely important for older members of the community who take short and regular walks to help their joints and osteoporosis.
In the words of the older person...

“I now feel I can do something about it if I have a concern”

Suggestions for Age Friendly Programmes

The following are some suggestions that Age Friendly Cities and Counties can adopt to help ensure older people feel safe at home and out and about.

Arrange annual meetings through the Age Friendly Alliance, between Gardai, County Council staff and older people to discuss safety issues and to exchange tips on crime prevention. Use this opportunity to promote more widespread uptake of the Neighbourhood Watch Scheme and to explore scope for the introduction of a Community Policing text alert initiative.

Collaborate with partner agencies to make sure that key personal safety information is easily accessible in people’s homes and on their person (e.g. contact details for emergency services on a fridge magnet or in a pocket guide). The ‘Message in a Bottle Scheme’ has proved to be one particularly effective response in this area. Make sure any older people who need personal alarms can avail of them.

Consider the appointment of a dedicated Garda with responsibility for older people in each station within the county / city (as has been recently committed to across Dublin city).

Garda divisions to consider the introduction of high visibility, targeted area patrolling in neighbourhoods with a high density of older people, e.g. near and around post offices on pension day (as has been recently committed to across Dublin city).
Explore potential for development of joint local protocols involving An Garda Síochána, the HSE and the County/City Council to support appropriate and effective information sharing in respect of isolated and vulnerable older people who may be at particular risk in times of emergency (e.g. severe cold weather, flooding etc.)

An Garda Síochána to consider providing talks and training workshops in local primary and secondary schools which could usefully focus on the safety related concerns and anxieties of older people.

Through the Age Friendly Towns Programme, consider piloting a 'Safety on the Roads' initiative. (In Mayo such a programme is to be led by the council’s Road Safety Officer with particular focus to be applied to the concerns that older pedestrians have whilst walking in and around the county towns.)

Engage with the Community Garda to develop awareness, amongst the older adult population, of safe shopping practices and safety in the home. (In Foxford, Co. Mayo the local Community Garda developed a 12 point safety checklist on safety requirements in the home and this was disseminated as part of the Trusted Tradesman packs.)

Research the Care and Repair services currently run in your county. Consider setting up a Trusted Tradesman programme as described earlier in this chapter.
Chapter 6 – Social Participation

People as they age can participate in social, economic and public life

What the literature in this area highlights

Participation and Loneliness

One of the main determinants of health and wellbeing is a sense of social connection 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 (50, 51, 52). 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 and that the impact of social engagement on health has the potential to raise the number of people in good or very good health from 57% to 63% on average (51).

A US study looking at the impact of social engagement and its link to cognitive decline found that, compared with persons who had five or six social ties, those who had no social ties were at a greater risk of cognitive decline (53). Happiness among older people tends to increase in line with the number of people available for discussing important matters. Pinquart and Sorenson (2001) show that the frequency of contact with friends is more closely linked to self-reported life satisfaction than having contact with adult children. (54) However another study (55) 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.

There are two types of loneliness, emotional and social loneliness. Emotional loneliness generally occurs due to the loss of a significant person such as that which occurs after the death of a loved one.
Social loneliness is caused as a result of isolation and a lack of social integration within groups or communities. EU research has found that loneliness and social isolation increase the risk of mental health problems, including depression and self-harm. These feelings may be felt more often by older persons who remain house-bound. A survey carried out in 2007 found that almost one in ten (9.6 %) persons aged 65 and over felt left out of society, a figure which was slightly higher than the rates for other age groups, although the differences were small. Those least likely to feel left out of society were among the 18-34 age group (8.0 %). (56)

In recognition of the impact that loneliness and social isolation can have on health and longevity, statutory and voluntary services in many countries have developed programmes that are designed to help older people to engage with their community and to tackle or prevent loneliness among older persons. These programmes are frequently based on the premise that home visitation improves the wellbeing of housebound older people. However there is conflicting evidence on the effectiveness of such approaches. One systematic review (57) concluded that no evidence could be found to support the effectiveness of home visits. Another (58) argued that home visiting could reduce mortality and admission to institutional care but the study did not examine the effectiveness of the intervention as a way of alleviating loneliness.

One type of intervention often used, are services that match older persons who are looking for companions to take part in leisure activities. In a small study of older persons who had been matched through such an agency, research found that simply bringing people together is not sufficient to reduce loneliness as few lasting relationships were developed as a result of the ‘matching’ procedure. (59)

A review of the literature suggests that interventions which promote active rather than passive social contact are more likely to impact positively on health and well-being. Passive interventions, such as one-to-one social support, home-visiting and health needs assessments have been shown to have only limited effectiveness. However, “active” interventions that promote the development of meaningful social roles and active engagement in local communities have demonstrated positive impacts on older people’s quality of life and health (60).
The Story So Far
Overall, successful interventions may include elements of gatekeeping (identifying problems and connecting people with appropriate services), group support which enriches friendships and empowers participants, and other methods of active social network building (60).

A recently completed study (2014) by Prof Brian Lawlor from the Mercer’s Institute for Research on Ageing, supported volunteers to deliver a programme involving weekly contact by the same volunteer either on the phone or in person to older people at risk of social isolation. As part of the study, community-dwelling older adults who might be experiencing loneliness were identified through GPs, public health nurses, parish staff and others working with older people in the community.

A group of local volunteers, also aged over 55, visited the participants for an hour once a week for 10 weeks over a three-month period. Initially the aim was to develop a rapport with the participant, but also to encourage the participant to identify a social connection they would like to make and that would be sustainable beyond the timeframe of the study. The impact on loneliness was then compared to a similar control group of older people receiving only their usual individualised care from community services.

The main outcome was a decrease in loneliness among the intervention group at one month and three month follow up. Potential benefits for the volunteers were also identified, in particular a decrease in loneliness. Both participants and volunteers reported that they enjoyed the intervention. (61)

### Volunteering

Numerous other studies have found links between engagement in meaningful and productive activities and a reduced risk of mortality in later life. For instance, Wolinsky, et al. (62) 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. Research has found positive effects on the well-being, quality of life, health and longevity of older people as a result of their volunteer activity (63, 64). According to the TILDA study (2011) the lowest quality of life was found in people who never volunteer. (TILDA 2011)

Researchers in the US (Ageing Today, 2004) found that in addition to feeling better about themselves, older volunteers experienced
additional mental and physical health benefits, felt happier, and enjoyed a better quality of life than non-volunteers. In addition to health benefits, Hinterlong and Williamson (2006) (65) found that volunteering can enhance social support networks, increase social status, and reinforce knowledge and skills. Volunteering is also said to provide a role identity and sense of purpose for those retired from paid work (66). Musick and colleagues (1999) found that the positive effects of volunteering had the strongest effect among people with low levels of social interaction. (67)

Volunteering by older people is also of significant benefit to others in the community and a study which examined the kind of informal assistance given between friends and neighbours found that two thirds of older Americans (over 60 years of age) give help to friends and neighbours, thereby reducing social isolation and delaying the need for formal paid services for those supported.

**An overview of what has been heard**

The findings from international studies have been supported by the findings from the Age Friendly City and County consultations with older people. The following are a reflection of the issues that were raised across the majority of counties on the theme of social participation.

Loneliness and isolation are a real danger for some older people, and in particular older men. Retirement removes the opportunity to remain involved in the community through work and bereavement results in greater numbers of older people living alone.

Older people would value more opportunities for community “get-togethers” to solve issues and build community spirit. Transport can often act as a greater barrier to involvement in the community than affordability.

Older people want more opportunities to meet young people through intergenerational programmes, opportunities and activities. Links between the schools and older people’s groups could be strengthened. Comhairle na nÓg or Gaisce could provide a good
In the words of the older person...

“If people are isolated it is hard for them to talk about local matters as they do not know what is going on and they often retreat into their houses”

“Most days I don’t speak to anyone...Joe Duffy is the only friendly voice I hear”

“We would be only delighted to pass our skills and experience on to younger people, we want to talk if they are willing to listen”.

“Stories that older people tell about their youth is the most enjoyable part for me”
What has been done through the Age Friendly Programme to respond.

The following are examples of just some of the many initiatives introduced as part of the Age Friendly Programmes across the country to address older people’s needs in terms of social participation.

“Our project is all about giving to the community in a simple way. Ageing is a natural, inevitable progression. We will all grow old so let’s facilitate our older community to age positively,” Colaiste Muire pupil

Ennis Intergenerational Project

In Ennis, Co. Clare, a group of enterprising Transition Year students from Coláiste Muire took action to close the generational gap. All students in the 2012 transition year took part and they carried out a number of activities which they felt would improve the lives of older people in their community as well as creating relationships across the generations. The students provided computer lessons in a programme called Log and Learn, ran a grave-cleaning service for those who were unable to tend the graves of their loved ones and negotiated a reduced price at coffee shops and a local taxi company for pensioners in a scheme dubbed ‘New Year, New Price’.

Having discovered that many older people felt unsafe crossing the roads, they succeeded in having the crossing times changed, offering sustained benefits in terms of safety and mobility of older people.
The Story So Far

**Kilkenny Recreation and Sports Partnership**

The Kilkenny Recreation and Sports Partnership (KRSP) has developed a suite of social participation related programmes for older people. Many introductory programmes have been delivered including golf, Nordic-walking, Croquet in the Castle, bowling and pitch and putt.

500+ older adults have taken part in KRSP activities across 2013/2014 with 300+ regular weekly participants. Many community centres across Kilkenny are also running complementary activities in their own communities, day care settings and other organisations following completion of *Go For Life* training.

**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 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.TH. (H – Heart; E – Energy; A – Activity; L – Lifestyle; T – Teamwork; H – Happiness) a series of educational workshops were delivered which complemented 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.
Many of the participants identified successes at the end of the programme, including improvement in levels of fitness, developing interest in getting into coaching with a local club and improving their perceptions of older people as a result of the programme.

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”

Fingal Health Fitness and Well Being Programme

The Health, Fitness and Well Being initiative was developed as an action of the Fingal Age Friendly County Strategy by the Sports Development department in the Institute of Technology, Blanchardstown in association with Fingal County Council, Community Division and the Fingal Senior Citizen’s Forum. In phase 1 of the initiative, 50 older people from Dublin 15 attended a 10 week course on health, fitness and wellbeing which was designed by 4th year students in consultation with older people. In phase 2, a two day course was extended to older people from around the county. In addition to the practical health promotion and fitness outcomes enjoyed by participants, students benefited from an active learning environment in which the learning context was brought to life.
NUIG Intergenerational Activities

NUI Galway has committed to work with the Age Friendly programme in piloting a partnership between Gaisce participants in NUI Galway and older adult groups across the community. The programme will involve the setting up a database of programmes and projects which need support. This information can then be accessed by Gaisce participants when selecting their Community Initiative to work on as part of the programme. Gaisce participants will then make direct contact with older adults to work out how they can best support them.

South Dublin Age Friendly Ambassadors

The consultation process, carried out as part of the South Dublin Age Friendly County Strategy development in 2012, revealed the importance in ensuring that vulnerable older people at risk of isolation and exclusion are not forgotten. This issue was taken on board by Tús Nua who invited members to become Age Friendly Ambassadors for their own area. These Ambassadors identify older neighbours who may be at risk of becoming isolated and invite them to become involved in some of the many clubs, groups and events that take place in the County. Ambassadors are equipped with information about services and opportunities and are given regular updates about festivals, grants, new activities, etc. in order to promote these positive opportunities.

This project began in April 2013 and to date 31 Ambassadors have been conferred with their honorary status by the Mayor of South Dublin County. They meet monthly to support each other, to share ideas and give an update on the contacts they have made. They have also been involved in promoting initiatives such as the Smoke Alarm Scheme, and as a result over 200 smoke alarms have been installed in older people’s homes. They will be undertaking a 12 session training programme in 2015 which is being designed to upskill them in areas that they have identified. Funding has been secured from South Dublin County Council for this training.
50….60….70….‘Older People Helping Older People’

Cara House opened in Letterkenny in 2004 with a committee of 3 to provide activities for older people. Since then a range of activities have been established, chosen, developed and in many cases provided by older people as volunteers. Older people facilitate a number of the activities such as 2-hand dancing, circle dancing, walking, knitting and crochet and Irish conversation. Among the other activities run from Cara House include a ‘Helping Hands’ and befriending service, a café providing affordable lunches and the ‘Good Morning, Letterkenny’ service which is hosted in Cara House. Many older people also volunteer in the local after-school clubs.

The art and dancing activities cater for an average of 50 people a week while up to 100 people attend the computer classes.

Leitrim Volunteer Befriending Project

The Volunteer Befriending Project was established in January 2014 and operates in South Leitrim. The Volunteer Befrienders visit very vulnerable older people in their own homes on a weekly basis. The project is operated by Leitrim Development Company and volunteers of all ages. The Older People availing of the service are referred by Public Health Nurses and other relevant agencies and to date 16 successful befriending matches have been made. All volunteers are Garda Vetted and trained.

Coole Active Elderly

Coole Active Elderly Group identified social isolation as one of the most pressing issues facing older people in rural Ireland. The group wanted to identify activities that would allow older people to meet and interact with others.

In 2011 the group supported the development of a playground for children of the area. The initiative led to the development of an outdoor area with exercise machines placed beside the children's playground.
This facility supports grandparents who like to play and exercise with the younger generations in their family.

The development of this outdoor area also mobilised support from the wider community which raised local funding to support the initiative. The group was also successful in seeking support and engaging other organisations to fund and develop the project.

**Games for Life - Meath**

*Games for life* is a physical activity based programme designed for older adults in care settings, Active Retirement groups, Friendship clubs, Disability Services and Community groups. Representatives from the different groups and organisations attend information and practical sessions on how to play each of the activities. They commit to running the specific activity on a weekly basis within their group and enter weekly/monthly competitions and leagues. *Games for Life* enhances opportunities for social interaction and not only provides a platform for being more physically active but also provides older adults with additional confidence when engaging with their community.

**Living Well with Dementia Active Club**

Living Well with Dementia is a community based initiative to support people with dementia to continue to live well at home and participate safely in their community. The Active Club is a weekly community-based exercise and social club for people with dementia, their partners and spouses. Established in 2013, the purpose of the club is to promote good mobility, to continue physical activities of daily living and maintain social connectedness.

Based in a local community centre, up to 35 people attend each Tuesday, ranging in age from 61-93 years, to follow an exercise routine in keeping with their own level of ability. The 2 groups are delivered by a physical trainer from Siel Bleu - a non-profit organisation which promotes appropriate activity to maintain/increase physical and
mental health. The trainer follows a tailor-made programme to reinforce activities of daily living e.g. dressing, washing, mobility.

The programme is supported by volunteers, including TY students, who participate, provide assistance and ensure everyone is included. Transport is available, including volunteers, to ensure the most socially isolated can attend.

The programme offers numerous benefits including increased social connectedness, support for family carers, increase awareness throughout the community and very noticeable improvements in physical activity among participants. It has become the high-point of some peoples lives. One family member described the value of the club for her mother. “It’s empowering…it makes her feel important and independent and it gives her a reason to get dressed and spruce herself up”.

Based on the success of the Active Club, a number of spin-off activities have been established in the local community. For people who don’t want to or are unable to exercise a supported bridge club has been set up and Siel Bleu runs a weekly walking and exercise group which some of Active Club members attend. The Active Club was evaluated by Professor Suzanne Cahill from Trinity College on behalf of Genio. http://www.genio.ie/files/Evaluation_Flexible_Respite_Options.pdf

**Suggestions for Age Friendly Programmes**

The following are some suggestions that Age Friendly Cities and Counties can adopt to help ensure that older people have opportunities to be socially engaged in their communities.

Encourage to Age & Opportunity to deliver the “Ageing with Confidence” programme to older people.

Use existing structures and networks such as Home Help, Public Health Nurses and Care and Repair programmes to connect people with relevant activities, services and supports in their local communities. For example, Grandparent and Toddler Groups could offer support to grandparents who help with childcare for their families.
When promoting and/or developing befriending schemes consider partnering with key providers such as Alone (a NGO working with 1 in 5 older people who are homeless, socially isolated, living in deprivation and crisis). Alone’s information packs and training schemes would be of particular value in developing good practice and sustainable schemes in this area.

Ensure that both the Age Friendly Alliance and the Older People’s Council work in strong partnership with the Bealtaine Festival, Social Inclusion and Positive Ageing Weeks.

Look to develop strong links between older people in the community and schools through mutual learning workshops which allow for the sharing of skills and stories. Transition Year and Young Social Innovators Programmes offer useful opportunities in this context. The Gaisce award also offer possibilities for young and older people to interact. A database of potential projects in which young people could support older people with various tasks or learning activities could usefully be established.

Social evenings such as dances, card games and bowling offer positive opportunities for older people. The Older People’s Council could compile and promote a listing of events.

Older People’s Councils can also promote the use of cultural and natural amenities (parks, community gardens, demesnes, theatres, galleries and music venues) to facilitate an expanded range of social and cultural events for older people e.g. guided tours, tea dances, coffee mornings, fitness classes, walks, gardening, exhibitions or musical performances. The scope to develop an over 55’s discount card for use at ‘off peak’ times in heritage, sport and leisure facilities could usefully be explored.

Carry out a mapping exercise of all activities which can be promoted through front line services such as libraries. These can be promoted on Age Friendly Ireland’s website. Some Age Friendly towns have also created a directory/booklet of all services in the locality.
Work with the local Volunteer Centre to support it in facilitating older people to be involved in voluntary activity. The centre could highlight profiles of older volunteers in its publicity materials to promote recognition of the value of older people’s skills and experience. Volunteer centres could also consider setting up inter-generational projects such as “Skills swapping” between older and younger people.

Consider working in partnership with the Gardai to establish a ‘Know Your Neighbour Day’ initiative to help foster positive community relations. Work with programmes such as Tidy Towns and Community Gardens/Allotments to see how older adults could be supported to join the programmes.

Support the Citizens Information Centre to develop a comprehensive database of relevant groups, venues and activities across the county. Explore what help can be provided to those groups to strengthen and promote membership among older people.

Consider the possibilities for developing befriending services or support visits to those people living alone who would like to be more engaged. Consider existing models such as the Crime Prevention Ambassadors and Cultaca.

Consider developing a pilot project that would engage with older people, giving them opportunities to share their knowledge on local history. In this context, older people could be invited to contribute to a historical narrative with the assistance of the Arts Officer, the Heritage Officer or the County Archivist.
Chapter 7 – Respect and social inclusion

People As They Age Feel Truly Valued And Respected

What the literature highlights - Ageism and Age Discrimination

Older people can often be stereotyped in a number of ways based on assumptions about their competencies, beliefs, and abilities across different areas (69). When these assumptions are based on one of the negative stereotypes about older people, ageism can result (70). 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 (69). For example, one international study of ageism found that older people were given far higher scores in benevolence but lower scores in competence (70, 71).

There are conflicting research results on attitudes towards older people in Ireland. Recent research (2012) on active ageing showed that 76% of people in Ireland perceive people over the age of 55 in a positive light, compared to an EU average of 61%. In the UK, 68% of respondents perceived the over 55 age group in a positive light. A 2007 study carried out in Ireland on behalf of the National Council on Ageing and Older People (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. The over 80 age group (63%) and the group under 20 years old (81%) recorded the highest level of agreement that Ireland is not an age-friendly society (73).

The study ‘Perceptions of Ageism in Health and Social Services in Ireland’ (2005) found that, despite the prohibition of discrimination in access to goods and services on the basis of age in the Equal Status Act 2000, there was evidence of direct discrimination in the upper age limits for breast screening and certain other treatments, lack of referrals for some specialist services; and prejudicial attitudes by some staff towards older people. (74)

There is evidence that despite legislation against it, discrimination on age grounds continues. The Equality Authority recently reported that 27% of their case files are age-related and that this is currently the highest proportion of cases under the Employment Equality Acts (75).
Intergenerational Relations

In recent years a number of factors have contributed to an increasing social distance between generations. There has been a growing tendency for the generations to associate with and value their contemporaries to the exclusion of other age groups. An increased emphasis on self-sufficiency also contributes to intergenerational ‘distance’ and as families become more geographically dispersed, intergenerational contact within the family has reduced, leading to a gap in understanding between old and young. (77)

EU data shows there are few opportunities for old and young people to meet and exchange ideas. In a survey carried out in 2009, 64% of the EU-27 population (aged 15 and above) agreed that there were not enough opportunities for older and younger people to meet and work together in associations and local community initiatives. (76)

Research in the UK found that significant numbers of younger people are isolated from older people in their communities: a third (36%) say they ‘never’ or ‘hardly ever’ speak to people over 40, other than parents, teachers or people at work, while older people often have very little personal contact with younger people outside their immediate family circle (77). 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. (78)

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, a higher proportion of Irish respondents (45%) strongly disagreed that the government was doing enough to promote intergenerational understanding, this compares to the EU average of 27%. (76)

An overview of what has been heard

The findings from international and national research studies were supported by the evidence from the Age Friendly City and County consultations. The following are a reflection of the issues that were raised across the majority of counties on the theme of respect and social inclusion.
There should be more community “get-togethers” to solve issues and build community spirit.

The awareness of issues relating to ageing could be improved to allow people to be better prepared.

There would be value in developing a campaign to increase awareness of isolated older people.

Young people should be encouraged from an early age to respect older people and opportunities should be created to allow both to share life experiences.

**What has been done through the Age Friendly Programme to respond.**

The following are examples of just some of the initiatives introduced throughout the country to address the needs of older people in relation to respect and social inclusion.

**Older People’s Councils**

One of the key principles of the Age Friendly Initiative is that older people are at the heart of decision making and are consulted at all stages on decisions which affect them. In order to enable older people to engage with the decision-making structures, Older People’s Councils have been set up in each county as a representative body for older people from across the county. In many of the more established programme areas the Older People’s Councils are made up of four key sectors - individuals, group or organisations, nursing homes and representatives of ‘unheard voices’

All older people within the county can register to join the Older Peoples Council. Many members begin their involvement by participating in the initial consultations held as part of the Age Friendly Cities and Counties programme. Each Older People’s Council elects an Executive Committee who in turn represent the Older People’s Council at the Age Friendly Alliance and other working groups developed as part the programme. Members of this Executive Committee attend all the Age Friendly Alliance meetings as co-decision makers on the development and implementation of the Age Friendly Strategy. These members also keep the Age Friendly Alliance
informed about the activities of the Older People's Council and similarly keep the Older People's Council informed about the work of the Alliance.

In Louth the Older People's Council was consulted as part of the development of the National Positive Ageing Strategy while in others such as Kilkenny and Meath, the Older People’s Council has made submissions to the County Development Plans, consulted with Senior Planners and Access Officers as well as representing the views of older people on the Age Friendly Alliance and its sub groups; the Service Providers Forum, the Housing Action Group, and the City Planning Group.

In Monaghan, a module on “Ageing & Respect”, was created and piloted in one school. The module was based on the feedback from the consultation and on input from the various partners who attended the sessions. The purpose was to promote intergenerational respect, reduce stereotypes, instill a positive image of ageing, reduce fears of younger generations among older people and promote opportunities for future intergenerational programmes. A commitment to support the further roll-out of this module was included within the Monaghan strategy as an action and provides an example of how the concept can be embedded into an existing national programme.

**In the words of older people**

‘Respect is a two way street, we must respect the young to get respect back’

**Cappamore Intergenerational Quiz**

To address the perception of a growing gap between young and old, identified in the Cappamore Age Friendly Town consultations, an event was developed to bring the generations together. An opportunity emerged where St Michael’s Day Care Centre and Cappamore and Doon Secondary School could jointly participate in an intergenerational Quiz. The quiz was
held over the course of a morning. The teams consisted of four people (two older people and two younger people). The questions were compiled to take account of the varying knowledge of both age cohorts (i.e. a mixture of local knowledge, general knowledge, sport, pop culture etc.).

The event provided an opportunity for intergenerational interaction and resulted in the development of closer relationships between the generations. Both groups have requested that more similar events be held in the future.

**Suggestions for Age Friendly Programmes**

The following are some suggestions that Age Friendly Cities and counties can adopt to help ensure that older people feel respected and socially included in their communities.

Support the relevant Older People’s Council in securing effective alignment with the Public Participation Networks (PPN’s) to enable the views and interests of older people to be heard within the local government system.

Support the development of an active and engaged partnership between the Older People’s Council and the Age Friendly Alliance in your area. Secure a commitment from all Alliance members to meet with the Older People’s Executive at least once a year. Members of the Age Friendly Alliance should also be put forward to speak at the AGM of the Older People’s Council.

Encourage and support the Older People’s Council to host social events and information sessions. Ensure the Older People’s Council is facilitated to participate in the Bealtaine Festival, Positive Ageing Week and Social Inclusion weeks.

Through the PPN structure encourage Community & Voluntary sector groups at local level with a remit for older people to collaborate and identify opportunities to support inclusion using existing resources and facilities.

To foster positive engagement across the generations consider convening, on an annual basis, a joint meeting to involve the Executives of the Older People’s Council and Comhairle na nÓg to map out potential joint activities and actions for the year ahead.

Engage with local media outlets to promote the use of positive images, role models, news and feature stories of older people.
Chapter 8 – Civic Participation And Employment

People As They Age Are Able To Learn, Develop And Work

What the literature highlights - Learning and Development

As people age, they are less likely to participate in formal education, especially in education leading to qualifications. In the past, there was a belief that older people were less able to learn new things. However in recent times it has been shown that ageing does not reduce capacity for learning and that the brain needs mental exercise and exposure to new experiences throughout life to remain vital (79).

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 (79). 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 (81). In fact evidence shows that there are four factors linked to retention of mental agility: education level, strenuous activity, adequate lung function, and the absence of chronic disease (82). 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 (83).
Successfully completing an educational programme – as well as increasing knowledge - can have other benefits such as increasing older people’s belief in their ability to do things (self-efficacy), enhancing their quality of life, increasing motivation, coping skills and maintaining independence. (84) 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 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 (85).

**Work**

Working in later life can provide vital additional income to avoid poverty in old age. Many people wish to remain in the workplace, others may need to work in order to maintain a standard of living gained through their working life or to compensate for poor returns from an occupational or private pension. The 2012 Eurobarometer (57) 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.
The rate of employment in the 55-64 age-group increased in most EU countries between 2005 and 2010, the EU average rose from 51% to 54%. However, in Ireland the rate fell from a high of 68% in 2007 to 58% in 2010. Employment among those in the 65-74 age-group was comparatively high in Ireland – 18.5% of men in this age-group were employed in 2010 compared to an EU average of 10% although again the Irish rate fell from a high of 21% of men in 2007.

In addition to financial benefits, working into later life can have positive physical and psychological effects. There is evidence that being deprived of the routines and roles associated with work can be psychologically stressful and damaging and that when people are forced to disengage from work, they lose their social roles and their health suffers. However, when alternative roles are found for them their health and wellbeing improved. (86, 87)

Working longer is also associated with some physical benefits. There is evidence that work has a modest beneficial impact on limitation in activities of daily living and on positive mood indicators. Paid work at older ages reduced the likelihood of limitation on activities of daily living and of reporting negative mood indicators. (88, 89)

Research has found that the introduction of human resources initiatives such as a reduction in work requirements or adapting workplaces to suit older employees were linked to a significantly higher level of relative productivity of older employees. Other measures such the introduction of age-mixed teams not only result in higher productivity of older employees but were also found to have a positive impact on the productivity of younger employees .(90)

In Ireland, the NESC study (2003) found that few companies (12 per cent) provide special supports aimed at workers aged over 45. Of those that do provide supports, three quarters provide flexible working, 41 per cent provide retraining in new areas of work and 12 per cent give exemptions from shift work. None of the respondents provided partial or gradual retirement options. (91)
Research shows that older people are less likely to take sick leave than younger workers, and while some abilities such as manual dexterity do decline with age others, such as managerial capability, show no such reduction after the early 20s. The NESC survey found that the main characteristics of older workers welcomed by employers were experience, reliability, loyalty to the job, maturity, and having a good influence on younger staff. (91)

Some Irish employers when surveyed have expressed concerns that older people have inappropriate skills, are less productive, less flexible, less ambitious, and take more sick leave than younger people (quoted in Green Paper 2007; Section 14.21). Others have argued that while older workers have more technical and firm-specific knowledge, they say these advantages come only with increased tenure within the firm and that hiring older workers per se will not bring these advantages (92, 93).

The HSBC Future of Retirement Survey (2006) – an international study - found that while older workers are seen as more loyal and flexible, younger workers are regarded as quicker learners, more technologically oriented, somewhat more flexible, and somewhat less expensive. However the survey found that the tendency towards negative stereotyping of older workers is relatively weak: 49% of employers feel that older workers are at least as technologically oriented and 43% find them at least as quick to learn as younger workers.

The HSBC research was confirmed by recent studies in Poland and the Netherlands which found that older workers tend to be valued more for their ‘soft skills’ (ie, social skills, management skills, reliability and loyalty), while younger workers are preferred for their ‘hard skills’ such as creativity, physical health, new technology skills, willingness to learn and flexibility. (94, 95)
In the words of the older person...

“The reality of retirement can come as a shock and the support is not out there. An adjustment period and some sort of winding down plan should be a requirement for employers”.

“Retirement age should be a choice, some of us would like to keep working as long as we are able.”

“Older people should be represented at committee level of public bodies and not just be there as a token element”

“ I'm 57 and still looking for work, you need to keep busy, it's a work ethic thing, all my kids are working, I'm not ready to retire ”
An Overview Of What Has Been Heard

The findings from international studies have been supported by the findings from the Age Friendly City and County consultations with older people. The following are a reflection of the issues that came up across the majority of counties on the theme of civic participation and employment.

There is a need for more tailored opportunities for education and continued learning for older adults. However, older people have diverse interests and needs: Socio economic and health factors can influence levels of social inclusion and this diversity will need to be considered when designing tailored programmes for older adults.

Further opportunities to remain in the workplace beyond the statutory retirement age with phased retirement options could usefully be introduced. Flexible and part time work opportunities need to be promoted and developed with employers and, where retirement is inevitable a retirement support programme should be provided.

Employers need to recognise the wealth of knowledge that older workers have gained and should use this to effectively support the introduction of new, younger workers or apprentices.

Older people have skills and knowledge which need to be recognised and shared, perhaps with schools and community groups or in mentoring young people looking to start businesses.

It would be useful to identify and make the most of the facilities that exist within local communities (e.g. libraries, school, churches, community centres) to provide suitably diverse and accessible opportunities for socialising and learning.

Often older people feel that there are limited opportunities to bring about change and be part of the public bodies that make decisions on their behalf. Often public bodies can rely solely on public consultations which can be intimidating for some.

Delay in the appointment of volunteers due to lengthy vetting processes can create considerable problems for older people in both getting essential services as well as in creating opportunities for them to contribute.
What has been done through the Age Friendly Programme to respond.

The following are examples of just some of the initiatives introduced throughout the country to address needs in terms of civic participation and employment of older people.

Age Friendly Business

Age Friendly Business projects have been established in many counties, throughout the country. In Louth, the Economic Forum established the Age Friendly Business Forum, which is chaired by Gavin Duffy, a Louth based Entrepreneur. The Forum has 10 members, drawn from Louth’s Chambers of Commerce, Rotary, and the Netwell and CASALA Centres, Louth’s Older People’s Forum and Local Authority management.

Following extensive consultation with all the relevant stakeholders, the Forum developed an Age Friendly Business Action Plan. This process of consultation provided invaluable insights into the age friendly concept, and gave the Forum excellent support and insight for the Action Plan. The first age friendly recognition scheme was based on this Forum and a process was devised which is now being adopted nationally. It has also hosted the annual trades fair, with an age friendly award organised by Dundalk Chamber.

In Kilkenny a plan was also developed to make businesses more Age Friendly by setting up a Business of Ageing Forum within the Age Friendly programme. With support from Enterprise Ireland, Kilkenny Chamber and other business organisations, the Age Friendly programme provided training to support local businesses to become more Age Friendly. An Age Friendly Business logo was developed which is now recognised as the national symbol for Age Friendly businesses. The Age Friendly County programme worked with the Kilkenny Chamber of Commerce to introduce Ireland’s first ever Age Friendly Business Award as part of their annual business awards in 2011. An Age Friendly Restaurant Guide was also published.
Research funding has now been secured from Enterprise Ireland and RIKON, the research arm of Waterford Institute of Technology, to further develop the age friendly business model with a key focus on hospitality, tourism and services industries.

**Mens Sheds Programme**

In many areas the consultation process revealed that older men can be a potentially vulnerable and socially isolated group. The Men's Sheds initiative offers men the opportunity to share skills and learn new ones such as wood turning, mechanical work and horticulture. Men's sheds have been set up in several Age Friendly Cities and Counties and have provided hundreds of men with opportunities to connect with others and share skills. In Louth, three sheds have been developed to date with the support of a full time coordinator. In total, approximately 200 men attend the Sheds regularly with the Netwell Centre in Dundalk providing further oversight and coordination. The Centre also offers support and advice to other counties by facilitating visits, showcasing and highlighting how the Men's Shed initiative operates in County Louth.

In other areas such as Athy, County Kildare, the Men’s Shed project has developed a website and a blog. Older men run projects such as bicycle repair, computer/laptop repair and community garden projects making bird boxes, garden planters and children's outdoor playhouses. Other activities organised by the Men's Sheds include hill walking and bike riding.
DCU Intergenerational Learning Programme

The DCU Intergenerational Learning Programme (DCUILP) began in Dublin City University in 2008 with the aim of valuing and respecting the role of older people in third level teaching and learning. It seeks to develop a community of learning both on campus and online where older people from the wider community can meet and learn with younger third level students and staff. The programme is open to all older people regardless of their previous educational experience and it encourages them to share their lived experience, wisdom and knowledge. In return, a variety of learning opportunities are provided for the older people in an environment that is friendly and engaging.

The programme provides a gateway to formal and informal learning opportunities for older people and it allows them to avail of the University’s resources such as clubs, societies and cultural activities. Courses on offer include Introduction to Genealogy; Life-writing; Music; Law and Government; Science; Health and Wellbeing; Media Studies. One-on-one tutoring in information communication skills is available between DCU students and older people aiming to break down barriers and fear of the use of technology. To date over 800 older people and over 500 DCU students have participated in the programme.

As the first Age Friendly University, the concept of positive ageing is now an integral part of the university approach/philosophy and the programme is supported by the President and the various DCU Schools and Faculties. Students and staff are offered the chance to participate in the programme in a volunteering capacity. For the students this has provided them with an opportunity to apply for credits as part of their main degree programmes. These credits are called Personal Opportunity for Development Credits or PODS. This requires the DCU students to critically reflect and write about their experience of engaging with the older people as part of the programme. Many students have reflected on the positive benefits for them both in a personal and professional capacity.

In 2014 the Programme was awarded Erasmus+ funding (in association
with the University of Erlangen Germany, the University of Helsinki Finland and E-Seniors France) to develop a project which promotes the use of online learning opportunities for older people across Europe. The programme is also part of a European programme which is evaluating the role of intergenerational solidarity across Europe.

Other events included; an Intergenerational Fashion evening organised in collaboration with the DCU Style Society, an intergenerational conversation on books organised in collaboration with the DCU Book Club and two conferences on the theme of positive ageing. Each year the DCUILP has organised an award ceremony to celebrate the participation of the older students. The awards have been presented by the President of the University and other staff.

The DCUILP has presented papers at UCD and Harvard University to highlight the benefits of older people engaging with university students and staff on a third level campus. In 2014 the project was one of nine universities worldwide to be awarded an Ashoka U award which explored older and younger people learning from their shared stories and photographs together. This is now been further developed with multi-media students and staff from the School of Communications, in association with older people who are part of the DCUILP.

**Suggestions for Age Friendly Programmes**

The following are some suggestions that age friendly cities and counties can adopt to help ensure that older people have opportunities for civic participation and employment.

Identify the various pre-retirement courses that exist in your area and determine the scope to promote what is currently available and to develop more if required.

Develop links between volunteer centres and groups providing pre-retirement courses in order to encourage and facilitate older people to utilise their skills, knowledge and experience in voluntary roles on retirement.
Engage with the Chambers of Commerce and other business groups in your town, city and county to support the promotion of age friendly businesses and age friendly work places.

Consider setting up a Men’s Shed programme if it does not already exist. See for more details “http://www.menssheds.ie” www.menssheds.ie

Establish a Business of Ageing Forum as part of the Age Friendly City/County programme in your area. Engage with the Kilkenny and Louth Age Friendly initiatives to identify their approach to successfully developing an age friendly business programme.

Develop, in partnership with your Local Enterprise Office (LEO) and Development Partnerships, promote and provide information and advice to those over 50 wishing to start their own business.

Support the development of Senior Enterprise programmes and explore opportunities for creating mentoring programmes involving experienced older staff and new recruits.

Review the lifelong learning opportunities available in your community and determine whether they meet the needs of older people, are well coordinated and easily accessible. Provide and promote opportunities for older people to participate in their communities through, for example: ‘Read to me’ programmes run by the Library Service and careers talks in schools. These kinds of initiatives could be run in collaboration with local Comhairle na nÓg programmes.
Chapter 9 – Communication and Information

People As They Age Have The Information To Lead Full Lives

What the literature in this area highlights

It is well known that older people living in the community need information on services and resources that can help them live independently and remain socially connected. Generally speaking, older people tend to rely on their family carers and their close social network to find out what they need to know. In palliative care and chronic care, family carers are recognised as a source of help as well as proxy information seekers (96).

There is general acceptance that the use of Information Technology 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 online medical or health information can relieve anxiety. Online shopping and banking is convenient and can also allow people to check out cheaper and more conveniently available goods and services online. Online training and learning are effective ways to overcome barriers that can prevent access. Research confirms these forms of internet-based communication can be of benefit to those experiencing increased vulnerability as they age. (97) For example, in residential care situations, computer-learning programmes were found to be positively linked with skills and confidence in spite of older adults own health perceptions (98).

Older people are sometimes reluctant to use or learn how to use computers. Barriers to learning 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 in manual dexterity and visual acuity (99). 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 computers. 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 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.

**An Overview Of What Has Been Heard**

The findings from international studies have been supported by the findings from the Age Friendly City and County consultations. The following are a reflection of the issues that came up across the majority of counties on the theme of communication and information.

There is a need for a county-wide approach to support and train older people in the use of modern technologies such as the internet, mobile phones and Skype. Older people would generally prefer courses that are focused on their actual needs such as accessing information and services online rather than generic computer courses aimed at providing a broad range of skills.

Information providers should recognise that online communication is not open to all, and a range of different approaches to information provision is needed. Rural people and those with poor literary skills are especially disadvantaged in terms of access to information.

It is essential that information is easy to access and easily understood. Older people would generally like to have information available in one central location, such as a drop-in community centre.
Citizens Information Centre could develop outreach services across a county using libraries as information hubs. Many older people would welcome help in filling out forms and accessing other key services.

Older people often feel that print can be too small to read in forms, manuals, signs, leaflets, directories and other print media. Certain colours and fonts often used in marketing can also be hard to read.

Older people find automated phone systems, particularly in government departments and state bodies, especially frustrating. The systems can sometimes prevent them from accessing essential services. Alternatives such as direct lines to staff members for older people or by-pass options could usefully be made available.

In the words of the older person...

*I hate getting an answering machine, it’s much nicer to hear a friendly voice.*

*Many people do not want to be part of a club so other ways of engaging with the community are needed.*

*We would be lost without the library, it’s such a warm friendly place and there is so much happening there.*

*“It’s all about the internet, not enough people can access the internet or want it”*

*“I’d love to know what that facebook is all about.”*
What has been done through the Age Friendly Programme to respond.

The following are examples of just some of the initiatives introduced throughout the country to address older people’s needs in terms of communication and information.

Kilkenny Age Friendly Communication Activities

Under the Kilkenny Age Friendly County Programme a number of activities were developed to communicate with older people, service providers and the public. For example

• The Kilkenny Age Friendly Office on Parliament Street in Kilkenny operates as a ‘one stop shop’ for older people living in Kilkenny by providing support on queries relating to entitlements, form filling and signposting to relevant service providers etc.

• The weekly Age Friendly column in the Kilkenny People reaches approximately 26,400 people and is printed in larger typeface than the rest of the paper. The article is typically 400 words per week offering information that is of interest to older people in the county. It has been running since 2012 and will for the foreseeable future.

• From the beginning of 2015 the article will also run in The Kilkenny Reporter, a free local newspaper with a weekly distribution of 14,000. This is after numerous requests from the public to the Older People’s Forum as many people only read the Reporter now.

• The column is also published on the Kilkenny Age Friendly website, managed and updated by Kilkenny County Council and Kilkenny LEADER Partnership.

• The Kilkenny Age Friendly Facebook page is also used to promote age friendly activities around the county as well as offering information relating to the Kilkenny Age Friendly Programme events. The Kilkenny Age Friendly website and Facebook page are an easy to use format with the benefit of being able to change the text size to suit the user.

• An information booklet aimed at older people in the county was published with part-funding from the Kilkenny LEADER Partnership.
The Parlours Initiative

The Parlours Initiative is an information giving initiative that is currently operating in four locations in 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 classes that facilitate inclusion and wellbeing in later life.

This initiative complements the existing Cúltaca programme, which is 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 four years they have worked with approximately 1,000 older people, providing a range of supports depending on the need and circumstances of each person.

Clare Memories - Recording the Rich Oral History of Clare's Oldest Citizens

Cuimhneamh an Chláir's was established as an independent, not-for-profit, community based charity, to record, document, archive and share the memories, experiences, customs, traditions and practices that characterise County Clare. The project is mindful that the current population of older people may be the last link to an older way of life in Clare. It aims to provide a platform for the dissemination of the material collected through co-operation with community groups, schools, third level institutions and the broader public. By doing so it seeks to preserve and enhance local knowledge and appreciation of the rich folklore and oral history in their locality. It provides opportunities for people of all ages to engage in the programme.

The volunteer programme has gone from strength to strength and the archive now contains 580 interviews, totalling in excess of 1600 hours of audio documenting the life, traditions and folklore of Clare’s eldest citizens. The project has also involved contact with numerous local community groups to collect oral history in their area with the recordings kept in the community and also deposited in the archive. The continuing public outreach programme expanded again in 2014.
when the initiative was successfully grant aided to develop a community
documentary for radio based on the archive of oral history. The project
has also developed a number of interactive audio walls, which are
placed at key locations throughout the County, for the public and
tourists alike to expand their knowledge of folklore and oral history.

Louth Age Friendly Website

The Louth Age Friendly Website was created by the Louth Older
People’s Council in response to requests by older people for up to date
information on services on one site. The site offers older people and their
families access to information on supports while living at home or living
in nursing homes. It also provides information on home improvement
grants, transport, community support services, safety and protection
and positive ageing. It was designed and developed by the Louth Older
People’s Council with key input from DkIT, Louth Leader Partnership,
Citizen’s Information Centre and Louth County Council IT staff.

Monaghan Dementia Awareness Information Booklet

In response to the significant demand for services and information on
dementia in the county, Monaghan Branch of the Alzheimer’s Society
of Ireland, the Monaghan Older People’s Forum and Monaghan County
Council collaborated to respond to this demand. The partners identified
a need for three key messages; to remove the stigma about dementia
in society, to highlight the signs of early onset dementia and to provide
information on the available services and supports in the county.

The groups developed a user-friendly Dementia Awareness Information
Booklet that would address all of these communication needs. A
Dementia Awareness Seminar was held to officially launch the booklet.

The groups also developed a leaflet for retailers and business in the
county, to help them assist customers with dementia and a copy of
this information leaflet was distributed to businesses throughout the
county as part of Positive Mental Health Week 2014.

Over 200 people attend the seminar and since its launch over 1000
copies of the booklet have been circulated throughout the county which is
currently awaiting a reprint of a further 1000 copies. Copies of the booklet have been disseminated locally through the websites of service providers and nationally through the Age Friendly City and County structures.

**IT Skills**

Some successful intergenerational initiatives have been undertaken to help older people learn computer skills. The INTEL Log on Learn Programme held in schools has been highly successful. 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 Click and Connect programme run by NUI Galway has partnered with the Galway Older People’s Council to create a new computer programme for older adults which caters to the known internet needs of older adults.

**Age Friendly Libraries Project**

Libraries play a key role both in training older people in the use of technology and in providing information. However, current Irish studies of older people have found that many older people do not view libraries as a relevant place for them to go to find out about services and activities. In 2012, the Ageing Well Network joined with the Department of Health and Children and the Local Government Management Agency to undertake a National Libraries Project.

The aim of the project was to establish an Age Friendly Libraries Strategy across three strands:

- 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 results of a survey of City and County Libraries and focus groups of older library and non-library users carried out in 2013 informed the strategy.
Suggestions for Age Friendly Programmes

The following are some suggestions that age friendly cities and counties can adopt to help meet that older people’s needs are met in terms of communication and information.

Find out how information is disseminated to older people in your city/county, to determine the best approach to communicating with older people.

It should be standard practice, that all information produced by the Age Friendly programme is written in clear plain language using a legible design style.

Consider developing an online ‘one-stop shop’ for information for older people similar to those currently under development across Louth, Cavan, Monaghan and Meath.

Support local libraries in their engagement with the Age Friendly Libraries Programme.

Encourage service providers to support the introduction of monthly public information sessions.

Use a range of media to disseminate information on services and activities on a regular basis. For example, a column in a local newspaper, a slot on a local radio, parish/community noticeboards and newsletters and websites.

Partner with your local library and its information hub where leaflets/posters on events/activities and services for older people can be displayed. Find out if the library can host some events or organise workshops on internet and social media use for older people.

Find out if there are other technology training options for older people at local adult education centres and develop relevant older person focussed partnerships in this context.
Chapter 10 – Community Support and Health Services

People can Lead Healthier, Active Lives For Longer

What the literature in this area highlights

It is generally recognised that health is determined by both collective and individual factors including the social and economic environment, the physical environment, health services, personal health behaviours, and individual capacity and coping skills. (101)

Many diseases stem from a combination of risk factors that cannot be changed such as age, gender, and genetic makeup. Other risk factors can be changed by taking action either individually or as a society to improve health outcomes. These include (i) poor diet; (ii) physical inactivity; (iii) tobacco use; and (iv) harmful alcohol consumption. 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). It found that the effects of good health habits on subsequent disability were extremely significant. Their results showed that the cumulative lifetime disability for those who smoked, were obese, and did not exercise was four times higher than those who were lean, exercised, and did not smoke. (102)

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 20 years and the majority of people who maintained five healthy lifestyle factors from young adulthood (including a low body mass index, 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. (103)

Many common non life-threatening conditions can lead to disability and poor quality of life if left untreated. 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 to incorporate such approaches to reduce overall health costs as well as improving health and wellbeing.

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 by focusing on improving nutrition, exercise and immunisation rates, preventing accidents and increasing awareness about the risks of smoking. Secondary prevention treating known risk factors such as blood pressure, cholesterol and low bone mass is most relevant to people aged 40 to 50 and tertiary prevention following ill health includes measures such as cardiac rehabilitation.

There is considerable evidence to support the success of such policies. Even simple measures can contribute to a reduction of the level of premature death. The WHO and the Non Communicable Diseases (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 cost. 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 Disease (CVD) deaths.

Access to services can be hugely important in helping older people remain living independently in the community. One Canadian study found that while the needs of urban and rural patients were likely to be similar, the likelihood of receiving home care services such as palliative care and physiotherapy was significantly lower for persons in rural/remote locations. Travelling to hospitals or temporarily relocating to be closer to a hospital where a loved one is dying may pose particular hardship for rural families.

There is also evidence to suggest that people experiencing unmet need for services and support were more likely to develop more serious problems which potentially lead to admission to hospital or nursing home. In the US, analyses of the 1994 National Health Interview Survey found that individuals who had unmet needs were more likely to experience weight loss, dehydration, falls, and burns. In a study
of participants of the Program for All Inclusive Care (PACE), older people who reported unmet need were also more likely to be admitted to a hospital. There was also evidence that this risk for hospital admissions disappeared once participants’ needs were met (111).

Access to Health Services

The TILDA study shows that more than a tenth (12%) of those who have difficulties carrying out essential daily activities do not receive any help, either formal or informal. It also found that while older people are only slightly more likely than younger people to be admitted to hospital, their hospital stays tend to be longer. Their report suggests that part of the reason behind the higher use of services in hospitals is the absence of adequate support facilities and services to allow people to be discharged from hospital care into step down or other intermediate types of care. (112)

Many older people presenting to acute medical units have geriatric conditions such as falls, reduced mobility, confusion or incontinence, and where these people are not admitted to hospital, there is evidence to suggest that these patients were at high risk of early re-presentation at hospital, and had a relatively high mortality rate in the next 3 months. (113)

The acute hospital tends to be organised into ‘specialities’ which means that staff knowledge and 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 co-existing conditions and other 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 long-term treatment of older people (114).

Older people often have multiple complex health 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, allied healthcare professionals such as occupational/speech
and language therapists, physiotherapists and medical social workers (115, 116, 117).

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 (114).

Day Hospitals have been found to provide effective assessment and rehabilitation for frail older people which reduces the likelihood of death or poor recovery. (115) One of their key benefits is the access they provide (118, 119) to specialist geriatric services. Geriatric medicine has been shown to be effective, with a reduction of 25% in death and disability for older people who are admitted to an acute geriatric medicine ward as compared to those admitted to a general medical ward. (120, 121)

Because older people tend to suffer from many complex conditions and chronic diseases, the major advantage offered by a day hospital approach is that it does produce ‘a one-stop shop’ approach for those patients with the most complex needs, which would otherwise require multiple visits to different departments, or multiple visits from different specialists and therapists visiting at home. (121)

**In the words of older people...**

*I wish I had looked after myself better...your health is your wealth, especially when you are older.*
An Overview Of What Has Been Heard

The findings from international studies have been supported by the findings from the Age Friendly City and County consultations with older people. The following are a reflection of the issues that were introduced across the majority of counties on the theme of Community Support and Health Services.

Many older people are concerned that local services provided by day centres or local hospitals and health centres will be reduced or cut. Many of these services are thought to be vital to the health and wellbeing of older people in helping them remain in their homes and communities and thus the commonly held perception can be a significant cause of anxiety.

 Older people would like to be helped to remain healthy and in their own homes. Preventative and early medical interventions should be prioritised and opportunities created to engage in physical activity locally.

 Accessing information about health services is one of the primary information needs of older people and their carers (e.g. knowing how to access the public health nurse or find out about accessing certain entitlements). Many people agreed that a comprehensive directory of all relevant supports and services is needed.

 Transport, especially in rural areas, to hospital and other medical appointments can be difficult for patients. Parking charges can also pose problems for visitors. Older people feel that GPs and hospitals should take account of accessibility issues when organising appointments to ensure that adequate transport is available.

 There is a need for greater coordination between the patient, carers and the community team on patient discharge from hospital.
What has been done through the Age Friendly Programme to respond.

The following are examples of just some of the initiatives introduced throughout the country to address older people’s needs in terms of community supports and health services.

The Go for Life games have been successfully introduced across several counties. Organised with the support of the Local Sports Partnerships, the HSE and Age & Opportunity, the overall aim is to increase activity levels by involving older people in recreational sport.

As part of Kilkenny’s Healthy Town project, and Positive Ageing Week, a number of additional activities have been added to the extensive programme of the Kilkenny Sports Partnership. These include city walks led by the Mayor, free water-based activities including aqua aerobics and aqua jogging. Health information talks and health screening have also been provided in many family resource centres across the city. A local GP gave talks on “Planning for Healthy Ageing” over eight weeks.

Alzheimer Cafes have been introduced across Dublin (now in Glasnevin, Donnybrook and Cabra.) An Alzheimer cafe involves a monthly gathering where persons with dementia and/or their family and friends can gather together in a safe, welcoming environment, in the company of other carers, volunteers and healthcare professionals, for the purpose of emotional support, education and social interaction.

The development of Alone’s Community Response Scheme, a scheme that assists older people who experience crisis situations and who don’t know where else to go for help. Such services address the emergency situation and typically involve working alongside other agencies, to provide long term sustainable solutions for older people in need.

“Fitline” – This is a free phone mentoring service for people over 50 who want to become fitter. It is provided by trained older volunteers as part of the Go for Life programme.
A community-based programme, Memory Matters, was developed in Kilkenny to support people with dementia and their carers. This was an initiative of the Age Friendly Service Providers Forum. The initiative included a dementia awareness campaign, social activities for those affected and their families, training on early detection of dementia, training of volunteer befrienders, an arts and cultural programme provided by the Butler Gallery and dementia training for health care professionals. As a result of this programme people concerned about Alzheimer’s Disease or other dementia disorders can now access information, activities, and social and health support to remain active members of their family and community for longer.

The *Health, Fitness and Well Being* initiative was developed through the Fingal Age Friendly programme in partnership with the Sports Development Department in the Institute of Technology, Blanchardstown, Fingal County Council and the Fingal Senior Citizen’s Forum. In the first phase of the programme, it offered older people a ten week programme of exercise tailored to their own needs with additional training on how they could continue the exercise programme in their own homes. The course was designed by 4th Year Sports students in consultation with older people. In phase two, the students offered a two-day course to 45 older people from across the county. This included information provision with talks on nutrition, horticulture, computers and training in the use of gym equipment. A second day of training was also provided on the use of tone zone equipment in local parks.

Many counties have developed Physical Activity Leader (PAL) Training to give older people opportunities to exercise and be active. PALs lead local groups in things like short exercise routines or games like pitch and toss.

Some other examples of health improvement initiatives within the health service on foot of the Age Friendly programme include:

- The introduction of a new discharge planning code of practice for post-discharge arrangements for older people leaving hospital.
- The introduction of a new system of patient prioritisation at hospital emergency departments whereby older people are prioritised as a key cohort to significantly shorten their waiting times.
The piloting of Age Friendly Hospitals; Beaumont hospital has pledged to become an age friendly hospital. A planner has been appointed to work with hospital personnel to produce a set of guiding age friendly principles for the hospital. A senior level, multi-agency group chaired by the hospitals Deputy CEO has also been set up and consultation with patients, staff and service providers is underway. Healthcare pathways, the built environment, transportation and primary services will be a key focus.

Suggestions for Age Friendly Programmes

The following are some suggestions that age friendly cities and counties can adopt to help ensure that older people's needs are met in terms of community supports and health services.

Support the further development of Alzheimer Cafes throughout your city and county.

Consider supporting the introduction of Dementia Advisor roles to;
- assist in providing information and advice throughout a person's journey with dementia;
- help connect them with dementia supports and services;
- help connect them with local groups and services and; to help communities to be more dementia friendly.

Support the development of Senior Cafés / Community Cafés similar to the Alzheimer Café model where older people can gather on a monthly basis to meet other older people, and key support service providers to obtain information on services and supports available in their area.

Encourage and support key health care services such as GP services and pharmacies to ‘age proof’ their services in consultation with the Age Friendly Programme and the local Older People’s Council. (The Dublin City Age Friendly Strategy features a commitment to develop and pilot an age friendly GP service toolkit across 2015/16.)
Consider setting up a Service Provider's Forum or thematic working group which would focus solely on health related issues. through the Age Friendly Alliance. The findings from the consultation with older people can be used to prioritise the areas that need to be addressed.

Partner with the HSE to support specialised geriatric care for older people. Early diagnosis and ongoing treatment of chronic conditions will improve the overall health and wellbeing of the older person, reducing their hospital stay, and reducing the likelihood of them needing to be admitted to long term care.

Consider auditing the age-friendliness of significant buildings such as hospitals and health care centres. Do they have adequate seating? Are appointments organised with distance and transport in mind? Is there drinking water available? The introduction of a range of practical changes, which are often low or no cost, can considerably enhance the service experience for the older person.

Support the “Message in a Bottle" scheme which encourages all older people to keep key personal health information in a bottle in a prominent place in their homes. This scheme provides emergency services with vital information if and when it is needed.

Partner with relevant health and wellbeing programmes offered to those in residential care. Partnering with providers such as Age & Opportunity, Siel Bleu and others to support the introduction of tailored exercise programmes.

Support community groups to develop their own exercise programmes. Consider introducing tone zones in local parks or, where they exist, ensure that they are promoted and appropriate training offered. Work with the Sports Partnership in your area to organise annual events to promote the participation of older people in sport and physical activity.
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Appendix 1 - Checklist for establishing age friendly communities

According to the WHO (2007) and based on an extensive consultation process carried out in 33 cities in 22 countries, the following is a check list of all the features necessary to make a community age-friendly.

Outdoor spaces and buildings

139. Pavements are well-maintained, free of obstructions and reserved for pedestrians.

140. Pavements are non-slip, are wide enough for wheelchairs and have dropped curbs to road level.

141. Public areas are clean and pleasant.

142. Green spaces and outdoor seating are sufficient in number, well-maintained and safe.

143. 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.

144. Drivers give way to pedestrians at intersections and pedestrian crossings.

145. Cycle paths are separate from pavements and other pedestrian walkways.

146. Outdoor safety is promoted by good street lighting, police patrols and community education.

147. Services are situated together and are accessible.

148. Special customer service arrangements are provided, such as separate queues or service counters for older people.

149. Buildings are well-signed outside and inside, with sufficient seating and toilets, accessible elevators, ramps, railings and stairs, and non-slip floors.

150. Public toilets outdoors and indoors are sufficient in number, clean, well-maintained and accessible.

Transportation

151. Public transportation costs are consistent, clearly displayed and affordable.

152. Public transportation is reliable and frequent, including at night and on weekends and holidays.

153. All city areas and services are accessible by public transport, with good connections and well-marked routes and vehicles.

154. Vehicles are clean, well-maintained, accessible, not overcrowded and have priority seating that is respected.

155. Specialized transportation is available for disabled people.

156. Drivers stop at designated stops and beside the curb to facilitate boarding and wait for passengers to be seated before driving off.

157. Transport stops and stations are conveniently located, accessible, safe, clean, well lit and well-marked, with adequate seating and shelter.

158. Complete and accessible information is provided to users about routes, schedules and special needs facilities.

159. A voluntary transport service is available where public transportation is too limited.
160. Taxis are accessible and affordable, and drivers are courteous and helpful.

161. Roads are well-maintained, with covered drains and good lighting.

162. Traffic flow is well-regulated.

163. Roadways are free of obstructions that block drivers’ vision.

164. Traffic signs and intersections are visible and well-placed.

165. Driver education and refresher courses are promoted for all drivers.

166. Parking and drop-off areas are safe, sufficient in number and conveniently located.

167. Priority parking and drop-off spots for people with special needs are available and respected.

**Housing**

168. Sufficient, affordable housing is available in areas that are safe and close to services and the rest of the community.

169. Housing is well-constructed and provides safe and comfortable shelter from the weather.

170. Interior spaces and level surfaces allow freedom of movement in all rooms and passageways.

171. Home modification options and supplies are available and affordable, and providers understand the needs of older people.

172. Public and commercial rental housing is clean, well-maintained and safe.

173. Sufficient and affordable housing for frail and disabled older people, with appropriate services, is provided locally.

**Social participation**

174. Venues for events and activities are conveniently located, accessible, well-lit and easily reached by public transport.

175. Events are held at times convenient for older people.

176. Activities and events can be attended alone or with a companion.

177. Activities and attractions are affordable with no hidden or additional participation.

178. Good information about activities and events is provided, including details about accessibility of facilities and transportation options for older people.

179. A wide variety of activities is offered to appeal to a diverse population of older people.

180. Gatherings including older people are held in various local community spots, such as recreation centres, schools, libraries, community centres and parks.

181. There is consistent outreach to include people at risk of social isolation.

**Respect and social inclusion**

182. Older people are regularly consulted by public, voluntary and commercial services on how to serve them better.

183. Services and products to suit varying needs and preferences are provided by public and commercial services.

184. Service staff are courteous and helpful.

185. Older people are visible in the media,
and are depicted positively and without stereotyping.

186. Community-wide settings, activities and events attract all generations by accommodating age-specific needs and preferences.

187. Older people are specifically included in community activities for “families”.

188. Schools provide opportunities to learn about ageing and older people, and involve older people in school activities.

189. Older people are recognized by the community for their past as well as their present contributions.

190. Older people who are less well-off have good access to public, voluntary and private services.

**Civic participation and employment**

191. A range of flexible options for older volunteers is available, with training, recognition, guidance and compensation for personal costs.

192. The qualities of older employees are well-promoted.

193. A range of flexible and appropriately paid opportunities for older people to work is promoted.

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

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

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

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

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

**Communication and information**

199. A basic, effective communication system reaches community residents of all ages.

200. Regular and widespread distribution of information is assured and a coordinated, centralized access is provided.

201. Regular information and broadcasts of interest to older people are offered.

202. Oral communication accessible to older people is promoted.

203. People at risk of social isolation get one-to-one information from trusted individuals.

204. Public and commercial services provide friendly, person-to-person service on request.

205. Printed information – including official forms, television captions and text on visual displays – has large lettering and the main ideas are shown by clear headings and bold-face type.

206. Print and spoken communication uses simple, familiar words in short, straightforward sentences.

207. Telephone answering services give instructions slowly and clearly and tell callers how to repeat the message at any time.
208. Electronic equipment, such as mobile telephones, radios, televisions, and bank and ticket machines, has large buttons and big lettering.

209. 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

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

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

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

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

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

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

216. Delivery of services is coordinated and administratively simple.

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

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

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

220. There are sufficient and accessible burial sites.

221. Community emergency planning takes into account the vulnerabilities and capacities of older people.
