
A Bounty not a Burden!

Submission on the National
Positive Ageing Strategy



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Foreword

Older & Bolder is a national alliance of seven non-governmental organisations that aims to champion the rights of older people and to combat ageism. The members are : Active Retirement Ireland, Age & Opportunity, the Alzheimer Society of Ireland, the Carers Association, the Irish Hospice Foundation, the Irish Senior Citizens Parliament and Senior Help Line. Older & Bolder's member organisations are rooted in and working for and with older people across the country. Separately and collectively, they reflect many different facets of ageing and the interests and contributions of older people in all their diversity.

We view ageing and older people as a bounty and not a burden and we assert the right of older people as citizens to equal participation in economic, cultural and political life, and to equality of treatment by service providers across the board.

Our submission has been prepared in response to a public call for submissions issued by the Office for Older People within the Department of Health and Children. The call was made on behalf of the Minister for Older People and Health Promotion, Áine Brady TD, who is developing the National Positive Ageing Strategy. A commitment to develop a national strategy on ageing formed part of the 2007 Programme for Government.

On behalf of Older & Bolder, I would like to thank Joe Larragy, Dept. of Applied Social Studies, NUI Maynooth who has prepared this submission with us. The submission is informed both by the contributions of members of the Older & Bolder alliance, and of older people who participated in a series of eight regional consultation meetings conducted between November 2008 and June 2009. A summary of older people's feedback from the consultative process is published as a separate report and we hope that readers of this submission will also read the feedback report.

Tom O'Higgins,
Chairman

Executive Summary

Citizenship of Older People

Older & Bolder views ageing and older people as a bounty and not a burden and asserts the right of older people as citizens to equal participation in economic, cultural and political life, and to equality of treatment by service providers across the board. The alliance has been an energetic proponent of a national strategy on ageing and welcomes the opportunity to contribute to the development of the National Positive Ageing Strategy (NPAS).

Mainstreaming with Vigour

The Office for Older People brief for the NPAS is broad-ranging and seeks to go beyond what may be seen as the traditional mainstays of policy related to ageing and older people. Older & Bolder welcomes this since the impact of ageing needs to be addressed explicitly by all government departments and not only the most obvious, such as Health and Children, Social and Family Affairs, Environment, Heritage and Local Government. A key idea in the strategy is mainstreaming or the adoption of an increasingly age-inclusive approach in all public policy areas. It is important that mainstreaming is adopted with vigour and vision by government departments and does not become an exercise in reluctant compliance and “checking boxes” by departments and agencies operating with a silo-mentality.

A Fiscal rather than an Ageing Crisis

Over the past year, the Irish economy has been plunged into a serious recession so this is, perhaps, an inauspicious time to be debating a positive ageing strategy. However, Older & Bolder believes that issues which a national positive ageing strategy needs to address can be just as clearly conceptualised in a period of economic crisis as in the middle of a boom. The alliance is also concerned about a disturbing tendency to rationalise some of the measures aimed at the fiscal crisis as though they are a response to a “crisis of ageing”, for example, the calls in the McCarthy report for increasing the pension qualifying age. Demographic change in Ireland is far from a point of crisis and the need for pension reform is not, as claimed, driven by increased longevity. In fact the current crisis has revealed the high risks attendant on private pension schemes which depend on the performance of the property, financial and stock markets. If we wish to be serious about a positive ageing strategy we need in the first instance to be honest : and, in all honesty, the proposals to rescue the public finances have little to do with the intrinsic challenges of demographic ageing but are in essence an accountancy-style response to the fiscal crisis of the state.

Demographic Tunnel Vision

In setting objectives and developing policies for a positive ageing strategy, the thinking of policy makers and other players must address the full range of factors that operate in the medium and longer term and that shape the experience of ageing and the quality of life of

older people. One of the commonest mistakes made by newcomers to the subject of ageing is the adoption of tunnel-vision i.e. considering demographic factors in isolation from other salient factors including the influence of the rise in productivity and economic growth and variations in the design of pension, health and long-term care systems. Generally, for example, health care systems that serve older people better are also the ones that serve the general population better.

End Age Discrimination

Attitudes are a contributory factor in defining how ageing and old age are perceived by the public and by older people; and views and perceptions about old age in wider society have a significant effect on how policies evolve and ultimately come to the surface in institutional patterns, in political and official thinking, and the design and delivery of care. It is important to grasp that old age can be understood as a stage, a part of a journey or adventure rather than a biologically driven path of decline. Our consultations reveal that older people reject simplistic pessimistic views of ageing as decline but have realistic and nuanced views of the possibilities and risks attached to ageing. Any serious positive ageing strategy must put the tackling of ageism at its heart and Older & Bolder will be keen to develop a dialogue with the Cross Departmental Group in this regard.

Guiding Vision and Principles

A strategy for positive ageing needs to be guided by an enlightened vision of the kind of society that can be realised as our population structure changes. A key issue will be to ensure that the thinking of all policy makers and actors in civil society is underpinned by research and informed by meaningful consultation with older people. When all is said and done, successful outcomes are down to the ongoing commitment of government and society to certain values and how they translate into public commitment to central programmes. In particular, a commitment by the state to coherent public healthcare policies, along with a coherent pensions policy are known to be two central factors. Much more important than the extent of ageing per se is the commitment of the state to the implementation of policies that protect older people from the effects of economic disadvantage and risks associated with inevitable exist from the labour market and the high and unpredictable nature of health care costs that may arise for individuals, more usually in old age. The commitment of the state to comprehensive public healthcare and pension systems is one of the most fundamental ways in which to foster positive ageing.

We need to stop thinking of older people as a separate group and start to recognise that old age is a phase in all our lives that we need to address in societal terms and through a statutory system of care whose philosophy really expresses solidarity between generations. By age-inclusiveness, or mainstreaming age, we do not mean a distorted view of society but a more rounded view, in which people of all ages and policymakers and providers come to terms with the increasing average life span we face – both personally and in terms of how we think about later life in policy terms.

UN Principles on Ageing

Older & Bolder supports the use of the United Nations Principles on Ageing – independence, participation, care, self-fulfilment and dignity – as underpinning principles for the NPAS. In our consultation meetings with them, older people have given practical examples of what these principles mean to them. For instance, the concept of independence needs to be redefined with older people in different contexts, including home, community and institutional settings. Opportunities to participate – enabled by transport, support of peers, community development and group activities – were highly valued and regarded as a key factor in maintaining health, vitality and mobility. In relation to care, the need for a range of housing options was highlighted, from living at home to high support. In relation to self-fulfilment, key themes identified by older people focused on the potential and contribution of older people, the importance of lifelong education, and the difficulties encountered due to ageism. Older people identified the need to be respected and valued as fundamental to realizing the principle of dignity, and this was linked to the need to be treated equally with others in Irish society and to have a sense of rights and entitlement as citizens.

Setting the Agenda

In this submission, Older & Bolder has concentrated on matters of principle informed by the comments and inputs of older people. We believe it is important to set these out in order to establish a set of shared principles as the basis for a strategy. We hope to engage with each of the structures established to prepare the NPAS – the Cross Departmental Group, the Expert Advisory Group and the NGO Liaison Group – in relation to developing a dialogue on positive ageing at more concrete levels. We hope also that the Minister for Older People will promote the exchange of ideas, information and documentation between these groups and with the wider public.

Older & Bolder sees the adoption of a partnership approach involving consultation and research as critical to developing a successful National Positive Ageing Strategy. We believe that older people should be at the heart of this process and that their direct participation in the development and implementation of the NPAS will be a crucial factor in determining its success or failure. As an alliance, we are ready to engage with any part of government, and with statutory bodies, in order to facilitate the achievement of the objectives set out in this submission.

1. Introduction

Older & Bolder is a national alliance of seven non-governmental organisations that aims to champion the rights of older people and to combat ageism. Our members are: Active Retirement Ireland; Age & Opportunity; the Alzheimer Society of Ireland; the Carers Association; the Irish Hospice Foundation; the Irish Senior Citizens Parliament; and Senior Help Line. Our member organisations are rooted among and working for older people across the country. Separately and collectively, they represent many different facets of ageing and the interests and contributions of older people in all their diversity. Older & Bolder's members have been at the cutting edge in highlighting the new challenges and opportunities that societies face as life expectancy increases, such as promoting independence, healthy ageing and participation, protecting social security, improving healthcare, long-term care, palliative care, treating and managing dementia, supporting carers, and articulating in all their forms the rights of older citizens.

“For me, positive ageing is looking after one’s physical health through exercise, good diet, regular visits to doctor, dentist, eye specialist and chiroprapist. Mental Health. Keeping mentally active through membership of groups such as Active Retirement Association. Life long learning commitment – new studies such as Computer Learning, art classes, languages. Socially committed. Continue being a good neighbour also through groups like Tidy Towns etc etc Psychological health. Be positive, tolerant always. Try to recognize your own faults before pointing out the faults of others.”

Older & Bolder views ageing and older people as a bounty and not a burden and asserts the right as citizens to equal participation in economic, social, cultural and political life, and to equality of treatment by service providers across the board. Member organisations have a track record of working in partnership with older people at national, regional and local levels. Our vision is of an Ireland that affirms ageing and the rights of all older people, enabling everyone to live with confidence and dignity as equal, respected and involved members of society.

Older & Bolder has been an energetic proponent of a strategy on ageing and older people and therefore welcomes the opportunity to contribute to the development of a National Positive Ageing Strategy. In this submission Older & Bolder seeks to address the broad principles needed to underpin a national positive ageing strategy. We first address the scope and thrust of the strategy, and the concept of mainstreaming before addressing the difficult economic circumstances against which this submission is drawn up. While there is no escaping the challenges that the crisis poses, we will be stressing that there is a need to keep a distinction between the sources and nature of the economic crisis and the basis of a rational approach to ageing. We identify a tendency to rationalise current extreme measures in terms of a crisis of ageing and we reject this. Indeed the submission cautions against the rhetoric that has all too often characterised the analysis of ageing – even before the current economic crisis. Ireland is still a relatively young society and can do a great deal to foster positive ageing. It can learn from the experience of other countries and be informed by international principles that have been developed, particularly through the United Nations (UN). More particularly, a successful positive ageing strategy should be informed by the views, and maximise the participation, of older people themselves. To that end, this submission draws in part on a series of consultations with older people and presents some of these views under the headings of the UN Principles on Ageing. We suggest that this submission is read in conjunction with Older & Bolder’s report (2009) on its series of consultation meetings with older people.

2. Scope and Thrust of a National Positive Ageing Strategy

The Office for Older People brief for the National Positive Ageing Strategy is broad-ranging and seeks to go beyond what may be seen as the conventional mainstays of policy related to ageing and older people. This is to be welcomed. The broadly framed terms of reference of the Cross Departmental Group should allow for a more comprehensive approach to the ageing dimension of public policy and older people's concerns. In other words, the impact of ageing needs to be addressed explicitly not only by the most obvious government departments (such as Health and Children, Social and Family Affairs, or Environment, Heritage and Local Government) or dedicated policies and services (such as pensions, medical, nursing and social services, and long-term care). While inevitably there will be one or two lead departments, other departments (including Arts, Sports and Tourism, Community, Rural and Gaeltacht Affairs, Education and Science, Enterprise, Trade and Employment, Justice, Equality and Law Reform, and Transport) also need to be pro-active, and address many other areas of policy in an age-inclusive way.

“For me, positive ageing is looking forward to every day as a new beginning. Get out of bed, shower and make up i.e. put on the pollyfilla on the face. Have the hair washed and set regularly. Join activities and meet people and keep active and involved.”

A key idea in the strategy is mainstreaming, or the adoption of an increasingly age-inclusive or age-proofed approach in all public policy areas. If “mainstreaming” is addressed in earnest and with vision by government departments and service providing agencies, it can ensure that policy making and implementation, are genuinely re-centred around the challenges of an ageing society. It is therefore important that mainstreaming does not become an exercise in reluctant compliance and “checking boxes” by departments and agencies operating with a silo-mentality or without a view to how they might make a positive contribution to new ways of thinking about ageing and social change.

A serious National Positive Ageing Strategy implies that all branches and departments of government, central and local government and service providers across the public, private, community and voluntary sectors, think in terms of a society in which the average citizen will live longer, the average age of citizens will rise, and the average number of years a person spends in old age or retirement will increase. It is important to work out the implications of this for the key policy spheres of education, employment, participation, income maintenance, healthcare, social care, housing, transport, social integration, lifestyle and the “smart” economy. However, Older & Bolder wishes to caution against simplistic notions about an ageing society, and clichéd references to an “old age crisis”, “pensions time bomb”, the “burden of the elderly” etc.

In considering a national positive ageing strategy, the point is not to deny negative aspects of ageing, or indeed the associations between ageing and the need to develop and expand income maintenance, health care, social care and other services to meet an increased need. Rather, it is to distinguish between the strict implications of chronological ageing and the range of issues that may be associated mainly with ageing in the public mind but are in fact hugely influenced by a range of other factors, including factors that enable people to live longer in better health and effectively postpone illness and death. There are also important factors that increase the capacity of society to provide new resources to sustain older people economically and to provide services. For these reasons, in particular, it is very important – indeed critical – that the issue of ageing is viewed in a multidimensional societal and policy context and never in isolation from other factors.

3. Context of Current Economic Crisis

This is, perhaps, an inauspicious time to be debating a positive ageing strategy. It would certainly have been easier to get a hearing in the context of a booming economy. Over the past year the Irish economy has been plunged into a serious recession, mainly due to the combined effects of speculative investment in property development and the over-reliance of the Irish banking system on this sector. The international banking crisis initially triggered by the crisis of the US sub-prime housing market has compounded matters. The effects of the ensuing crisis include: undermining of key sources of government tax revenue – which depended on taxes related to property transactions; the triggering of a more general economic recession marked by rapidly increasing unemployment; increasing credit difficulties for businesses and private consumers, creating the problem of negative equity for a section of householders, and the near collapse of the banking system, the rescue of which has dominated the government agenda throughout 2009.

It is clearly a time of exceptional economic difficulty internationally, and the economic crisis is much more severe in Ireland due to what has been described by the National Economic and Social Council as a five-part crisis (banking crisis, public finances crisis, economic crisis, social crisis, and reputational crisis)¹. Indeed, the Minister has stated that the NPAS must operate within the constraints of “the present fiscal situation” and will not propose “new service developments” but confine itself to “strategic direction for future policies, programmes and services for older people”².

It would be a pity, and indeed a profound error if the current difficulties – notwithstanding their severity and possible duration – became a pretext for viewing old age negatively, either as a cause of our present difficulties or a threat to our economic future and for a return to the rhetoric of an “ageing crisis”. Older & Bolder believes that issues which a national positive ageing strategy needs to address can be just as clearly conceptualised in a period of economic crisis as in the middle of a boom. Indeed the current economic slump surely reminds us that, regardless of the point we are at in the economic cycle, the policy challenges for a positive strategy on ageing are of a different order, and should not be driven intrinsically by these fluctuations. A challenge for the strategy will be to address and engage creatively in the development of elements of a national positive ageing strategy – in spite of current economic and fiscal constraints – without losing sight of the importance of a planned and strategic approach to ageing and the implications for policy design and development, and for forms of consultation and participation.

In the immediate term, it is vital that all vulnerable groups – not only older people depending on state pensions, health care and services – are protected from the acute but relatively short to medium term effects of the current crisis. Unfortunately, initial responses to the crisis in government revenues – such as the withdrawal of free medical cards for the over 70s (subsequently moderated following angry protests from older people themselves) in the autumn budget in 2008 – showed a bewildering lack of understanding of the needs, entitlements and expectations of older people and only highlighted the importance of taking a principled and strategic approach to ageing across the board and the dangers of expedient decision-making.

Indeed, there continues to be great risk at this time to the trust needed between policy makers and older people. While the current economic crisis has propelled the government and all departments into “retrenchment mode”, most clearly manifested in the commissioning of the so-called “Board Snip” report³, and threatens existing provision, these crisis-driven measures have clearly not stemmed from ageing or older people and do not speak to the merits or otherwise of policies on ageing but serve purely fiscal correction and economic recovery goals.

1 National Economic and Social Council 2009 *Ireland's Five-part Crisis: An Integrated National Response Dublin: NESCC Report No. 118*

2 Consultation on the National Positive Ageing Strategy <http://www.dohc.ie/consultations/open/positiveageing/>

3 Report of the Special Group on Public Service Numbers and Expenditure Programmes 2009 Dublin: Stationery Office and online

Obviously, it is critical to address the sources and effects of the current crisis. While this will clearly constrain what can be implemented across the range of public policy in the short run, such a context in itself can provide little guidance as basis or baseline for longer-term strategy and planning. Older & Bolder, however, has noticed a disturbing tendency to rationalise some of the measures aimed at the fiscal crisis as though they are a response to a “crisis of ageing”. For instance, the “Board Snip” report justifies calls for increasing the pension qualifying age as follows: “The Group considers that the State pension schemes now face a funding crisis. This is mirrored by similar problems in private sector schemes. The funding crisis is driven in large part by the sharp rise in longevity. Poor investment returns have also contributed to the problem. Changes in the demographic profile mean that fewer workers are supporting the payments for a growing number of pensioners.” (Board Snip: Volume I: 8; Volume II: 193)

This statement muddles quite distinct factors. Demographic change in Ireland is far from a point of crisis and the need for pension reform is not currently “in large part” driven by increased longevity and therefore it is quite illegitimate to canvass this shibboleth in defence of such significant policy changes. On the other hand, clearly, the current economic crisis has directly affected funded, private pension schemes and has placed older people relying on defined contribution schemes in particular difficulty. Private pension schemes including occupational pension schemes and personal pensions were directly hit by the stock market and banking crises and indeed this has revealed the high risks attendant on such schemes – even defined benefit schemes – which depend on the performance of the property, financial and stock markets. The market-originating crises in banking and in construction are related directly to a speculative bubble and very inadequate regulation and governance.

It is in large part the latter – economic – factors, and not demographic ageing in the least, that have in turn put the finances of the Irish State in turmoil and now see the government on the “back foot” as it tries to address the consequences. (This is quite obvious as other countries with much older populations and more generous pension schemes are not as deeply affected by the current recession as Ireland is.) However, this crisis of the market in turn has put immense pressure on state finances by hitting tax revenue, and in turn, this has created problems in meeting commitments made under state expenditure programmes and provoked an increase in borrowing.

Clearly there is a necessity to get to grips with the crisis but we are ill-served by chop-logic that conflates the effects of ageing with those of economics. If we wish to be serious about a positive ageing strategy we need in the first instance to be honest: and, in all honesty, the proposals to rescue the public finances have little to do with the intrinsic challenges of demographic ageing but are in essence an accountancy-style response to the fiscal crisis of the state.

4. Is there an Ageing Crisis?

One of the arguments for a positive ageing strategy is that so much of the discourse around ageing - even before the current economic recession – has been permeated by a rhetoric concerning the “old age crisis”, or the “demographic time bomb”, or the increasing “burden” of old age. While it would be folly to ignore the reality of demographic ageing, it is very important not to get carried away by this type of rhetoric. It is striking that societies with typically high average age and higher percentages of older people are also among the wealthiest in terms of GDP per capita and have the strongest economies and substantial welfare states, with well-developed public health care and social protection systems. In setting objectives and developing policies for a positive ageing strategy, the thinking of policy makers and other players must address the range of factors that operate in the medium and longer term - not only the more obvious demographic changes but also the wider and multidimensional shaping factors in the economy and society that have a profound influence on the reality and experience of ageing and the quality of life of older people.

“For me, positive ageing is to keep positive, alert, active and moving at a decent pace, keeping up with activities to do with the older and bolder times of our lives and (to) be involved with all the goings on for our benefit and those who will come after us. We are from Active Retirement Tullamore. We meet every Wednesday, go to shows, Art, Drama, Creative Writing and computer lessons with the Transition Year students from the Sacred Heart school etc.”

One of the commonest mistakes made by newcomers to the subject of ageing is the adoption of tunnel-vision, i.e., considering demographic projections in isolation from other salient factors. This tendency has at times, unfortunately, been sustained by some important think tanks including the World Bank (1994) and the OECD Secretariat (1996) which have projected costs of old age pensions based on long-term population ageing projections. However, as is pointed out by several scholars in the field of welfare state studies (Castles 2004) such projections need to be viewed in conjunction with several other relevant factors.

A central issue, often ignored, is the rise in productivity and economic growth, which has a profound effect on the sustainability of pensions and other programmes in old age, but is not factored in. Several other factors also play a part. For example, references to “age dependency ratio” or the proportion of over 65 year olds to those aged 15 years to 65 years is often extrapolated into the future but without reference to variations in labour force participation rates by age and gender. Moreover, while much is often made of the “old” dependency ratio, which is rising, little is made of the tendency towards a falling “young” dependency ratio. Yet, such a decline does not in itself imply or lead to calls for any reductions in budgets because the salience of other factors – for example, socio-economic factors affecting the risk of poverty and the need to extend education coverage to third-level – is acknowledged. Another problem is that of generalisation across different countries about ageing trends without regard to variations between countries in relation to age structures. Some countries today, for example, already have older age structures than would be projected for Ireland several decades into the future.

These are just the more obvious factors. In addition, however, the design of pension systems varies greatly between countries, in generosity, in the extent of social insurance, in their redistributive effects, use of means-testing, reliance on private pensions, use of tax relief – all factors which have significant implications for sustainability, adequacy and fairness in the short and longer term. Clearly there are latent opportunities and a range of possibilities for policy choices in this complexity. Older & Bolder, therefore, while not in the least denying the challenges of an ageing society, strongly cautions against simplistic notions or the tunnel-vision of “demographic determinism” as anything like an adequate basis for thinking about these challenges.

Another focus for “crisis” mentality in relation to ageing is health status and dependency on care. Older & Bolder takes the view that it is important not to consider increased life expectancy without reference to other dimensions of longer life. Sometimes, projections of health care are made on the assumption of a fixed relationship between age and illness or age and dependency level. There is much evidence, however, to show that, just as mortality rates at all ages have fallen resulting in increased life-expectancy, so also are illness-free and disability-free life years being extended. Treatment of final illness – in the last year or months of life – accounts for a large proportion of health resources. This highlights the need for palliative care – which has been shown to be cost-effective as well as enlightened from a care perspective (Irish Hospice Foundation 2008). Conversely, this pattern also highlights the importance of not viewing old age solely in terms of illness and dying. While there is no denying the need to provide ever better care for older people who become seriously dependent, the effects of ageing are complex and can also have the effect of postponing treatment costs rather than elongating the period of illness and treatment prior to death. This has implications for the sustainability of health care costs that are complex but not all on the negative side.

Once again, in the context of health care and older people, just as with pension systems, arrangements vary considerably between countries. While developed countries exhibit differences in the effectiveness of their health care systems, this is not related to the proportion of older people so much as the design and commitment of societies to concepts of equal treatment and publicly funded systems of care. In other words, societies with larger proportions of older people often provide better and more cost-effective and equitable care than societies with fewer older people and less effective health care systems.

Generally, health care systems that serve older people better are also ones that serve the general population better. While there are many factors that can influence health, public healthcare systems tend to rank high in level of health and overall performance of health systems, as can be seen in the World Health Organisation rankings of countries: “The U.S. health system spends a higher portion of its gross domestic product than any other country but ranks 37 out of 191 countries according to its performance” (WHO 2000). These variations are substantially influenced by the design and funding of the health services rather than by demographic considerations *per se*. These are issues that can be addressed today to meet current health care needs in the population more generally, but can also make a serious difference to the future health care of older people as their numbers increase. One of the main issues in relation to the sustainability of adequate health care for older (and younger) people may have much more to do with how well the system addresses healthcare provision for groups relying on the public health care system, decisions on eligibility for care, the costs of consultations, medicines, care services etc. Addressing such needs adequately – in difficult economic times as effectively as in boom years – is the litmus test of any health care system.

5. Ageism and a Positive Ageing Strategy

Attitudes are a contributory factor in defining how ageing and old age are perceived by the public, and by older people, and the views and perceptions about old age in wider society have a significant effect on how policies evolve and ultimately come to the surface in institutional patterns, in political and official thinking, and the design and delivery of care. This process of generating social policy from certain “constructions” of ageing has been shown to have discriminatory effects in the Irish case (Pierce 2007). Older & Bolder has consulted widely among groups of older people around the country over recent months and can point to many manifestations of negative stereotypes and simplistic attitudes to old age. It has also been made aware of the many instances of the petty humiliations experienced by older people and the barriers that they have to confront in their lives – resulting not from the fact of being old per se but from how old age is regarded by lay and professional people and by service providers and policy-makers.

Simply put there is an extensive problem of ageism and ageist attitudes in Irish society. By ageism, we mean a widespread tendency to regard old age as a master status trait that is uniformly applied in a categorical way – whether explicitly or implicitly – so as to diminish the status or legitimacy of the claims of older people to equal treatment. It frequently, and sometimes systematically, results in the discriminatory use of age as a criterion for how people’s needs are assessed and regarded, in how they are prioritised or de-prioritised in service provision, how they are viewed in relation to the right to work, promotion, retirement etc. It is profoundly objectionable as are other forms of attitudinal prejudice, based on gender, ethnicity or other factors. However, the ideological roots of ageism have not been challenged as vigorously as has been the case in the context of some other areas of prejudice, such as sexism and racism.

Any serious positive ageing strategy worth speaking of must put the tackling of ageism at its heart. Older & Bolder will be keen to develop dialogue with the Cross Departmental Group in relation to many detailed manifestations of ageism with a view to developing a positive approach to older people that has regard to the fundamental right to equality of older people with other sections of society and age groups and to the dynamic realities of ageing and the diversity of older people. This is not merely a superficial issue to do with everyday respect and dignity – though there is clear evidence that improvements in this context are needed too. It is about the more fundamental questioning of the use of age as a basis for discriminating against older people, as this may operate in relation to retirement, or the denial or postponement of health care on the basis that these are inevitabilities arising from one’s age. Older & Bolder cannot accept such starting points and calls for an active re-examination of the assumptions that underpin these institutionalised patterns.

There are many theories in academic literature as to the “nature” of ageing in human societies in general and in “modern” societies in particular. Where these have shifted away from simplistic biological notions of decline and recognised the vital importance of the sociological and economic contexts of ageing, they have a contribution to make. However, it is unfortunately the case that public attitudes and official thinking are often lacking in such sophistication. Older & Bolder has found, in the responses to its consultation among groups of older people, much evidence to back up these more sensitive forms of analysis of the experience of ageing. On the one hand, older people have found that they are sometimes regarded differently just because they are retired, or experience various forms of barriers and humiliations when they seek out their entitlements in relation to health and social services because they are regarded as not making an economic contribution and therefore are less valued.

We really have to question the logic that underlies health and social services when we see that those relying on publicly funded medical services, including acute care, general practitioners, dental services, audiology services are effectively discriminated against when they experience excessive waits or different treatment from their age-peers using privately funded treatment. We particularly reject the use of age as a rationalisation for limiting the treatment options of older people.

“For me, positive ageing is being treated with respect regardless of your age, seeing more positive images of old people in the media and fewer negative ones, being able to enjoy being your age and doing things at your own pace. The desire to have a laugh doesn't diminish with age !”

Ageist attitudes not only affect the social structures and policy frameworks with which older people have to live. They can also be internalised or affect the life choices and lifestyles of people and this in turn can contribute negatively to the experience of ageing. Not all of the negative experiences of ageing are due to structural or policy factors in the critical areas – though these are vital. Ageism can act as a dampener on the views and perceptions of older people too.

It is important to grasp that old age can be understood as a “stage” or as part of a “journey”, a “career” or even an “adventure” – rather than a biologically-driven path of decline. This is reflected not only in the more recent literature on the life course, which identifies the potential for new and continuing forms of self-fulfilment and participation in later life, but also in the messages we are receiving from the older people we have consulted around the country over the past year. Indeed, the responses we have elicited point to a very realistic and nuanced view of the possibilities and risks attached to ageing.

Our consultations reveal that older people reject simplistic pessimistic views of ageing as decline but are not in any sense in denial about the challenges associated with ageing. There is also evidence from the very successful Bealtaine Programme, and the identification of later life as a time of opportunity. The work of Age and Opportunity has demonstrated and promoted the capacity of older people for renewal and self-discovery through the arts, cultural and sporting events, and provides a model for emulation and mainstreaming (Ní Léime, Áine & Eamon O'Shea 2008). Similarly, initiatives such as Positive Ageing Week led by Age Action foster the positive potential of age and help to re-shape our perceptions of the meaning of old age.

Indeed, it would be incorrect to suggest that only ageist attitudes to older people exist. There are many examples of positive attitudes to ageing and older people among service providers, carers, neighbours and friends. Older people we met spoke warmly about individuals and/or specific local services or organisations whose support they valued. Our consultations highlighted the vital role of voluntary organisations such as the Alzheimer Society of Ireland, ‘Meals on Wheels’, the Carers Association, and of community development groups. The need for continued government funding and support for these was stressed, and such is their value, it was emphasised that particular care should be taken to protect and support the efforts of such voluntary bodies in the current recession.

“For me positive ageing is your physical, mental and physiological state, resulting in a good quality of life; provision of user friendly buildings and offices for older people; and, in rural areas, the provision of taxi allowance where there is no public transport system to prevent social isolation”

Successive generations have, throughout the 20th century, and so far in the 21st, been able to look forward to a longer average life expectancy than their parents' generations enjoyed. In this context, ageism is a problem when it leads to denial about the shared prospect most of us now have of living many years after what is conventionally regarded as the normal retirement age of 65 years. Old age is shaped and can be influenced in positive ways by rising living standards and the provision of comprehensive systems of social protection, and also by the choices made by individuals – not only by older people but also by people who are not yet old. If policy-makers and individuals embrace rather than deny ageing they may make decisions that could improve the prospects for healthy and disability-free longevity. So, it is important to bring to the fore an awareness of old age as a period of possibilities for improved welfare and fulfilling personal journeys.

More people will live to a good age but, as they do, so their circumstances will change and, inevitably, as more people reach old age, most of them will experience some decline in their capacity for work and other activity or an increased incidence of illness or disability, with which they need to cope. Final illness and death itself, which in previous eras were also very prevalent in infancy and across the age spectrum, are increasingly though not exclusively confined to the oldest age groups. This side of ageing too can be addressed constructively. It is remarkable how clearly, in the course of our consultations with them, older people themselves expressed this possibility and how frequently they made the distinction between the loss of certain abilities and independence, on the one hand, and the need to continue making decisions for themselves, to maintain personal dignity and to receive respect even when being provided with support and care, on the other.

What this points to, in the opinion of Older & Bolder, is the need for catching-up on the part of policy-makers, planners and opinion leaders and service providers in how they think about demographic and social and cultural changes surrounding old age and how they regard older people. Even in these most straitened of times there is every possibility of addressing the “cultural lag” that ageism towards others (and, secondarily, towards the ageing self) reflects. There is a need to address this through training and awareness-raising among policy-makers, service providers, and practitioners.

6. Guiding Principles for a Positive Ageing Strategy

A strategy for positive ageing should be conceived for the longer term needs of an ageing society. It needs to be guided by an enlightened vision of the kind of society that can be realised as our population structure changes. It needs to be underpinned by good planning, appropriate policies, and innovative programmes that realise the full potential of older people and solidarity between all generations. Clearly there are many specific areas of policy that need to be addressed. A key issue will be to ensure that the thinking of all policy makers and actors in civil society is underpinned by research and informed by meaningful consultation with older people.

Assuming that the current economic crisis can be addressed over a number of years, without burdening older people or vulnerable groups with the consequences of the current economic crisis or undermining state pensions or existing public health and social care infrastructure, the national positive ageing strategy will need to be developed on the basis of a coherent set of enlightened principles built around concepts of effectiveness, which includes efficiency, equality and – yes – “sustainability”, and based on a fuller understanding of the longer-term movement of a range of relevant influences on the circumstances, opportunities, potential and constraints on ageing people and on systems of income support. It is vital, even in the present time of great economic difficulty, that fiscal measures taken now are not such as to derail the progressive development of a coherent positive ageing strategy.

We need to reject the kind of determinism that sees ageing societies as inevitably financially “burdened” by a pensions time-bomb or unsustainable healthcare costs. It is not simply a matter of numbers and proportions of people over a certain age that determines how positive the experience of ageing will be. As we know too well, some developed societies with younger populations and high levels of output and potential revenue, have often failed to deliver adequately in relation to the welfare of older people, while conversely, others, with much higher proportions over 65 years, have been more successful in improving the quality of life, economic standard of living and wellbeing of older people.

(i) Two Key Influences on Positive Ageing: Healthcare and Pensions

When all is said and done, successful outcomes are down to the ongoing commitment of government and society to certain values and how they translate into public commitment to central programmes. In particular, a commitment by the state to coherent public healthcare policies (Freeman 1999), along with a coherent pensions policy (Clarke and Whiteside 2005), are known to be two central factors. Much more important than the extent of ageing per se is the commitment of the state to the implementation of policies that protect older people from the effects of economic disadvantage and risks associated with inevitable exit from the labour market and the high and unpredictable nature of health care costs that may arise for individuals, more usually in old age. The commitment of the state to a comprehensive public healthcare and pension systems – and there are a number of possible variants these can take – is one of the most fundamental ways in which to foster positive ageing.

Ireland’s commitment to this principle has long been characterised by compromise and incoherence, with a combination of strict means-testing in the primary care sector and differential access in the acute care sector, with the consequent reliance on private medical insurance. This has had negative consequences for the overall approach to general practice, community care, long-term care in institutional settings, and acute care. For the longer run, therefore, Ireland needs to make a choice based on coherent principles and evidence. Either it builds on what is good in the public system or it erodes it in favour of an increasingly privatised one. Yet the evidence is there that not only can public healthcare systems provide better and fairer care, but they can also do so with a smaller share of GDP than models built on private principles: “Countries with a preponderance of private funding generally do not have lower expenditures than countries which rely more on public funds” (Pfaff 1990). For example, the US healthcare system is the prototype for privately funded systems. Yet, the difficulties with the US system, which President Obama is seeking to

address, are the high cost and poor coverage of private healthcare insurance in the wider population, which in turn contributes to health problems that may be carried into later years or shorten life expectancy (OECD 2009). Ironically, one of the more successful parts of the US healthcare system is the Federal Medicare Programme, which operates on public funding principles. Moreover, the long-term care of older people in the US relies heavily on Medicaid, another public programme.

In relation to pensions, older Irish people rely principally on the “pay as you go” (PAYG) flat-rated state pension system as their principal source of income maintenance. The principle of social insurance has contributed greatly to reduced reliance on means-tested old age pensions, thereby helping to prevent and reduce the risk of poverty. The other side of pension policy – concerning “income replacement” and the avoidance of the “big drop” in income associated with retirement at the individual level – has long been an area of policy that has not been satisfactorily addressed in this country. Policy in this area has proved of limited value in extending coverage, particularly among lower income groups, and indeed current policy accentuates income-inequality in old age because of the inbuilt bias towards those on the highest incomes, especially through the strong income-related tax expenditures that benefit the better paid. At the same time, as the current market downturn shows, there are high risks attached to funded pensions. A combination of significant cost, high risk and low returns make private pensions a meagre source of income for many older people.

Ireland’s second tier provision for older people does not compare well internationally, and again, this has nothing to do with the pressure of numbers of older people but is largely conditioned by policy choices. As the OECD has noted, “The countries with the lowest net replacement rate are Ireland and New Zealand, which have just basic pension schemes and net replacement rates of less than 40%. The United Kingdom and the United States have slightly higher net replacement rates of around 50%.” (OECD 2005)

(ii) Mainstreaming age

Older & Bolder is not essentially concerned with economic ideology but with the evidence base and the need to bring the views of older people to the fore in shaping policy. The creation of a cross departmental group on ageing is a positive step. What it must seek to do in the first instance is to refocus thinking on the challenges and potential of society as its age structure changes. However, demographic ageing needs to be located in a wider context of change and an age-mainstreaming approach is not only necessary in the face of impending population ageing: it is important in the context of our current age structure.

Ireland is still a relatively young society, and recent decades of high economic growth rates have stimulated immigration and population growth, with the result that structural ageing resulting from falling birth rates and mortality rates has been counteracted. Even in a range of projected population scenarios it is likely that Ireland will continue to have a somewhat younger population structure, relative to our European neighbours, for some time. This creates opportunities to learn from the experience of other countries and to take advantage of the lead-in time it gives us as a country. However, as stated already, this is not a reason not to take demographic ageing seriously or to assume that the quality of life of older people can be taken for granted at present.

We can point to several recent examples where policy-making and implementation fell well short of what is required to provide security and care for vulnerable groups of older people, for example in relation to the failures to deliver on quality of care in nursing homes, or the way in which the state handled the issue of deductions from pensions in relation to in-patient care. These failures had nothing to do with the number or proportion of older people in Ireland but stemmed from a failure to take a sufficiently rigorous approach to policy for the protection of vulnerable older people in institutional care settings. It also reflects a failure to hear the voices of older people and to set and implement standards accordingly. It is to be hoped that the establishment of HIQA will lead to an effective regulatory and inspection regime.

More generally, there is a need to recognise and embrace the realities arising from increased longevity and to address them creatively. For example, while rejecting the panic-driven rhetoric about postponement of retirement age to address the “pensions time-bomb”, Older & Bolder welcomes rational discussion about the concept of retirement and the issue of income maintenance and income replacement in old age. The concepts of flexible retirement age and variable pension age, of adequate pension provision and the sustainability of our pension model are important questions and we would like to address them. Currently, retirement is abrupt and artificial, and Older & Bolder would favour more gradual forms of transition from employed to retired status. However, such issues need to be addressed in an enlightened way and deserve an inclusive discussion.

In another context, health care, there is a need to explore the range of age-related issues. In truth, illness and health care – while by no means confined to old age – are very strongly correlated with age. Therefore, we need to conceive of our health services in relation to how effectively they are geared to the needs of an older population. Judging by its performance on healthy life expectancy, Ireland does not compare well with that of other developed countries (O’Shea 2006: 6). Yet, often, Irish public discourse on health care suggests that older people are a bit of a nuisance – as implied by terms like “bed-blocking” in acute hospitals. There is a widespread tendency to bracket older patients on the basis of age rather than diagnosis, unlike in the case of younger people with similar diagnoses, as if illness was simpler in the case of older people or simply a matter of providing continuing care. In fact, as indicated by the increase in specialists in geriatric medicine, or the medicine of old age, the real challenge that illness patterns in older people presents is its greater complexity. Mainstreaming age implies the further development of acute medical care for an older population.

Clearly, there are resource and planning issues to be addressed but as a society we have to mainstream ageing or re-centre our thinking about health care increasingly around old age. This means addressing a whole continuum of care ranging from health promotion to the prevention of illness, the assessment, diagnosis and treatment of health problems, hospitalisation, delivery of aftercare, rehabilitation and, where required, continuing or palliative care. These are major areas of policy in all developed societies, and effective public policy requires resources. We have to reject the tendency to residualise older people in relation to health care and instead to place ageing at the centre of how we conceive our health care objectives. We need to stop thinking of older people as a separate group and start to recognise that old age is a phase in all our lives that we need to address in societal terms and through a statutory system of care whose philosophy really expresses solidarity between generations.

The concept of age-inclusiveness needs to be taken seriously by the Cross Departmental Group as a guiding principle if the full capacity of government bodies across the range of policy areas is to be deployed successfully in support of a better quality of life for older people. The concept of age-inclusiveness is one way of challenging how we ordinarily think of everyday life, work, care, income maintenance, participation, leisure etc. The fact is that contemporary societies tend to be “youth-centred” and ageist, but we should distinguish clearly between age and vitality. Older people who have contributed to consultations with Older & Bolder wish to continue to participate to the full in economic and social life for as long as possible. This aspiration would be much easier to achieve, however, if public attitudes and policies reflected and supported it.

By age-inclusiveness, or mainstreaming age, we do not mean a distorted view of society but a more rounded view, in which people of all ages and policymakers and providers come to terms with the increasing average life-span we face – both personally and in terms of how we think about later life in policy terms. We need to ask what changes are taking place in society, in living arrangements and patterns of social contact that affect the awareness of age in younger generations. We need to ask whether older people are affected by such changes directly, and whether they are increasingly alienated from or lack positive contact with other generations. And we need to ask what policy-makers and organisations in civil society can do to promote positive forms of other-awareness and self-awareness of ageing and to translate this awareness into sustainable patterns of social interaction and ways to support them with appropriate public policies.

We need to scrutinise the way older people are regarded in the domains of market, community, cultural and family life, and in the civil and political domain. Older people we have consulted complain of being patronised, made to feel like they are begging as they go about seeking information from agencies in relation to health care, and they are confronted with red tape in relation to medical cards, social services. They have to deal with delays in relation to dental, hearing aid and other services that are so vital to maintaining independence. Older people suffer forms of discrimination in relation to motoring, insurance, travel insurance but can be targeted for miss-selling of financial products (O’Shea 2006). Age discrimination has been identified as a frequent experience by the NCAOP (2005) in relation to healthcare and social services, for instance in relation to breast-screening, stroke and cardiac services, intensive care, or oncology. Older people are routinely excluded, in subtle and not-so-subtle ways, from mainstream cultural, educational and many sporting/leisure opportunities (for example, through use of promotional images of younger people only, of images that only appeal to younger people, use of hard-to-read text, or internet-only access to information, buildings that are not welcoming for a variety of reasons –acoustics, lack of hand-rails, or high steps). The position is at its most extreme for older people who are disabled or living in care settings who are often simply overlooked entirely as a target group by the providers of a range of services and opportunities that could enrich their lives.

Everyday life is changing and technology can play a key part in the integration of older people. There is considerable scope for creative application of new information technologies to benefit older people and bridge the digital divide that currently affects many of them and this should be promoted through educational and other initiatives. However, currently, many service providers use technology – for example in relation to dial-in services – in ways that are particularly frustrating for older people. It is important to address the potential of technology, particularly information technology, both from the perspective of empowering and integrating older people in society and to address regulatory issues in relation to protection against new risks to privacy, risks of financial exploitation, that now arise. New technologies also have a potential role in relation to the care of people. Telecare and telehealth are other important uses of technology to support independent living and integration of older people, including older people with dementia, and have a part in the positive ageing strategy. Moreover, consent is an important issue in planning and use of new technologies in this context.

(iii) UN Principles on Ageing and the Madrid Plan of Action on Ageing

Older & Bolder acknowledges the important work of the United Nations in addressing ageing in an enlightened way in a global context and proposes that Ireland reflects on and applies the thinking of the UN in developing its own positive ageing strategy. The United Nations has been a key advocate of promoting a society for all ages, beginning with the First World Assembly on Ageing in Vienna in 1982 and subsequently developing the United Nations Principles for Older Persons which were adopted in 1991. The 1991 Principles consist of five key dimensions of positive ageing: *independence, participation, cares, self-fulfilment, and dignity* each of which is critical to the status of older persons and which, taken together, are regarded as an important basis on which to promote positive ageing. Essentially these principles and related thinking are about mainstreaming older people and ageing so that societies are literally “for all ages” and old age is embraced as a time of challenge and opportunity.

The Principles in turn influenced the conceptualization of the Madrid International Plan of Action on Ageing (MIPAA), adopted at the Assembly on Ageing in Madrid in 2002. The MIPAA is an important landmark for the international community concerning ageing and older people. It is organized into three priority areas: development; health and well-being; and supportive environments for older Persons, and covers eighteen key issues that have a bearing on positive ageing.

While the remit of the UN is very broad, many if not all of the issues in the MIPAA have some relevance to Ireland. In particular, fostering active participation in society and promoting access to knowledge, education and training: older people are often sidelined in relation to learning. Yet, one of the characteristics of ageing societies that can be overlooked is that there is not only a rise in the number of those over pension age but also an ageing workforce, and the issue of continuing education and learning is vital to maintaining and increasing productivity, independence, and providing a foundation for ongoing engagement by older people with wider society and intergenerational solidarity. This is particularly relevant to Ireland because currently, it is the workforce that is “ageing” in the sense that, in addition to the normal cohort-effect, more people, particularly married women, in middle age groups are participants in the labour force.

“For me, positive ageing is looking forward to growing old, not (being) afraid, equal, enabled, included, remain in my own community, valued, connected, respected. (It is) an alternative model of long-term care, step down and step up facilities, independent and supported housing, joined up health care with availability of alternative therapies... Three key issues to be addressed in a national plan for older people are attitudes and values, supports, services.”

Again, the MIPAA includes the issue of income maintenance as a bedrock issue internationally, stressing income security, social protection/social security and the prevention and eradication of poverty. These issues are very high on the agenda in Ireland, or should be. It also emphasises health promotion as a key to well-being throughout life, and as the foundation for healthy old age. Ireland’s ranking in terms of healthy life expectancy points to the need to address these issues.

While the MIPAA addresses the prevention of illness and the promotion of healthy old age, it also stresses healthcare and, in particular, universal and equal access to health-care services. There is also specific recognition of the need to address the mental health needs of older people, the needs of older people with disabilities, related issues of housing, transport and the living environment, and the issue of care and support for caregivers.

The MIPAA, finally, also draws attention to the wider societal issues of images of ageing, attitudes to older people and the concerns with neglect, abuse and violence directed at older people. While some progress has been made in relation to these areas, Ireland has a considerable way to go.

A national positive ageing strategy should work with these principles and explore their practical implications for policy in Ireland. For Older & Bolder the NPAS is a challenge and opportunity in that it provides a basis on which to make a rounded and encompassing statement of principles, aims, objectives and targets for policy across the key dimensions of policy and practice as they affect the lives of older people for years to come. We propose the establishment of a procedure for ongoing consultation between government and associations representing older people’s interests.

Older & Bolder supports the underpinning of the National Positive Ageing Strategy by the UN Principles, and indeed both Ministers for Older People have indicated that the Strategy will reflect the Principles. However, there is as yet no UN instrument on older people to parallel such instruments as the Convention on Rights of Women or the Convention on Rights of Persons with Disabilities. We would recommend that the Irish government promotes the adoption of a Convention on the Rights of Older People which in turn the age sector can use as a benchmark in Ireland.

7. Elements of a Positive Ageing Strategy that Older People Identified

The UN Principles – *independence, participation, care, self-fulfilment and dignity* – and the key themes and issues identified in the context of the MIPAA constitute a fundamental element of a strategy. These must be translated into more context specific policies and actions in the national setting. In the consultations carried out by Older & Bolder, these concepts were the subject of much discussion.

(iv) Independence

The report on Older & Bolder's consultations notes, in relation to independence: *"The majority associated this with being able to live in their own homes as well as to participate in all aspects of life and society."* (Older & Bolder 2009: 7) However, the views of several older participants in these consultative exercises are even more refined, and take us away from the simplistic stereotypes that often prevail in our ageist culture. For instance, the concept of independence needs to be redefined for different contexts; and is applicable not only in different community contexts but also in home care or institutional care settings where a person has become physically dependent or is affected by dementia: there are real challenges for policy and practice here but they need to be addressed. There is much evidence that ageist attitudes compound the experience of dementia and that such older people are at risk of being doubly-stigmatised (Nolan et al 2006: 11)

While obviously, resource issues need to be addressed, older people stressed the need for "joined-up" thinking and greater co-ordination at local level (e.g. between Local Authorities, HSE and voluntary groups) and at the level of the individual older person. This confirms what has been pointed out many times in the past but never really been addressed, i.e. the importance of the co-ordination of services at local and individual level, and this has significant policy and administration implications for how the agencies operating under different government departments fail to link up locally (Browne 1992). Facilitation of independence also requires the recognition that *"older people are entitled to quality services, including health and education, and information on their rights"*. Instead of this, older people reported that they were often being made to feel 'dependent', a 'burden', treated with 'condescension' etc. (Older & Bolder 2009: 9) Older respondents who participated in these consultations stressed basic concepts of citizenship, rights and equality, which are often sadly lacking in how they are in fact regarded by providers – which highlights ageism as a real issue. Among the positive services mentioned were the Citizen Information Centres. Often, technology or bureaucracy got in the way of access to information, particularly when contacting government departments or statutory agencies directly.

Another key issue identified in Older & Bolder's consultations in relation to independence is income. The importance of the state contributory pension was stressed and– for those who have them - the precarious nature of private occupational pensions was highlighted, particularly in current circumstances. Inequalities remain in the pension system, particularly in respect of women, and need to be addressed.

Independence is connected with well-being, both as cause and effect. Therefore health promotion – in the broad sense defined in the Ottawa Charter as "the process of enabling people to increase control over, and to improve, their health" – has a key part to play. In this context, health is regarded as *"a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being."* (World Health Organisation 1986)

(v) Participation

Older people do participate – extensively – as citizens, grandparents, carers, volunteers and in some degree in employment. Often, what is not easily quantifiable is not valued so, it is firstly important to recognise, and acknowledge their existing contribution. They could participate in more areas of activity with the help of others, with greater solidarity between generations, and with better and more tailored infrastructure, such as access to affordable appropriate transport and a physically accessible and secure built environment. (Older & Bolder 2009: 11) Participation in a range of cultural and physical activities was identified by respondents as a factor in maintaining health, mobility and motivation, and there was particular value attached to taking up new activities including computer related or recreational social activities.

Formal good practice initiatives were mentioned, such as the ‘Go for Life’ Programme developed specifically for older people and run by Age & Opportunity in collaboration with the Irish Sports Council and Local Sports Partnerships and the Health Promotion Units of the HSE. For those with less mobility, or cognitive impairment, appropriate day centres were highlighted as providing a way to maintain a good degree of social engagement.

Confidence and self-belief are very important for enabling participation of older people. Confidence building programmes are essential elements of building older people’s ability to participate. Active Retirement Associations locally provide a means for older people to engage in a wide range of activities. These associations are run by older people themselves and decisions on activities are based on members needs. In our consultations with older people, ongoing financial support by local and national government agencies for Active Retirement Groups, and for similar initiatives and programmes, was seen as essential (Bassett 2008: 28). Self-help and advocacy by older people is another dimension of the changing landscape of age as exemplified by Senior Help Line, a confidential listening service for older people by older people. Another illustration of the emergence of a voice for older people is the Senior Citizens Parliament, whose President, Sylvia Meehan, recently received a “People of the Year” award.

A very important facet of participation is access to transport. While the free travel scheme is a great boon, it has limitations particularly in rural areas. A strong message in a rural context was the need to further develop and support the Rural Transport Initiative which was identified as a vital programme warranting further development.

Forms of discrimination were identified in Older & Bolder’s consultations in relation to the status of older workers in employment, for instance in relation to training or promotion. Positive things like pre-retirement courses were also mentioned but there was concern at the imposition of new levies on part time older workers in the current attempts to raise revenue for the exchequer.

Participants in our consultations listed a range of very concrete proposals for action in relation to participation under headings of transport, the built environment, active citizenship, labour market issues and social engagement, which can be consulted directly in that report (Older & Bolder 2009: 14).

What needs to be addressed in any comprehensive strategy, however, is the establishment of participative and consultative structures and procedures whereby the needs and concerns

of older people can be articulated by older people's organisations themselves. The reasons for this should be obvious: it is really only possible for government and service providers to respond adequately and swiftly to the challenges when they listen to those directly affected; it is not good governance to exclude those most directly affected from the formulation of policies and actions that impact on them, and it benefits society as a whole if older people become part of the solution to the challenges they face.

Being consulted is a matter of citizenship and rights. While older people are active participants in the democratic process and election of governments, they also have a right to ongoing consultation and this can improve the functioning of government. Currently, with the government contemplating options for major cuts in public spending, taxation and major legislation to protect the banks, it is all the more important that the views of older people are not ignored.

(vi) Care

In the consultations with older people, a number of themes that were the most emphasised and considered to be of central importance to the achievement of positive ageing came under the heading of care. Again, the policy areas were broad, and included the call for a range of housing options, from living at home to high support. There was concern at the cost of care and the nervousness about the cost implications of A Fair Deal and some criticism of the basic concept behind the scheme. There was also a concern about vulnerability to abuse and neglect. The role of older people as carers was highlighted and the need to provide further support for them. Also, the importance of primary medical and community nursing social care services was emphasized. Participants called for well run and regulated nursing/long stay homes. Medical care – including GP services and acute hospital care service – was a major issue for participants in the Older & Bolder consultations and there was concern about a two-tier system (Older & Bolder 2009: 24-26).

(vii) Self-Fulfilment

Self-fulfilment is closely associated with, and requires that, the other principles of independence, participation and care are being put into effect. However, it is important to make the principle of self-fulfilment explicit, as this is really at the heart of what it is to be human and does not cease to be important in old age. Elements of self-fulfilment referred to many times in Older & Bolder's consultations include positive relationships, social engagement, health and wellbeing, time for one's own enjoyment and development and the opportunity to make a contribution.

Clearly, self-fulfilment in old age requires interdependence with others, through family, friendship networks, neighbourhood and the wider community, and through formal associations, peer support, and formal services and support systems. The key themes identified through Older & Bolder's consultations relating to this principle focused on the potential and contribution of older people, the importance of lifelong education, and the difficulties encountered due to ageism.

As we live longer, the concept of positive ageing is central to self-fulfilment, and this is applicable even if we develop a disability or dementia. Educational initiatives, intellectual,

cultural, artistic, religious or other stimulating types of engagement, where the spark of creativity is generated, are of considerable value and at the heart of positive ageing. In the past, theories about ageing were based on the notion of social disengagement – as though old age was simply about fading away and dying. This idea has been found to have little validity as a generalisation.

Old age is better understood as a personal journey or career and, particularly as we now look forward to added years of life in old age, we need to take that stage seriously and enable ourselves to reach fulfilment. This possibility continues despite the onset of disability or chronic illness. Older people are prime contributors to the self-fulfilment of one another but this intrinsic need should be recognised by other generations and by those involved in service provision. It implies too that the mix of public service provision for older people should include more attention from the education, sporting and arts/culture sectors, as well as from health and social welfare. There are indeed potential benefits to the economy and society if older people are enabled to achieve their full potential. The report on the consultations with older people suggests a number of specific areas of attention and action towards realising this principle (Older & Bolder 2009: 27-31)

(viii) Dignity

It is easy to let words like dignity and respect roll off the tongue, but there are many factors that militate against the realization of this as a principle in relation to older people. This is nothing to do with the chronological age of people but arises from the way we as a society “construct” our concept of older people. This construction is conditioned by the artificial imposition of retirement and the notion that older people are a separate tribe, who do not contribute much and constitute a burden on “society”.

A number of years ago, the late psychiatrist, Dr. Anthony Clare, addressed a conference of the National Council of the Elderly, as it then was, and said: “The elderly are not them, out there; they are us, writ large, writ later”. In a sense, that is the key. We need to imagine ourselves as older people and apply the concept of equality to age, just as we have done in relation to other dimensions, such as gender, and ethnicity. Old age does bring about difference, but no more than the differences that make all societies diverse. Old age is another dimension of difference. However, the key challenge is to prevent such dimensions of difference from becoming a pretext for alienating older people from the “mainstream”, for discriminating against them or reducing their status.

In the consultations carried out for Older & Bolder, the need to be respected and valued was seen as fundamental to realizing the principle of dignity, and this was linked to the need to be treated equally with others in Irish society and to have a sense of rights and entitlement as citizens. Most participants stressed the importance of being treated with dignity in all settings but there were particular concerns about this in acute hospital contexts and for the most vulnerable in residential care settings. However, as several of the inputs to that process illustrate, the context for diminishing the status of older people is much wider. It is obvious that when older people are ill and at the mercy of others, the issue of respect and dignity is uppermost. However, as a society, there is a lot that we can do to tackle ageist stereotypes and foster equality as the bedrock on which dignity and respect are based.

8. Setting the agenda

(i) Policy Goals and Targets

In this submission, Older & Bolder has concentrated on matters of principle informed by the comments and inputs of older people. At this stage, we believe it is important to set out these in order to establish a set of shared principles as the basis for a strategy. We would be very happy to engage with the Cross Departmental Group in relation to developing a dialogue on positive ageing at more concrete levels. We have drawn on the range of ideas on ageing that emerge from scholarly research and international debate, and also on the views of older people themselves. In many ways, the involvement of older people in this policy process is absolutely central if the strategy is to prove worthwhile.

We realise that much needs to be done by way of baseline research, setting specific targets and establishing procedures for implementing measures and the monitoring of progress in policy implementation. In our initial statement, *Towards a National Strategy for Older People in Ireland*, we outlined a number of specific targets and elements of a strategy under headings of *Citizenship, Income and Wealth, Work and Retirement, Healthy Ageing, Independent Living, Self-Image and Identity* (O'Shea 2006: 9-16). These specific targets should be read in conjunction with the present submission and also with our Baseline Statement (October 2008) which sets out the parameters of a fit for purpose national strategy on ageing.

In the current conditions of economic crisis and, given the constraints which this has led the government to impose on the deliberations of the Cross Departmental Group, it is important that, at the very least, we have a commitment to meaningful consultation on the key values, goals, objectives and targets of a positive ageing strategy. Firstly, associations of older people and organisations serving older people need to have meaningful participation in addressing policy challenges and monitoring implementation of existing policy at national level. They need to be facilitated in offering fresh thinking and relevant and innovative policies based on their credibility among older people and knowledge of the realities of older people's lives.

Secondly, the development of a positive ageing strategy should involve participation at the local as well as the national level, and we need to generate discussion among agencies themselves and between older people and local government, health service agencies, and educational bodies. The local level is critical to the co-ordination of services and to fostering partnership between statutory, voluntary, commercial and informal care sectors, and to the effective implementation of policies and monitoring of policy outcomes; and it should be feasible to undertake more consultations involving all stakeholders at the local level.

In order to achieve tangible results from a national positive ageing strategy, it is important that the Cross Departmental Group uses these principles as a basis for a concrete set of proposals. Flowing from a set of agreed principles and the setting of central goals and key objectives, it will be possible and necessary then to establish:

- ⇒ a set of baseline indicators of positive ageing linked to international standards
- ⇒ specific output targets for all government departments, local government, and statutory agencies
- ⇒ a set of outcome targets, benchmarked on comparative best performance
- ⇒ timeframes for the improvement of these indicators.

(ii) NGO Liaison Group and Expert Advisory Group

In conjunction with this process, Older & Bolder would like to see a schedule for a process of further consultation – with us and other interested groups, including difficult-to-reach groups such as those affected by dementia and their carers – on more detailed aspects of targets, their level and scope, and on the monitoring of outcomes. This process should be informed by briefing and research papers where appropriate.

We welcome the fact that, as well as the Cross Departmental Group which has already been established, the Office for Older People is establishing an *NGO Liaison Group* and an *Expert Advisory Group* to contribute to development of the NPAS. O&B, and our individual member organisations and others, have been asked to nominate representatives to the Liaison Group and are doing so.

We are awaiting further details concerning the establishment of these bodies and are concerned that their Terms of Reference should provide for the exchange of ideas, information and documentation between the Cross Departmental, NGO Liaison and Advisory Groups. In this way effective communication between the different groups can contribute to the success of the NPAS which is, above all, intended to embody an integrated and holistic approach to planning for positive ageing for all our citizens. In the same spirit, we would also recommend that representation of the NGO sector be included on the Expert Advisory Group.

The development of a National Positive Ageing Strategy can draw on the institutional experience gained at the national level through the development of the Children's Strategy and the National Disability Strategy. This experience is valuable in highlighting the importance of cross-sectoral working, national-local linking and mechanisms for monitoring, review and evaluation. From the perspective of Older & Bolder, an open and transparent system of review and evaluation will be very important and should complement mechanisms for the ongoing participation of older people in the process of implementing a national strategy on ageing.

Older & Bolder sees the adoption of a partnership approach, involving consultation and research, as critical to developing a successful National Positive Ageing Strategy. We are ready to engage with any part of government, and with statutory bodies, in order to facilitate the achievement of the objectives set out in this submission.

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Appendix One

Older & Bolder Members of Executive Committee

Chairman	Tom O'Higgins
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Active Retirement Ireland	Maureen Kavanagh	Member
	Kevin Molloy	Alternate

Age & Opportunity	Ann Leahy	Member
	Ciaran McKinney	Alternate

Alzheimer Society of Ireland	Maurice O'Connell	Member
	Sarah O'Callaghan	Alternate

Carers Association	Enda Egan	Alternate
	Seán Dillon	Member

Irish Hospice Foundation	Eugene Murray	Alternate
	Caroline Lynch	Member

Irish Senior Citizens Parliament	Máiread Hayes	Member
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Senior Help Line	Anne Dempsey	Member
	Jean Manahan	Alternate

Older and Bolder Grantee	Pat Montague Montague Communications
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Older and Bolder Project Director	Patricia Conboy
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