
A NEW FRAMEWORK FOR POSITIVE AGEING



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Executive Summary

Living longer is one of humanity's great success stories. However what we found from our survey and policy labs was that all too often the potential is being unintentionally blocked by poor policy. Ageism, loneliness and undetected treatable conditions are widespread. They sever connections and hamper lives. Unwittingly, this does not just undermine wellbeing, but also adds to long term costs.

Breaking out of these constraints is not just a question of a better policy for the older members of society. It is a fruitful route to enrich our entire society across generations, and to design mutually supporting paths.

A lack of foresight, ambition and empathy is blighting the later years of many. These years not being lived to their fullest. By casting these years as a period of decline and a burden, the opportunity to derive full benefit from this extraordinary potential is being compromised.

It is very clear that the people are far ahead of the policy makers in understanding the shortcomings of present approaches. As with other stages of life, people want to be empowered with choices, with the chance to voice their wishes and be valued, with strong social connections which remain resilient as their needs change, and with surroundings designed to adapt to changing needs.

Throughout our journey, we found many wonderful initiatives and highly motivated people creating them. However, the launch of individual pilots does not create an admiralty, and that is the scale of what this challenge requires. A fresh vision is essential to bring a focus on the opportunity. However the experience with many good strategies from the past is that without clearly assigned responsibility and rigorous accountability for delivery, the outcomes will not match the ambition.

The vision that motivates this work is that Ireland would become the best country to support a long and fulfilled life. At all ages, it should be a voyage filled with adventure, enjoyment and full of knowledge. Life after retirement should be active, connected, respected, secure, and independent, just as it is before. We need to be bolder and more ambitious about how this can be achieved.

This new vision will be disruptive at many levels. It will demand redesign of institutions. It will require new ways of working across silos. We put forward a series of long-term structural changes. We also identify some early wins that can build the momentum of reform.

Key Recommendations

We believe that this is one of those crucial cross-cutting issues where leadership should come from the Taoiseach's office. Under the leadership of An Taoiseach:

- A **Demographic Planning Unit** should be established which would set out a 20 year strategy and provide planning principles for the government and its agencies to follow;
- The **Central Statistics Office** will be mandated to develop a specific **social value added measure** of the well-being gains through active engagement of retired people, to promote guidelines for communities to follow in appraising their position, and to mine existing information for new insights to inform better policy;
- A position of **Commissioner for Positive Ageing** should be established with a mandate to monitor progress, conduct research and advise the Oireachtas on policy and performance.
- A specific mandate will be given to the new **Media Commission** to address age stereotyping in the media, and to celebrate opportunity and success in older age, utilising in particular the reach of local media.

All along the life course, our work identified shortcomings which need to be addressed. Starting in the workplace, people are too often poorly prepared for the typically abrupt end of their working lives. They are faced with inflexible options. They feel cut adrift, with new financial worries, loss of contact and standing and unsure of their entitlements. To address this the Policy Lab proposes:

- The **Workplace Relations Commission** should be mandated to develop a Code of Practice for a mid-career reconnect to plan opportunities for retirement. The cost should be funded from within the Social Insurance Fund;
- The WRC should also evaluate the impact that its code on Best Practice for **Longer Working Life** is having on practice. Temporary tax relief on the establishment costs of flexible retirement options should be considered;
- The excellent activation and training programmes

developed by **Intreo Offices** should be extended to support those coming to retirement age to explore the activities within or outside the workplace which would keep them connected.

- All **consumer regulators** should be mandated to specifically address the needs of older citizens. The evidence shows lower switching behaviour, and lower digital aptitudes exposes older people to higher charges and the growing absence of an identified person to engage with is hampering choice.

Being active and connected within the community and the family are central to well-being. However isolation is a major problem for many and social changes in the way we live our lives means this must be consciously addressed. Those family members who find themselves in caring roles are not being adequately supported.

- A local **One Stop Shop** for information and advice is needed, and these could become hubs for a range of activities. Utilising the 351 new Connected Hubs is seen as a unique opportunity where a local team has been put in place with an explicit mandate to build connection within communities.
- A **Positive Ageing Social Innovation Fund** should be established to support innovation within the community, and particularly to promote intergenerational connections.
- A **Commission on Intergenerational Opportunity** should be established to assess how we can develop better systems of mutual support and create the tax policies, social policies and infrastructural policies to underpin it.
- A new **Charter for Family Carers** needs to be developed. The system of financial support confined to delivering near full-time care and subsistence income is too narrow and inflexible. A dedicated model of discretionary support through a Community Welfare Model is needed, integrated with the Local Family Care Partnerships. Wider

access to reasonable accommodation from employers and carers leave would be essential elements.

- **Local Family Care Partnerships** should be created where family carers can register, and where they would have the opportunity to pair, share and access the support of community services. The aim will be to promote much wider take-up of existing supports and to develop innovations in flexible support to meet identified needs, drawing on best practice at home and abroad.
- There is a lack of sufficient fresh imagination in **repurposing the assets of towns and villages** and buildings no longer in use like banks and churches. Community clusters collocating childcare with activities for older members of the community could yield significant mutual benefits and access to suitable supports.
- Develop an audited **Age Friendly Mark** for clubs, businesses and any premises open to the public to adopt (dedicated programmes, access to seats, toilets, reserved parking etc.)

The suitability of accommodation and the accessibility of surroundings become more important as the years go by. A very high proportion of older people find themselves in cold homes too large for their needs but with limited options to address the problems. There is very little purpose built housing suitable for right sizing. The feature of older people in private rented accommodation is an emerging problem. While programmes to help upgrade energy and adapt homes are growing rapidly there is still substantial unmet need. New thinking is needed to help people stay within their own community in suitable accommodation.

- **Local Authority Planning regimes** need to directly address the greater designation of sites to this purpose, simplify planning rules where people seek to adapt a site or building to have two homes replace one, and have explicit targets for the Council's own building programme.
- **Community clusters** with a window on life in the community and access to suitable supports should be a standard expectation for local authorities in bringing life to the town centre.
- A **Housing Trust** should be established to manage and promote the development of housing suitably adapted to the needs of people

who can remain independent in their homes, so rightsizing becomes a realistic option. Suitable homes could be entrusted to it by Councils, by Private Developers or by individual families for adaptation and management. It will oversee physical and technology-based adaptation, maintenance and certain support services. It will operate on a cost recovery basis, but will actively cultivate income from public schemes such as HAP, Cost Rental and Rightsizing Contribution Schemes. It will be a subsidiary of the Land Development Agency in joint-venture with one or more of the Approved Housing Bodies.

One of the biggest gaps revealed in our work is the lack of intermediary options to allow people to stay independent so it pushes people to enter a Nursing Home. While there are some excellent exemplars of good alternatives, they are not available at scale. The challenge is aggravated by a highly rationed model of state supported home care. The lack of established forms of collaboration between agencies which separately provide social support, care support and accommodation support leaves particular gaps.

- A clear set of targets for the development of various categories of **assisted living** is needed, which can be based on the analysis undertaken in the 2019 Options Paper. They have been shown to yield a positive impact on cost to the state as well as on wellbeing of citizens.
- A **Homecare Development Agency** will be established to develop the sector to work across both individual homes and more purpose built accommodation. It will work with both private and public providers.
- **Virtual support hubs** should be piloted by the

Agency to offer a new model of service, checking in with people remotely and responding to signalled urgent needs. They would mix the use of technology with flexible service.

- It will implement a phasing in of the **Statutory Homecare Scheme** now in development and apply a charging structure to users reflecting the principles of Fair Deal (ie. a reasonable contribution from both income and assets towards the cost, subject to caps which would be set at much lower level than full nursing home care).

Our Health system is still very focused on the delivery of specific procedures in expensive acute settings. It is poorly adapted to the needs of a population which is living much longer, where the challenge will be to manage chronic conditions in the most effective manner. In that context the overwhelming evidence is that early identification of treatable conditions, and a strong emphasis on staying active and connected are key to limiting high cost care. Both need to be developed.

While people report good experiences when in hospital, they are very anxious about A&E as the only gateway of access, and about the uncertainty of support when discharged. Care in more customised settings, preferably in the community, and the development of tiered nursing home care for convalescence or for longer term is what is needed. At a time when new technologies create real opportunities to better predict, screen and manage conditions, this has yet to be properly exploited. They must assume greater prominence in health planning if the system is not to be overwhelmed.

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The strong message is that people want to see the resources in the community: Primary Care Services, Pharmacies, Community Social and Health Care both deepened and integrated with real innovation in the use of technology.

- Consider **devolved budget holding** to community level to achieve a reorientation in health services.
- The range and accessibility of **screening services** must be elevated, with an explicit programme for delivery at community level, funded from a much earlier age than 70+
- Encourage **Health Insurers** to keep their clients healthy; some insurers have started to move into urgent care and chronic management, but this has been done entirely on the basis of commercial decisions.
- Develop **new services from Pharmacies**, which could include preliminary consultations, suitable screening programmes, prescription reviews etc..
- Healthy Ireland should be mandated to deliver a particular focus on Positive Ageing in their new strategy.
- Introduce an audited **Dignity in Care Mark** for all health settings - ending mass bookings, putting in basic comforts, welcoming questions etc.
- A **Disruptive Innovation Project** will invite our Universities, Technology Enterprises and Care Professionals to collaborate to identify how predictive analytics, health screening, smart personal technologies, remote delivery, eHealth records and in-home technologies can be harnessed in Ireland to deliver better preventive interventions, better health outcomes and a more empowered citizen enjoying positive ageing.

Early Wins

- ✔ Remove the provision under the recent Pensions Bill that the private sector can continue to apply a mandatory retirement age of 66.
- ✔ Establish a County Freshers' Week each year in September to connect retiring people to opportunities.
- ✔ Support the expansion of the network of Men's and Women's Sheds and the University of the Third Age, spear-headed by the Intreo Offices.
- ✔ Extend the NTA pilot of an app-based Demand Responsive Rural Transport which targets people with particular transport problems, and promote their scheme of recognition for volunteer-run schemes of this nature.
- ✔ For those not eligible for the means-tested Carer's Allowance, replace the patchwork of tax relief and Carer's Support Grant with a payment equivalent to the Domiciliary Care Allowance payable to parents of children with expensive care needs.
- ✔ Community Safety Plans will make security for citizens as they grow older a core goal.
- ✔ Put in place a Charter for public service delivery offline.
- ✔ Enhance the position of older persons in private rented accommodation by designating them as a group eligible for secure Cost Rental with a higher subvention level, and awarding them higher priority status on Council waiting lists.
- ✔ Introduce a universal Contribution Scheme for those wishing to rightsize to Local Authority tenancies for older people and put in place visiting support schemes in all these complexes.
- ✔ Mandate an age friendly module in all Town Centre First Plans.
- ✔ Fix the logjam in Assisted Decision Making processes.

1. Introduction

Living longer is one of humanity's greatest successes. People can look forward to 20 years of healthy, active life after they retire, and this time span is steadily rising. However, too little thought has gone into ensuring that both individuals themselves and society as a whole derive the maximum benefit from this transformation. Indeed, often policy is unintentionally constraining the possibilities with ageist barriers. Changing how longer life is portrayed can in itself have a profound impact on how people experience it.

Much of the coverage of longer lives is cast in very negative terms as a period of "decline", a "burden" and a "time bomb". This depiction frames the debate and misrepresents the potential of what we need to see as "the third age". Even models contemplating this remarkable demographic achievement are framed as growing dependency on those of working age, and predominantly seen in terms of mounting health demands. They fail to recognise that longer life will allow for an increasingly economically active older population, contributing value in new ways.

The narrative of decline and containment must be addressed. The work by TILDA in TCD shows a very different picture. The research indicates that quality of life peaks at age 68, and issues connected with frailty now typically do not come into play in one's 80s.

A positive policy on ageing is far more than a policy for older people, it is an opportunity to think about what longer lives means across our society, to assess how it impacts on events throughout our life course, and how it can become a new source of social capital.

Rigid thinking about when work should stop, when learning should stop, and who we should spend time with, are constraining new possibilities. We need new design thinking to remodel how we live and how the generations interact.

Covid was a wake-up call and we discovered some previously unnoticed fracture-lines in our community, but also some undervalued bedrocks that offered resilience at a time of stress. It exposed the isolation, loneliness and vulnerability of many. It showed the risks of congregated care settings and the lack of accessible alternatives. It also showed the value of a supportive community and the wonders of our natural surroundings. It helped us to exploit the potential of technology to support independence and solidarity.

This is why the Board of the Fine Gael Policy Lab decided that now is the time to get a better understanding of how people are planning for and experiencing longer lives. It is also timely to examine how policy has adapted to develop the potential of longevity and to manage its challenges. We have developed this paper through conducting a survey in which over 500 people participated, and holding eight Policy Kitchens where people with frontline experience could identify gaps and shortcomings in present approaches. We have tested their insights for feasibility in consultation with experts in the field. The Kitchen's participants repeatedly told us that there is a better way to plan for longevity and they share their hopes and fears about their future. They urge us to give voice to new thinking and to be both ambitious and brave in our recommendations. We hope we have fulfilled their aspirations.

2. Creating a Vision

The vision that motivates this work is that Ireland be a country that supports a long healthy, independent, active and fulfilled life for its citizens. At all ages and life-stages, we should be thinking of our life-course as a "voyage full of adventure and full of knowledge". Life after retirement should be active, connected, respected, secure, and independent just as it is before. We need to be bolder and more ambitious about how this can be achieved.

Taking Stock

In the past decade alone, life expectancy has increased by 4.5 years for men and 3.1 years for women, and this pattern of improvement is expected to accelerate. At age 65, we can already expect to live for a further 20 years. This is having a profound impact on the age profile of the population. In the past twenty years those aged 65+ have increased by 80%, while those aged 85+ have grown by 110%. In the next twenty that pattern of change will accelerate.

Our survey revealed a generally positive view of retirement, with over three times more people expressing positive associations than negative. However, a sense of exclusion due to age, stereotyping and a lack of voice were resoundingly present. Over 40% of respondents viewed both as very much issues of concern. A further 35% had some concerns. An overwhelming view also was that the supports available as we age were complex to navigate and disconnected from each other.

Based on our survey, losing independence is far and away the greatest fear people have about growing older. It was the top worry for 37%, and one of the top two worries for two thirds of respondents. Financial fears were next (20%), loneliness (19%), followed by security (10%), just ahead of difficulty in accessing needed care.

Policy action has not adequately evolved to recognise the changes in family structures, within which longer lives are lived. Caring within the modern family is now much more challenging. The unspoken assumption of existing policies is that someone (often female) is available to take on this role. This leaves many women to whom this role still predominantly falls struggling to hold a broken model together.

The National Positive Ageing Strategy (2013) was path-breaking in its conception. It called for a "paradigm shift" in how we view ageing, with an emphasis on "celebrating and preparing", on "living full independent lives", on "fostering solidarity and a focus on inequality". It was a very comprehensive appraisal of the challenge, and embodied best international thinking. It set out 55 actions to be taken in the pursuit of the removal of barriers, of enhancement of wellbeing, of more support in the home and community, and of the need for continuing research. However, many of the "actions" were more signposts or aspirations than concrete achievable plans with measurable outcomes and benchmarks. Responsibility was not sufficiently nailed down for each element proposed. The strategy has undoubtedly brought significant initiatives in its wake. It resulted in the publication of a Healthy Ireland Outcomes Framework. However, it has not had the transformative impact hoped for.

In 2015, the Department of Health published its Healthy and Positive Ageing Initiative, designed to drive research and better policy, not just in Health, but recognising the interlocking impact of participation, security, and a range of cross cutting themes. It has stimulated fresh thinking. But its progress was disrupted by Covid.

In a document "Taking Stock (2024) seven Age Sector Organisations evaluated the overall delivery of policy across 15 broad dimensions that support positive ageing. It graded each sphere from A to F. In ten of the areas, the rating was D or less, signifying little or no positive impact. Its core critique of the 2013 Strategy was the lack of an Implementation Plan, the lack of ring-fenced funding, and the lack of annual progress reports.

Now in 2024, a Commission on Care for Older People has been established to reappraise the topic. This is of course very welcome, and our report will be sent as a submission to that work. However, it is framed in a regrettably narrow way, focusing on "care", which is just one piece of the picture. It risks falling into the trap of a constrained conceptualisation of ageing. Although it should be said that the terms of reference for the Commission does envisage, in a third strand of its work, assessing whether new contributions from across government will be required. It is regrettable that this cross-cutting approach is not prioritised from the outset. It is interesting that the EU, where many member states are ahead of Ireland on this journey, highlights the need for a "demographic toolbox" which is intergenerational, built around flourishing over the entire life course, rather than a narrative of care.

Some very strong themes emerged from our policy kitchens as to what such a vision and policy should cover:

- Good pathways for ageing are in the best interest of all generations, and they create opportunities for interaction between generations which we are not adequately developing.
- There is a need for a framework for intergenerational fairness, reciprocal benefits, proper conversations, and realistic expectations. Policy needs to develop on how a fair contribution from assets should be made towards needs that are now often being unmet.
- There are very different ranges of experiences across the country, and in urban versus rural areas. For example, the ratio of those 65+ to those 15-64 is often described as a dependency ratio, but it ranges from under 17% in Fingal to over 32% in Mayo. We need to have policies fitted to local demographic conditions.
- Policy structures are too siloed. The demarcation between social care and health care creates a gulf that sees many fall through the crevices. Models of cross-agency action are essential for future planning.
- Language and depiction in the media reinforce negative stereotypes of burden and decline. They must be actively counteracted by vibrant narratives of lives being lived to the full.
- The factors which contribute to wellbeing and social value include the development of new roles, social engagement, physical activity, and pre-emptive and interventionist health measures. However, there is a huge contrast between how the state frames such policy pathways for the first 25 years of our lives, compared to the last 25 years.
- Planning in all facets of public service must embrace and integrate the demographic trends revealed by TILDA; and crucially, should embody consultative structures so that policies are shaped by those who experience them.



Voices from a Policy Kitchen:

“Good design is very important in all aspects of planning, but especially in planning for longer lives”

“We need a Commission on longer life which looks beyond health care.”

“It’s the first time that I have been asked my opinion on these things.”

“We have lots of strategies, but no one seems to have ownership of the implementation.”



Structural Changes

A number of structural changes are proposed here, which have been distilled from our work that can achieve the step change required by a fresh vision.

- ✔ A **Demographic Planning Unit** should be established in the Department of the Taoiseach which would set out a 20 year strategy and provide planning principles for the government and its agencies to follow. Specific guidance to empower the Local Authority Development process to plan for the needs of an ageing population and each Council should be mandated to consider material contraventions to the existing Development plan within two years.
- ✔ A position of **Commissioner for Positive Ageing** should be established with a mandate to monitor progress on relevant strategies, conduct research and advise the Oireachtas on policy and performance.
- ✔ The **Central Statistics Office** will be mandated to develop a **specific social value added measure** of the well-being gains and the unpaid contribution made through active engagement of retired people, and promote guidelines for communities to follow in appraising their position and in recognising excellence.
- ✔ A specific mandate will be given to the new **Media Commission** to address age stereotyping in the media, and to celebrate opportunity and success in older age, utilising the reach of local media.

3. Managing the Change from Work & Harnessing the Opportunity

Our survey found that support for retirement preparation is very mixed, with less than a quarter describing it as good, but 30% describing it as poor. When asked what would contribute most to positive ageing, 72% ranked Financial Security in their top two, and 35% Preparation to Manage Retirement and its challenges. They outranked the quality of public services(34%), Accommodation to meet your Needs (21%), and Relationships within the Local Community (11%).

For many, retirement is an abrupt change. A person's identity is typically defined by their occupation, and this in turn gives an established position within the family and community. Suddenly all this is changed to one where meaning must be rediscovered. At the same time their financial position often deteriorates sharply in a way that has not been anticipated. This compounds the challenges. Employment Policy has not adequately addressed this important dimension of our working lives. Our survey found 63% viewed the rigid retirement age as an issue for them. Currently just short of 120,000 persons aged 65+ are in the workforce, representing just 4% of the total workforce.

The Retirement Council of Ireland reports that 60% of women and 40% of men would like to work beyond their contractual retirement age. Recent reforms permit Social Welfare pension rights to be accumulated beyond age 66. This is welcome recognition of the value of such a choice, yet employment legislation now in the Oireachtas only envisages the mandatory retirement age in contracts rising from 65 to 66 for the private sector. The mandatory retirement age in the public sector has already risen to 70 years. This policy rigidity is not only constraining opportunity for older workers but is contributing to dependency problems which are frequently aired by policy makers. Employers may fear the challenge of actively managing exits once the mandatory rule is removed, but such legitimate issues should be openly addressed in new Codes of Practice.

Flexible retirement frameworks need to be developed. They have the potential to tap into a wealth of experience, utilising it in more imaginative ways such as through a shorter working week, or in changed roles, or in coaching and mentoring. Some employers have developed such strategies and there are models of good practice. The challenge is to mainstream them without creating difficult issues for small businesses to manage.

Evolving Policy

Our respondents were quite evenly divided on policy priorities, 37% regarded encouraging those who can work beyond retirement age to do so as the top option, 34% favoured the creation of a Public Fund to anticipate the growing needs, and 23% ranked better pension provision as top priority. Each is now emerging in public policy. Reform of the State pension now permits working up to 70, thereby enhancing an individual's contribution record and adding 5% to a pension for each extra year worked. The Future Ireland Fund will see 2.5 billion set aside in 2025 and a similar portion of national income each year right up to 2040, to be available to meet the anticipated needs of an older population. Auto Enrolment will build a personal pension fund for every worker to top up their state pension. By year 10, workers will put in 6% of pay, employers match this and the state adds another 3%. They are important changes, but it is somewhat perverse that compulsory retirement ages of 66 in the private sector remain.

Pension planning will be improved by auto enrolment and the right to build pension by working beyond 66. For those who entered the public service prior to 2013, the actuarial contribution to deliver their pension rights has been estimated at over 23% of their annual income. Changes made in 2013 have eliminated the contrast with the private sector. The two big changes were to set pension entitlement based on the average income over one's career, rather than final salary, and to introduce an additional superannuation contribution on that part of income over €34,500 at 10% for pre 2013 employees and one third of that for those employed later. Multiple jobs, platform working, and portfolio careers will make pension planning harder in the future, so the option of higher pension saving as one approaches retirement continues to be justified.

Underclaiming

The taxation system can play a role in incentivising or retarding actions that can contribute to Positive Ageing. On the positive side strong incentives exist for saving for a pension by those who can afford to do so. It rises from 15% to 40% of annual earnings up to €115,000 at age 60 and is allowable at your top rate of tax, up to a fund of €2million. Each year the relief costs almost €1.2 billion, but its benefits are unevenly distributed. Many women derive no benefit because they have no pension scheme. The age tax credit by contrast, whose value has not changed for many years, costs just €100 million.

Relief on prescribed medical expenses are allowed at a standard 20%, while nursing homes attract 40% for top rate taxpayers. However, persons whose only source of income is a Social Welfare Pension can derive no benefit. Because they are not in a taxable position.

Family caring is only recognised in respect of a partner in a single earner family, with a value of €1,800 and cannot be claimed if working. There is an incapacitated child credit of €3,300, which does not have such conditionality, but no equivalent for care of an adult. However, employing a carer from outside the family, where a person is totally incapacitated attracts relief at up to 40% up to a cost of €75,000.

A problem with all these schemes is the very high numbers who do not benefit from them. An estimated 750,000 private workers have no pension scheme, and even with auto enrolment coming in, many will reach retirement almost entirely dependent on the basic pension for a long time to come. Half of the out-of-pocket expenses on health are not claimed for the tax break. Only 1600 people claim €8 million in relief to employ a home carer, and only 7,000, less than one third of the total, claim relief for the cost of a nursing home at a cost of €36 million. A similar feature of underclaiming applies to health spending schemes like free GP cards and

Carers Support Grant where hundreds of thousands fail to claim. The overall picture is one of well-intentioned initiatives which are poorly targeted and most likely missed by many who need them. Our experience in the kitchens was that many people are poorly informed about existing tax allowances and have no easy accessible source of information. For example, a number of people referenced the closure of face-to-face services from revenue since Covid and the failure to resume services post the pandemic.

The Commission on Taxation and Welfare have recommended curtailing many of the concessions now in place: removing age relief in income tax and USC, removing the higher share of income which is tax allowable for pension as you grow older, and curbing the tax-free retirement sums. It also sought to reduce concessions on capital acquisition, particularly within the immediate family. These are seen as measures to increase the tax base. However, they have been recommended without any wider policy approach to life cycle planning.

A Way Forward

Preparing the ground for the changes which retirement brings is essential if the transition is to be successful. The evidence shows that people greatly underestimate what it takes to set aside resources to be comfortable in retirement. Good habits like physical fitness, interesting hobbies and interests outside the workplace, and health screening are best established well before retirement, so there is already a supportive network in place. There is a vacuum in public policy in addressing an area which is potentially so important not just to individual well-being but also to the cost of expensive acute health services.

Some very strong themes emerged from our policy kitchens:-

- The Workplace should be the base for preparation for retirement with a range of "mid-career reconnect" opportunities being made available (financial, pension planning/necessary skills like driving (particularly for women in rural areas) re-skilling/re-training;
- Building wider involvement in community life should be incentivised in the workplace;
- About 5 years out from retirement, specific options should be on offer. This would consider new roles in the workplace: transitional roles, mentoring successors, retraining for step down roles, financial advice, retirement courses etc. Mandatory exit should not be the only option. Small employers will need support, and new mandates for the WRC for the Intreo Offices and for Solas and other institutions of Education would be needed;
- Mandatory exit should not be the only option, but Small employers will need support. A new mandate for the WRC and the Intreo Offices could open up new pathways.
- Further and Higher Education Institutions should consider how to support longevity planning and the future of work and leisure.
- Tax reliefs are often inflexible and uneven in their take-up. A concerted effort should be developed across governments to ensure benefits get through to their intended beneficiaries. Positive policies need to be developed around caring to supplement the patchwork recognition in the present tax code.
- All consumer regulators should be mandated to specifically address the needs of older citizens. The evidence shows lower switching behaviour, and lower digital aptitudes exposes older people to higher charges and the growing absence of an identified person to engage with is hampering choice.

Voices from a Policy Kitchen:

“It can be a very sudden change, you lose many of your social contacts, your sense of identity, and your role within the family, all at one time.”

“But some are counting down the days and want liberation.”

“I was working full-time yesterday, but I will be unwanted tomorrow. There must be a better way.”

“A Freshers week held locally could knit together the many voluntary groups.”

Structural Changes

The following structural changes could open the pathway to better options in the workplace to take advantage of the longer lives we now lead.

- ✔ The **Workplace Relations Commission** should be mandated to develop a Code of Practice for a **mid-career reconnect** to plan opportunities for retirement. The cost should be funded from within the Social Insurance Fund;
 - ✔ The excellent activation and training programmes developed by **Intreo Offices** should be extended to support those coming to retirement age to explore the activities within or outside the workplace which would keep them connected.
 - ✔ The WRC should also evaluate the impact that its code on Best Practice for **Longer Working Life** is having on practice.
- Temporary tax relief on the establishment costs of flexible retirement options should be considered;

4 . Engaging Family and Community

While only one quarter of our respondents indicated that they were not involved in community activities, we did not measure how active the engagement is. We asked whether involvement had reduced since before Covid. Over 50% gave no response. Of those who did respond, about half reported no change in engagement, and surprisingly those who said that they had increased their engagement somewhat exceeded those who had reduced in all activities. The only exception was religious activity where the reverse was reported. All the evidence points to social connectedness being a key factor in wellbeing, but the picture which emerges from our survey is mixed.

Isolation is an under-diagnosed problem among those who have left the workplace. Professor Rose-Anne Kenny rates the quality of friendships as the most important determinant of healthy ageing, followed by diet, exercise and stress. TILDA finds that 40% report isolation, while only 31% of women and 16% of men report supportive friendships. According to Ipsos Mori, in "Perennials", intergenerational friendships outside the family are rare.

Circumstances are often very different in rural areas than in urban areas. Neighbourhood cohesion in TILDA's work is reported at 58% in rural areas, but only 19% in Dublin. By contrast rural areas suffer the challenges of distance, lack of transport and lower range of service and options.

Although personal safety was ranked as the greatest fear as you grow older by only 10% of respondents, it remains a topic of general concern. The Gardai are alert to the vulnerability of older citizens and have developed some good outreach models. The growth of scams online or otherwise is an area which deserves fresh focus. The development later

this year of a Community Safety Plans in every Garda District offers an opportunity to address safety and security particularly of vulnerable groups. The fact that the new approach involves collaboration with agencies beyond the justice area offers the chance to engage a range of service providers in such initiatives.

Staying active and connected is essential for the quality of life. A declining level of activity and/or a reduction of social connections are major contributors to the loss of functional capacity that enables one to look after oneself and do core tasks within the community. This in turn adds massively to the health costs which might ensue. Communities have a huge need to sustain these connections and to keep a watchful eye out for inhibitors that can undermine capacity and health. Another avoidable risk is the undetected onset of treatable conditions. If left to fester they can result in a loss of capacity which is hard to restore. The TILDA research has found that 40% of treatable factors go undiagnosed. As we shall develop in our section on Health, good screening programmes in the community are an underdeveloped opportunity to improve wellbeing and reduce long-term costs.

Poor access to information and complexity of access to supports were resounding themes in both our survey and our policy kitchens. The lack of information contributes to underclaiming but also enhances the risk of isolation from opportunities. It is also often compounded by new barriers as more and more services go digital. TILDA data shows half of those 75+ in rural areas have no internet, two thirds of all 75+ have no Smartphone and only a quarter use social media. A strong call was made by many for suitable hubs which could act as a One Stop Shop. There is also a need for more consciously planned outreach which would seek to connect people isolated by mobility issues, bereavement or other perceived barriers to participation.

Healthy Ireland, established in 2013, is designed to improve health at all stages of life, to address health inequalities, and to engage both individuals, communities, organisations, and workplaces in the effort. Its outreach to sports clubs and college campuses are examples of how it seeks to engage people in thinking more actively about how to stay healthy. It also publishes important data benchmarking progress across key indicators such as smoking, alcohol, weight, awareness, and use of services. Enhanced penetration of its initiatives with a particular emphasis on optimising our longer lives would yield big dividends.

Our work revealed a rich variety of thriving community initiatives, which are much appreciated by respondents. The work of the Age Friendly Counties and Cities must be recognised. They champion the need for age friendly infrastructure, access, and participation at local authority level, and are overseen by a representative Council of Citizens. However, many of the community initiatives lack the capacity to scale programmes, and if voluntary, they often decline when leaders drop out, or the administrative burden becomes too much. There needs to be more support for the mainstreaming of successful models.

Social Prescribing has great potential as a method of outreach. The HSE has established a network of 57 such services, of which 9 were explicitly for older people. To date it is serving about 4,000 people per year. Evaluation of its impact is taking place in some of the networks.

When asked what supports would best equip families to cope, support for open conversations about challenges emerged top of the list, followed by support for carers. This reflects uncertainty about how to come to terms with longer lives in a changed world. It also mirrors the reality of complex juggling that has become the norm for so many people. In our kitchens, particular concerns arose regarding the sandwich generation who are squeezed by the challenges of caring for young and old, and older carers for adult children with special needs, as they themselves become frail and worry for the future care of their son or daughter.

Within the family, members need to develop a better understanding of each individual's wishes and expectations. In a world where people spend longer time in education and live longer there is a greater pressure on a family's assets. Complex issues are sometimes passed over in silence, be they inheritance, suitability of accommodation as needs change, sustaining functional capacities and care needs, opportunity for mutual support, advanced decision making or assisted decision making. There are missed opportunities, for mutual support and for outreach to the wider community, within this silence. Ways of normalising such conversations are needed in every community. The state too needs to facilitate family transfers that support household formation and rightsizing.

The state has not consciously developed any approach to intergenerational engagement except in the case of family business transfers, where the burden of Capital Acquisition Tax is greatly lightened. Other forms of mutual support could be actively developed.

The unspoken assumption in much of public policy is that there is a female family member in a position to extend care when it is needed. This picture of an extended family available to step up corresponds less and less to the lived reality of families.

The Census records 300,000 who provide significant levels of care to family members with needs. Just over 60% were women and 40% men. Almost 30% of them provide 43+ hours per week in care. Full time carers are predominantly women. Later births and longer lives are creating more stressed sandwiched mothers. While improvements in childcare and parental leave are helping to distribute the burden of caring, there are far too many women who are overstretched.

In a recent report "Better Care Better Business" IBEC explored the consequences of the fact that almost 60% of carers are now also working. It highlighted the inflexibility of state support to carers, notably the limit of 18.5 hours working to get state support and the means-testing. It recommended a joint employer/government response, and highlighted some best practice companies which had developed "reasonable accommodations" for their workers who were coping with caring responsibilities.

Carers do not generally experience a set of public services attuned to their needs, particularly at times of crisis. Instead, supports have to be ferreted out and a path picked carefully through their various qualifying conditions. Ageing carers looking after a disabled adult child are caught in a particular bind, where not only is the task of care becoming more challenging but the uncertainty for the future is a real source of stress. The expansion of support for children in recent years has not been matched by imaginative support in later years.

Less than one half of family carers get a regular financial contribution from the state (Carer's Allowance/ Benefit or Domiciliary Care Allowance), while less than 5% of the remainder claim the non-means tested Carer's Support Grant. Carer's Benefit which is a non means tested payment to people who drop out of employment for a period of up to two years is not widely used, with just 3,500 claimants in all. It is a benefit which could be better promoted as an option. The HSE is piloting an approach to getting a better understanding of the needs of family carers, with the aim of tailoring support more effectively. This is greatly needed. Too many carers report feeling isolated and unable to get help when it is needed.

Some strong themes emerged from our policy kitchens:-

- A One Stop Shop for information available locally is seen as an essential first step. Lack of Trusted advisors in financial affairs or in planning adaptation or even maintenance was frequently raised. Different potential players in this arena were suggested such as public libraries. Utilising the 351 new Connected Hubs is seen as a unique opportunity: where a local team has been put in place with an explicit mandate to build connection within communities. This infrastructure could become hubs for range of activities, collate available activities, run Freshers Week, address Digital literacy and Smartphone use, Create Talent Banks, Trusted Service Providers and exchange;
- There is a need to set a standard/goal for desirable engagement levels as we grow older, and promote equity of access. As Healthy Ireland plans for a relaunch in 2025, there is a strong case for a specific module for Positive Ageing.
- The potential of Social Prescribing should be widely developed.
- A Social Innovation Fund of sufficient size could encourage activities to bloom within our communities, where there are already so many examples of great practice. Notable examples cited included Men and Women's Sheds, University of Third Age. Crucial would be support for sustaining good models and creating integrated collaboration within the community.
- All clubs should be asked to offer inter-generational opportunities, and it should be a criterion in Sports Capital and Community Grants.

- Flexibility is needed between family carers and those service providers offering either financial support or direct support. The low take-up of some entitlements is a symptom of poor integration, as well as over complex rules for qualification. Support in urgent situations has to be better anticipated and collaboration across services created.
- A new Charter for Family Carers needs to be developed. The system of financial support confined to delivering near full-time care and subsistence income is too narrow and inflexible. A dedicated model of discretionary support through a Community Welfare Model is needed. Wider access to reasonable accommodation from employers and a right to carer's leave would be essential elements.
- Pairing initiatives have been successfully developed (some entirely volunteer based but there are also successful international models where credits for volunteering can be banked for the individual to call upon for their own future needs or for those of someone close to them;
- There are concerns as to how the commercial model of homecare can integrate into a more collaborative community based model, at a time when 60% of Homecare support is delivered privately.
- Collocation of childcare with day activities for older members of the community could yield significant mutual benefits, but this is perhaps just one way in which intergenerational engagement could be built into planning.
- The new Community Safety Plans must set security for people as they grow older as a core goal.
- While legislation for Assisted Decision making should facilitate more voice and choice, teething problems need to be ironed out, and the merits of the approach need to be more widely understood.
- Offline use of services needs to be protected while digital literacy is built.

Voices from a Policy Kitchen:

“Learn from Blue Zones - build physical activity into our daily routines, enjoy the soothing power of nature, eat well and stay connected.”

“We need to think of those who are frazzled as they try to care for both the young and the old”

“Longer lives raises sensitive issues about inheritance expectations and intergenerational equity which often remain unspoken”

“You don't stop laughing when you grow old. You grow old when you stop laughing.”

“University of Third Age is like a Youth Club for the more mature, and is a thriving network in Northern Ireland.”

Structural Changes

The following structural changes could empower families and communities to develop better networks for mutual support recognising that far reaching social change has undermined the models of the past.

- ✔ A **Positive Ageing Social Innovation Fund** should be established to support innovation within the community, and particularly to promote intergenerational connections.
- ✔ A **Commission on Intergenerational Opportunity** should be established to assess how we can develop better systems of mutual support and create the tax policies, social policies and infrastructural policies to underpin it.
- ✔ **Local Family Care Partnerships** will be created where family carers can register, and where they would have the opportunity to pair, share and access the support of community services. The aim will be to promote much wider take-up of existing supports and to develop innovations in flexible support to meet identified needs, drawing on best practice at home and abroad.

5. Facilitating Choices: accommodation, mobility, environment etc.

Remaining independent and in one's own home is the overwhelming desire revealed in the survey, but many experience barriers to their preferred options. When asked to say what should be government priorities surrounding accommodation, 62% ranked top the provision of support for people to remain independent in their own home.

In total there were 464.3k households in 2022, where the reference person was 65+. Just over 86% were owner occupiers, and of these fewer than 7% had a loan against the property. Of the 62.7k who were renting, 60% were renting from the Council or a Voluntary Body, 14% were in rent free accommodation but 27% or 17,000 were renting from a private landlord. This last group is the most vulnerable, and while small overall (under 4%), their number grew by 83% between 2011 and 2022. The overall stock of homes to rent for older persons from Councils or Voluntary bodies number just short of 37,000, up by 65% from 22,000 during the decade 2011-2022. Some Councils have operated a Contribution Scheme under which a person could offer/sell their home to the Council, and in return for making a contribution from the proceeds of the sale, they could obtain a Council Tenancy in a secure complex. However, it has never been promoted as a national initiative.

Many retired people are living in homes that are cold and unsuited to the needs of ageing. TILDA reveals that 58% report problematic housing conditions of some sort, and relatively few homes of older people have been adapted.

Ireland stands out as a country with a large number of families living in homes too large for their needs. According to EU-SILC data, this stands at 67%, double the EU average. For those aged 65+, this rises to 88%, compared to just 40% on average in the EU. While this feature is particularly marked in rural areas, Ireland is an outlier in all settings. With housing supply so constrained in Ireland, offering attractive options to rightsize could free up accommodation as well as better meet the needs of older people.

However, our survey confirmed that rightsizing is not currently seen as a high priority, though this is perhaps not surprising when the immediate fear is of some sort of coercion. Public policy has never put it on people's radar as a potential attractive proposition to promote independence and perhaps release some equity for

other objectives. Responsibility for it is designated to the local authorities and the Department does not even collect data on Council activity in the area.

There are far too many features undermining the possibility for rightsizing. Many were enumerated:- the treatment of the released equity in taxation and means tests; the scarcity of options to rightsize within one's own community; the planning inflexibilities in dividing a house or building a smaller home on the same site. Frequently, the most suitably appointed sites for purpose built rightsizing homes are snapped up for more profitable development. Local authorities should adopt a policy to facilitate rightsizing and adopt explicit delivery targets, publish guidance on models of site conversion that achieve a facilitating planning regime.

The 2019 Policy on Housing Options for ageing Populations provided a very good appraisal of the ingredients needed in planning accommodation for ageing. It emerged from a crucial collaboration between Health and Housing Departments. It highlighted many good practice models. It sketched out design blueprints, data approaches, rightsizing possibilities and improvements in the development planning process. An Implementation Group was established which issued its final report two years later. However, the product of their work only delivered useful research and guidelines. It showed for example that 11,400 supported housing options developed over ten years would deliver a net benefit to the state of €53 million. It identified that 15-20% were open to right sizing, given suitable options and some support. It piloted home visits to assess how homes could be adapted. Good toolkits for age friendly design were made available. However, the research achievements have not been mainstreamed into sustained national programmes. Nor have the approaches yet been adequately embedded in development planning of our local authorities.

In the 2019 Housing Options Policy, an eight stage framework from an unadapted home at one end to a nursing home or even more acute hospitalisation at the other end revealed the biggest gaps in Ireland in four levels of assisted living in purpose built facilities, but the forecast needs in these stages have not been filled. We shall take this up further in the next section on Assisted Living.

The Department of Housing needs to audit exactly what accommodation is now available and how well it is adapted to needs in each county, and then actively drive Councils, Land Development Agency and AHBs activity to create a national momentum to deliver on the exciting concepts of its 2019 Strategy.

There have been some innovations surrounding the adaptation of homes. There is a means-tested suite of grants for those 66+ or incapacitated from local authorities for essential repairs, mobility aids and housing adaptations, which delivered almost 14,000 upgrades last year, with grants of over €45 million invested. There is also a rapidly expanding free Energy Upgrade for all those on the free fuel scheme, which is delivering over 5,000 upgrades per year and has a considerable waiting list. The means-test does limit the uptake of these schemes. Adaptation outside the terms of these schemes are hard to fund for most people who are retired, while the need may not have been anticipated earlier. The low interest loan for Energy Upgrades will be a help, but some extra support for older people who do not qualify for the free fuel is needed.

The Rent a Room scheme has opened another path to help independence, supported by its exemption from tax or means test on rental of up to €14,000. Currently about 11,000 people are availing of these exemptions. Technology offers huge potential to make independent living more feasible. There has been a directory of such opportunities created, but the pathway is confined to persons with medical cards and therapeutic reports to justify their installation.

A number of strong themes emerged from our policy kitchens:-

- Challenges for those renting into older age include insecurity of tenure, inability to adapt property, and the likely links to other adverse features undermining wellbeing. While obtaining a Council or AHB tenancy could help resolve the issues, this option is not succeeding in preventing rapid growth in this cohort. Many of the other support options such as HAP, Adaptation Grants and Tax breaks are poorly attuned to the needs of this group. A more integrated response is needed.
- There is an acute lack of supply of purpose built homes designed with an eye to needs of ageing, Council stock is of mixed quality, with

little ancillary support. Many good halfway house pilots could act as models, particularly from the AHB sector. If the private sector is to play a role, models such as those in Australia or New Zealand need to be explored.

- People want to age in their own community, not in "reservations for the elderly". There is a lack of sufficient fresh imagination in repurposing the assets of towns and villages and buildings no longer in use like banks and churches. Community clusters with a window on life in the community and access to suitable supports should be a standard expectation for local authorities in bringing life to the town centre.
- Local Authority Development Planning lacks an adequate assessment of the needs of an ageing society or of the need to plan for intergenerational solidarity ; need to mandate LAs both to designate suitable sites, to drive supply and to ensure design of compact living

integrates provision for the needs of ageing, akin to specification for childcare. Promote Parks, Schools and Libraries as key connectors for generations.

- Uber to break rural isolation? NTA is piloting an app-based Demand Responsive Transport in three areas next year, which could amplify the successful Local Link initiatives. They already exempt voluntary community owned cars from taxi regulation, where they service specific community needs.
- Technology offers pathways to independence in the home, but adoption will need personalised support: need audit of what's available and see what should be grant-aided.
- A mark for Age Friendly Premises offering simple things like access to a seat, a toilet, and a willingness to explain, could give people more confidence to go out.

Voices from a Policy Kitchen:

"It's all about choice, and right now I don't see any choices for me."

"Mobility is central to independence. Rural communities need more imaginative options to counteract isolation."

"I don't want to be corralled, I want to live my life in a broader society."

"Private tenants feel very vulnerable and worry about declining capacity in a home they don't own."

Structural Changes

Ireland must think more imaginatively about how to create more compact and integrated settings that evolve with changing needs over the course of our lives. The following structural changes are put forward to start that journey.

- ✓ **Community clusters** with a window on life in the community and access to suitable supports should be a standard expectation for local authorities in bringing life to the town centre.
- ✓ A **Housing Trust** will be established to manage and promote the development of housing suitably adapted to the needs of people who can remain independent in their homes, so rightsizing becomes a realistic option. Suitable homes could be entrusted to it by Councils, by Private Developers or by individual families. It will oversee physical and technology-based adaptation, maintenance and certain wrap around services. It will operate on a cost recovery basis, but will actively cultivate income from public schemes such as HAP, Cost Rental and Rightsizing Contribution Schemes.

6. Assisted Living

While top preference in our survey was for remaining independent in one's own home, the need for assisted living accommodation was top priority for almost 30%, a clear recognition of a gap in provision, described earlier.

There are some very good examples of assisted living developed mainly by Approved Housing Bodies using the Department's Capital Assistance Scheme. Surprisingly few of the Council's complexes for older people have developed ancillary services. A contribution scheme whereby people can sell their homes to the Council and make a contribution from the proceeds to acquire a tenancy in such complexes is only available in a small number of local authorities and has not been widely used or promoted. Private developers have started to put forward proposals for developments where facilities to house ancillary services are included in the development, but the model is not yet proven in Ireland

Homecare provision has been rapidly rising, now standing at over 22 million hours (up 30% since before Covid), supporting 55,000 people, and costing over €700 million, but waiting lists persist. The promised statutory Homecare Scheme, first proposed in 2017, has been very slow to emerge. Standard assessment tools have been developed and tested and their roll-out is commencing. Legislation for licensing Homecare providers under HIQA has been published in draft form and should be passed in 2024.

The ESRI has undertaken work which suggests that under a statutory scheme, the public provision might rise from its then level of 18.5 million publicly funded hours to 42 million, with a projected extra cost of €500m. This extra is a mix of currently unmet needs (1.7m), extra usage by existing clients(5.3m), a halving of the rate of admission to Nursing Homes (5m) and the switch of some services now paid privately into the public scheme(6.1m). In total the number served would rise from 53,000 to 84,000.

To put this in context, the total number of Nursing Home beds in Ireland is just short of 32,000. Under the Fair Deal, 25,000 residents receive support toward their costs. The state funds just over two thirds of their €1,500 million cost. Of this total cost, 73% is spent in privately run nursing homes. The state's share of the cost is notably higher in public homes at 80%. The money coming from residents within the Fair Deal comes to €460 million, with just over €75 million of this recovered by revenue from the estates of residents.

The expected impact on nursing home admission of a statutory Homecare scheme is a reduction of 2,500 residents. Homecare should be seen as an alternative to Nursing Home admission where it can meet needs. However this is hampered by arrangements where Homecare is now highly rationed but free to use, whereas Nursing Homes are largely demand-led but requiring large financial contributions. Such incentives seem perverse and potentially move people prematurely to a more expensive industrial model of care.

At present, beneficiaries do not contribute to the cost of the service. The ESRI estimated that, at most, copayments by beneficiaries might fund 19% of the cost under a capped income related contribution. They did not consider any contribution from assets which is a feature of the Nursing Home Fair Deal.

At present almost 60% of hours come from the private sector. Manpower to deliver the expected increase is a major challenge. Clearly a manpower policy will be needed to deliver the statutory scheme, and that will take time. Some parts of the country have put greater emphasis on home care, such as the North West, and this has demonstrated effectiveness in reducing hospital admission.

In the short term, while home care remains rationed, the challenge is to manage the available resources optimally based on need. Assistive technology may offer opportunities for improved flexible deployment.

Strong themes emerged from our policy kitchens:-

- A clear set of targets for the development of various categories of assisted living is needed, which can be based on the valuable analysis in the 2019 Options Paper. They have been shown to yield a positive impact on cost to the state as well as on wellbeing of citizens.
- A Homecare Development Agency is needed in the same way as a Child Care Development Agency is now being put in place. The issues are similar : significant gaps in service, uncertain standards of entitlement, inconsistent policies on cost to clients, and a substantial private sector delivery. Like the childcare sector, low pay and weak career structure is a major feature, despite its obvious importance, and this creates the opportunity for deepening of skill levels, and the range of support on offer.
- Introducing access to service supports in existing Council Complexes seems to be a viable option;
- There is an evident need to develop cross silo partnerships to optimise the delivery of service in available settings, but also with capacity to work flexibly with wider families.
- Virtual support hubs should be piloted to offer a new model of service, checking in with people remotely and responding to signalled urgent needs. They would mix the use of technology with flexible service.
- Reliance on the Section 38 and 39 voluntary sector agencies for delivery of ancillary services is coming under strain as higher standards are expected but lack of multi annual funding hampers planning and delivery.

Voices from a Policy Kitchen:

“Why does Donegal do so well on people ageing in place.”

“Personalised monitors should be free. Technology could make a big difference.”

Structural Changes

There is a clearly established case that a stronger Homecare Service is both a more cost effective care model and meets the desire of clients better than a model of Nursing Home care. Some structural changes are needed to drive forward availability.

- ✔ **Virtual support hubs** should be piloted by a Council/HSE partnership to offer a new model of service, checking in with people remotely and responding to signalled urgent needs. They would mix the use of technology with flexible service.
- ✔ A **Homecare Development Agency** will be established to develop the sector to work across both individual homes and more purpose built

accommodation. It will work with both private and public providers. It will implement the Statutory Homecare Scheme now in development and apply a charging structure to users reflecting the principles of Fair Deal {ie. a reasonable contribution from both income and assets towards the cost, subject to caps which would be set at much lower level than full nursing home care}.

7. Better interfaces with Health System

Our survey showed a significant level of desire to see new health approaches adopted in Ireland. When asked what general government policies in this area should be prioritised the top priority by a considerable margin were organised programmes for Activity, Health and Well-being in the Community.

This prioritisation is very much supported by the evidence from TILDA. Activity and connectedness are the most vital ingredients in staving off health problems. Covid led to a threefold increase in reported loneliness, and it is still reported at twice its pre-Covid level. Two thirds of older people report loneliness at some time, and 10% report painful loneliness, which is toxic for health.

A critical insight from the TILDA work is that many functional limitations are treatable if detected. If people are active and connected, loss of functional capacity is greatly lowered. In addition, such situations offer the opportunity for detecting early warning signs and screening for symptoms. This opportunity remains underdeveloped in Ireland, and could deliver big cost savings. The greatest escalation of cost comes when health treatments have to be delivered in the context of treatable functional impairment that has become entrenched. It is essential that we consider how a new emphasis on staying healthy and on timely screening can be achieved, both within the public sector and from private providers.

The universal GP cover for those aged 70+ has started to bring a greater emphasis on check-ups. It would seem that this needs to be further incentivised, with greater roles for practice nurses. Pharmacies are an underutilised service, whose value was recognised during Covid. The process of deriving lessons from this period to evolve a wider role for pharmacies seems to have stalled. Some insurers have developed services in this direction, and it would be desirable to see that accelerate. They are doing so purely on commercial grounds at present, but this may need regulatory incentive.

When asked about more conventional Health interventions, the top four rated were: alternatives to A & E for those living with chronic conditions (61%); a Ring-fenced element in the NTPF for older patients (51%); a bigger role for Pharmacists (38%). Much lower priority was assigned to a Statutory Homecare Scheme (26%), to Mental Health (12%) and to Safeguarding Measures (10%).

The survey revealed a significantly higher ratio of good to bad experiences in acute care (2.1), close to a balance in Primary Care (1.3) but a low ratio of good over bad experiences for Home Help (0.4) and for Nursing Homes (0.6).

There is a strong sense that acute care in Ireland is very good, but the interfaces for admission and discharge have shortcomings. Despite the development of services to deal with patients with chronic conditions, too many older people still end up in A & E queuing for strained services. Similarly discharge options are often too narrow resulting in longer stays than needed or discharge without sufficient back-up. The recent drive to develop the range of service in Primary Care Centres within the community is welcome, but the degree of integration needed to avoid unnecessary visits to acute facilities has a long way to go. The HSE Enhanced Community Care is a good structure but its potential remains to be fully developed (model is to serve pops of 150k)

It is vital that we learn the lessons for public health from Covid 19. The most obvious weakness was that exposed in Nursing Homes. An Expert Panel established in August 2020 has delivered important reforms across the sector, and its recommendations continue to be implemented. One of the features analysed in the Irish Hospice Foundation's "Time to Reflect" was the impact on the capacity to maintain compassionate end-of-life care which is patient focused with family involvement. They point to the need for better training of staff, more sensitive visiting arrangements for those at end of life, and more systematic bereavement support. A more comprehensive evaluation of the Covid experience is promised, and is needed if lessons are to be learned.

Adult safeguarding roles are in place across government and the National Safeguarding Office reports approximately 4,000 abuse concerns in the Social Care Sector each year. A new Adult Safeguarding Strategy in the Health and Care sectors has been in development for several years and is described as being at an advanced stage. However, the case has been made that there is a need for a comprehensive approach to safeguarding vulnerable adults, as it is believed that instances are now massively underreported, and the present approach is too narrow and siloed. A new approach is being spearheaded by the Law Reform Commission and offers a great opportunity to deliver a major change of culture in this sphere.

It is hard to avoid a sense that our system is still too focused on the delivery of specific procedures in expensive acute settings. It is poorly adapted to the needs of a population which is living much longer, where the challenge will be to manage chronic conditions in the most effective manner. Adoption of technologies which can better predict, screen and manage conditions must assume greater prominence in health planning if the system is not to be overwhelmed. At the same time, there is a lack of alternatives to Nursing Homes as we have seen, and a sense that a One Size Fits All approach to that sector creates a mis-match with residents' needs.

TILDA reveals the high association of poor health with lower education levels, with poor economic status, with not owning your own home, and with living alone. They reinforce one another resulting in lower participation levels and poorer lifestyle. They all militate towards poorer information and later intervention. Among those aged 75+, almost two thirds have three or more chronic conditions. Only 42% have a smartphone. Yet 52% have health insurance.

Some strong themes emerged from our policy kitchens:-

- Encourage insurers to keep their clients healthy; some insurers have started to move into urgent care and chronic management, but this has been done entirely on the basis of commercial decisions. Are regulatory changes needed?
- Consider UK development of services from Pharmacies, and further evolve the range of service which can be accessed at primary level.
- Predictive Analytics Screening & Preventative Health are capable of significant development delivering significant benefit at low cost. Remote consultation and remote monitoring of health indicators is seriously underexploited. The Fund for Disruptive Innovation should frame a challenge for our IT and Medtech sectors to scope out what can be achieved.
- Integrated care around the needs of a patient and their family is still very hit and miss and access is too siloed. The 24hr GP model, which is working well, could integrate further elements of support. A palliative approach should be available in primary settings. An audit of resources in the community should be undertaken to assess the potential for integration (embracing small struggling NHomes, Senior Complexes with community space, and other resources with potential.)
- Assessment Tools used for Nursing Home access are not to a consistent standard. Graduated levels of NH care have met needs better (Denmark/Norway) Good models of NH integration with acute and palliative exist (Blanchardstown)
- Small changes could afford more dignity to patients: the multiple booking of appointments at the same time is unnecessary and frustrating, more attention to friendly reception areas and small comforts cost little; indicating an openness to questions and complaint would improve practice.

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**Voices from a
Policy Kitchen:**

“In hospitals nobody welcomes you, we need to humanise our health services.”

“In health, it is important that people feel in control and understand their choices.”

“A vaccine against shingles should be free. It costs over €450 which is too much to expect people to pay.”

“The HSE has designed good pathways, but most people don't know how to navigate them.”

”

Structural Changes

✔ A **new mandate for Health Insurers for Primary Care and for Pharmacies** should incentivise keeping clients healthy and picking up early signs of treatable conditions.

✔ A **Disruptive Innovation Project** will invite our Universities, Technology Enterprises and Care Professionals to collaborate to identify how predictive

analytics, health screening, smart personal technologies, remote delivery, eHealth records and in-home technologies can be harnessed in Ireland to deliver better preventive interventions, better health outcomes and a more empowered citizen enjoying positive ageing.

8. Gaps in Institutional Alignment to the realities of Ageing

While great planning is put into shaping the first 25 years of a person's life, planning for the final 25 is something of an orphan. The intention of the 2013 strategy that every Department would embed thinking about ageing has not materialised.

There are a huge number of individually interesting initiatives all over the country. We have been good at launching individual boats, but for a challenge of this nature we need an Admiralty. It is that sustained strategic pursuit that is missing.

To shift a mindset which tolerates ageism and is very siloed will need an institutional reset. A number of options have been suggested, the appointment of a Cabinet level Minister, the location of overall policy design within the Taoiseach's office, and the creation of an office of Commissioner for Positive Ageing. The strength of the first two is that they could pull together an agenda of items, and secure the authority and the budget to deliver them. The strength of the second is that it is constantly evaluating developments right across government and highlighting shortcomings which need to be addressed. The 2013 and 2019 strategy papers fell short, not for lack of good concepts, but for the lack of a long term implementation plan.

The new Commission on Caring will need to address these questions. The consensus from our work is that a renewed strategy statement is needed with clear cross-government actions identified. An Implementation Team should be put in place with its work reviewed annually by a Cabinet Committee chaired by the Taoiseach. In addition a Commissioner for Positive Ageing should be appointed to keep the process challenged and honest.

Some strong themes emerged from our policy kitchens:-

- Cross Agency Partnerships at local level must be developed to respond to the need for integrated service. The legislation establishing the creation of Community Safety Plans offers a model which could be replicated. It involves legal obligations being placed on certain bodies to contribute and collaborate on actions, with a strong local consultative and implementation dimension.
- Multi-annual funding is needed at every level so that new community based services can get a chance to emerge, and so that the voluntary sector, which will continue to play a vital role, can plan with certainty.
- A sustained focus on active engagement with people directly affected should become the hallmark of the new approach, so that decision-making responds to the needs of a group who often feel locked out. Service audits from the perspective of less able-bodied users should be a standard element of service review and should evolve into Charters.
- The new Commission must address how planning for the next pandemic will be different.
- The Status of Advocates/Active Listeners must be evolved, and Safeguarding legislation enacted. However, we must guard against making systems so defensive that they are unwilling to be innovative. Pilot initiatives in budget holding by users should be tested.

9. Appendix

Exemplars of Good Practice

Alone's Befriending Service

Promotes a practical response to isolation and loneliness through a network who offer visits and companionship. It offers guidance on setting up and managing such a volunteer service.

McAuley Place Naas

A partnership of the Council and an Approved Housing Body redeveloped a protected former convent in the town, creating 53 one bed apartments for older people capable of independent living, but also a centre that offers intergenerational creative activities each day, and ease of access to all the town's facilities. Its aim is to reweave the tapestry of the generations.

Carebright Bruff, Co Limerick

Carebright is a Social enterprise with an independent Voluntary Board which combines outreach Homecare services to people living in their own home, along with three purpose built live-in bungalows with six private living spaces for people living with dementia. It seeks to welcome the wider community into its cafe and social activities. It has tailored facilities including a sensory garden, leading

into an animal sanctuary. It aims to protect people's autonomy in a safe and homely environment. It is modelled on the Dutch Household Model and is similar to the Green House Model in Cincinnati in the United States.

University of Third Age (U3A)

U3A is a learning circle of older people, which anyone can join. All you need is interest and an open mind. It can take on to learn practical skills, to learn about local history, or explore the rich heritage around us. Each group can organise its own programme or join those of other groups. They typically draw on the skills or knowledge of their members. It has 25 active groups. In the UK it is on a far larger scale with over 1,000 groups and 430,000 members.

St Joseph's House, Waterford City - Housing for Older People

Waterford City and County brought 71 units purpose built units for older people on stream through the refurbishment of an old convent in Waterford City through the repair and lease scheme. The council worked closely with Age Friendly Ireland when repurposing the old building.

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