CLARE
AGE-FRIENDLY
COUNTY PROGRAMME

Clare Age-Friendly Strategy
- International, National
and County Context
September 2013

CLARE
AGE-FRIENDLY
COUNTY PROGRAMME

IRELAND'S
AGE-FRIENDLY
CITIES & COUNTIES
P R O G R A M M E

Clare Local
Development
Company

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

CLARECARE

Caring
for Carers
I R E L A N D
Cúram don lucht Cúraim

Clare County Council
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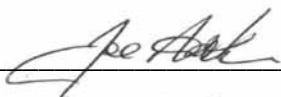Telephone 065 6846429

Message from the Mayor

Ageing is a matter that affects us all. As life expectancy increases the onus is on society to adapt in a manner that provides older people with the physical, economic and cultural opportunities to ensure they enjoy the best quality of life. The development of an age-friendly society is both urgent and timely. It calls for the same creativity and energy that underpinned the industry-friendly society in which most of us grew up.

The age-friendly society ensures that: neighbourhoods are welcoming, supportive and safe; community activities promote meaningful inter-generational communication, participation and inclusion; social processes seek out and value older people's contributions; services are widely known and easily accessed; infrastructure facilitates being out and about at ease; opportunities exist for people to engage in various acts of compassion and kindness. In other words a society where 'how we are' is as important as 'who we are'. Such a society benefits all whether 'young', 'yet to age' or 'actively ageing' and challenges the stereotype of ageing as a process of growing 'frail' and 'dependent'.

This strategy sets out the international, national and county-level context within which we aim to achieve a number of outcomes that will facilitate the creation of an age-friendly society. I am very pleased that County Clare is playing its part in such a development. I acknowledge that, through their hard work, those who have gone before us laid the foundation for such a possibility.

I acknowledge the contribution of Clare County Development Board, Clare Age-Friendly Alliance Board and the National Ageing Well Network in facilitating this multi-agency approach. I congratulate everyone on their commitment to ensuring that not only are we proud to live in Clare but can do so in a manner that is meaningful, pleasurable and enjoyable for all.

Signed by Mayor _____

Joe Arkins

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Message from the Clare County Manager

I am pleased that Clare is playing its part in building an Age-Friendly society in the county and contributing to this work in Ireland and abroad. I recognise the challenge that such a vision presents but it is clear that, as our community ages, we have increased opportunities to draw on older people's skill, knowledge, wisdom and compassion.

While Clare County Council has taken a lead in building an action-oriented Alliance Board, I am confident that the Chairperson and all Board members are fully committed to implementing this Strategy in a spirit of collaboration and co-operation.
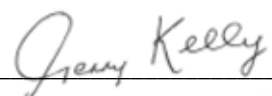
Signed _____

Tom Coughlan

Message from the Alliance Board Chairperson

As Chairperson of the Alliance Board I am delighted to be part of the team tasked with developing and delivering the Clare Age-Friendly County Programme.

All the great societies of the world have valued greatly the wisdom and life experience that their elders brought tot heir communities. We now have the opportunity to harness and develop this in County Clare and by having the key statutory, private and community not-for-profit organisations working together, we can achieve our objectives.

Signed _____

Gerry Kelly

Nobody grows old merely by living a number of years. We grow old by deserting our ideals. Years may wrinkle the skin, but to give up enthusiasm wrinkles the soul.

Samuel Ullman

Introduction

This Age-Friendly Strategy for Clare addresses the opportunities and challenges posed by a predicted growth in the ageing population internationally, nationally and at county level.

This strategy provides the foundations for a county where older people are supported, connected and valued for their contribution to community and family.

The strategy's action plan (Appendix 4) aims to ensure that the county's social, cultural, economic and physical environment is becoming more age-friendly and supportive of a healthy and positive experience of ageing.

What do we mean when we say ageing?

For the purpose of the Clare Age Friendly County Strategy, we consider older people as those who are aged 55+. The stereotypical view of ageing is that it happens in distinct phases that are assumed to be the same for everyone such as 'entering old age', 'active old age', 'frailty and dependency'. However, as these experiences are not age-specific, they are experienced differently by different people.

The quality of our relationships, whether with ourselves, our family, our friends or our environment, is far more significant than our biological age. And they are reflected in a great diversity of personal and social experiences and practices. They draw on various expectations, perceptions, interests, circumstances, choices and cultural influences. While appearing to change a lot as we age, our basic motivations generally remain constant over our lifetime. What was important to us at 20 is still likely to be important to us at 80.

International Context

This strategy has been developed in the context of a growing international awareness of the need to plan for an ageing population. People are living longer. For example, since 1950 the average life expectancy at birth has

increased by 20 years globally and by 10 years in Europe where it is expected to increase a further 10 years by 2050.

In the developed world, the very old age-group (80+) is expanding faster than any other age group. In addition, people are experiencing older age in a manner that is very different from their grandparents. Not only do we enjoy longer lives, better health and more active lifestyles, we also face very different challenges in our everyday life.

The World Health Organisation (WHO) noted that ageing is not only one of humanity's greatest triumphs, it is also one of our greatest challenges. As we enter the 21st century, global ageing allows us to continue making important contributions to the fabric of our society while, at the same time, allows us to influence the design and delivery of those services that meet our changing needs. In this we differ little from any other age group in society. However, it is not clear that society is structured and organised to avail of our contributions and to address our needs – a fact that must be recognised to a greater degree in the future.

The World Health Organisation argues that countries can afford to get old if governments, international organizations and civil society enact 'active ageing' policies and programmes that enhance the health, participation and security of older citizens. They stress that **the time to act is now** and have developed a list of 'Essential Features for Age Friendly Cities' to assist in this process. This strategy for Clare adopts these essential features and considers them as desirable outcomes for Older People in the County.

The Irish context and Policy direction

In Ireland, the population has not aged in the same way and to the same extent as it has across most European countries. For example, in 1970, **12%** of the EU-15 population was 65+ and increased to **17%** by 2004[1] while the situation was very different in Ireland where the percentage of the population for the same age group remained stable between 1951 (**10.6%** - 316,000) and 1981 (**10.7%** - 369,000) and only increased minimally to 2011 (**11.7%** - 535,000). As a result Ireland had a lower

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1   Eg. Italy (19%); Germany, Greece (18%); Spain, Portugal, Belgium, Sweden (17%); UK, France, Finland, Austria (16%); Denmark (15%); Netherlands, Luxembourg (14%)

percentage of its population in this age group by 2011 than the EU-15 had in the 1970s.

There is a bonus in this delayed dynamic as it provides Ireland with a longer window of opportunity to devise an appropriate response to ageing and, in doing so, we can draw on the experience of our European counterparts. There are a number of reasons for Ireland's divergence from the European experience.

Ireland's birth rate remained at 21 per 1,000 of the population between 1950 and 1980[2] and with a birthrate of 16 in 2011 it far exceeded the EU-27 average of 10.6[3]. Infact, Ireland was the only country in the EU-27, with a fertility rate (2.1 [4]) adequate to ensure a replacement population, assuming zero emigration.

However, Ireland's very positive birth rate dynamic was somewhat offset by the fact that it had a high 'single' rate[5] which declined from 52% (1926) to 48% (1951) and to 38% (1981). More recent 'single' rates are distorted by high rates of 'cohabitation'. In addition, high emigration[6] and lower than European average life expectancy[7] meant that the increased number of young people that resulted from the high birth rate did not proportionately feed into older age groups. While both of these negative demographic influences were reversed in the last decade or so, high emigration has become a feature of more recent years.

Despite starting more recently than our European counterparts and despite showing a slower rate of growth, the Irish population has begun to approach the average European experience of ageing. For example, the number of people aged 65+ increased by 14% from 468,000 in 2006 to 535,000 in 2011 and people aged 85+ increased by 21% from 48,000 to 58,000. It is predicted that, as life expectancy approaches the European norms and if emigration is dampened, the number of people in these age groups will double over the next thirty years (to 2041).

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2   CSO: 2012 "Number of Births, Deaths and Marriages"
3   Dept. Health: Health Statistics 2011: Life Expectancy and Vital Statistics Section B (Fig B12). The lowest was Germany at 8 and next highest to Ireland were France and UK at 12.9
4   Ibid. (Fig B15) EU-27 average of 1.6
5   Measured as 'Singles' as % population 15+
6   CSO: Numerous Censuses of Population. For example, the 0-14 age cohort of 1950 (854,810) was reflected in a much smaller 30-44 cohort in 1980 (591,711) and a smaller again 60-74 cohort in 2011 (523,614), with the latter also reflecting the poor life expectancy, especially among males. Both sexes displayed similar rates of emigration. By contrast, the 0-14 cohort of 1980 (1,043,369) showed a slight increase in 2011 (1,089,018) thus significantly reversing the trend.
7   Life expectancy at Birth in 1950 was 65 (M) and 68 (F). By 2009 it had increased to 77.4 (M) and 82.5 (F), which is similar to the Average for the EU-27 at 76.6 (M) and 82.6 (F).

While this major demographic change is now recognised, Ireland faces serious economic challenges. The budgets of central and local government and of the Non-Governmental Organisations (NGOs) working with older people continue to be cut. Public services are increasingly stretched, particularly those that focus on supporting older people. These negative dynamics constrain most responses whether at the level of policy, social planning or programming. This is happening precisely at the time when such services are needed. This is a matter of critical concern across the entire community and it forces the government, public agencies and older people's organisations to question the extent to which, Irish society and local communities are in a position to tap the vast potential of the increasing number of older adults.

A wide body of work has been undertaken at the national level in order to better understand and plan for the implications of an ageing population. The Irish Programme for Government 2007-2013 made a commitment to devise a Positive Ageing Strategy for older people. This strategy and the forward planning it represents, is supported by the World Health Organisation who argue that if societies and communities actively plan and respond now, they will be prepared to meet this challenge. The implied policy directions can be summarised as follows:

A.   The National Positive Ageing Strategy (launched 2013) will guide the response of government, business and community to the issues of ageing.

B.   Government policies strongly advocate the promotion of community care through a comprehensive and well-thought out Primary Care Plan.

C.   Age-friendly infrastructure and community supports (including housing, transport and communications) will enable more older people to participate in and remain connected to society and community.

D.   A more integrated approach to **health** and **care** for the ageing will be put in place where both aspects are more closely interlinked.

E.   There will be greater equity of access. Those who can more readily afford care services will contribute towards their cost to a greater extent.

F.   Older people will, to an increasing extent, live independent and active lives in a connected community where they will access support if needed.

The Clare context for Action

In thinking about the future of the ageing population of the County, it is clear that there are serious gaps in the **information** and, particularly, the **understanding** on which age-friendly policy can be developed.

Increasing numbers of Older People in County Clare

In terms of **information**, some information about older people in County Clare can be extracted from the various censuses of population. For example, the percentage of the County's population aged 65+ increased slightly from **12.4%** in 1951 to **12.5%** in 1981 to **13.2%** in 2011, which is well in excess of the national average of 11.7% but well below the European average of 17%. The actual numbers increased by 35% from 10,724 (1951) to 14,519 (2011) while the percentage of the population over 85 years increased from **0.7%** (1951) to **1.3%** (2011) with the actual numbers tripling from 535 (1951) to 1,581 (2011).

The impacts of emigration in County Clare were similar to those noted earlier at national level. For example, the 0-14 year age cohort of 22,471 in 1951 declined by 30% to 15,671 in 1981 and by a further 4% to 14,881 in 2011 (60-74 age group). The initial decline was mainly due to emigration and the most of the latter decline was due to a low life expectancy, particularly among males.

Living circumstances of Older People in County Clare

In relation to living circumstances, data from 2006[8] indicated that, on average, **30%** of all older people in the county lived alone. However, this was as high as 40% - 65% in a fifth of the county's 156 Electoral Districts (EDs). On average another 30% lived together in two-person households where both people were 65+. This was as high as 37%-53% in a fifth of all the County's Electoral Districts (EDs).

This evidence suggests that there is a very strong spatial concentration of older people in certain EDs and only in exceptional circumstances do

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8   Neylon, M. and Kirby, B. (2009) "Our Elders – The Post-Independence Generation" : Clare Local Development Company. Co. Clare.

older people live in the same household as their offspring. However, when they were growing up they would have expected to spend their latter days with their own son/daughter and their grandchildren. Neither is there evidence of the extent to which offspring live nearby or maintain contact or communication on a regular basis.

In terms of housing: 40% of people 65+ lived in houses built prior to 1941; 70% had no computer and this may have been connected to the fact that 50% had primary education or less; 30% had no car; 20% had no central heating. It was not surprising, therefore, that many areas displayed multiple disadvantage among the older generations, especially in certain rural areas.

In relation to information on Health Census 2011 (see Appendix 1) indicated that: the % of the county's population with either **'Bad'** or **'Very Bad' health** was equivalent to the National average (1.5%); while not directly relevant to the older age group it is worth noting that the % of those aged 15-65 who were **'Unable to Work'** (4.8%) or had a **'Disability'**[9] (10.8%) was 7th. and 10th. lowest in the country compared to national averages of 5.2% and 11.2%; the percentage of the County's population aged 65+ who had a **'Disability'** (same definition as above) was the 7th. lowest in the country at 36.5% compared to National average of 38.1%.

While performing well relative to the country's average health ratings, Clare was the 11th. highest provider of voluntary care. It was estimated that there were approximately 100,000 hours of voluntary care provided in the county each week[10]. In terms of putting a cash value on this voluntary work, at €10 per hour, this represented the equivalent of €50 million per year of voluntary care in the county and €1.9 billion in the country as a whole.

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9   People were asked if they had 'difficulties' or 'long-lasting conditions' in the areas of seeing, hearing, intellect, emotion or physical 'chronic illness'.

10   Voluntary care was reported by the Census respondents as number of hours. However, the CSO reported the returns in ranges of 1-14 hrs., 15 - 28hrs., 29-42hrs, 43+ hrs. The mean of these ranges was taken as the multiplier. Those who did not state a number of hours were ascribed the lowest mean, namely 7 hrs. per week.

Spending Patterns of Older People in County Clare

There are many gaps in our knowledge of older people's income sources and spending patterns. However, based on an average annual disposable income of €18,400[11] in 2010 (€352 weekly), the 14,519 older people in the county represented an annual disposable income of €270 million.

Other national data[12] indicated that per capita[13] expenditure was €390 and €302 for those living in households headed by a person aged 15-64 and 65+, respectively (See Appendix 2). This indicates that older people (65+) spent approximately €82 less per week. In other words their expenditure was slightly more than 75% that of younger people (15-64). However, the two age groups had very different spending patterns. Older people spend more in both absolute terms and as a percent in the areas of 'Food' (21% compared with 16%), 'Fuel and Light' (7% compared with 4%) and, as might be expected, much less on 'Housing' (11% of their total compared with 19% for their younger counterparts).

Appendix 3 details the expenditure of the two age groups. As shown in Appendix 2 Expenditure by older people would be expected to be approx. 75% that of younger people. Consequently, areas of expenditure where older people spend between 70% and 80% of younger people are removed. The resultant table in Appendix 3 accounts for almost 66% of all expenditure. Those areas where expenditure by older people is more than 80% that of younger people is shown in red and where it is less than 70% of

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11 CSO (2013). "Survey of Income and Living Conditions (SILC) 2011" (Table 1 pg. 8). Table 2 p. 10 indicated an average household disposable income of €630 in 2010 and average equivalised per capita disposable income of €624

12 CSO. "Household Budget Survey 2009-2010". Table 2 p. 93 indicated average household expenditure for the State as €610 (quite similar to the €630 in SILC footnote 11). The Special Request provided a breakdown between households headed by persons 15-64 and 65+, whose average weekly household expenditure was €82 and €650, respectively.

13 Household expenditure was equivalised to get per capita expenditure by using OECD weighting of First adult = 1.00 and second Adult = 0.7 and each Child (<13 yrs) = 0.5. When these weightings were applied in Appendix 2, per capita expenditure was estimated as €690 and €602 for the 15-64 age group and the 65+ age group, respectively.

younger people is shown in green. Older people spent much less on 'House-related charges' (€14.30 compared with €61.15), 'Pension contributions' (€4.03 compared with €20.92), 'Car/Transport related costs' (€7.06 compared with €12.22), 'Education and Training' (€1.45 compared with €7.74). These lower expenditures €75) accounted for 85% of the overall reduced expenditure (€88) of older people. This is understandable as older people do not have sizeable mortgages and draw on rather than contribute to pensions and have less transport and education/training needs.

On the other hand, older people's absolute expenditure on 'Home Improvements including extensions', 'Uncooked Meat', 'Reading Materials', 'Fresh Vegetables', 'Home Repair and Maintenance', 'Bread', 'Fresh Fruit' was, respectively, 138%, 139%, 150%, 131%, 177% 133%, and 133% greater than that of their younger counterparts. This suggests that they continued to partake of a more traditional and less processed diet and undertook more small works in and around the home.

Consequently it would be reasonable to assume that older people are no worse off than their younger counterparts, were it not for the fact that they have additional payments to make. Many of these are related to: ageing -'Insurances - Life, Medical, Accident, Other', 'Care Charges'; decreased willingness to spend on capital items - 'Transport Repairs/Servicing'; traditional commitments and practices - 'Charitable Donations'.

Drawing on another source[14], it was noticeable that of those aged 50+: 80% owned a mobile phone; 70% owned a car; 76% were willing to spend more on healthy food (fruit/vegetables/fish/food with added vitamins); 55% took a flight at least once a year; 25% purchased at least one holiday per year. On the other hand, while 38% had access to the internet, only 27% owned a laptop; only 20% used the internet on a daily basis; only 12% used the internet on a weekly basis; only 25% ever used the internet to purchase on-line. In terms of mental health, while 68% felt positive about the present, only 62% felt similarly about the future. In terms of economic participation, 70% expressed a preference

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14   Amarach Research (2010). "The Business of Ageing –Turning Silver into Gold". Ageing Well Network

to retiring gradually and in terms of participation, 60% were members of a credit union and 18% were members of a Residents' Association.

This information indicates that the expenditure of older people in the County is both a sizeable and discrete market.

Understanding Older People in County Clare

In terms of **understanding**, we do not know which circumstances impact either positively or negatively, and to what degree, on older people's lives. We have little understanding of their personal expectations, perceptions, experiences, relationships, ambitions, hopes, interests and anxieties. Some recent efforts have been made to address this deficit in County Clare where a more qualitative approach[15] was taken to understanding older people's everyday lives and where their innate disposition for gratuitous acts of care and kindness was taken for granted.

Consistent with a more qualitative approach to the development of understanding, the Age-Friendly Counties Programme in Clare engaged in widespread consultation, participation and deliberation with older people in a way that placed them at the heart of the process. In this way the Clare Age-Friendly Programme aimed to ensure: that communities (geographic, social and institutional) planned for transformative action; that older people's communities were places of social interaction; that ageing was undertaken in a manner that ensured all members of the community had a quality of life they had reason to desire.

Clare's Age-Friendly County Programme

With this ambition in mind, the Clare Age-Friendly County Programme was launched on the 27th. September, 2011. Older adults as well as key statutory and voluntary organisations sought to identify and develop relationships, supports and services that would underpin communities of respect, compassion and mutual engagement. In these communities, as

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15   Neylon, M. and Kirby, B. (2009) "Our Elders – The Post-Independence Generation" : Clare Local Development Company. Co. Clare

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we aged, we could create and re-create the aspects of community life that we considered significant.

The Age-Friendly County Programme in Clare is managed by a newly established partnership – 'The Clare Age-Friendly Alliance Board' involving:

Clarecare	**Clare Older People's Council**
Clare County Council	**Health Service Executive**
Clare Local Development Company	**Caring for Carers Ireland**
The Gardai	**Clare Community and**
The Ageing Well Network	**Voluntary Forum**

What is the Thinking behind the Strategy?

The Clare County Age-Friendly Strategy is action-focused (**see APPENDIX 4 for Action Plan**). All of the partners in the Alliance have a strong commitment to achieve its aims, which is made easier by the fact that the different partners share a number of principles such as:

1.   Older people are critical contributors to our society. Their direct involvement in deciding priorities, shaping actions and bringing about change is essential to successful planning.

2.   Local communities can tap into older people's knowledge and experience. When they do communities can more easily face their challenges and develop innovative responses to their service needs, particularly as they relate to ageing.

3.   There is a generational and inter-generational dividend to be reaped from both adopting age-friendly practices and planning with ageing in mind, since the 'yet-to-age' group also aspires to ageing themselves in a community where they are 'respected', 'included' and 'cared for' as well as given opportunities 'to care' for others.

Methodology

The Clare Age-Friendly Alliance Board and Age-Friendly Implementation Group (also known as a Service Providers' Forum) were set up to develop the Strategy. The latter devised an extensive community consultation process which involved: hosting 5 workshops around the county with more than 400 participants; interviewing on a face-to-face basis or over the phone the key personnel from the organisations in the county that worked closely with older people; establishing an Older Persons Council that provided a means of acquiring older people's reflections and views as the Strategy and Action Plan developed; undertaking a comprehensive review and analysis of government and more local policies related to ageing.

Scope of the Strategy

The Strategy is underpinned by a set of desired outcomes as set out by the World Health Organisation's "Global Age-Friendly Cities Guide" (2007) and numbered 1 to 7 below. These outcomes have their own criteria of success so as to ensure that older people are:

1. **Enabled by the built and social environment. The success of this outcome is set in terms of Outdoor Spaces and Buildings.**

2. **Able to get to where they need to go, when they need to. The success of this outcome is set in terms of Mobility and Transport.**

3. **Supported to stay living in their own homes and communities and in a manner that they feel is safe both at home or when out and about. The success of this outcome is set in terms of Housing and Home.**

4. **Given opportunities to both participate in social, economic and public life and to continue learning, developing and working. The success of this outcome is set in terms of Social and Civic Participation and Employment.**

5. **Truly valued and respected. The success of such an outcome is set in terms of Respect and Social Inclusion.**

6. **Leading longer, healthier and more active lives. The success of this outcome is set in terms of Community Support and Health Services.**

7. **Older adults have the required Organisation, Information and Communications to support them achieve these outcomes. The success of this outcome is set in terms of Organisation, Communication and Information.**

The Clare County strategy also wants to ensure the long term commitment to creating an Age-Friendly county by ensuring that all;

8. **Policies, strategies and services are based on a positive ageing philosophy and are informed by the needs of older adults and by evidence from research. The success of this outcome is set in terms of the extent to which the Strategy and its Principles are embedded in the actions of communities, agencies, institutions and National Policy.**

It needs to be noted that, in relation to the last outcome, the Age Friendly Programme is intended to act as an intense catalyst for changing both the way organisations think about ageing and the way they deliver services and information. The Programme explores how a co-operative response to an ageing population can best implement change at all operational

levels, including informing the National Implementation Group, which, in turn, works to influence National Policy.

The Alliance's Approach

The Alliance will aim to bring about these outcomes by:

- **Changing mind-sets about ageing and about older people so that the people and organisations of the county recognise and harness the vital contribution that older people make in terms of their skills, experience and their very presence.**

- **Ensuring that the voices of older people are heard and that they inform the priorities of the Clare Age-Friendly Strategy.**

- **Building on and, where necessary, forging new inter-agency and agency-community partnerships that involve older people at all levels.**

- **Building on the existing plans and ambitions of the county's organisations that currently do immense work improving older people's quality of life.**

- **Creating a number of 'supporting forums' such as an Older People's Forum, a Business of Ageing Forum, and an Implementation Team (Service Providers Forum).**

- **Setting ambitious but realistic targets and measuring progress towards them so that continuous improvement is achieved.**

There is no doubt but that a major socio-political transformation is required to turn what is generally perceived as the 'crisis of ageing' into 'an opportunity for personal, social and community renewal'. This transformation needs to take place across a number of life's dimensions, which are as follows:

1. We are enabled by the built and social environment

The creation and modification of the built environment can affect the lives of all community members in both negative and positive ways. There is an increased recognition that our environment impacts on our physical and mental health. It is also recognised that an environment which impacts positively on the health and wellbeing of older people, will also impact positively on the health and wellbeing of the whole community. An environment, where older people can safely move around, facilitates parents with pushchairs and also facilitates children who need open space in which to play. As **Glenn Miller** of the Canadian Urban Development Institute put it

> **66** If you design for the young you exclude the old, but if you design for the old you include everyone **99**

Without proper planning, the physical environment can act as a barrier to older people remaining active in their community and this, in turn, can lead to a deterioration in their physical and mental health.

'Ageing-in-place' implies that older people can continue living in their communities and homes, for as long as possible. They should be able to remain as independent as their health and financial situation allows and should have continued access to educational, cultural and recreational facilities. They should be able to participate in a range of civic and intergenerational opportunities. This requires that their social and physical environments are conducive to being out and about and consequently the central role of both planning the physical environment and changing social perception has to be acknowledged.

As **Lewis Mumford** noted

> " Perhaps no part of life has been so neglected by our civilisation and by the planner, as the role of old age in the general replenishment of family life, which is itself one of the objectives of good planning. The restoration of the aged to a position of dignity and benefit becomes one of our principal aims "

There is a real fear among older people that this right to be 'out and about' is diminished as a result of poor planning and a lack of coordinated services such as health and transport. It is clear that communities that offer 'ease-of-living' need to be planned with the most vulnerable in mind, including older people. This has the added advantage that what makes a place 'easy-to-live' for older people is of benefit to all. For example, towns and villages are often impractical in terms of meeting the need to provide for 'ageing-in-place' as they are too spread out rather than concentrated even if this involves a certain number of medium rise buildings. It is accepted that in order to eliminate the barriers that prevent full community access for all, changes are necessary at national as well as local level.

In relation to the social environment, ageism towards older people often results in seeing them as a homogenous group who are generally infirm, incompetent and a major draw on resources. This is a stereotype. In fact, biological age is the least predictive factor of the quality of a person's life or the quality of a person's contribution to society. However, ageism, whether in practice, perception or attitude, has a negative affect on the interaction of the generations. It also has a negative effect on the extent to which older people are seen as both a relevant and integrated part of society.

In the light of demographic changes, communities and government must transform their perception to seeing older people as vital assets. Such a transformation will not only value older people for their social and economic contribution but for their very presence.

We have highlighted the impact that the changing needs of an older population will have on resources. At the same time, we have highlighted the fact that the need for civic and community engagement, by those with the capacity to contribute, will be unprecedented. The "age dividend" will produce a bounty of healthy, civic-minded older adults with time to devote to the greater good. This is a gift that communities can ill afford to squander and, consequently, they need to organise themselves more than ever in order to capitalise on it.

Our priorities and what we asked to be considered

We highlighted that public spaces should be more user-friendly. Lighting, recreational opportunities, seating and shelter would lead to greater usage and greater 'people policing' so that public spaces were safer, more age -friendly environments, litter free and dog fouling as a minimum. We noted that poor surfaces (roads and footpaths) made walking and cycling difficult and created significant risks for older people. The absence of safe footpaths in rural areas limited older people's desire to get out and about, while the absence of disability parking inhibited older people's access to services.

2. We can get to where we need to go, when we need to

Many activities and experiences that positively impact on the quality of people's lives require mobility so that people can freely choose what they want to engage in and when. Older people's mobility can be within their control (as a walker, cyclist, wheelchair user or driver) or that of others (passenger with neighbours, friends or on community or public transport). As **T**he **I**rish **L**ongitu**D**inal study on **A**geing (TILDA) noted public transport was 'Poor' for over 70% of the rural population. This compared with 20% for the urban population of Dublin. Inability to use a car was a very significant loss. As the US group, **"Liveable Communities for all Ages"** noted

> " When older adults have to limit or stop driving, they can experience a drastic decline in mobility that can put them at greater risk of poor health, isolation, and loneliness "

Considerable research has been undertaken into the social dimensions of mobility and transport. Efficient public transport systems have been shown to present opportunities for: overcoming social exclusion and isolation; improving people's quality of life; strengthening social networks and preventing social segregation. In addition it encourages and promotes more sustainable uses of public spaces, amenities and facilities.

Our priorities and what we asked you to consider.

We clearly stated that older people in rural areas lack public transport or, if it exists, adequate shelters are lacking. This left older people dependent on friends, neighbours and family. We also noted that public transport often by-passed towns and villages or was so infrequent or mis-timed that it did not meet people's needs. There was often a lack of information as to routes and timetables. Where they existed their format or their location was not easy to read or easy to see at all. As a result some services were not widely known and much of the current transport, including taxis, was not age-friendly in terms of physical access such as low steps or wide doors. Transport was often far too costly and a discount scheme is needed.

We highlighted the fact that: current transport systems could be more coordinated with health services and social activities; local organisations could use community volunteer drivers and car-pool projects; better use could be made of existing community vehicles when not used.

3. We can stay living in our own homes and communities and feel safe when doing so

It is well-documented that older adults wish to "age in our own place". This requires that, as we age, we can continue to live in a manner that is safe, affordable and connected to the community where the supports and services we need are available. In this way we can maintain our independence. In many instances this requires either alterations to our homes so that they are conducive to a healthy and safe ageing, or may require specifically designed accommodation. By incorporating the principles of "Universal Design" architects, designers and planners can have a major impact on how well people continue to live in their own home. Such universally designed homes appeal to homebuyers of all ages who may themselves, for example, acquire a temporary disability or may invite an older family member to live with them.

Our priorities and what we asked to be considered

We acknowledge the current high rate of economically-enforced emigration greatly diminishes our traditional support structures. Consequently, in order to remain safely at home and with a quality of life to which we aspire, it is necessary that certain services and supports are more widely available.

The services that we identified included: small domestic chores, repairs and maintenance; an extension of 'home help' hours and the supports that we identified included: small grants for alterations, maintenance; improved heating and insulation. In addition, current supports such as 'Home Help' and 'Meals on Wheels' should be extended. Funding was needed for home adaptation and personal safety equipment. Particular supports were needed for some people being discharged from hospital,

particularly if there was no care support at home or the home needed adaptation or improvement. Current planning practice could pay more attention to the lifetime adaptability of housing to ensure that all future housing was suitable for all generations. As one of our members put it

66 Staying safely at home and within the community is key **99**

We felt that we could achieve a greater sense of safety and greater connection with the community by: becoming more active; developing local neighbourhood watch, community alert, text alert and skill-swopping schemes; developing closer connections with the local Gardai; developing a list of readily available, reliable and reasonably priced trades people. It was clear that some of the supports and services would require insurance and Garda vetting.

4. We have opportunities to participate in social, economic and public life and continue to learn, develop and work.

Social, civic, economic and educational participation can take many forms such as: helping a neighbour; making new friends; attending events in the local community, volunteering in organisations and activities; addressing issues in the community; engaging in the political process, including electoral participation; running a business, working in enterprise; engaging in life-long learning. As Henry Ford put it

> 66 Anyone who stops learning is old, whether at twenty or eighty. Anyone who keeps learning stays young. The greatest thing in life is to keep your mind young 99

Many government and civic leaders are already moving in the direction of harnessing the experience and talents of their older citizens. For example, the "Maturing of America" Report[16] found that, where communities were receptive and supportive of older adults' participation and engagement, their contribution was sizeable. In addition, they lived a healthier life with the result that the demands on the local healthcare services were reduced. The report also found that communities where

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16   The Maturing of America – Communities Moving Forward for an Ageing Population, June 2011, Metlife Foundation

civic, social, economic and educational participation was high attracted new businesses and infrastructure that was a good match for its older members. In addition, such communities built social and cultural capacity by developing leadership, relationships and knowledge that was useful in creating the type of change that was desirable in many other areas. In such communities it is clear that

> **❝** Connectedness is not just about warm fuzzy tales of civic triumph. In measurable and well-documented ways, social capital make an enormous difference to our lives **❞**

Lifelong learning and participation in cultural and recreational activities are important both for older adults' health and for communities' general quality of life. For example, older adults are among the most generous and impassioned patrons of arts programs. In bringing a lifetime of experience to their participation, they make significant contributions to both intergenerational activities and learning programs.

Our priorities and what we asked to be considered

We found that with the reduction in 'Home Help' and other support services, it was becoming more difficult to look after ourselves at home. We felt that volunteers could make home visits, provided they were Garda vetted. However, vetting was often a long process, especially if people wanted to volunteer with a few organisations. We suggested that this could be addressed by developing transferable volunteer ID.

We also suggested that discount schemes could be introduced in local shops and this would encourage more local transactions with spin-off for other local enterprises. Such schemes would also improve older people's social interaction at a local level. We indicated that greater availability of community facilities in towns and villages would assist older people who were interested in developing or participating in groups.

We also highlighted the fact that more social events were very important. They helped address social exclusion and acted as a basis for introducing ongoing education and technology training. We saw the latter as important in keeping older people fully engaged in a rapidly evolving society. However, the low participation of men in activities and community organisations was a cause for concern and we suggested that community organisations and groups should be more active and effective in encouraging men's participation.

5. We are truly valued and respected

By ensuring that all citizens, regardless of their status or difference, can participate in the various aspects of society and have their participation affirmed and recognised, equality of opportunity and basic levels of well-being are attained (Sen, 1999). Socially inclusive societies are noticeable by the cohesion and solidarity, including inter-generational solidarity, with which they respond to collective challenges and by their value and respect for all members of the community. Social inclusion is a key dynamic in society that has a positive impact on healthy active ageing.

Social exclusion refers not only to the economic hardship of relative economic poverty, but also refers to the process of marginalisation as a result of which individuals, groups and minorities are excluded from or only marginally involved in various aspects of social and community life (Shaw, Dorling & Smith, 1999). Social exclusion can also arise from employment practices, barriers to education and various forms of stereotyping such as ageism which lead to inter-generational mis-understandings.

There are many negative health outcomes associated with social exclusion. For example, the World Health Organisation stated that social exclusion is not only socially and psychologically damaging but is materially costly and harmful to health (World Health Organisation, 2003). In addition, communities with strong social exclusion dynamics lose out since in socially inclusive societies:

> **66** Older people are able to make valuable contributions to their communities, neighbourhoods and families if their needs are met with dignity, their differences respected and their involvement appreciated **99**

The World Health Organisation, Global Age Friendly Cities Guide, 2007

Our priorities and what we asked to be considered

We asked that a national review be undertaken of current retirement restrictions since many people 'want to' or 'have to' work beyond 65. There should be more enterprise training and opportunities explored for people in this position. We also recognised that a 'slow down' system could be put in place during pre-retirement and a preparation for retirement that examined and promoted different ways and means of continuing social, civic participation. Such preparation could be extended to people who had recently retired and were finding the adjustment difficult.

We identified that consistent, relevant and well-organised consultations were needed. At the moment older people find that attempts to consult them may be tokenistic as no real effort is made to capture the voice of those who are not actively engaged in the community or those whose ideas and opinions are not reflective of the majority opinion or the 'constructed consensus' or those who are not normally heard.

We felt that there was a strong need to raise awareness among and provide training for policy-makers and service-providers as to how best to work with and respond to older people as they were very often viewed in a negative and stereotypical way. This was also apparent in the media. However the media also offered a great opportunity to change the way older people were viewed. A side effect of effectively challenging this negative and stereotypical depiction of older people would also facilitate better consultation processes.

We also noted that it was only by working together that different generations could develop mutual respect. Consequently, it was essential to mainstream intergenerational activity, where skills and knowledge could be shared. Inter-generational projects were seen to be important because, as well as helping older people to overcome a fear of young people, they allowed generations to learn from each other as skills were swopped and friendships formed.

6. We lead Longer, more Active and Healthier lives

When looking at the factors that contributed to increased life expectancy Turnock (1997) highlighted the importance of improving community health. He argued that while general health improvements were directly responsible for the 30-year increase in life expectancy from 1900, public health improvements in the areas of social policies, community action and personal decisions accounted for 25 years, medical advances account for 3.7 years and clinical preventive services, such as immunizations and screening tests for 1.5 years. The modern challenge is to create the conditions whereby longer life is also more enjoyable. As Frank A. Clark put it

> **66** We've put more effort into helping folks reach old age than into helping them enjoy it **99**

Community supports and health services matter. They ultimately determine whether healthcare is available, and availed of, in an efficient and effective way in the towns and villages across the county. Such supports and services organise and deliver healthcare at the ground level through private and public healthcare professionals and through public, private, and non-profit healthcare facilities.

The achievement of positive healthcare outcomes in any village or town is linked to the quality of the community in that village or town. There must be people who are willing: to work together to support local enterprise; to lobby local representatives on healthcare issues and agendas; to develop and defend healthy environments and facilities; to ensure a range of public and social activities. Without such community involvement towns and villages are simply places where people live.

Our priorities and what we asked to be considered

We saw a need for better promotion and encouragement of lifestyle changes for the whole community with a stronger focus on health promotion and prevention rather than treatment. We noted the importance of engaging in physical exercise and asked for more classes tailored specifically to older people. We suggested the introduction of discounts for leisure centres and exercise classes particularly during off-peak periods and the development of more opportunities for exercise in public spaces.

We expressed particular concern about hospital and GP waiting lists. The stress and anxiety that was associated with lengthening waiting times was highlighted as was the need to co-ordinate health appointments and public/community transport provision. We asked that priority be given to the provision of services and programs on an outreach/ community basis. For example, each community could have a community day or community event to learn about local public and community services. The added value of such occasions was that the community organisations and services could meet with the public providers.

We noted that as the Gardai were one of the safety and security service providers, they should be asked to increase their community presence and to develop a home-calling programme. we asked that the current community alert system be improved. As older people were particularly vulnerable to rogue traders it would be very helpful if a list of trustworthy local people could be developed in each community.

7. We have the organisation, information and communication to achieve the Strategy's outcomes

Successful organisation, communication and information leads to better community engagement. Engagement provides people with opportunities to have a greater say in what happens in their community and their county and to have a greater say in decision-making. By talking about problems and by teasing out potential solutions with communities and service providers, local people and communities can make sure that resources are targeted where the greatest need exists. Feedback from local people ensures that services are more likely to meet people's needs. Agencies and organisations become more open and accessible when the people they benefit understand how they work and local people are more willing to engage in their own organisations when they are facilitated in improving the quality of life of the neighbourhood. In addition, community engagement helps break down barriers and addresses negative views of agencies, organisations, families, groups and minorities.

Regeneration programmes over the last 20 years have shown that real change takes place when local people develop a sense of place as well as a sense of ownership of their neighbourhoods and lives. Involvement in local projects strengthens people's sense of belonging and pride in their community. In addition, when people are involved in local projects they have an opportunity to build their personal skills as they identify new ways of doing things and in doing so improve their communication skills, build their confidence and have fun.

Our priorities and what we asked to be considered

We reported that recent cuts in budgets and services had left you with the perception that there is no political support for the issues facing you. As a consequence we would like more opportunities and support to influence political decision-making. We wanted to have better access to politicians in order to try and make them understand your situation so that they could raise your issues and concerns at a national level. We were aware that we need to develop organisational capacity in order to do so effectively.

We asked that all agencies and organisations issue their information and messages in an age-appropriate manner and that emergency contact details be widely known and readily answered. For example we stated that while the radio and local papers were the most effective communication tools, the printed medium should be easier to read, contain less information and be more eye-catching. We would like a central location or directory where all information could be sourced.

We highlighted the fact that, as the Census data indicated, only a minority of us had the internet or were in a position to access information online. Yet many application forms were only available on-line and many suppliers of goods and services achieved their cost-efficiency by only being available on line. As a result many of these services were unavailable to us. Participants in the consultation also asked for greater support in completing these forms and better co-ordination of information so duplication was not needed.

Consequently alternative sources of and means of communication were needed. While we recognised that computers were the way forward, websites should be simpler and more courses should be provided in the community. On-going support was required so that we could acquire the necessary confidence to make regular use of this new technology.

We also pointed out that other processes of modern communication, such as the automated phone answering system, caused distress for older people, with many giving up on these systems. We asked that bypass systems should be available, particularly for essential services.

In general, we reported that there was confusion about how to access local services as we could no longer connect a face in the community with a particular service since personnel in the services changed far more often than they did in the past. We asked that the Telephone Tree system would be more widely used as it provided a regular programme to check on people.

Signing of Dublin Declaration

What we will do

This Strategy outlines the changing national and international environment and within this context sets out our response to the increasing numbers and changing life circumstances of older people in the county. We have drawn on the World Health Organisation's global outcomes to establish the overall objectives of our Action Plan **(APPENDIX 4)**. This strategy will be delivered by means of our Action Plan.

Action Plan

The objectives of our Action Plan **(APPENDIX 4)** are set in the County context. This context was identified in both the consultation process and the interviews carried out with the key agencies that provide support services for Older People in the county. The action plan specifies Lead and Support partners and their responsibilities are clearly identified.

The success of the Action Plan, and consequently of the Strategy itself, depends on the individual and collective capacity of the partners to mobilise community and government support and resources and to combine these in a collaborative and co-operative manner that is more efficient and effective. The success of the Action Plan also depends on a reporting process that engages with and reaches out to the widest possible community so that a 'whole community' approach to ageing is advanced and inter-generational engagement achieved.

Review of the Action Plan

The Action Plan will be reviewed and updated annually to ensure that the Alliance's overall direction is in line and consistent with the needs of the community. The desired outcomes will be measured as follows:

- The achievement of the Action Plan's performance indicators and target(s).
- A yearly progress report prepared by the Implementation Team (Service Providers' Forum) in conjunction with the Executive Committee of the Older persons' Council and distributed through the Older Persons Council, Ageing Well Network and the World Health Organisation.
- The executive committee of the Older Persons' Council will monitor the actions in the Action plan and will provide feedback to the Alliance Board and to the wider community.

- The Older Persons' Council will assess the impact of the Strategy and overall progress towards developing a more age-friendly county.
- An Intergenerational Age-Friendly seminar every two years to review progress and to ensure the strategy is relevant and aligned to any emerging issues and needs.

Rising to the Challenge

To repeat what we said earlier, there is no doubt but that a major socio-political transformation is required to turn what is generally perceived as the 'crisis of ageing' into 'an opportunity for personal, community and social renewal'. This Strategy and the Action Plan, by means of which it will be implemented, reflect our collective commitment to achieving our vision of Clare as a great county in which to age. Taken together they are a testament to and a celebration of the positive contribution that a healthier and more active ageing population can make to our community and our society in general. They mark the beginning of a transformative practice of partnership-working where co-operation and collaboration is coupled with creative thinking that draws on the wisdom of generations.
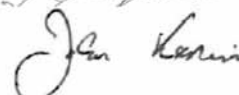
Gerry Kelly *(Chair, Clare Age-Friendly Alliance Board)*

Tom Coughlan *(Clare County Manager)*
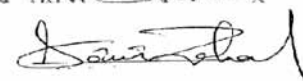
John Kerin *(Chief Superintendent, Gardai)*

Mark Sparling *(Chief Operations Manager, HSE)*

Doirín Graham *(CEO, Clare Local Development Company)*

Fiacre Hensey *(Manager, Clarecare)*

Pat Shannon *(Manager of Services, Caring for Carers Ireland)*

Mary Leahy *(Chair, Clare Community Forum)*

Carole Head *(Clare Older People's Council)*

Stella O'Gorman *(Clare Older People's Council)*

Sarah Wetherald *(Regional Manager, Ageing Well Network)*

Appendix 1: Health, Unable to Work, Disability and Voluntary Care					
	% Pop stating 'Bad' or 'V. Bad' Health **Clare Average**	% of Working Age 'Unable to Work' **Clare 7th Lowest**	% Working Age stating they have a disability **Clare 10th from lowest**	% 65+ stating they have a disability **Clare 7th Lowest**	Total Hrs. of Voluntary Care per Wk.	Average hrs per week per 15+ yrs **Clare 11th Highest**
National	**1.5%**	**5.2%**	**11.2%**	**38.1%**	**3,583,853**	**1.01**
Mayo	1.9%	6.4%	10.9%	38.6%	137,019	1.35
Donegal	1.8%	6.6%	12.1%	39.8%	155,580	1.28
Roscommon	1.8%	6.1%	11.3%	38.3%	62,823	1.27
Offaly	1.7%	6.0%	11.7%	39.3%	71,493	1.24
Sligo	1.7%	6.2%	11.9%	38.3%	62,996	1.22
Tipperary South	1.8%	6.9%	12.8%	39.9%	81,854	1.20
Galway	1.5%	5.2%	10.0%	37.2%	156,356	1.17
Kerry	1.4%	5.5%	10.9%	35.2%	134,227	1.17
Longford	1.8%	6.2%	12.6%	38.1%	33,990	1.16
Limerick City	2.6%	8.6%	16.2%	43.9%	53,408	1.16
Clare	**1.5%**	**4.8%**	**10.8%**	**36.5%**	**101,777**	**1.14**
Leitrim	1.4%	6.2%	11.1%	36.5%	27,684	1.13
Monaghan	1.3%	5.7%	9.8%	37.8%	51,820	1.12
Tipperary North	1.6%	5.8%	11.6%	38.7%	58,802	1.09
Westmeath	1.6%	5.3%	11.7%	38.4%	70,623	1.08
Cork	1.1%	4.8%	10.2%	35.8%	324,501	1.07
Kilkenny	1.4%	5.1%	10.7%	36.9%	78,086	1.07
Wexford	1.6%	6.2%	12.4%	37.0%	116,946	1.06
Laois	1.5%	5.5%	11.6%	38.2%	62,717	1.05
Limerick	1.3%	5.4%	10.8%	37.1%	108,669	1.04
Cavan	1.3%	5.2%	10.1%	36.8%	57,009	1.04
Waterford	1.2%	5.2%	11.1%	35.4%	52,329	1.03
Waterford City	1.9%	6.2%	13.2%	42.0%	37,955	1.03
Cork City	2.2%	8.1%	15.2%	40.6%	102,844	1.02
Louth	1.7%	6.2%	11.7%	39.4%	94,584	1.02
Carlow	1.6%	6.7%	12.2%	39.1%	40,154	0.96
Wicklow	1.3%	4.6%	11.3%	38.1%	95,645	0.92
Meath	1.1%	4.1%	9.7%	35.7%	123,017	0.91
South Dublin	1.4%	5.0%	11.7%	36.7%	178,671	0.89
Kildare	1.3%	4.3%	10.7%	39.8%	133,700	0.86
Dublin City	2.0%	5.1%	12.0%	42.9%	371,851	0.84
D/Laoghaire/Rathdown	1.2%	3.0%	9.4%	34.8%	133,588	0.80
Fingal	1.1%	3.5%	9.6%	34.8%	163,754	0.80
Galway City	1.5%	3.8%	10.5%	34.7%	47,381	0.76

Source: CSO Census Pop 2011

Appendix 2: Average weekly household expenditure by age of household reference person, 2009-2010						
	Age of reference person					
	15-64			**65+**		
	Hhld Expend	Equivalised Expend	% overall Equivalised Expend	Hhld Expend	Equivalised Expend	% overall Equivalised expend
Number of households in sample	4,956			935		
Equivalent number of persons*		2.26			1.49	
Total household expenditure	€882.35			€450.44		
Equivalised Indiv. expenditure		€390.42			€ 302.31	
Miscellaneous goods, services	€276.09	€122.16	31%	€143.67	€96.42	32%
Housing	€167.59	€74.16	19%	€49.56	€33.26	11%
Food	€137.79	€60.97	16%	€93.55	€62.79	21%
Transport	€126.68	€56.05	14%	€65.01	€43.63	14%
Drink & tobacco	€42.89	€18.98	5%	€22.62	€15.18	5%
Clothing & footwear	€44.14	€19.53	5%	€20.21	€13.57	5%
Fuel & light	€36.49	€16.15	4%	€29.69	€19.93	7%
Household durable goods	€32.78	€14.50	4%	€16.59	€11.13	4%
Household non-durable goods	€17.89	€7.92	2%	€9.54	€6.40	2%

*The OECD weights the number of persons in a household to derive the "equivalent household size" as follows:
First adult in the household = 1.0
Each adult thereafter (aged over 13) = 0.7
Each child (13 or under) = 0.5
Source: CSO Household Budget Survey

Appendix 3. Expenditure of Equivalised Persons by Age of reference Person	15-64	65+	65+ as % 15-64
Equivalised per capita expenditure	**€390.42**	**€302.31**	**77%**
House-related Charges-Rent, Mortgage, Insurance, Refuse, Water, Other	€61.15	€14.13	23%
Pension Contributions	€20.92	€4.03	19%
Transport Fuels	€17.84	€14.21	80%
Insurances - Life, Mortgage, Medical, Accident, Other.	€13.07	€13.02	100%
Phone and InternetTelephone, mobile & car phone	€12.71	€9.99	80%
Car/Transport Insurance, Tax, Fines, Spare Parts	€12.22	€7.06	58%
Home Improvements incld. extensions	€9.90	€13.62	138%
Holiday Acccommodation plus holiday spending	€8.23	€6.52	80%
Personal Payments - Separation, Children's Pocket money, Transport fares, Sent abroad, Presents.	€8.04	€6.70	83%
Household non-durable goods	€7.92	€6.40	81%
Education & training-	€7.74	€1.45	19%
Alcoholic Drinks consumed out	€7.57	€5.06	67%
Admission & subscription charges - sports & leisure	€7.18	€3.64	51%
Uncooked Meat	€6.79	€9.42	139%
Care Charges - Residential Home, Home Help, Domestic Help, Nursery, Childcare.	€5.58	€5.74	103%
Transport and Taxis - Public and School	€4.75	€1.30	27%
Reading Materials	€4.69	€7.02	150%
Meals - Take away and delivered	€3.87	€1.53	39%
Fresh Vegetables	€3.22	€4.22	131%
House Repair and Maintenance Costs	€3.12	€5.51	177%
Drinks and Juices	€2.76	€1.72	62%
Betting & lotteries	€2.70	€4.10	152%
Pastries and Biscuits	€2.63	€3.85	147%
Bread	€2.42	€3.22	133%
Transport Repairs/Servicing	€2.42	€2.99	124%
Air and Ferry Travel	€2.29	€1.44	63%
Fresh Fruit	€2.15	2.85	133%
Sport and Recreation Equip	€2.07	€0.99	48%
Interest and Bank Charges	€1.97	€1.06	54%
Charitable Donations and Subscriptions	€1.69	€4.92	292%
Transport Orgs Subs, Wash, Breakdown, Parking Fees, Garaging	€1.62	€1.10	68%
Pizzas, Pastas, Cereals	€1.41	€0.79	56%
Garden Plants and Home Flowers	€1.38	€2.17	158%
Fish	€1.37	€1.99	145%
Butter,Margarine, Cooking Oils	€0.87	€1.59	184%
Sugars, Jams, Jellies Custard Honey	€0.48	€0.98	205%
Frozen, dried, tinned fruits	€0.40	€0.62	157%
Food items not specified (including own produce)	€0.38	€0.88	228%
Funeral, Wedding, Function Room Expenditure	€0.37	€0.73	197%
Flour	€0.10	€0.20	213%
Source: Household Budget Survey 2009-2010 - Special Request			

APPENDIX 4 ACTION PLAN

Outcome 1. Our Environment is conducive to being out and about

Actions	Lead Agency / Department	Support agency / department	Timeframe	Performance Indicator and Target(s)
1.1 Clare County Council will incorporate Age Friendly planning principles and guidelines into key documents and strategies (eg. County Development Plan and Clare Town Improvement Plans).	Clare Co Council/ Planning Dept.	OP Forum/CLDC	Years 1 - 3	Age-Friendly Principles and Guidelines developed and incorporated into all Development and Improvement Plans.
1.2 Clare County Council will review adherence of all planning applications to its Age Friendly planning principles and guidelines.	Clare Co Council/ Planning Dept.		Years 1 - 3	All relevant planning projects aligned to Age-Friendly planning principles and guidelines
1.3 Clare Co Council will consult with the Older Persons Forum on future County Development and Local Area Plans.	Clare Co Council/ Planning Dept.	OP Forum/CLDC	Years 1 - 3	All new plans are presented to Forum Recommendations received on each new plan
1.4 Clare County Council will: **1.4 a.** Increase the promotion of its environmental education and awareness programme **1.4 b.** Work with communities to achieve cleaner environments	Clare Co Council/ Environment Dept.		Years 1 - 3	8 Media releases per year, 6 promotional activities per year. 220 cleanups undertaken or assisted (by Community) All complaints responded to as received.
1.5 Clare Co Council will commission a public artwork in time with the development of new social housing units.	Clare Co Council/ Arts Office		Year 1	One Artwork installed in Kilmaley
1.6 Clare County Council will review pedestrian crossing times and will comply with best practice in relation to crossing times and standards for older persons.	Clare Co Council/ Roads Dept.	Gardai	Years 1 - 3	Review submitted to Older People's Forum and compliance with best practice confirmed.
1.7 Clare Local Development Company will pilot an intergenerational Project involving Transition Year students and Older men	CLDC	Gardai	Year 2	A collaborative finished product located in the physical environment (eg, Park Bench)

Outcome 2. We can get to where we want when we want

Actions		Lead Agency / Department	Support agency / department	Timeframe	Performance Indicator and Target(s)
2.1	Clare Local Development Company will explore the feasibility (location, design, planning and construction) of erecting well-lit and safe bus shelters	Clare Local Development Company	Clare Co. Council, Bus Eireann, Gardai, Clare Accessible Transport	Year 2	Feasibility Report to Alliance Board
2.2	When considering their Annual Area Workplans, Clare Co. Council will consider submissions from the Older People's Council in relation to the safety of pathways and the adequacy of lighting.	Clare Co. Council/ Roads Dept.	Older People's Council, Ageing Well Network	Years 1 -3	1 'Walkability' survey completed annually by Older People's Forum. 3 Locations for remediation submitted annually to Clare Co. Co.

Outcome 3.   We can Live Safely in our Homes and connected to our Communities

Actions		Lead Agency / Department	Support agency / Department	Time-frame	Performance Indicator and Target(s)
3.1	Clare County Council will support Voluntary Associations to develop Voluntary Housing Schemes for older persons	Clare County Council /Housing Dept		Years 1 - 3	24 Housing Units for Older People
3.2	Clare County Council will provide improvement/adaptation grant schemes, as financial resources permit	Clare County Council /Housing Dept	HSE	Years 1 - 3	260 households assisted with adaptation/improvement
3.3	Clare County Council will ensure that new Social Housing Schemes cater for a range of households, including older persons.	Clare County Council /Housing Dept		Years 1 - 2	5 Social Housing units suitable for older persons.
3.4	The Gardai will support an increase in the number of Community Alert and Neighbourhood Watch Programs	An Gardai		Years 1- 3	4 additional groups will be developed – one in each Garda District
3.5	The Gardai will establish the names of postmen serving each Community Garda Area	An Gardai		Years 1- 3	2 Community Garda Areas annually – 6 Areas in Total. 20 Postmen participating.
3.6	The Gardai will develop a Crime Prevention and Safety Checklist for Older People to be distributed by postmen and will advice postmen/ postwomen what to look out for and how to report	An Gardai		Years 1- 3	Checklist printed 500 Distributed 30 Postmen participating
3.7	The Gardai will pilot the 'Text Alert' scheme in one community Alert Area	An Gardai		Year 1	'Text Alert' Scheme rolled out Ennistymon District
3.8	The Gardai will increase the promotion of their community safety service	An Gardai		Years 1- 3	2 Additional promotional sites per year over 3 years – 6 total
3.9	Clare Local Development Co. will deliver crime prevention training for Tus/Rural Social Scheme Workers	Clare Local Dev Co.		Years 1- 3	150 Participants

Outcome 4. We are Participating in Civic, Social, Economic and Educational Life

Actions		Lead Agency / Department	Support agency / Department	Time-frame	Performance Indicator and Target(s)
4.1	Clare County Council will encourage older people's participation in the arts.	Clare Co Council/ Arts Office		Year 1	3 Art exhibitions (Scariff, Kilkee and Ennis) and 30 Participants (Carrigoran)
4.2	Clare County Council will celebrate the contribution of the county's older musicians and artists	Clare Co Council/ Arts Office		Year 1	2 Concerts (Ennis, Milltown)
4.3	Clare County Council will organise a Positive Ageing Week event in Oct. 2013	Clare Co Council/ Library Services	Clarecare/ Caring for Carers Ireland	Years 1-3	40 attending Annually
4.4	Clare County Council will pilot a 55+ book club project	Clare Co Council/ Library Services		Year 1	8-10 participants
4.5	Clare County Council will pilot a book delivery service to St Joseph's Hospital, Ennis	Clare Co Council/ Library Services	HSE, Clare Volunteer Centre	Year 1	80 books supplied 8 visits to St Joseph's annually
4.6	Clare County Council will pilot an oral history project with the residents and staff of St. Joseph's Hospital, Ennis	Clare Co Council/ Arts Office	HSE, Clare Volunteer Centre	Year 1	10 Participants
4.7	Clare County Council will support the further development of Arts programmes at Raheen Day Care Centre.	Clare Co Council/ Arts Office	HSE, Clare Volunteer Centre	Year 1	40 Weeks mixed Arts Classes Participation in Bealtaine Festival 3 Film Events 3 Clay Oven Open days
4.8	Clare Co Council will provide IT instruction to Older People	Clare Co Council/ Library Services	Scariff/Shannon/ Ennis Libraries	Years 1-3	18 Sessions over 3 years 90 Participants over 3 years
4.9	Clare Co Council will review, promote and expand the pilot Bibliotherapy Library project	Clare Co Council/ Library Services	HSE Health Promotion	Year 1	100 Bibliotherapy books in stock 75 Bibliotherapy books issued
4.10	The Implementation Group will develop an Age Friendly social calendar and each member will host one social event annually.	Implementation Group members		Year 1	Calendar produced 8 events hosted annually
4.11	Clare Local Dev. Co. will identify community centres and public meeting place where older people could gather and promote these facilities with indicative costs	Clare Local Dev. Co.	Clare Co Council	Year 2	Database Created
4.12	The Older People's Forum will develop a plan for consulting with older people who are 'hard to reach'	Clare Local Dev. Co.		Year 2	Consultation plan complete Implementation Plan Agreed
4.13	Clare VEC will support Older People to participate in locally based learning.	Clare VEC/Adult Education Service	The Clare Learning Network and HSE	Years 1-3	10 Community-based groups funded 100 older participants per annum.

Outcome 5. We have meaningful opportunities to shape and enhance our community

Actions		Lead Agency / Department	Support agency/ department	Timeframe	Performance Indicator and Target(s)
5.1	Clare Local Development Company will support the Older Peoples Forum to communicate their messages through the print and broadcasting media (eg. Clare Champion, Clare FM, etc.), other media and social networking sites.	Clare Local Dev Co.	Older People's Forum	Year 2	PR Strategy agreed with the Older People's Forum
5.2	Clare County Council will seek the views of the Older Persons' Forum when undertaking its statutory review the county's speed limits and traffic calming measures.	Clare Co Council/ Roads Dept.	Gardai, CLDC, Older Persons Forum / Community Forum	Year 2	One notice, per statutory review, sent to the Older Persons Forum informing them of the review and asking for their views
5.3	Clare Co Council will support communities who have identified a need / interest and possible location for community gardens	Clare Co Council/ Environment Dept.		Year 1	One community project per year if a need is identified.
5.4	Clare Community Forum will provide a quarterly electronic update/ briefing to its members on the work of the Age Friendly Programme	Clare Community Forum	Older Person's Forum	Years 1 -3	Annually 4 updates/briefings will be circulated electronically to Clare Community Forum's members.

Outcome 6.   We are leading Longer, Healthier and more Active Lives

Actions	Lead Agency / Department	Support agency/ department	Timeframe	Performance Indicator and Target(s)
6.1 Clare County Council will adapt its retirement training programme so that it can be delivered in the community by a range of agencies on the Implementation Group	Clare Co Council/ H/R Dept	All agencies on Implementation Group	Year 1	Retirement Training Programme involving inputs from 50% of Implementation Group Agencies
6.2 Clare County Council will offer free Library membership to Old Age Pensioners	Clare Co Council/ Library Services		Year 1	40 Additional Older members
6.3 Clare County Council will improve the marketing of the library as an Information Point and Community Meeting Hub	Clare Co Council/ Library Services		Year 1	1,500 newsletters and information leaflets distributed
6.4 Clare County Council will pilot a library Reminiscence Therapy Project	Clare Co Council/ Library Services	HSE, Clare Volunteer Centre	Year 1	80 Participants engaged
6.5 Clare Sport Partnership and HSE will facilitate training for the staff of public and community leisure centres on age-appropriate leisure and recreational exercise programmes and activities	Clare Sport Partnership and HSE		Year 1	Staff of 2 Gym/Leisure centres will attend age-friendly training and education programme
6.6 Clare Sport Partnership will facilitate the development of a discount scheme for Older People using gyms/leisure centres	Clare Sport Partnership	HSE	Year 1	Discount scheme completed
6.7 Clare Sports Partnership will identify community and public spaces that are suitable for Older People's leisure activities	Clare Sport Partnership	HSE	Year 1	List of suitable spaces
6.8 Clare Sports Partnership and HSE will map the community groups/ organisations providing the 'Go for Life' Programme in Clare.	Clare Sport Partnership and HSE	CLDC Older Persons Forum		Report
6.9 Clare Sports Partnership and HSE will support the 'Go for Life' Leaders in Clare and will provide training for potential leaders.	Clare Sport Partnership and HSE	CLDC Older Persons Forum		10 additional Leaders supported. 10 additional Leaders active.
6.10 The HSE will present an overview of Primary Care Services in Clare to the Age-Friendly Alliance and Older Person's Forum.	HSE			Presentation completed
6.11 The HSE will promote the services of the county's Primary Care Teams that are available for older people in their community as well as information on how to access them.	HSE		Years 1 - 3	Promotional leaflets and Presentations
6.12 HSE will adopt the Community Health Needs Assessment approach to identify and respond to Older People's needs.	HSE		Year 1	2 Assessments completed Report to Alliance Board and Older Persons Forum
6.13 HSE will ensure new Primary Care Centres are age-friendly primary healthcare centres (World Health Org Guidance 2004)	HSE		Year 1 -3	New Primary Care Centres in County adopt 'Age Friendly' Guidelines

Outcome 7. We have the Organisation and Information to ensure the delivery of the Age Friendly Strategy

Actions		Lead Agency / Department	Support agency/ department	Timeframe	Performance Indicator and Target(s)
7.1	Clare County Council will support and facilitate the Age-Friendly Alliance Board	Clare Co. Council/ Touris70m and Community Development Dept.		Year 1 -3	4 Meetings Annually Annual Report Published
7.2	Clare Local Development Co. will support and facilitate the Older People's Forum	Clare Local Dev Co.		Year 1 -3	6 meetings in Year 1 4 Meetings in Year 2 Annual review of Strategy
7.3	Caring for Carers Ireland and HSE will support and facilitate the Service Providers' Forum (Implementation Group)	Caring for Carers Ireland and HSE		Year 1 -3	4 Meetings Annually Quarterly updates, including blockages, constraints and policy items, submitted to Alliance Board for Action
7.4	Clare County Council will establish the 'Business of Ageing Forum'	Clare County Council/ Tourism and Community Development Dept.		Year 1	Business of Ageing Forum established
7.5	The implementation Group will ensure that the Age Friendly logo is incorporated by its members into all information and communication relating to Older People	Implementation Group		Year 1 -3	Copies of information/ communications with Logos included
7.6	Clare Local Development Co. will provide technology courses for older people on an outreach basis	Clare Local Dev Co.		Year 1	90 Participants.
7.7	Caring for Carers Ireland will provide training in basic IT skills to carers and socially excluded people in the county	Caring for Carers Ireland		Year 1 -3	100+ Carers and Socially Excluded annually