

**An  
Age Friendly  
Society**

**A Resource  
Document**



National Council on Ageing and Older People  
An Chomhairle Náisiúnta um Aosú agus Daoine Aosta

National Council on Ageing and Older People  
22 Clanwilliam Square  
Grand Canal Quay  
Dublin 2

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## Contents

1. Introduction	4
2. Demographic profile	6
3. Incomes and poverty	10
4. Employment, retirement and education	15
5. Health and lifestyle	19
6. Health service usage, community services and long-stay care	31
7. Problems facing older people	44
8. Older people's information needs	47
References	49

## 1. Introduction

The primary function of the National Council on Ageing and Older People (NCAOP) is to develop a comprehensive understanding of ageing and the older population in Ireland, with a view to providing the best possible advice to the Minister for Health and Children, and all who are concerned with the welfare of older people in Ireland.

In that context, the Council articulates the needs and concerns of older Irish people and makes evidence-based recommendations on what actions should be taken to remedy problems encountered by them. In particular, the Council works to promote the health and social inclusion of older people; advises on ways to meet the needs of the most vulnerable among the older population; and on means of encouraging positive attitudes to life after the age of 65. The Council also works towards the achievement of greater coordination between public bodies at national and local levels in the planning and provision of services for older people.

The Council believes that:

- the same rights and privileges must be guaranteed to all citizens, regardless of their age;
- no older citizen should be marginalised by poverty, poor health or disability, educational disadvantage, sub-standard housing or inadequate transport services;
- older people must be assured of the health, social care and welfare services necessary to enable them to live healthy, fulfilling and independent lives for as long as possible;
- older people are a resource for their families, their communities and the economy;
- older people must not be marginalised by ageist attitudes expressed in the media or elsewhere;
- older people must be involved in the development of the policies and the programmes that affect them directly.

The Council's policy recommendations in relation to older people are underpinned by a set of core values which prioritise the needs and preferences of older people themselves; recognise the desire of the majority of older people to remain in their

own homes; and promote the primacy of the independence of older people and of partnership approaches in planning to meet their needs.

This resource document, an annexe to *An Age Friendly Society: A Position Statement*, sets out a more detailed picture of the older population in Ireland and contextualises key Council recommendations in a number of policy areas. For further information about ageing in Ireland and issues relating to our older citizens, please visit the research and publications section of the Council's website ([www.ncaop.ie/research.html](http://www.ncaop.ie/research.html)).

## **2. Demographic Profile**

### **2.1 Overview<sup>1</sup>**

- 11.1 per cent of people in Ireland are aged 65 or over (that is 436,000 people).
- It is projected that the percentage of older people will increase to between 14.8 and 15.3 per cent by 2021.
- 56 per cent of older people in Ireland are women.
- There are 130 women aged over 65 years per 100 men aged over 65 years.
- Older males make up 9.7 per cent of the total male population. It is projected that this will increase by 2021 to between 13.9 and 14.1 per cent of the total male population (an increase of between 70.2 and 79.1 per cent on existing numbers).
- Older females make up 12.5 per cent of the total female population. It is projected that this will increase by 2021 to between 15.8 and 16.4 per cent (variance depending on assumptions in relation to net migration over the coming decades).
- Only 3.3 per cent of the Travelling Community are aged 65 years and over in contrast to 11 per cent of the general population.

### **2.2 Geographic distribution<sup>1</sup>**

- 49 per cent of people aged 65 years and over live in Leinster.
- 30 per cent of people aged 65 years and over live in Munster.
- 14 per cent of people aged 65 years and over live in Connacht.
- 7 per cent of people aged 65 years and over live in Ulster.
- It is projected that by 2021 the largest increases in the numbers of single older people will be in South Dublin, Kildare, Fingal and Meath.

### **2.3 Urban and rural communities<sup>1</sup>**

- 55 per cent of older people live in urban areas (i.e. in communities of 1,500 and more).
- 66 per cent of the total number of older women in rural communities are either single or widowed.
- 36 per cent of all older men living in rural areas are either single or widowed.

- 62 per cent of all older women living in urban areas are either single or widowed, while 31 per cent of older men living in urban areas are single or widowed.
- 24 per cent of older men in rural areas have never married.
- 15 per cent of older men in urban areas have never married.

## **2.4 Life expectancy<sup>2</sup>**

- Life expectancy at birth is 73.0 for males and 78.5 years for females.
- Between 1991 and 1996, life expectancy improved by 0.7 years for males and 0.6 years for females.
- On average, women in Ireland live longer than men: a man who has reached the age of 60 can expect to live a further 19.2 years, while a woman who has reached 60 can expect to live a further 22.9 years.

## **2.5 Death rates<sup>3</sup>**

- 27.73 per 1000 males and 16.33 per 1000 females aged between 65 and 74 years died in 2003, a male:female ratio of 1.7:1.
- 102.29 per 1000 males and 80.45 per 1000 females aged 75 years and over died in 2003, a male:female ratio of 1.3:1.
- The death rates for men and women aged 65-74 have both decreased significantly over the period 1994-2003 and the gap between them has reduced.

## **2.6 Marital status<sup>1</sup>**

- 47 per cent of all older Irish people are married.
- In 2002, 33 per cent of older people were widowed. Of these, 81 per cent were female.
- It is projected that by 2021 the percentage of older widowed people will have fallen from 33 per cent to 25 per cent of the total older population.
- 18 per cent of older people are single.
- 2 per cent are either divorced or separated.
- There are four times as many widows as widowers in the older population.
- In 2002, 20 per cent of men aged 65-74 years and 20 per cent of those aged 75 years and over were single.

- It is projected that in 2021 62 per cent of people aged 65-74 years will be married. Among those aged 75 years and over, the number of married men will increase by 62 per cent, while the number of married women will increase by 44 per cent.
- It is projected that in 2021 13 per cent of men aged 65-74 years and 17 per cent of men aged 75 years and over will be single.<sup>4</sup>
- In 2002, 17 per cent of all older women were single.
- It is projected that in 2021 10 per cent of all older women will be single.<sup>4</sup>
- In 2002, there were 2,306 divorced older people.
- In 2002, there were 6,621 separated older people.
- It is projected that in 2021 10 per cent of those aged 65-74 years will be separated or divorced and increases will be much lower among those aged 75 years and over.<sup>4</sup>

## **2.7 Households**

### *2.7.1 Household type<sup>5</sup>*

- 34.5 per cent of households of people aged 65 years and over are comprised of an older person living alone.
- 34 per cent of households of people aged 65 years and over are comprised of an older couple.
- 28.2 per cent of households of people aged 65 years and over are comprised of older people with other adults and no children.
- 3.4 per cent of households of over 65 year olds are comprised of older people with other adults and children.
- 21 per cent of older people live with their children whether as a couple or a single person.
- 65.5 per cent of older people in private households live with some form of kin relation.

### *2.7.2 Older people living alone<sup>1</sup>*

- 25.8 per cent of all people in the 65 years and over age group live alone.
- It is projected that in 2021 30 per cent of the total older population will live alone (a total of 113,800 people).

- 30 per cent of those aged 70 and over live alone.
- 31 per cent of those aged 75 and over live alone.

### *2.7.3 Housing tenure<sup>5</sup>*

- 80.6 per cent of heads of households aged 65 years or over own their own home.
- 10 per cent of heads of households aged 65 years or older live in the private rented sector (compared with 20.8 per cent of the rest of the population).
- 5.9 per cent of heads of households aged 65 years or older are local authority tenants (compared with 4.9 per cent of the rest of the population).

### *2.7.4 Transport*

- 47.5 per cent of older people are car drivers.<sup>3</sup>
- 74 per cent of older men are care drivers.
- 30 per cent of older women are car drivers.
  
- 61 per cent of older people walk/cycle.<sup>6</sup>
- 16 per cent get lifts with family or friends.
- 44 per cent use public transport.

## 3. Incomes and Poverty

### 3.1 Incomes

#### 3.1.1 Average income levels<sup>3</sup>

- In 2002, the average income of males over the age of 65 years was €13,750.
- The average income of females over the age of 65 years was €9,212.
- Women over the age of 65 earn 63.3 per cent of the income of men in the same age group.

#### 3.1.2 Types of income<sup>5</sup>

- 70 per cent of older people living alone are dependent on a social welfare pension. This figure rises to 90 per cent if we include occupational pensions.
- 84 per cent of income in households with one or more older people derives from pensions.
- 2.4 per cent of the total income of older people living alone relates to interest and dividends.
- 5 per cent of the total income of households comprising two or more older people relates to interest and dividends.

#### 3.1.3 Pensions, allowances and entitlements<sup>5</sup>

- In 2003, 26 per cent of older people were in receipt of the Old Age Contributory Pension (63.1 per cent of recipients were male and 36.9 per cent were female).
- In 2003, 19.8 per cent of older people were in receipt of the Retirement Pension (73 per cent of recipients were male and 27 per cent were female).
- In 2003, 19.9 per cent of older people were in receipt of the Old Age Non-Contributory Pension (42.2 per cent were male and 57.8 per cent were female).
- In 2002, 6,364 persons aged 60 and over were in receipt of Disability Benefit.
- The number of people of all ages receiving Disability Allowance is estimated to be 62,783. Of this figure, 7,583 are aged 60 and over, while a further 14,193 are aged between 50 and 59.

- 14,329 people between the ages of 60 and 64 are in receipt of the Invalidity Pension, while 6,834 aged 65 and over are receiving it.
- 792 people aged 60 and over are in receipt of the Blind Pension. Almost 600 of these are aged 65 and over.
- 41 per cent of urban older households compared to 37 per cent of rural older households receive a fuel allowance.
- 67 per cent of urban older households compared to 61 per cent of rural older households receive a free TV licence.
- 59 per cent of urban older households compared to 53 per cent of rural households receive subsidised phone use.
- 84.5 per cent of those aged over 65 receiving the Carer's Allowance or Benefit were female.

#### **3.1.4 General Medical Services Scheme<sup>3</sup>**

- In 2003, 42.4 per cent of males aged between 65 and 69 years were eligible for this scheme.
- In 2003, 52.2 per cent of females aged between 65 and 69 years were eligible for this scheme.

#### **3.1.5 Wealth and assets<sup>5</sup>**

- 86 per cent of older households do not possess any assets.
- 29.4 per cent of older households do not possess any savings.
- Only 12 per cent of single older households possess stocks and shares.

### **3.2 Poverty and deprivation**

#### **3.2.1 Poverty<sup>5</sup>**

- At the 50 per cent poverty level, households with a head aged over 74 years are 25 per cent more likely than average to be in poverty.
- At the 50 per cent poverty level, households with a head aged 65-74 years are 40 per cent more likely than average to be in poverty.
- Older people living both in a rural area and in a single person household are almost 40 per cent more likely to experience income poverty.

- Having a female head of household is 2.5 times more likely to lead to poverty.
- Among those older people with an income below the 60 per cent poverty line, 72 per cent are owner-occupiers.
- The houses of those above the 60 per cent poverty line are worth 19 per cent more than the houses of the average older person's household and 43 per cent more than the houses of those under the line.

### 3.2.2 Deprivation<sup>5</sup>

- Being female increases the risk of deprivation by 40 per cent.
- Those in rural locations have a lower risk of deprivation than urban dwellers.
- Female headed households are almost four times more likely to experience secondary deprivation than male headed households and those in rural locations are 1.5 times more likely than urban households.
- Those aged between 65 and 74 in rural areas are much more likely to experience secondary deprivation than their counterparts in urban households.

### 3.2.3 Lifestyle deprivation<sup>5</sup>

- 82 per cent of older people feel that they should be able to save some of the household income regularly, but almost 35 per cent cannot do so.
- When poverty is measured by combining income and lifestyle deprivation information and income lines are not adjusted for cash benefits, older households are consistently poorer than other households, especially for those under the 60 per cent poverty line.
- When income lines are adjusted for cash benefits, older households at the 50 per cent poverty line have a lower poverty rate, while at the 60 per cent line they have a significantly higher poverty rate.

### 3.2.4 Housing deprivation and fuel poverty<sup>5</sup>

- 8 per cent of older households have no hot water.
- 40 per cent of older households have no central heating.
- 9 per cent report major problems with heating.
- 12 per cent report major problems with leaks/dampness.
- 11 per cent report problems with sanitary facilities.

- 85 per cent of older people feel that households should be able to replace worn out furniture, but over one fifth cannot afford to do this.
- 1.4 per cent of older people score three or over on the Housing Deprivation Index, compared to 0.1 per cent of the rest of the population.
- 7.8 per cent of older people lack adequate heating in their homes, compared to 6.5 per cent of the rest of the population.
- 11.5 per cent of older people have damp walls and floors in their homes, compared to 7 per cent of the rest of the population.
- 8.3 per cent of older people have rot in their windows or floors, compared to 6.1 per cent of the rest of the population.
- 4.5 per cent of older people have a leaking roof, compared to 2.7 per cent of the rest of the population.
- 22.1 per cent of those in the private rented sector lack adequate heating in their homes, compared to only 5.9 per cent of owner occupiers.
- 16.1 per cent of those living in a rural location have damp walls and/or floors, compared to 7.6 per cent of those living in an urban location.
- Older people are at a greater risk of experiencing housing deprivation than other households.

### **3.3 Key recommendations**

The Council believes that our social protection systems must provide older people with sufficient income to maintain their self-respect and dignity. Given the high levels of poverty outlined in Section 3.1, it recommends that social welfare pensions be indexed to net average industrial earnings and at such a rate that income poverty for those dependent on these pensions does not become institutionalised. Furthermore, any earnings over a low threshold are deducted from the non-contributory pension (but not the contributory pension) on a euro for euro basis. As a result, the current pension system pushes some of those with low earnings potential out of the labour market upon reaching retirement age. The Council recommends that this anomaly in the public pension system be addressed with urgency in order to facilitate those who want to remain in employment after 65 years of age to do so without being penalised financially.

Markers of socio-economic deprivation are associated with disability. The Council recommends that particular attention be paid to preserving the incomes of older disabled people and ensuring that they receive their entitlements.<sup>7</sup>

The vulnerability of older women to poverty and deprivation is clear. A notable aspect of the life history of older women was the obligation on them to retire from paid employment on marriage and particularly on the arrival of children. As a result, the current generation of older women have been largely excluded from the social insurance system. Their access to non-contributory pensions does not adequately reflect the importance and value of their past contributions. The Council recommends that family caring credits should be allowed retrospectively in order to redress past discriminations and to allow women to qualify in their own right for social welfare pensions. The Council has also recommended that consideration be given to extending the Homemakers Scheme to older women, particularly those affected by the 'marriage bar'.<sup>8</sup>

The Council contends that policies promoting the well-being of carers will facilitate solidarity among generations, especially those in caring relationships. It has recommended that a constant care allowance, similar to the Domiciliary Care Allowance, be created. Such a payment would not be based on an assessment of carers' means, but on the effort and opportunity costs involved in providing full-time care at home. This allowance should be paid regardless of means, and should not be calculated in the means test for other social welfare payments.<sup>6</sup>

The Council strongly concurs with the view that as many people as possible should be encouraged to make second pillar pension provision of occupational and private pensions for themselves, thus reducing dependency on social welfare payments. This should be supported by an information drive to convince people of the need to make sufficient savings for retirement.<sup>8</sup>

Finally, the Council believes that the right to work and the right to pensions must co-exist and the Council recommends that an older person's right to work should not be seen as compensation for the loss or reduction of pensions.<sup>8</sup>

## **4. Employment, Retirement and Education**

### ***4.1 Labour force participation***

#### *4.1.1 Overview<sup>8</sup>*

- 6 per cent of older people participate in the labour force.
- 63 per cent of older people are retired.
- 23 per cent of older people look after their homes/families.
- 6 per cent of older people are unable to work due to illness/disability.
- 0.5 per cent of older people are students.
- 11.3 per cent of older males participate in the labour force.
- 2.5 per cent of older females participate in the labour force.

#### *4.1.2 Older people's perceptions of barriers to labour force participation<sup>8</sup>*

- 21 per cent of those in home duties want to change their current situation and find paid employment.
- 52 per cent of those who want to find paid employment feel that there are no suitable jobs locally.
- 52 per cent of those who want to find paid employment feel that they don't have the right skills.
- 51 per cent of those who want to find paid employment feel that employers want younger people.

#### *4.1.3 Older people who care for others*

33.3 per cent of older people aged between 55-69 take part in voluntary work and spend an average of 6.3 hours per week involved in various types of activity.

Generally, voluntary work involves of working with various associations to do with young people, older people, people with disabilities and people living in poverty.

- 4 per cent of people aged 65 years and over provide regular, unpaid personal help for a friend or family member with a long-term illness, health problem or disability.
- 62.5 per cent of the total number of carers aged 65 or over are women
- 50 per cent of all carers aged 65 or over provide 43 hours or more regular unpaid help.

- 7 per cent of older people provide care to others.
- 8 per cent of the 65 to 69 years group provide care to others.
- 9.5 per cent of the 70 to 75 years group provide care to others.
- 5.5 per cent of the 76 to 84 years group provide care to others.
- 5 per cent of older males provide care to others.
- 8.5 per cent of older females provide care to others.

## **4.2 Retirement**

### *4.2.1 Age at retirement<sup>8</sup>*

- In 2001, 14 per cent of people retired by age 54.
- In 2001, 26 per cent of people retired between the ages of 55-59.
- 18 per cent of people entered retirement between the ages of 61-64.
- 6.4 per cent of people retired after 65.<sup>1</sup>
- 70.7 per cent of those who have retired have done so before the age of 65.
- The mean age for retirement is 59.2 years.
- 18 per cent of 55-69 year olds have taken part in a pre-retirement training course.

### *4.2.2 Causes of retirement<sup>8</sup>*

- 31.3 per cent retire early due to ill-health/disability.
- 19.7 per cent retire early due to the existence of good financial incentives that encourage early retirement.
- 10 per cent of older people retire early because the nature of their work has become too stressful and demanding.

### *4.2.3 Older people's attitudes to work and retirement<sup>8</sup>*

- 29 per cent of those aged 55-69 who are retired would like to take up some paid employment.
- 36.6 per cent of those who are working would like to retire as soon as possible.
- 70 per cent of older people are enjoying life more since they stopped working.
- 77 per cent feel that retirement has given them the chance to do the things they really want to do.<sup>1</sup>
- 54 per cent of older retirees often miss being with other people at work.

## **4.3 Education**

### **4.3.1 Educational attainment<sup>1</sup>**

- Over two thirds of persons aged 70 years and over have been educated to primary level only.
- 5.6 per cent of those aged 65 years and over attained a third level qualification after completing 2 or more years of study. Of this group, 2.7 per cent are males and 2.9 per cent are females.

### **4.3.2 Training<sup>8</sup>**

- A small minority, 8.9 per cent, of older people have taken part in job-related training in the past year.
- 9.4 per cent have participated in other non-job related training or education in the past year.<sup>1</sup>

## **4.4 Key recommendations**

Stated historically, older people have been considered as ‘a reserve army of labour’, with early retirement often used as a mechanism for ‘making room’ in the labour market for younger workers. This study found that over two thirds of those who were retired had done so before the age of 65, with the average age of retirement being 59 years. The most common cause of early retirement was illness and disability. However, the second most common cause was voluntary redundancy or receipt of favourable early retirement packages. While the Council recognises that, for some, early retirement provides an opportunity to do other things, it contends that older people should be encouraged, enabled and have the right to remain in the workforce during both good and bad economic times if they so wish. It also recommends that preferences for gradual and flexible retirement be given strong consideration and that future policy on pensions and retirement age be amended to accommodate their provision.<sup>8</sup>

Given that the most common reason for early retirement is illness and disability, the Council recommends that health promotion activities and preventative measures that are routinely offered to younger people be developed so that they include and are offered to older people. In addition, there are various measures that could be adopted within the field of employment policy to alleviate some of the adverse effects

of bad health on employment practices of affected older workers. For example, more flexible working arrangements such as semi-sheltered employment would be particularly relevant.<sup>8</sup>

The Council welcomes the recent amendment to the Employment Equality legislation and recommends that a dual strategy for tackling age discrimination in the workplace be implemented, namely that older people are informed of their rights as workers and employers are made aware of their legal obligations.<sup>8</sup>

Finally, the Council recommends that the benefits and value of life-long learning for older people should be publicised and measures put in place to ensure that they are enabled to take part in training and education programmes.<sup>16</sup> In relation to literacy skills, the Council endorses recommendations made by The Equality Authority (2002) that older people be included on an equal basis in the proposed increase of learners in receipt of tuition by the adult education system. With regard to information technology, the Council recommends that suitable, accessible and affordable IT classes with a one-to-one approach to learning and a person-centred ethos be further developed to enable older people to enhance their capabilities to access information through this medium.<sup>9</sup>

## 5. Health and Lifestyle

### 5.1 General health status

#### 5.1.1 Self-rated health<sup>6</sup>

- 72 per cent of older people rate their own health as being good/excellent.
- 24 per cent rate their own health as being fair.
- 4 per cent rate their own health as being poor/very poor.
- 9 per cent rate their own health as being better/much better compared to a year ago.
- 71 per cent rate their own health as being the same compared to one year ago.
- 20 per cent rate their own health as being worse/much worse compared to one year ago.

#### 5.1.2 Functional ability – activities of daily living<sup>6</sup>

- 89 per cent are self-sufficient and experience no difficulties with activities of daily living.
- 6 per cent experience mostly minor difficulties with activities of daily living.
- 2 per cent experience some major difficulties with activities of daily living.
- 5 per cent experience severe impairment with activities of daily living.
  
- 87 per cent experience no difficulties with dressing, whereas 8 per cent experience mostly minor difficulties, 2 per cent experience some major difficulties, and 3 per cent experience severe impairment with dressing.
- 87 per cent experience no difficulties with personal care tasks, whereas 6 per cent experience mostly minor difficulties, 2 per cent experience some major difficulties, and 5 per cent experience severe impairment with personal care tasks.
- 87 per cent experience no difficulties with arising, whereas 7 per cent experience mostly minor difficulties, 2 per cent experience some major difficulties, and 4 per cent experience severe impairment with arising.
- 86 per cent experience no difficulties with eating and drinking, whereas 5 per cent experience mostly minor difficulties, 2 per cent experience some major

difficulties, and 7 per cent experience severe impairment with eating and drinking.

- 88 per cent experience no difficulties with their walking ability, whereas 6 per cent experience mostly minor difficulties, 2 per cent experience some major difficulties, and 4 per cent experience severe impairment with their walking ability.
- 78 per cent experience no difficulties with their reaching ability, whereas 10 per cent experience mostly minor difficulties, 4 per cent experience some major difficulties, and 8 per cent experience severe impairment with their reaching ability.
- 90 per cent experience no difficulties with their grip ability, whereas 5 per cent experience mostly minor difficulties, 1 per cent experience some major difficulties, and 4 per cent experience severe impairment with their grip ability.
- 84 per cent experience no difficulties with complex activities, such as shopping, whereas 5 per cent experience mostly minor difficulties, 1 per cent experience some major difficulties, and 10 per cent experience severe impairment with complex activities.
  
- 67 per cent suffer from a condition limiting one or more basic physical activities (36 per cent of whom are male and 64 per cent female).<sup>1</sup>
- 68 per cent of those who suffer from a condition limiting one or more basic physical activities are either single, separated or widowed.<sup>1</sup>
  
- 39 per cent experience difficulty in dressing, bathing or getting around inside the home (32 per cent are male and 68 per cent female).<sup>1</sup>
- 73 per cent of those who experience difficulty in dressing, bathing or getting around inside the home are either single, separated or widowed.<sup>1</sup>

### *5.1.3 Support usually needed with activities of daily living<sup>6</sup>*

- 16 per cent usually need support with dressing.
- 11 per cent usually need support with personal care tasks.
- 7 per cent usually need support with arising.
- 10 per cent usually need support with eating and drinking.
- 10 per cent usually need support with their walking ability.
- 13 per cent usually need support with their reaching ability.
- 8 per cent usually need support with their grip ability.

- 19 per cent usually need support with complex activities, such as shopping
- 54.2 per cent experience difficulty in going outside the home alone (31 per cent are male and 69 per cent female).
- 74 per cent of those who experience difficulty in going outside the home alone are either single, separated or widowed.
- 57.3 per cent experience difficulty in working at a job or business (37 per cent males and 63 per cent females).<sup>1</sup>
- 70 per cent of those who experience difficulty in working at a job or business are either single, separated or widowed.<sup>1</sup>

## **5.2 Lifestyle**

### *5.2.1 Weight<sup>10</sup>*

- Men are more likely to be overweight and obese than women.

### *5.2.2 Nutrition and diet<sup>10</sup>*

- One third of people aged 55 years and older do not consume the recommended daily servings of dairy products, fruit and vegetables, or meat, fish and alternatives.
- Men aged 55 and older are more likely than women of that age group to consume more than two portions of meat, fish and alternatives.
- Women aged 55 and over are more likely than men of that age group to exceed the recommended quantity of fruit and vegetables.
- More men than women consume fried food four or more times per week.

### *5.2.3 Food supplements<sup>10</sup>*

- 54 per cent of older people feel that they could eat more healthily. For those aged 65 years and over, the proportion of those who answer negatively decreases with age.
- 45 per cent of older adults take vitamins, minerals or other food supplements.
- 20 per cent more women than men do so.
- Educational status also affects consumption, with 60 per cent of those with a tertiary education taking vitamins, minerals or other food supplements,

compared with 36 per cent of those in the none/primary/some secondary education category.

### 5.2.3 *Physical activity*<sup>6</sup>

- 77 per cent of older people believe that they exercise enough at present.
- 67 per cent of older people report health reasons as barriers to physical activity.
- 6 per cent of older people feel that areas for walking are unsafe, inaccessible or difficult.
- 9 per cent of older people are afraid of overdoing it.
- 14 per cent of older people are not interested in physical activity.
- 6 per cent do not have the time to engage in physical activity.
- Males are more likely to be inactive in the younger age groups, while as years increase, fewer women than men walk for 30 minutes on any day of the week. This trend is reversed for those aged 85 and over where inactive men outnumber inactive women.
- 5.2 per cent of older people attend a gym or leisure centre. Attendance is found to decrease significantly with age, although the 80-85 years group reverses this trend, with a growth in gym/leisure centre attendance.

### 5.2.4 *Smoking*<sup>6</sup>

19 per cent of people aged 55 and over are smokers, of whom:

- 6 per cent are planning to quit
- 8 per cent are actively trying to quit
- 14 per cent are thinking about quitting but not planning to
- 72 per cent are not thinking about quitting.

### 5.2.5 *Alcohol consumption*<sup>10</sup>

- 30.2 per cent of adults aged 55 years and older drink alcohol on five or more days per week.
- Among those who drink alcohol seven days a week, there is an increase across age groups, except in those aged 85 years and over, where a decrease is observed.

- 26.9 per cent of men aged 55 years and over, compared with just 15 per cent of women, consume more than recommended limits.
- There is an over-representation of binge drinkers among those aged 70-84 years.
- Binge drinking habits (as defined by more than six units per sitting for men and more than four units per sitting for women) are similar for both genders, at 40.7 per cent and 43.6 per cent for men and women respectively.

#### *5.2.6 Social contact<sup>5</sup>*

- 64.6 per cent of older people talk with their neighbours most days.
- 28.1 per cent of older people talk with their neighbours once or twice a week.
- 67.8 per cent of older people meet friends or relatives most days of the week.
- 25.5 per cent of older people meet friends or relatives one to two times per week.
- 27 per cent of older people belong to a club or organisation, compared to 45.9 per cent of the rest of the population.
- 36.9 per cent of those aged 65-69 years belong to a club or organisation, compared to 26.2 per cent of those aged 70-79 years and 14.5 per cent of those aged 80 years or over.
- 33.5 per cent of older people living in urban areas belong to a club or organisation, compared to 19.5 per cent of those living in rural areas.

#### *5.2.7 Support<sup>6</sup>*

- 87.5 per cent receive emotional support most of the time.
- 7 per cent receive emotional support some of the time.
- 5 per cent receive emotional support none/little of the time.
- 88 per cent receive informational support most of the time.
- 7 per cent receive informational support some of the time.
- 5 per cent receive informational support none/little of the time.
- 79 per cent receive practical support most of the time.
- 12.5 per cent receive practical support none/little of the time.
- 8.5 per cent receive practical support some of the time.

## **5.3 Chronic health problems and disability**

### **5.3.1 Chronic illness<sup>5</sup>**

- 25.6 per cent of older people feel that their work or daily activity is limited by a long-term illness, health problem or disability. The extent to which older adults experience such limitations increases with age, with the exception of the 80-85 years category, which does not conform to this trend.
- 43.6 per cent of older people suffer from a chronic physical or mental health problem.
- Chronic rates of illness after age 65 are three times higher than those found among those under age 30 and almost five times higher after age 71.
- After age 71, almost 90 per cent of those with a chronic illness will be hampered by it, almost 30 per cent severely.
- Among those who have a chronic illness, over 46 per cent have a mobility problem. This is particularly prominent among older women.
- While 45 per cent of older people have a chronic illness which hampers them in some way, only 20 per cent cut down on their usual activities because of this.

### **5.3.2 Disability<sup>1</sup>**

- 41.9 per cent of those with a disability in Ireland are aged 65 years and over, of these 37 per cent are aged between 65-74 years, 43 per cent are aged 75-85 years, and 20 per cent are aged 85 years and over.
- 38.2 per cent of those aged 65 years and over with a disability are male.
- 61.8 per cent of those aged 65 years and over with a disability are female.

#### **5.3.2.1 Number of disability types<sup>1</sup>**

- 68 per cent of older people have more than one type of disability.
- 32 per cent have one disability.
- 18 per cent have two disabilities.
- 15 per cent have three disabilities.
- 15 per cent have four disabilities.
- 13 per cent have five disabilities.
- 16 per cent have six disabilities.

#### *5.3.2.2 Hearing and visual impairment<sup>1</sup>*

- 30.5 per cent suffer from blindness, deafness or a severe visual or hearing impairment (41 per cent of males and 59 per cent of females).
- 67 per cent of those who suffer from blindness, deafness or a severe visual or hearing impairment are either single, separated or widowed.
- 43.5 per cent experience difficulty in following a conversation if there is background noise.
- 56.2 per cent of respondents report no difficulty in hearing without a hearing aid.
- 22.3 per cent experience little difficulty in hearing without a hearing aid.
- 15.6 per cent experience moderate difficulty in hearing without a hearing aid.
- Six per cent experience great difficulty in hearing without a hearing aid.

#### *5.3.2.3 Use of aids and devices<sup>6</sup>*

- 17 per cent require the use of a walking stick.
- 4 per cent require the use of a frame/Zimmer/crutches.
- 3 per cent require the use of a wheelchair.
- 9 per cent own a hearing aid.

#### *5.3.2.4 Dental and oral disorders<sup>10</sup>*

- 36 per cent have some teeth and some dentures.
- 31 per cent have full dentures.
- 28 per cent have some teeth and no dentures.
- 2 per cent have no teeth missing and 3 per cent have no teeth or dentures.
- Women are significantly more likely to have full dentures, while men are significantly more likely to have no teeth missing or some teeth missing and no dentures.

#### *5.3.2.5 Intellectual disabilities<sup>1</sup>*

- 10 per cent of the total number of people with intellectual disabilities are aged 55 years and over.
- 48 per cent are male and 52 per cent are female.
- 33 per cent have a mild disability.
- 45 per cent have a moderate disability.

- 19 per cent have a severe disability.
- 3 per cent have a profound disability.

#### **5.4 Specific disorders**

<b>Condition</b>	<b>Prevalence</b>	<b>Extremely disruptive</b>	<b>Moderately disruptive</b>	<b>A little disruptive</b>	<b>Not at all disruptive</b>
Bone or joint condition	46%	18%	31%	38%	13%
Hypertension	36%	1%	19%	29%	51%
Eye or vision problem	22%	9%	30%	34%	27%
Cardiac condition	20%	12%	32%	28%	28%
Memory/concentration problem	17%	9%	28%	47%	16%
Ear or hearing problem	17%	13%	37%	38%	12%
Sleep problems	17%	16%	34%	43%	7%
Back problems	15%	15%	30%	43%	12%
Respiratory condition	14%	13%	28%	29%	30%
Foot problems	12%	23%	27%	33%	17%
Depression/anxiety	12%	12%	33%	41%	14%
Prostate/bladder problem	11%	18%	39%	31%	12%
Bowel disorder	8%	12%	36%	36%	16%
Dental/gum problems	6%	3%	24%	40%	33%
Diabetes mellitus	6%	11%	28%	30%	31%
Stomach or peptic ulcers	6%	4%	28%	40%	28%
Migraine/chronic headache	5%	7%	44%	28%	21%
Leg ulcer	4%	18%	30%	37%	15%
Kidney disease	3%	26%	41%	26%	11%

Serious skin disorder	3%	0%	22%	56%	22%
Thyroid gland disorder	3%	0%	21%	37%	42%
Cancer	3%	20%	24%	24%	32%
Blood disorder	3%	0%	32%	45%	23%
Other consequences of stroke	2%	56%	11%	22%	11%
Speech difficulty	1%	43%	0%	57%	0%
Parkinson's disease	1%	42%	29%	29%	0%
Epilepsy	<0.5%	50%	25%	25%	0%
Liver disorder	<0.5%	0%	0%	0%	100%

Table 5.1: Prevalence of health conditions over the past year and level of disruption caused in last month<sup>6</sup>

#### 5.4.1 Cardiovascular disease<sup>11</sup>

- 36 per cent of deaths registered with the CSO among those aged 65-74 years are due to diseases of the circulatory system.
- 40 per cent of deaths registered with the CSO among those aged 75 years and over are due to diseases of the circulatory system.

#### 5.4.2 Cancer<sup>11</sup>

- 36 per cent of deaths registered with the CSO among those aged 65-74 years are due to malignant neoplasms.
- 16.5 per cent of deaths registered with the CSO among those aged 75 years and over are due to malignant neoplasms.

#### 5.4.3 Prevalence of types of cancers among the over 65's<sup>12</sup>

- 52.4 per cent of colon cancer cases are recorded in those aged 65 and over.
- 70 per cent of lung cancer cases are recorded in those aged 65 and over.
- 67 per cent of non-melanoma skin cancer cases are recorded in those aged 65 and over.
- 28 per cent of breast cancer cases are recorded in those aged 65 and over.

- 82 per cent of prostate cases are recorded in those aged 65 and over.

#### **5.4.4 Pneumonia<sup>12</sup>**

- In 2002, 9.2 per cent of deaths registered with the CSO among those aged 75 years and over were due to pneumonia.

#### **5.5 Unintentional injury and falls<sup>3</sup>**

- In 2002 3.2 per cent of deaths registered with the CSO among those aged 65-74 years are due to external causes.
- 2.8 per cent of deaths registered with the CSO among those aged 75 years and over are due to external causes.
- 7 per cent of older people had an accident resulting in serious injury in the past year: 9 per cent of these took place in the kitchen; 2 per cent took place in the bathroom; and 19 per cent took place in the garden.
- 77 per cent of these accidents were falls.
- 10 per cent were cuts.
- 13 per cent of all male and 24 per cent of all female road fatalities occur in those over 65 years.

#### **5.6 Suicide**

- In 2003, 13 males per 100,000 of the population in the 65 years and over group committed suicide.
- In 2003 2 females per 100,000 of the population in the 65 years and over group committed suicide.

#### **5.7 Elder abuse**

Until relatively recently elder abuse – the abuse, neglect and/or mistreatment of older people – was not recognised in common with other forms of abuse and maltreatment.<sup>13</sup> We do not know for certain the prevalence of elder abuse in Ireland, but the Working Group on Elder Abuse (WGEA) estimated that based on international studies, some 3 per cent to 5 per cent of older people living in the community suffer abuse at any one time. This means that between 12,000 and

20,000 older Irish people are being victimised in Ireland on an annual basis. The WGEA noted that this is probably an underestimate as no figures are available for abuse in institutional settings.

## **5.8 Mental disorders**

### *5.8.1 Prevalence<sup>14</sup>*

- Between 20 and 25 per cent of older Irish people have a mental disorder of some severity at any one time.
- Approximately 5 per cent of people over 65 years suffer from some form of dementia.
- 15 to 20 per cent suffer from other mental problems such as depression and anxiety.
- 13.5 per cent of the total numbers in psychiatric institutions are aged 65 years and over.

### *5.8.2 Admissions to psychiatric hospitals<sup>15</sup>*

- 24.8 per cent of those aged 65-74 years who are admitted to psychiatric hospitals are first admissions.
- 35.8 per cent of those aged 75 years and over who are admitted to psychiatric hospitals are first admissions.
- 44.6 per cent of those aged between 64-74 years and 43.5 per cent of those aged 75 years and over who are admitted suffer from depressive disorders.
- 20 per cent of those aged between 64-74 years and 9.3 per cent of those aged 75 years and over who are admitted suffer from schizophrenia.
- 11.5 per cent of those aged between 64-74 years and 4.8 per cent of those aged 75 years and over who are admitted suffer from alcoholic disorders.
- 8.5 per cent of those aged between 64-74 and 30 per cent of those aged 75 years and over who are admitted suffer from organic psychoses.

## **5.9 Key recommendations**

'Healthy ageing' is a positive concept which emphasises personal development and the exercise of personal choice. Healthy ageing therefore includes activities that

influence social and environmental changes, which promote health, well-being and activities that prevent illness.<sup>16</sup>

The Council recommends that health and local authorities allocate resources for ongoing needs assessment in relation to health and health promotion needs of older people, and that needs assessment be conducted in a cost-effective manner through partnership working with community groups and community-based services.<sup>23</sup>

The Council strongly recommends that all sectors, health and local authorities in particular, develop their consultative processes with older people in the planning stages of healthy ageing initiatives and strategies.<sup>16</sup>

The Council recommends that health promotion departments become more proactive in relation to partnership working with GPs and Public Health Nurses (PHNs) in regard to healthy ageing. The Council recommends that the issue of screening policy for older people be considered in conjunction with the Primary Care Task Force and Steering Group.<sup>16</sup>

Finally, The Council recommends that older people on lower incomes be given priority by all sectors working to promote healthy ageing. The Council also recommends that specific resources be allocated for low-income older people within each health promotion department and local authority.<sup>16</sup>

## **6. Health Service Usage, Community Services and Long-Stay Care**

### **6.1 Health service usage**

#### *6.1.1 GP services<sup>6</sup>*

- 37 per cent of older people have been with their GP for more than 20 years.
- 32 per cent have been with their GP for between 10 and 19 years.
  
- 96 per cent are satisfied or very satisfied with different aspects of care provided by their GP (e.g. concerns taken seriously, appointments when needed, adequate information on health provided).
- 4 per cent of older people feel that transportation acts as a barrier to accessing their GP.
- 4 per cent feel that cost acts as a barrier.

#### *6.1.2 Blood pressure checks<sup>10</sup>*

- 66.5 per cent of older people have had their BP checked less than 3 months ago.
- 24 per cent have had their BP checked up to 1 year ago.
- 5.5 per cent have had their BP checked up to 3 years ago.
- 1.5 per cent have had their BP checked 3-5 years ago.
- 1 per cent have had their BP checked over 5 years ago.
- 1.5 per cent have never had their BP checked.

#### *6.1.3 Checkups<sup>10</sup>*

- 82.6 per cent of those who have a medical card have been for a checkup within the previous three years.
- 75.2 per cent of those who do not have a card have been for a checkup within the previous three years.
- 55 per cent attend their GP for a regular checkup.
- 12 per cent attend a hospital for a regular checkup.

#### *6.1.4 Hospital services use in previous year<sup>6</sup>*

- 12 per cent of older people used A&E services.
- 16 per cent of older people had scheduled hospital in-patient appointments.
- 24 per cent of older people had scheduled hospital out-patient appointment.
  
- 2.5 per cent of older people were on waiting lists for in-patient treatment.
- 2.5 per cent were on waiting lists for out-patient treatment.
- Mean length of waiting time for in-patient and out-patient treatment was 26 weeks.

#### *6.1.5 Use of day hospitals and day centres<sup>6</sup>*

- 5 per cent of older people used a day hospital in the past 12 months.
- 2 per cent of older people used a day centre in the past 12 months.

#### *6.1.6 Acute hospital stays<sup>17</sup>*

In 1999, the average length of hospital stay for all ages and all conditions was 5.1 days and, for age 65 and over, was 7.9 days.

## **6.2 Community services**

#### *6.2.1 Currently availing of services<sup>6</sup>*

- 5 per cent of older people use Home Helps.
- 1 per cent use meals-on-wheels.
- 15 per cent use Public Health Nurse/District Nurses.
- <1 per cent use Personal Care Attendants.
- 3 per cent use physiotherapy services.
- <1 per cent use occupational therapy.
- 16 per cent use chiropody services.
- <.5 per cent use speech therapy
- <.5 per cent use psychological/counselling services.
- 2 per cent use dietician services.
- 16 per cent use optician services.
- 8 per cent use dental services.
- 4 per cent use hearing services.

- 2 per cent use respite care
- 1 per cent use social work services.

#### *6.2.2 Used service, would have liked to receive more<sup>6</sup>*

- 14 per cent would like Home Helps.
- 17 per cent would like meals-on-wheels.
- 14 per cent would like Public Health Nurse/District Nurses.
- 17 per cent would like Personal Care Attendants.
- 8 per cent would like physiotherapy services.
- 14 per cent would like occupational therapy.
- 14 per cent would like chiropody services.
- 6 per cent would like optician services.
- 8 per cent would like dental services.
- 5 per cent would like hearing services.
- 29 per cent would like respite care.
- 11 per cent would like social work services.

#### *6.2.3 Did not use service, would have liked to<sup>6</sup>*

- 3 per cent would like Home Helps.
- 1 per cent would like meals-on-wheels.
- 3 per cent would like Public Health Nurse/District Nurses.
- 2 per cent would like Personal Care Attendants.
- 5 per cent would like physiotherapy services.
- 1 per cent would like occupational therapy.
- 12 per cent would like chiropody services.
- 1 per cent would like speech therapy.
- 1 per cent would like psychological/counselling services.
- 2 per cent would like dietician services.
- 7 per cent would like optician services.
- 4 per cent would like dental services.
- 5 per cent would like hearing services.
- 1 per cent would like respite care.
- 2 per cent would like social work services.

## **6.3 Long-stay care**

### *6.3.1 Overview<sup>18</sup>*

- In 2003, 4.8 per cent of those aged 65 years and over were in long-stay care.
- 67.3 per cent of patients were female.
- 66.3 per cent of patients were aged 80 years or over.
- 12.1 per cent of patients had been resident for a year or more.
- 76.9 per cent of patients had been resident for less than three months.

### *6.3.2 Levels of dependency<sup>19</sup>*

- 9.2 per cent in long-stay care are categorised as low dependency.
- 19 per cent in long-stay care are categorised as medium dependency.
- 30.6 per cent in long-stay care are categorised as high dependency.
- 41.2 per cent in long-stay care are categorised as maximum dependency.

### *6.3.3 Reasons for residence<sup>19</sup>*

- 33.3 per cent suffer from a chronic physical illness.
- 23.9 per cent suffer from a mental infirmity/dementia.
- 12.3 per cent are in long-stay care due to social reasons.
- 11 per cent have a physical disability.

### *6.3.4 Admittance and discharge<sup>19</sup>*

- 54.8 per cent of patients are admitted from the community.
- 35.1 per cent are admitted from acute hospitals.
- 68.2 per cent are discharged back into the community.
- 16.6 per cent are deceased.
- 79.5 per cent of patients are resident for less than three months.
- 11.2 per cent of patients are resident for a year or more.

### *6.3.5 Preferences for long-term care<sup>6</sup>*

When asked about their wishes were they to need long-term care in the future, older people stated a clear preference for being cared for in their own homes with minimal health service involvement. The majority (87 per cent) wanted to continue to live in their own homes. Over half of the group hoped to be cared for by family and friends

with one quarter having no preference and a similar number preferring professional help. Professionals were preferred for the more intimate personal care tasks rather than for household tasks.

When asked to consider options that involved moving from their current residence to another residence but remaining in the community, older people's strongest preference was for an independent dwelling (a 'granny flat') attached to a relative's home. Forty per cent said they would opt for this while 25 per cent would accept living with a relative either with or without respite services. One in four would accept a move to sheltered housing as a community-based option.

Concerning options within the range of residential long-term care settings, those with nursing care services were preferred over those without. One third of those surveyed felt that moving to a private nursing home was acceptable to them, while a further 25 per cent indicated that public nursing homes were acceptable. Twenty per cent found the option of a residential home without nursing care acceptable.

About half of all respondents said they would not accept either private or public nursing home or residential home options. Sheltered housing was unacceptable to 58 per cent of the group with almost half not willing to move into the home of a family member, even if there was a separate dwelling space. The least acceptable option was boarding out – this was unacceptable to 77 per cent of older people.

### *6.3.6 Expectations and planning for long-term care<sup>6</sup>*

Most older people expected that, in the event that they could no longer live independently, they would still continue to live in their own homes. This would be without health board involvement or, at most, only respite care for 56 per cent of the group, with only 12 per cent expecting to have more extensive health board involvement. Others expected that they would move to either 'granny flats' (8 per cent) or private (9 per cent) or public (6 per cent) nursing homes. Three per cent expected that they would move into another family member's home.

Although all of those surveyed had preferences for, and beliefs about, what would happen if they needed long-term care, over 75 per cent had never discussed their preferences with family members or other trusted persons. Eighty-six per cent believed their long-term care preferences would be honoured if they needed such

care. A significant number were not convinced that their wishes would be met if they needed long-term care.

#### **6.4 Perceptions of differential treatment of older people by health and social care workers<sup>20</sup>**

- 40 per cent feel that health and social care workers show differential treatment in relation to their attitudes to older people.
- 32 per cent feel that health and social care workers show differential treatment to older people in relation to the treatment of illnesses.
- 39 per cent feel that health and social care workers show differential treatment to older people when placing them on waiting lists for tests and operations.

#### **6.5 Key recommendations**

##### *6.5.1 Heterogeneity of the older population*

Council research on perceptions of ageism in health and social services provided older people with an opportunity to describe how they were treated by health and social care providers. Though the older respondents were broadly positive about their access to and quality of services received, a substantial number felt that they were treated differently from other clients of health and social services because of their age. This differential treatment was manifested in lack of access to certain services and poor quality delivery of other services. It was perceived to occur because service providers viewed older people as a homogeneous group who would not benefit from certain treatments or who did not deserve high quality services.<sup>21</sup>

The Council has continuously asserted that older people are a heterogeneous population with diverse needs, abilities and preferences. In this regard it has recommended a person-centred approach to the delivery of services as the most appropriate means of accommodating this heterogeneity.<sup>6</sup>

##### *6.5.2 Establishing a continuum of care*

Council research has provided numerous examples from both older people's and service providers' perspectives with regard to how the absence of a fully resourced

continuum of care results in older people not receiving services appropriate to their needs and preferences, as well as inappropriate admissions to acute services and long-stay care.<sup>6</sup>

The Council believes that providing a continuum of care with appropriate services offers the best method to best meet the care preferences of older people. The Council identifies four elements in this continuum of care: self-care, community-based care, care and case management; and long-term care. A comprehensive care system implies the provision of a range of care options along a continuum, which has preventative care as one of its end points and long-stay care at the other end.<sup>22</sup> Gaps at different points along the continuum limit choices for older people when a care need arises, and provision of the most appropriate care is seriously prejudiced.

#### 6.5.2.1 Self-care<sup>23</sup>

Self-care refers to situations in which older people are able to look after themselves without direct intervention. A critical component of self-care is the provision of preventative and anticipatory care in the form of health promotion and health information. Such provision empowers older people, prolonging their period of independent and active ageing and encouraging their full and active participation in society.

#### 6.5.2.2 Community-based care<sup>23</sup>

With time, older people's ability to care for themselves at home may decline and community-based networks and services may be required to maintain them in their own homes. Critical components of community-based care include: health and social care assessment, support for carers, community care services, housing and transport.

#### 6.5.2.3 Care and case management<sup>23</sup>

Frail and vulnerable older people at the margins of home and residential care (and who may have required care in a hospital for a period of time) require more intense assistance to remain at home. With the agreement of all involved parties, a Case Manager may intervene to provide support to informal carers and to organise and ensure provision of services that maintain those older people at home. Older participants who were consulted as part of the research for the Council's report on care and case management (Delaney *et al.*, 2001) reacted very positively to this concept.

The Council recommends that future national, regional and local policies on health and social care services for older people be developed to embrace a care management approach to service coordination and planning at a management level and case management as the means by which health and social care services can be tailored and delivered to the target population of older people.

Consistent with its person-centred philosophy of care and case management, the Council recommends the older person/client and his/her family/carer should be placed at the heart of health and social service planning and delivery in this country. The Council also recommends that the needs of informal carers be listened to and supported throughout the Care and Case Management process.

Health information systems must be developed to meet the information management requirements of Care and Case Management. These systems must facilitate service coordination and evaluation. The National Health Information Strategy should provide the basis for this system. In addition, within this National Health Information Strategy it is recommended that the information requirements of older people should be satisfied so that they can be empowered to make informed choices about their own health.

The Council recommends that measures should be put in place to facilitate a continual monitoring of all older people above a certain age, 65 years for example. For people with specific needs, a tailored package of care developed in consultation with specialised care teams. The Care Manager should have specific training and experience working with such groups.

The Council recommends that measures be taken to develop the skills and competencies needed to be a Care Manager and Case Manager (for example, Personal Development Plans might be introduced for Care Managers and Case Managers). The Council also recommends that any training programmes that are designed should be based on an anti-ageist ethos.

It is strongly recommended that administration and information technology resources available to service providers be developed to a level capable of sustaining service development and inter-agency collaboration.

The Council recommends that an evaluation programme be developed to focus on, among other things, quality of life outcomes for the client. In addition, this programme must focus on how well the needs of the client are met through Care and Case Management and service users must be consulted during the development and planning of those aspects of the evaluation.

#### 6.5.2.4 Long-stay care<sup>24</sup>

Although older people prefer to remain at home, it is not always feasible and some older people require long-stay care. Like the general population, however, the population of older people in residential settings has diverse abilities, needs and preferences.

Concerned about the reported levels of poor quality of care and quality of life in long-stay care in particular, the Council produced *A Framework for Quality in Long-Term Residential Care for Older People in Ireland* (2000).<sup>24</sup> The Council believes that long-stay care is a critical part of the continuum of care services; it should be provided to such a standard to those older people who can no longer be maintained in dignity and independence at home that they experience both health gain and social gain from the service. Attention must focus unequivocally on the quality and effectiveness of long-stay care services, rather than on the provision of such services to a minimum standard.

The Council believes that an authoritative statement of policy on prevention, assessment, rehabilitation, standards of care, and the maintenance of independence and dignity in continuing care is required. It further recommends that standards should be raised uniformly throughout the long-term residential care sector, including public facilities.

To ensure uniformity of standards, the Council recommends that the Department reconsider the recommendation of the Working Group on Services for the Elderly for the establishment of an independent inspectorate of extended facilities for older people within the Department of Health.

The Council also recommends that the Department require all long-term residential care institutions to produce a quality assurance policy statement and a quality assurance service plan. To this end, the Council recommends that the Department of Health and Children:

- publish national quality standards and guidelines for long-term care in Ireland to assist those required to produce quality assurance policy statements and quality assurance service plans for private, state and voluntary facilities. Standards should specify clearly performance targets and indicators, introduce mechanisms to promote, encourage and foster quality assurance in all private, voluntary and health board long-stay facilities.

The Council further recommends that the Minister for Health and Children or the Minister for State with responsibility for older people establish a representative Working Group on Quality Assurance in long-stay residential care.

#### 6.5.2.5 Older people with dementia<sup>25</sup>

Among the numerous recommendations made in *An Action Plan for Dementia* (1999), the Council proposes that clinical standards and competencies for early assessment and diagnosis of dementia should be developed. In addition, information and training should be provided to GPs and PHNs to facilitate and encourage the early diagnosis of dementia. The Council also recommends that there should be a public information campaign to raise awareness of dementia among the general public.

The Council recommends that Care and Case Management be introduced to coordinate services for people with dementia and their carers. Carers should have a major input into placement decision-making and service delivery issues.

The Council also recommends the provision of flexible, continuous and legislatively-based home support services for people with dementia.

#### 6.5.2.6 Assessment

Various Council reports such as *A Framework for Quality in Long Term Residential Care for Older People in Ireland* (2000)<sup>24</sup>, the *HeSSOP* report (2001)<sup>6</sup> and the *Care and Case Management* report (2001)<sup>23</sup> have questioned the use of multiple and various assessment tools to determine eligibility for the various services which make up the continuum of health and social care for older people in Ireland. The following were the broad conclusions of a national conference on Assessment, held by the Council in 2001:<sup>26</sup>

- there is a difficulty in both gathering this information together and in sharing it so that interested parties could become aware of good or best health and

social care assessment practices. There was a general consensus that the availability of a central point of access to information on assessment was critical.

- there is a need for a *national* approach to the assessment of older people's health and social care needs and preferences and it was suggested that the gathering and sharing of information would be a precursor to the development of this approach.
- It was suggested that a process was required to discover the way forward for assessment and that a national steering group could be established to guide the future development of the assessment process.

The conference highlighted a number of considerations that any future initiative would need to be aware of:

- the difference between assessment tools and an assessment process is not fully appreciated.
- health and social service providers in general have difficulty in gathering information. So any initiative established to create a central point of access for information on assessment would need to be mindful of these difficulties. It is envisaged that the task of collecting this information on local and regional assessment practices will be considerable and will require a dedicated post or piece of research to do so thoroughly.<sup>26</sup> The Council recommends that a national framework for the multi-disciplinary assessment of older people in acute and community care settings should be developed.

Timely and comprehensive assessments are necessary but not sufficient for the establishment of effective continuum of care – services that address needs that have been identified by the assessments must also be available. In this regard, the Council has recommended that community services such as paramedical services, Home Helps, meals-on-wheels, and day services should be underpinned by legislation and adequate funding so that they are available to older people as they are needed<sup>2</sup>. This designation would ensure that older people would be enabled to remain in their own homes for as long as possible consistent with the objectives of national policy on health and social care services as set out in *The Years Ahead: A Policy for the Elderly*.<sup>27</sup>

### 6.5.3 *Financing long-term care*

The Council proposes that a system of financing long-term care is urgently required to ensure that older people's long-term care needs are met and to ensure that if they are no longer able to live independently, they are still enabled to live in dignity.<sup>28</sup>

The Council recommends the following principles for the funding of long-term care:

- It should be comprehensive.
- Funding should not determine care requirements; rather care requirements should determine funding.
- There should be a built-in bias towards home care solutions while retaining a capacity for financing care in institutional settings.
- Payment mechanisms should be prospective and case management should be used to determine needs.
- Access should be on the basis of need and should not be impeded by an inability to pay.
- Efficiency and the quality of care should be enhanced rather than diminished by the funding system.

The Council has further stated the following from time to time:<sup>29</sup>

- Social insurance provides the most appropriate mode of financing the long-term care of older people. Such an approach would promote the entitlement to care for older people that the Council believes is mandatory.
- The system of social insurance for long-term care should be designed and planned so as to enable the maximum access and participation of Irish citizens.
- A legislative framework governing the provision of essential services to older people is also required. Core services of such provision should include home help services, meals-on-wheels, day care, respite care both inside and outside the home, paramedical services and sheltered housing.
- Broad consideration should be given to a) the concept of partnership and b) the full range of partnership options that might underpin the provision of residential care in the future.
- Long-term residential care is a critical part of the continuum of care services to which older people have an entitlement.

- A focus on the quality of care services for older people is of critical importance and this should be reflected in the ethos, priorities and practices of a Long-Term Care Authority, if established.
- In the development and implementation of new systems to plan and fund long-term care in Ireland, older people must be consulted, thus enabling their views and perspectives to be heard and valued at both national and local levels.

## **7. Problems Facing Older People**

### **7.1 Security, violence and abuse**

- 82.5 per cent identify fear of crime as a main problem facing older people.<sup>20</sup>
- 15 per cent of older households report vandalism problems in their area.<sup>10</sup>
- 10 per cent report problems with graffiti in their area.<sup>10</sup>
- 12 per cent report problems with public drunkenness in their area.<sup>10</sup>
- 6.7 per cent of those in the 65 years and over group have been victims of one of a number of named crimes.<sup>20</sup>
- 2.9 per cent have been burgled.<sup>20</sup>
- 14.2 per cent of this percentage have been burgled more than once.<sup>20</sup>
- 2.8 per cent of 65 years and over households (based on age of reference person) experience vandalism and 41.2 per cent of these older victims report the occurrence to the Gardai.<sup>20</sup>

### **7.2 Transport**

- 28 per cent of those aged 60-69 years identify transport as a main problem for older people.<sup>20</sup>
- 21 per cent of those aged 70 years and over identify transport as a main problem for older people.<sup>20</sup>
- 92 per cent of those who drive a car have no difficulty in accessing social supports.<sup>6</sup>
- 4.5 per cent of those who drive a car have some difficulty in accessing social supports.<sup>6</sup>
- 3 per cent of those who drive a car have much difficulty or find it impossible to access social supports.<sup>6</sup>
- 77.5 per cent of those who do not drive a car have no difficulty in accessing social supports.<sup>6</sup>
- 12 per cent of those who do not drive a car have some difficulty in accessing social supports.<sup>6</sup>
- 10 per cent of those who do not drive a car have much difficulty or find it impossible to access social supports.<sup>6</sup>

### **7.3 Loneliness<sup>30</sup>**

- Just under 50 per cent of older people are identified as moderately lonely in the category of romantic loneliness.
- Romantic loneliness is significantly higher among women than it is among men.
- Single and widowed older people are more likely to score high on romantic loneliness scales than married older people.
- 10 per cent of older people are identified as moderately lonely and 2 per cent as very lonely in the category of social loneliness.
- 7 per cent of older people are identified as moderately lonely in the category of family loneliness.
- The oldest old (85 years and over) experience the highest levels of social and romantic loneliness.
- Older people who perceive their health as poor are significantly more likely to experience loneliness, socially and emotionally, than others.
- Older people who have no access to transport experience significantly higher levels of social, family and romantic loneliness.

### **7.4 Ageism**

#### *7.4.1 Action of public authorities for older people<sup>20</sup>*

- 43 per cent feel that public authorities do all they should for older people.
- 54 per cent feel that public authorities don't do enough for older people.
- 5 per cent don't know whether public authorities do enough, too much or not enough for older people.

#### *7.4.2 Views about financial services for older people<sup>20</sup>*

- 52.5 per cent feel that older people (in their fifties and up to retirement age) are treated less favourably by the financial sector because of their age.
- 61.5 per cent feel that older people (over retirement age) are treated less favourably by the financial sector because of their age.

#### *7.4.3 Older people's perceptions of society's attitudes towards them<sup>20</sup>*

- 57 per cent feel that older people are admired and respected by young people.
- 13.5 per cent feel that people in their fifties should give up work to make way for younger people.
- 55 per cent of those aged 60 to 69 years, and 50 per cent of those aged 70 years and over, feel that older people are too set in their ways and ideas.
- 43 per cent feel that older people are not willing to listen to young people's views.
- 93.5 per cent feel that older people should stand up more actively for their own rights.
- 84 per cent feel that older people and young people should mix together more often socially.
- 97 per cent feel that all older people should be given reduced prices for things like gas, electricity, telephone and transport.
- 95 per cent of those aged 60 to 69 years, and 90 per cent of those aged 70 years and over, feel that these days older people are much younger in their ways.
- 87.5 per cent feel that society does not recognise the contribution that many older people are still able to make.

## 8. Older People's Information Needs

The difficulties encountered by older people in accessing services due to lack of information is documented in *The Years Ahead Report: A Review of the Implementation of its Recommendations* (Ruddle *et al.*, 1997) and the need to improve information provision for older people has been asserted by the Council in numerous reports, most notably *Meeting the Health, Social Care and Welfare Services Information Needs of Older People in Ireland*.<sup>9</sup> During the research for this report, the older people who were interviewed highlighted four important transition times at which timely, accurate and accessible information is required: retirement; onset of illness or disability; moving from home for increased care; and bereavement. With regard to the onset of an illness or a disability specifically, information is required by older people and their carers in particular to:

- understand the nature of symptoms, illnesses and prognoses;
- understand and follow advice and treatment given;
- know about entitlements;
- know about locally available services;
- assess the quality of medical services.

The Council recommends the implementation in full of the Action Plan detailed in this report. The Action Plan has as its main focus the older information seeker and it proposes that effective information provision should be driven from the 'bottom up' rather than from the 'top down', i.e. information should be consumer rather than producer driven. It also proposes that the provision of information should be proactive rather than passive. Therefore, the providers of information must actively engage with older people to ensure that they have the information that they require. The Plan accommodates both the older person who can access information independently and the older person who may experience difficulties in accessing information for reasons that are detailed in the report. In order to accommodate the needs and abilities of all older people, the Action Plan has a core element that is relevant and applicable to both groups with an added dimension tailored to meet the needs of the vulnerable older information seeker. The Plan also makes recommendations with regard to current national and local information gateways.

The adoption of the Action Plan would mean that both national (such as OASIS) and local (CICs) information gateways would be in a position to provide tailored information to older people and their carers. The plan also accommodates older

people who may find it difficult to access information through these gateways through the provision of an outreach information service. The Council concludes that information is a relatively low cost method of providing support and that it would diminish the burden of care for carers.<sup>9</sup>

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