



Aidah Munissi  
Alexandra Hernon  
Thomas Redmond

**How can Ireland mobilise social care  
community networks across the island to better  
support people to live healthily and 'age in  
place' throughout the life course?**

**Rapid Evidence  
Assessment Report for  
the Irish Council of  
Churches Irish Inter-  
Church Meeting 2023**

# Contents

- Contents..... 2
- Introduction ..... 4
  - Aging Population on the Island of Ireland..... 4
  - Impacts of Aging Populations in Ireland ..... 5
  - Social Care Policy and Provision in Ireland..... 9
  - The Role of Community Networks ..... 14
- Review of Evidence Base ..... 16
  - Summary of Key Points..... 29
  - 1. Addressing the Issues of Ageism ..... 30
  - 2. Ageing in Community..... 30
  - 3. Legislation to Support Healthy Ageing ..... 31
  - 4. Housing: ..... 32
  - 5. Community-Based Services and Implement Place Integration Efforts: ..... 33
  - 6. Age Friendly Communities..... 34
  - 7. Informal Care ..... 35
  - 8. Social Participation ..... 36
  - 9. Faith Based Organisations ..... 37
  - 10. Meeting the Needs of Rural & Urban Community Dwellers..... 37
- Critique of Six Main Articles..... 39
- Policy Recommendations ..... 51
  - 1. Ageing in Community: *to adopt an ‘aging in community’ approach when devising healthy ageing strategies in Ireland.*..... 51

2. Ageism: <i>To introduce an anti-ageism policy aimed at tackling ageism in Ireland and reframing how society views older people in our society.</i> .....	52
3. Legislation: <i>To better support the rights and opportunities of older people in Ireland through a series of legislative measures.</i> .....	53
4. Supporting Family & Informal Carers: <i>To provide a suite of supports and incentives to family or informal carers who choose to support older people to age in their communities....</i>	54
5. Housing: <i>To diversify the housing options for older people that support the ability to age in communities while allowing greater choice to meet their unique needs and them have choice</i> 54	
6. Age-Friendly Environments: <i>To prioritise the establishment of rural-urban “age-friendly” environments across the island</i> .....	55
7. Integrated Care: <i>To implement the place integration model of care with a firm emphasis on at-home care and community services.</i> .....	56
8. Social Participation: <i>To mobilise the existing community networks to provide a diverse range of social participation opportunities for older people in their communities irrespective of their location.</i> .....	57
Bibliography .....	58

# Introduction

Population aging is a phenomenon affecting almost every developed country worldwide and one that is increasingly prevalent in many of the globe's most advanced economies such as Japan, USA and Europe. In seeking to address the impact of this issue, policy-makers are often heavily focussed on the social and economic consequences of aging populations, such as a reduction in economic growth or increased pressures on public expenditure (Department of Finance, 2008). However some have argued that policy should instead be more future-focussed, supporting states to build greater resilience to demographic changes and ensuring resources are redistributed to maintain wellbeing across the life course (Harper, 2019).

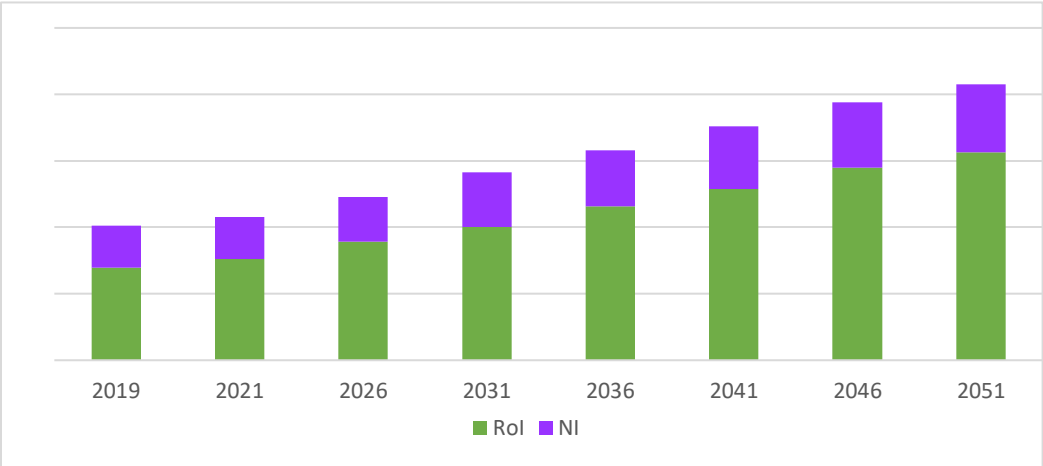
In 2020, the United Nations (UN) and World Health Organisation (WHO) endorsed this view with the enactment of the UN Decade of Health Ageing (2021-2030) resolution, a 10 year global action plan which advocates for a 'whole of society' approach to improving the lives of older people, their families and communities. The resolution calls for greater partnership between governments, civil society and community organisations to ensure healthy ageing can become a reality for all (WHO, 2020).

In this Rapid Evidence Assessment (REA) report, we will appraise Ireland's preparedness to deliver healthy ageing and support its expanding older population to 'age in place'. We will specifically examine the role of Ireland's community and voluntary organisations, which are recognised as playing a vital part in supporting the evolving needs of ageing populations (Hanlon, *et al.*, 2014). Finally we will evaluate a series of relevant case-studies from Asia, North America and Europe to help us formulate policy recommendations aimed at ensuring Ireland can mobilise the community sector to better support the wellbeing needs of older people into the future.

## **Ageing Population on the Island of Ireland**

In comparison to its European counterparts, Ireland has a relatively young age structure. According to the 2022 Eurostat annual population estimates, Ireland has the highest share of population aged less than 15 years old and one of the lowest shares of over 65 year olds in the EU (Department of Finance, 2008). With more than 39% of the population under the age of 29, Ireland is considered to be the most youthful member state, a title which it has held for several decades (EuroStat, 2022).

Figure 1: Projected number of people aged 65+, thousands, 2019-2051



Source: CSO 2018; CSO 2019a<sup>1</sup>; NISRA 2019

However recent studies indicate that demographics in Ireland have and continue to change rapidly. In 2019, the population aged 65+ was estimated to exceed 1 million (693,300 in ROI and 314,700 in NI) for the first time (CSO, 2019a; NISRA, 2019) and this figure is projected to double by 2051. Over the same period, the population of people aged 85+ years is expected to rise from 112,000 (73,000 in ROI and 39,000 in NI) to 404,000 (301,000 in ROI and 103,000 in NI) – an increase of 261 per cent (Sheehan & O’Sullivan, 2020, p. 5). Rapid population aging of this magnitude is recognised as an ‘unprecedented phenomenon in Irish history’ (TILDA, 2023) and far surpasses the speed of growth witnessed in other EU countries.

**Impacts of Aging Populations in Ireland**

Financial Implications

The economic impacts of aging populations is an issue of significant interest for policy-makers. In September 2021, the Department of Finance in Ireland published a new report ‘Population Ageing and the Public Finances in Ireland’ which analyses the financial implications of Ireland’s aging population over the next 30 years. According the report, Ireland is predicted to experience one of largest increases in annual age-related public expenditures in Europe, rising from 13.2% of its total GDP in 2019 to 19.4% by 2070. Predicted rises in expenditure are mainly attributed to increases in pensions and healthcare spending. The report also highlights that fiscal revenues

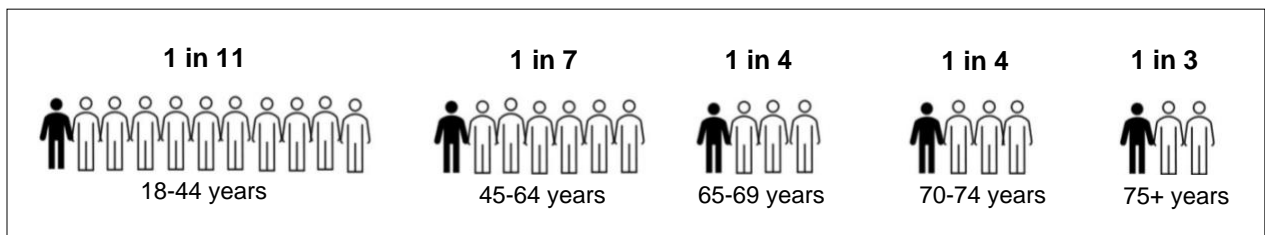
<sup>1</sup> The 2019 figures for ROI are from the CSO’s population estimates for April 2019. The CSO’s M2F2 population projection based on moderate immigration and reduced fertility is used for the ROI component of the projected figures for 2021 to 2051 which are based on a 2016 starting point. All NI figures are from NISRA’s 2018-based population projections.

are projected to drop dramatically due to slower economic growth brought about by reduced 'working age' population (European Commission, 2021). It is evident that Ireland must introduce significant structural and economic reforms to ensure its sustainability to support a rise in aging populations.

### Health Care Implications

Older populations are more likely to develop complex healthcare needs. Research highlights that the prevalence of chronic illnesses such as cardiovascular diseases and diabetes, which are the leading causes of deaths worldwide, often increases with age. According to recent research carried out by the School of Public Health, University College Cork (2022), the occurrence of chronic conditions in individuals in Ireland increases from 11% among people from 18-45 years of age to 25% for people 65-69 years, and to 33% for people aged 75 years upwards.

Figure 2: Prevalence of any of 8 prioritised chronic conditions by age group



Source: School of Public Health, University College Cork, 2022; Healthy Ireland Survey, 2019

The prevalence of such conditions among older patients has a significant impact on healthcare services with greater demands on specialist medical professionals, higher presentations in emergency departments and increased hospital admissions. In addition, impacts on older individuals dealing with these conditions include reduced quality of life, additional medical costs and increased caring needs (Hajat & Stein, 2018). In order to avoid future healthcare crises, Ireland will need to evaluate its model of health and social care to ensure it is responsive to the diverse needs of ageing populations, including robust provisions for long term care (Cesari, *et al.*, 2022).

### Implications for Family Demographics

Ireland has a strong tradition of informal care for older people, mainly provided through family support and home-based (predominantly female) carers. Policy initiatives in the past focused on bolstering this informal model of care by increasing financial support for people dependent on care and providing additional assistance to families providing care services (Gannon & Davin,

2010). However over recent decades Ireland, like many other developed nations, has undergone significant social and demographic change. Rises in the cost of living, reductions in fertility rates, increased marital divorces and a higher participation of women within the workforce, has led to a transformation in familial demographics which is arguably much less conducive to family caregiving (Doyle & Timonen, 2008). As Ireland's ageing population continues to rise, policy makers must evaluate the sustainability of family caregiving and enact reforms that ensure any shortcomings in informal care needs are met elsewhere.

#### Implications on Transport and Mobility:

It is widely recognised that transport and mobility is closely associated to a person's wellbeing and quality of life in later years (Aguiar & Macário, 2017). In today's car-dependent era, people's expectations around mobility and transport have changed dramatically (Mackett, 2015) and access to transport is understood to be an essential component of healthy ageing (Lin & Cui, 2021). On the island of Ireland, older people still rely heavily on access to a car as their main mode of transport, as opposed to public transport. A recent report by the Consumer Council in Northern Ireland (2021), revealed that only 23% of NI older people use public transport. Similar findings were seen in a 2017 survey by TILDA (Donoghue, *et al.*, 2017) which highlighted a high level of dissatisfaction with rural public transport due to poor quality of service. Findings in the report demonstrate a strong correlation between access to transport and older peoples' positive experiences in relation to social participation, mental health and wellbeing. As older populations increase in Ireland, it is important that careful consideration is made to improving age-friendly transport services and policies.

#### Rise in Ageism

In 2021, the UN launched its first ever Global Report of Ageism which confirmed that one in two people hold moderately or highly ageist attitudes. The report was focused on emphasising the prevalence of ageism in societies, highlighting its negative impact on the health and wellbeing outcomes of older people, as well as costing global economies billions (WHO, 2021). Research in Ireland corroborates these findings with almost half (45%) of Irish citizens reporting that they had experienced discrimination as a result of their age (Department of Health, 2016). Evidence has also emerged that experiences of ageism may have been exacerbated as result of the global pandemic with one-in-five people reporting that people aged 70 and older were treated negatively in public spaces (Ward & Kenny, 2020). It is increasingly important to combat the issue of ageism to protect the rights, dignity and wellbeing of all people through their life course.

### Recognising Older People's Contributions to Society:

Older people make valuable contributions to economic and social life through a variety of ways (United Nations, 2023). People in NI aged 60+ are predicted to contribute £24.1 billion to the economy over the next 50 years through a range of informal and formal contributions such as volunteering, caring, childcare, replacement parenting and working (COPNI, 2014). In RIO, approximately 65% of people over 70 years of age report being a caregiver or have become a caregiver in the last five years. 29% of Irish people over 70 have provide regular child caring facilities for their grandchildren and 47% have recently engaged in volunteering (McGarrigle, *et al*, 2020). It is clear that older people participate actively in social, economic and family life in Ireland and their contribution is valuable. As this population increases, the onus is on Ireland to embrace its potential and provide enhanced opportunities for older people to contribute as active citizens.

### Conclusion

It is evident that the impact of Ireland's ageing populations is far-reaching and has significant consequences on the economy, healthcare, housing and transport. In addition to some major challenges, it is important to acknowledge the contributions that older populations offer to their communities and society as a whole and it is in Ireland's interest to maximise this potential. As Ireland is at an earlier stage of population ageing, it is ideally placed to learn from the experiences of other countries who have been who have been responding to rising age demographics for decades and adapt best practice in supporting people to live positive and healthy lives into later life.



## Social Care Policy and Provision in Ireland

The following section will examine the role of social care in Ireland, the current policy landscape and will identify some key challenges impacting the successful adoption of 'ageing in place' across the island.

### Transition Away from Institutional Care

In Ireland, there is a combination of formal and informal care that is provided by both the public and private sectors. Just 5% of older adults in Ireland ever require nursing home or residential care (Cooney, Murphy and O'Shea, 2009). A large percentage of the remaining care requirements are provided by private persons in the home, along with certain voluntary sector services and market-based private market services (Barry & Conlon, 2010). However, the increasing demand for these services due to the aging population and the changing status of Irish women in the workplace is resulting in a greater reliance on formal services (Timonen & Doyle, 2007).

Until the 1990s, the non-profit sector played a dominant role in care for older people in Ireland. Many of these organisations were founded and operated by religious groups, and received nominal financing from the State at the State's discretion (Timonen & Doyle, 2007). It is therefore not surprising that policy towards eldercare has largely been based on the premise that family- or community-based care is the preferred option and that the primary function of state provision of eldercare is to fill in the gaps left by the absence of family- or community-based care.

Support services are mainly comprised of:

- *Home Help (HH) services*: which were primarily focused on providing domestic support to older individuals, such as help with cooking, cleaning, and other simple housework activities. In recent years, the service's focus has shifted to include support for personal care activities such as assistance with grooming, showering, and dressing (HSE, 2022). Most home help providers offer around 5 hours of help a week, but extra support can be arranged through the Home Care Package Scheme (Donnelly, et al., 2016).
- *Home Care Packages (HCP)*: aim to assist the elderly who need medium to high levels of support to continue living in their own home and include services include additional home help hours, nursing care, respite care, physiotherapy and other supports (Mercille & O'Neill, 2021).

The widespread adoption of these two schemes signalled a move away from institutional care. In 2018, 70% of care to community dwelling older adults was reported to be provided family members (McGarrigle & Kenny, 2020). Increasing demand for services and lack of access to adequate supports can make it difficult for older individuals to receive care in their homes or communities. This can result in older adults being placed in long-term care facilities when they may not need to be, which can be detrimental to their mental and physical health. (National Council for the Elderly, 1985). At local level, general practitioners (GPs) and community nurses provide additional medical support within the community setting and specific community and volunteer-based services, such "home helpers" or "meals-on-wheels," are a significant sources of assistance and support for older persons.

Northern Ireland has also embraced the shift away from institutional care for older people and towards a mixed economy of welfare. This approach involves introducing the private sector into the care market, thereby promoting greater choice and flexibility in the provision of care services (Pierce & Timonen, 2010).

The five Health and Social Care Trusts segregated by geographical location provide home help services once a need has been established. These Trusts carry out care management assessments to identify a person's needs and determine the best form of care to meet those needs (Thompson, 2009). For individuals aged 75 and over, or those receiving income support, the home help services are provided free of charge. For everyone else, the services are means-tested and users are required to make a contribution (CARDI , 2012). This system aims to ensure that older adults receive the care they need while promoting fairness within the system.

### *International Policy*

The physical environment is recognised by the WHO as one of the key determinants of 'Active Ageing', highlighting that access to safe and adequate housing is essential to people's wellbeing as they age (2014, p.27). The WHO cites location, connection to family, services and transport as important considerations for age-friendly housing which can help prevent incidences of social isolation and depression.

Another key contributor to the quality of life of older people is the ability to 'age in place'. 'Ageing in place' is a popular social policy approach which aims to support older people to remain in their home or choice of residence for a long as possible (Lewis and Buffel, 2020). The concept was originally born out of financial motivations to combat rising costs associated with residential care

for older people, however other benefits such as supporting social integration and positive wellbeing are now widely accepted (Deusdad, Pace and Anttonen, 2016).

Worldwide recognition of “ageing in place” as an important approach in social care policy has been growing since the early 1980s. The United Nations Decade of Healthy Ageing (2021-2030) is the most recent global policy initiative which emphasises the importance of creating age friendly environments through fostering physical, social, and economic environments that are good places to “grow, live, work, play and age” (Greenfield & Buffel, 2022)

### *Policy in the Republic of Ireland*

The *Care of the Aged Report* (1968) was one of the first policies in Ireland to emphasise older people’s preference for community-based care. This has been advanced through various other subsequent policies recognise that dignity and independence of older people “can be best achieved by enabling them to continue to live at home with, if necessary, support services provided by the State” (Robins, 1988, p. iii).

The 2013 National Positive Ageing Strategy placed significant importance on 'ageing in place,' articulating the need to promote a good quality of life for older people in Ireland through access to services, social inclusion, health and wellbeing, and financial stability. Its implementation requires cooperation among government departments, agencies, and community organisations to ensure the elderly are recognised and respected members of society (Donnelly, et al., 2015).

### *Policy in Northern Ireland*

In recognition of the global endorsement of ‘ageing in place’, NI published their ‘Ageing in an Inclusive Society: Promoting the Social Inclusion of Older People’ (2012). This policy aims to promote social inclusion of older adults within their communities and firmly emphasises the importance of ensuring that older adults have access to the necessary support and services to maintain their independence and quality of life. This includes promoting access to health and social care services, as well as developing age-friendly environments and communities that cater to the needs of older adults (Office First Minister and the Deputy First Minister, 2012).

### *Key Challenges*

#### *Lack of Legislative Protection / Direction*

Home assistance is a vital aspect of “Ageing in Place” as it allows the elderly to remain in their homes, despite its importance the Irish state has failed to provide adequate regulation of the

sector. In 2011, the government stated that the homecare would be regulated by Health Information and Quality Authority (HIQA), which included inspections similar to those conducted in residential settings, however to date there is no such regulation in place (Hodgins & Mullins, 2019). The Irish home care sector has experienced various issues as a result of the regulatory disparity between private and public providers of formal home care. These issues include high fees, inconsistent quality of care, and unfavourable working conditions for carers (Mulkeen, 2016). Commentators (Hodgins & Mullins, 2019) argue that the unregulated sector poses a risk to older people and has led to the emergence of a "black market" for homecare services i.e. services provided by independent unaffiliated individuals.

#### *Inconsistency of Care Provision/ Lack of Access*

In Ireland, there is no entitlement to home assistance and there is an inconsistent provision of services across the country. For example, in one regional district, there were 52 recipients of home-care packages for every 1000 people over the age of 65 (in 2008), as opposed to just 8 in another district with a comparable size and population (NESF, 2009). Due to the absence of a national definition of eligibility and entitlements in the legislation, non-profit and private providers are left to determine the criteria for formal home care services. This is consistent with Irish Government's laissez faire approach to homecare (Kiersey & Coleman, 2017). It is important to note that the fragmentation of the system also contributes to an inconsistency of care, for example public providers focus on personal care, non-profit carers provide assistance with domestic work and a small number of private providers provide assistance with both tasks (Timonen, Doyle and O'Dwyer, 2012).

#### *Managing Rural vs Urban Needs*

"Ageing is not a standard or homogenous process" (O'Sullivan, et al., 2022, p.12) and geography is a significant determinant. For rural communities, the introduction of the concept of Ageing in Place poses several challenges, transportation being one of the foremost concerns.

A survey conducted among older individuals revealed that 66% would consider access to public transport as a crucial factor in deciding to relocate, especially in light of future driving limitations (O'Sullivan et al 2022). However, due to the lack of public transportation in rural areas, cars are essential for older adults to remain connected to their local communities and access critical services like healthcare. Housing also poses a significant challenge when promoting 'ageing in place' in Ireland, as most older people reside in traditional homes that are unsuitable for ageing in place. These homes may have steep stairs, narrow doorways, and other features that can make

it difficult for older adults to live independently (Orr, et al., 2016). Likewise, rural areas generally have limited access to crucial services like home care, meal delivery, and other support systems that promote ageing in place, which can make it challenging for older adults to access the necessary resources to maintain their independence and quality of life.

As part of this REA we will seek to examine a range of literature which will address each of these challenges in turn and make policy recommendations that ensure older people have more consistent access to care in their own communities.

## **The Role of Community Networks**

Research indicates that the majority of elderly adults in Ireland (73%) are not currently socially isolated and are part of a cohesive local support system (Drennan *et al.*, 2008). In general, they have a large network of family, friends, and neighbours, have relatives living close by and frequently converse with these people on the phone. Findings also demonstrate that non-family support networks, such as participation in church, play a significant role in older people's social networks and that the majority of older persons in Ireland value social contact with friends and neighbours.

As the Irish population continues to age, the strength of these social networks comes under increasing pressure. In some cases, informal support networks are unable to address the needs of older individuals who are dealing with chronic sickness or deteriorating functional capacity.. The increasing challenge for health professionals who come into contact with older people is to identify those that are vulnerable to social isolation and ensure the relevant interventions are in place to ensure connectivity to social and primary care networks (Drennan *et al.*, 2008).

### *Existing community-based networks in Ireland*

Ireland has a diverse network of community-based programmes for older people. Many of these organisations have foundations as charitable or religious organisations who had traditionally provided medical care to those in need within their communities (Day, Grimson & Madden, 2018). These organisations have evolved into an ecosystem of organisations of varying sizes providing a variety of different services. Age Action is the country's largest group for aging and older persons advocacy (Drennan *et al.*, 2008) offering a range of assistance programs to help older people age in place and fight digital exclusion through their care and repair, getting started, and information service, in addition to informing and influencing legislation. However, there are a wide range of other networks, community charities and non-profit networks that support elderly care for instance Meals on Wheels, ALONE, Age and Opportunity, Third Age and Friends of elderly Ireland etc.

### *Role of interfaith institutions and work of churches in supporting community-based elderly care*

A recent TILDA study which examined the connection between religion and mental health in Ireland found that the majority of Irish persons over 50 years attend religious services on a regular basis, and frequent religious attendance was linked to fewer depressive symptoms in this cohort. (Orr, Kenny and McGarrigle, 2022). Engagement in religion can serve as a point of connection

with other members of the community. Regular religious practice can help older persons, especially those who live alone, build a social network.

Along with the likely psychological advantages of this kind of social interaction, there are also potential practical advantages, such as a "safety net" of individuals who might notice if an older member of the congregation was ill or absent and might offer helpful assistance if necessary. Evidence therefore demonstrates that people who regularly attend religious services may have greater quality of life. Access to resources and opportunities for social interaction may both be facilitated by religious activity (Minardi and Blanchard, 2014).

Ireland has a vast network of faith-based organisations spread across the island, north and south, many of which provide a wide number of health and social care services to older people. According to the Day Report, the majority of disability services are provided by voluntary organisations, including 80% of residential places, and a large proportion of these are faith-based organisations (Day, Grimson & Madden, 2018, p.23). In assessing how the provision of social care for older people in Ireland can be enhanced, it is important that the expansive network of faith-based organisations is considered.

#### Conclusion:

In summary, community networks provide vital support for older people in Ireland to age in place. The existing network of community organisations provide a range of services ranging from advocacy, health care, residential care, social support, programme delivery, outreach services and social influence. However, one of the key challenges in mobilising this network is the highly fragmented nature of the community sector in Ireland and ensuring a consistent level of care can be delivered. Harnessing existing networks such as the interfaith community will be important and further examination of this topic will be covered later within the REA.

# Review of Evidence Base

Table 1: Summary of Initial Broad Review of Relevant Research

#	Title	Citation	No. of Citations	Topic/ Intervention	Country	Method/ Analysis	Summary/Key Message
1	Ageing in Place: From theory to practice	Iecovich, 2014	308	Theoretical framework underpinning aging in place	N/A	Literature Review	<ul style="list-style-type: none"> <li>- Comprehensive overview of concept of ageing in place.</li> <li>- Ageing in place relates not only to the home but also the community.</li> <li>- Emphasises crucial role the community care plays in enabling ageing in place.</li> <li>- Showcases some effective models such as age-friendly communities and long-term care facilities stresses the important of integration of diverse models.</li> <li>- Successful ageing in place requires policy consideration in social inclusion, urban planning, training and gerotechnology.</li> </ul>
2	The benefit and burden of “aging-in-place” in an aged care community	Horner & Boldy, 2008	108	Advantages and disadvantages of aging-in-place	Australia	Quantitative- Interviews with 12 participants, followed by data analysis	<ul style="list-style-type: none"> <li>- Discusses the benefits and challenges of providing care for older adults in their own homes versus moving them into institutionalised care.</li> <li>- There are several benefits to ageing-in-place, including the ability to maintain independence and</li> </ul>



							<p>control over one's life, the familiarity of surroundings and community, and the ability to receive care in a familiar environment.</p> <ul style="list-style-type: none"> <li>- Challenges associated with ageing-in-place include increased social isolation, limited access to services, and the need for additional support.</li> </ul>
3	Participation in Community Group Activities Among Older Adults: Is Diversity of Group Membership Associated With Better Self-rated Health?	Zaitsu, et al., 2018	17	The benefits of diverse community groups on healthy ageing	Japan	Quantitative Analysis	<ul style="list-style-type: none"> <li>- Uses data from a national survey of Japanese adults aged 60 years and older</li> <li>- Highlights the importance of community group activities for promoting health and wellbeing among older adults, and the potential benefits of promoting diversity in group membership.</li> <li>- Higher diversity of membership of social groups is associated with better self-regulated health, in particularly gender.</li> <li>- This is due to members in diverse groups having more opportunities to expand their social capital.</li> <li>- Community groups seeking to support better outcomes for older people should attempt to include participants from different backgrounds.</li> </ul>
4	The Importance of Neighborhood Social Cohesion	Cramm , Hanna M. van Dijk & Nieboer, 2012	236	Importance of neighbourhood services	Netherlands	Quantitative (Cross Sectional Study)	<ul style="list-style-type: none"> <li>- Examines whether social capital and social cohesion within</li> </ul>

	and Social Capital for the Well Being of Older Adults in the Community						<p>neighbourhoods will impact wellbeing of older people.</p> <ul style="list-style-type: none"> <li>- Social cohesion and social capital among neighbours may lead to higher levels of well-being in older adults.</li> <li>- Increased social cohesion results in better social organisation and greater level of mutual support among neighbours.</li> <li>- Single and individuals from lower socio-economic backgrounds had worse outcomes although neighbourhood services, social capital and social cohesion may help improve disadvantage.</li> <li>- Higher quality neighbourhood services can improve wellbeing of older adults.</li> </ul>
5	Informal Caregiving and Its Impact on Health: A Reappraisal From Population-Based Studies	Roth, Fredman & Haley, 2015	415	Informal caregiving (families)	USA	Literature Review & Comparative Study	<ul style="list-style-type: none"> <li>- Highlights the need for greater supports for informal caretaker e.g. families and the potential negative impact informal caregiving can have on individuals.</li> <li>- Recommends a more integrated approach to caregiving and better structures.</li> <li>- Challenges common view that caregiving is always burdensome for carers and highlights that family carers often do this by choice and therefore should be better supported.</li> </ul>

							<ul style="list-style-type: none"> <li>- Caregivers need to be better recognised within healthcare systems and viewed as partners.</li> <li>- Primary carers should be supported with additional resources such as financial supports, approved leave of absence and access to secondary carers via development of a secondary caregiver network.</li> </ul>
6	Aging with service, socialization, and support: The work of faith-based stories in a lifetime community	Yamasaki, 2015	12	The role of faith based organisations in promoting aging in place	USA	Qualitative Study	<ul style="list-style-type: none"> <li>- Provides valuable insights into the ways in which faith-based organisations can support older adults in a lifetime community.</li> <li>- Highlights the importance of socialisation, service, and support in enabling older adults to age in place.</li> <li>- Faith-based organisations can provide a range of services to older adults, including transportation, home repair, and meal delivery.</li> <li>- They also offer opportunities for socialisation, such as group activities, educational programmes, and volunteer work.</li> <li>- Story-telling by faith-based organisations can help challenge dominant beliefs or stereotypes in communities and can inspire social action and support for public policy.</li> </ul>

7	Ageing and Community: Introduction to the Special Issue	Provencher, <i>et al.</i> , 2014	48	Healthy ageing in the community	N/A	Literature Review	<ul style="list-style-type: none"> <li>- Broad overview of the difficulties and opportunities that come with ageing in communities.</li> <li>- Community plays an important part in older people's lives.</li> <li>- Ageing is a social issue that calls for participation and attention from a range of parties, including governments, service providers, community organisations, and individual citizens.</li> <li>- To support ageing in place, policy-makers should focus on improving liveability and sense of community.</li> </ul>
8	Policy, Community and Kin: Interventions That Support Rural Healthy Aging.	Bacsu, <i>et al.</i> , 2014	24	Community interventions that support rural healthy ageing	Canada	Qualitative Study- Literature Review & Interviews	<ul style="list-style-type: none"> <li>- Highlights factors that may challenge promoting the concept of aging in place in a rural setting e.g. homecare, built environment, public transport, health services, meals on wheels and housing.</li> <li>- Presents interventions that may work in rural communities such as physical activity, church groups, social activities, handyperson, senior centres</li> <li>- Policy-makers should work in partnership with older people in rural communities to improve healthy ageing in rural communities.</li> <li>- Addressing healthy aging in rural communities requires combination</li> </ul>

							of policy, kin and community-level interventions.
9	Promising Aging in Community Models in the U.S.: Village, Naturally Occurring Retirement Community (NORC), Cohousing, and University-Based Retirement Community (UBRC)	Hou & Cao, 2021	14	Review of community aging models in the US	USA	Qualitative review of over 244 papers	<ul style="list-style-type: none"> <li>- Explores four aging in community models in the United States and discusses the key features and benefits of each model, as well as the challenges and limitations.</li> <li>- Success of each model depends on factors such as community engagement, funding and sustainability, and partnerships with other organisations.</li> <li>- Challenges of the models include: the need for affordable housing, the potential for exclusion of low-income and minority populations, and the limitations of relying on volunteers for support.</li> <li>- Community-based ageing programmes should develop tailored services and activities to meet needs of diverse communities.</li> </ul>
10	Do Villages Promote Aging in Place? Results of a Longitudinal Study	Graham <i>et al.</i> , 2018	26	The Village Model	USA	Literature Review and Quantitative Analysis	<ul style="list-style-type: none"> <li>- Evaluates the impact of Villages, a community-based aging-in-place program, on older adults' successful aging in place.</li> <li>- Involves longitudinal data from 10 Villages in California, USA.</li> <li>- Participants experienced better functional health and social engagement compared to non-</li> </ul>

							<p>participants, along with greater life satisfaction and community involvement.</p> <ul style="list-style-type: none"> <li>- Villages' comprehensive range of services and supports, including transportation, social activities, and health and wellness programs, likely contributed to these outcomes.</li> <li>- Highlights the potential of such programs to improve older adults' quality of life and overall well-being.</li> <li>- The majority of individuals available of Villages are predominantly white and financially secure.</li> <li>- Villages are an innovative approach for seniors who wish to plan ahead for ageing in community.</li> </ul>
11	Age-Friendly Cities of Europe	Green, 2012	30	Age-friendly cities	Europe	Qualitative Study & Comparative Study	<ul style="list-style-type: none"> <li>- Describes the background and objectives of the World Health Organisation's Age-Friendly Cities initiative.</li> <li>- Discusses the eight domains of liveability identified by the Age-Friendly Cities initiative, including <i>outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services.</i></li> <li>- Case studies of age-friendly cities such as Manchester, Barcelona,</li> </ul>

							<p>and Vienna, the author illustrates how these cities have implemented a variety of initiatives to promote age-friendly environments.</p> <ul style="list-style-type: none"> <li>- Membership of the WHO Healthy Ageing Network has encouraged cities to embrace the healthy ageing approach rather than an outdated perspective which focuses solely on illness and dependency.</li> <li>- Provides evidence that application of the healthy ageing strategies in cities can prevent the growth fourth age of frailty and dependence and expand the third age of achievement and independence.</li> </ul>
12	The Challenges of Urban Ageing: Making Cities Age-Friendly in Europe	Van Hoof, <i>et al.</i> , 2018	195	Age-friendly cities	Netherlands / Poland	Qualitative Paper	<ul style="list-style-type: none"> <li>- Explores the issues surrounding urban ageing and suggests ways to make European cities more age-friendly.</li> <li>- Urban ageing is associated with insufficient housing, a lack of accessible transit, and social isolation.</li> <li>- Emphasises the significance of including senior citizens in the design and planning of age-friendly cities.</li> <li>- Including senior citizens in the planning process can result in more efficient and long-lasting solutions that take into account their particular requirements and preferences.</li> </ul>

13	Integrated Care for Frail Elderly: A Qualitative of a Promising Approach in The Netherlands	Hoedemakers, et al., 2019	24	Integrated Care	Netherlands	Qualitative Paper	<ul style="list-style-type: none"> <li>- Investigates the benefits and challenges of integrated care for frail elderly individuals in the Netherlands,</li> <li>- Integrated care offers numerous benefits, including improved quality of care, increased patient satisfaction, and enhanced collaboration among healthcare providers.</li> <li>- Identified challenges include the need for better communication and coordination among healthcare providers and the importance of personalised care that addresses each patient's specific needs.</li> <li>- Recommendations for introducing an integrated care model include ensuring an incremental growth approach, developing a team culture between health and social care sector, ensuring sustainable financing is in place and investing in shared ICT systems.</li> </ul>
14	Social Participation and the Prevention of Functional Disability in Older Japanese: The JAGES Cohort Study	Kanamori, et al., 2014	170	Social Participation	Japan	Quantitative Study	<ul style="list-style-type: none"> <li>- Examines the relationship between incident functional disability and social participation including the effects of participation of organisations based on type and quantity.</li> <li>- Social participation significantly lowered risk of functional ability in older adults and this increased when older people were</li> </ul>



							<p>engagement in multiple organisations.</p> <ul style="list-style-type: none"> <li>- Functional ability was enhanced through participation in a variety of different types of organisations.</li> <li>- Results were most effective through participation in local community, hobby or sports organisations.</li> </ul>
15	Effectiveness of a community-integrated intermediary care (CIIC) service model to enhance family-based long-term care for Thai older adults in Chiang Mai, Thailand: a cluster-randomized controlled trial TCTR20190412004	Aung, <i>et al.</i> , 2022	2	Community Integrated Care	Thailand	Quantitative Study-randomised controlled trial	<ul style="list-style-type: none"> <li>- Assesses the effectiveness of the community-integrated intermediary care (CIIC) model which was piloted in Thailand.</li> <li>- CIIC is a wrap-around community health and social care service focused on interventions related to (1) a community respite service, (2) the strengthening of family care capacity, and (3) an exercise program that aims to prevent entry into long-term care for older people.</li> <li>- CIIC is an intervention model which may be effective in preventing long-term care need.</li> <li>- Demonstrates ability to reduce family caregiver burden and delivered early detection of dependency or need through screening.</li> </ul>
16	Impact of Changing Socioeconomic Conditions on	Fukuda, <i>et al.</i> , 2022	N/A	Family Caregiving	Japan	Quantitative Study	<ul style="list-style-type: none"> <li>- Ageing populations are changing family dynamics.</li> </ul>

	Family Caregiving Norms: Evidence from Japan						<ul style="list-style-type: none"> <li>- Caregivers are less likely to have a positive attitude towards family caregiving</li> <li>- Argues that authorities must reassess the role of families and explore alternative forms of community-based care.</li> <li>- More support must be provided to family caregivers.</li> </ul>
17	Place integration through efforts to support healthy aging in resource frontier communities: The role of voluntary sector leadership	Hanlon, et al., 2014	14	Voluntary sector and healthy ageing in rural communities	Canada	A qualitative study	<ul style="list-style-type: none"> <li>- Discusses the role of voluntary sector leadership in supporting healthy aging in resource frontier communities through place integration efforts.</li> <li>- Rural communities often face unique challenges due to factors such as geographical isolation, limited healthcare access.</li> <li>- Argues that voluntary sector organisations can play a crucial role in promoting healthy aging through place integration efforts, which involve working to connect and integrate various elements of the community to create a supportive environment for aging in place.</li> </ul>
18	Community-based care for healthy ageing: lessons from Japan	Saito, et al., 2019	45	Social Participation and Community Based Interventions	Japan	Literature Review	<ul style="list-style-type: none"> <li>- Examines the impact of the Japanese government's 2015 legislative reforms which focus on community-based care and social participation.</li> </ul>

							<ul style="list-style-type: none"> <li>- Key characteristic of these reforms were the promotion of community activities, such as salons which are volunteer-led social forums organised in local communities.</li> <li>- Results demonstrate a high correlation between participation in salons and lower rate of long-term care needs.</li> <li>- Argues that collaboration between community members and local government to support community care models.</li> </ul>
19	Smart and Age-Friendly Communities in Poland. An Analysis of Institutional and Individual Conditions for a New Concept of Smart Development of Ageing Communities	Podgórnjak-Krzykacz, Przywojska & Wiktorowicz, 2020	13	ICT and Older People	Poland	Literature review and quantitative analysis of questionnaire	<ul style="list-style-type: none"> <li>- Smart cities programmes should support older people to enhance their digital literacy skills and improve their perceptions of ICT.</li> <li>- Study identifies that smart city strategies may encounter implementation difficulties in rural areas due to low digital literacy skills and negative perceptions of IT among older adults.</li> <li>- Smart cities strategies must be integrated with age-friendly strategies to ensure all citizens can benefit from such schemes.</li> </ul>
20	Ageism: A Threat to "Aging Well" in the 21st Century	Angus & Reeve, 2006	176	Ageism	N/A	Literature review	<ul style="list-style-type: none"> <li>- Ageism is widespread, generally accepted, and often not addressed by governments.</li> <li>- Article examines ageism in a range of political, social, and cultural</li> </ul>

							<p>manifestos that have led to entrenched assumptions and stereotypes about older people and their role in society.</p> <ul style="list-style-type: none"><li>- Attention is given to the pervasive use of the concept of "dependency," a stereotypic which is often used within ageing well strategies.</li><li>- Explores some potential strategies to combat stereotypes and warns that aging well initiatives based on individualism and "self-responsibility" and perpetuate systems that enforce ageist stereotypes.</li></ul>
--	--	--	--	--	--	--	--

## Summary of Key Points

- 2 papers give an overview of the concept “Ageing in Place”, highlighting the benefits of older adults being able to live in their own homes or communities as they age, while also examining the challenges associated with it.
- 1 paper focuses on ageism, its impact on older people and how it can be addressed to support healthy ageing strategies.
- 4 papers focus on the well-being and health outcomes of older adults in the community. They examine the importance of social connections and community engagement in promoting better health outcomes for older adults.
- 1 paper looks at the role the church plays in promoting healthy aging within communities
- 2 papers examine the challenges that arise in aging in place, particularly with respect to geographic location. These papers specifically focus on rural settings,
- 2 papers examine the effectiveness of different community-based models for promoting aging in place among older adults in the United States
- 2 papers discuss the concept of "age-friendly cities" in Europe, with a focus on the challenges and opportunities presented by urban ageing. Both papers emphasise the importance of creating urban environments that are inclusive and accessible for older adults, with specific attention paid to factors such as social participation, mobility, and housing.
- 2 papers on promoting age-friendly communities in Japan and examine the effectiveness of specific models and interventions in achieving this goal.
- 2 paper focuses on economic conditions and ageing populations are impacting caregiving norms within families.
- 2 papers focus on the topic of integrated care for older adults. Both papers highlight the need for an integrated approach to care that involves multiple stakeholders, including healthcare providers, caregivers, and family members, to improve the quality of care and the

## **1. Addressing the Issues of Ageism**

Ageism is endemic within society today with evidence suggesting that unconscious bias and negative stereotypes of older people infiltrate all aspects of public and professional life. Its origins are rooted in the Western values of “productivity and effectiveness” which has led to a perpetuated (and misguided) view that people become less valuable to society as they age, particularly as they enter retirement (Angus & Reeve, 2006).

Ageism is proven to negatively impact older people and can have damaging effects on health and wellbeing by acting as a barrier to full participation in society (Provencher, *et al.*, 2014) Stereotypes often overlook the significant and valuable contributions older people make to their families and communities through economic and voluntary offerings (Angus & Reeve, 2006).

Ageist concepts are frequently used by policy-makers to garner support for healthy ageing strategies, often utilising terms such as ‘dependency’, ‘frail’ and ‘vulnerable’ to summon emotive reactions that generate support for a campaign. While such tactics can prove to be effective in securing increased investment in positive ageing initiative, they can further entrench stereotypes and increase misconceptions of older people (Angus & Reeve, 2006).

Commentators argue that for meaningful change to take place, states need to critically evaluate existing perceptions of older people. Effective healthy ageing strategies must take account of the historic, social and cultural context of ageism and recognise the negative impact it has on the aging process. Evidence highlights that solutions for addressing ageism and supporting healthy aging are best achieved in partnership with older people (Angus & Reeve, 2006).

## **2. Ageing in Community**

Ageing-in-place has gained popularity due to the growing desire for greater autonomy in elderly care, not only for current generations but also for future ones. The concept of ageing-in-place respects the demands of the elderly, while promoting independence, social connections, and overall well-being (Horner & Boldy, 2008).

Ageing-in-place has emerged as a popular alternative to institutional care, reflecting a global trend away from traditional care settings. This shift has been driven not only by demand from older individuals, but also by governments recognising the high costs of institutional care, which are expected to increase with population ageing (Pierce & Timonen, 2010).

Ageing-in-place puts the responsibility for care back on the individual and their families, with the government intervening only when gaps are identified. The move towards age-in-place may be harmful as it may become an excuse not to invest in care facilities (Horner & Boldy, 2008).

It is important to note that ageing-in-place may not be a feasible option for all individuals (Iecovich, 2014), particularly for those living in a rural area, with low income, or for those who require a high level of care. Although home modifications can be made to accommodate the elderly in their family homes, factors such as excess space, distance from essential services, safety concerns and high level of care needs may still render the space unsuitable.

In contrast, ageing-in-community is an emerging concept presented in the research which extends further than ageing in place. It is a community-led initiative formed by individuals who share a common goal of promoting mutual support and care, with the aim of improving their well-being, enhancing their quality of life, and enabling them to age in place within their homes and local communities (Hou & Cho, 2021).

Compared to ageing-in-place, this concept takes a holistic approach that extends beyond individual households to encompass the broader community. The core philosophy of age-in-place such as “familiarity with the locale, connections to the landscape, knowing and being known” (Provencher et al, 2014, p5) is applied to this new approach. Community services can play a key role in promoting healthy ageing (Iecovich, 2014), stepping in where the government has failed to act. Existing community networks play a key role in this approach.

### **3. Legislation to Support Healthy Ageing**

While the examination of legislation does not feature heavily in the selected literature, supplementary research indicates that many of the countries featured within the case studies such as Japan, USA and Netherlands have developed advanced legal frameworks to support healthy ageing.

Recent legislative reforms in Japan indicate that while legislation is an important tool in driving sustainable change in support healthy ageing, this is a highly complex area which is susceptible to failure. The Japanese case-study indicates that seemingly well-intentioned programmes such as the screening for early preventive care programmes for functional decline encountered

significant problems due to mistrust and lack of engagement from older people (Saito, et al., 2019).

Legislative reforms were required to rectify such problems and adopt a different approach that focused on community empowerment and social participation. Evidence indicates that reforms are performing well and the commentators attribute their success to the effective collaboration between communities and local government (Saito, et al., 2019).

#### **4. Housing:**

Our research has highlighted that housing is a key determinant of healthy ageing (Greenfield & Buffel, 2022). To effectively address the diverse needs of our population, it is important to implement a range of social programs that cater to various communities. However, in order to ensure that these programs are effective, it is crucial to tailor them to the specific needs and perspectives of each community (Iecovich, 2014). Providing safe and accessible housing that fosters social connections and meets healthcare needs is essential to enable older adults to age in place and maintain their health and well-being. By examining policy interventions implemented in other countries, Ireland can identify effective strategies that can be adapted to its unique context to address a variety of issues.

There are housing models that work well in Urban and suburban settings, these include Villages and NORC's.

- *Villages* offer a community-based solution that enables older individuals to remain independent in their homes. Unlike other support models, villages are not government-funded, but rather developed and sustained by the older people themselves and community volunteers (Graham et al., 2016). These models rely on an informal network of community members who provide assistance to the elderly and respond to their specific needs. Volunteers play a crucial role in providing services such as transportation, shopping, household maintenance, and cleaning, while program staff handle administrative tasks (McDonough & Davitt, 2011).
- *NORCs* share similarities with Villages, but emerged in response to the growing concentration of older people in specific geographic areas (e.g. apartment building, housing estate). While NORCs also aim to support older individuals in remaining



independent, they typically rely on existing social and health services to meet the needs of residents (McDonough & Davitt, 2011).

Co-housing is another promising model that may be adopted, Cohousing is a housing model that places emphasis on creating age-friendly environments through changes to the physical infrastructure of the community, including the design and use of housing and land (Scharlach, 2009). The design of these co-housing building includes large common areas such as kitchens, dining spaces and gardens that allow for social interactions and smaller individual living spaces. Community services could then go into these cohousing units and more efficiently conducted their services.

Ageing-in-place in rural communities presents unique challenges in terms of housing, this is why we believe the concept ageing in community is more suitable and inclusive. Cohousing is an interesting model that may work in rural communities, by locating cohousing in local rural communities, elderly people will still feel that connectedness to their local communities despite suffering from the challenges arising from ageing in isolation (Iecovich, 2014).

Special consideration needs to be made for low-income individuals and communities, Institutional care for low-income individuals is currently subsidised by the state. Without adequate support for community models, there's a risk that low-income individuals may be forced into institutional care while wealthier individuals can afford to age independently within their community (Sixsmith, et al., 2019). Moreover, Ageing-In-Community initiatives should be accessible to all, regardless of income, across the Island. Governments can support this by promoting housing models that facilitate Ageing-In-Community, thus increasing access and inclusivity in our society.

## **5. Community-Based Services and Implement Place Integration Efforts:**

The research confirms that a more integrated strategy of caring for older people can significantly improve healthy ageing. The successful mobilisation of a variety of stakeholders such as healthcare professionals, carers, community volunteers and family members will result in improvements in the identifying and comprehensively meeting the needs of older people (Hoedemakers et al., 2019).

The Care Chain Frail Elderly (CCFE) in the Netherlands is an excellent model of integrated care which specifically targets frail elderly people with complex care needs and supports them to live

in their communities. The key strengths of this model include the active involvement of older people, their informal caregivers and the social care sector. The model also incorporates the development of community networks which are formalised networks developed within individual communities aimed at stimulating collaboration between health and social care. The research highlights that communication and cooperation between health and other informal and formal care providers is critically important 'to prevent fragmentation or duplication that may lead to inefficient and ineffective care' (Hoedemakers et al., 2019).

The community-integrated intermediary care (CIIC) model in Thailand is another innovative example of integrated care aimed at preventing long term care need. This model demonstrates that successful collaboration between community organisations, formal care providers and families can significantly improve healthy ageing outcomes for older people. The research confirms that policymakers, healthcare professionals and other stakeholders must make a commitment to prioritise integrated care models if they wish to support people to live longer healthier lives within their communities.

## **6. Age Friendly Communities**

In order to help older people age in place with dignity and independence, age-friendly communities make sure that their needs are satisfied in areas including housing, transportation, health care, and social engagement (van Hoof and Marston, 2021). The guidelines for age-friendly neighbourhoods are founded on a set of guiding ideals that support older individuals' wellbeing and aid in preserving their feeling of belonging and social interaction. It should be taken into consideration to study some of the major ideas and tactics that are often included in age-friendly community programs when evaluating how to mobilise social care networks to aid enhance healthy aging in place.

Older persons are encouraged to stay involved and active in their communities through social activities, volunteer opportunities, and other types of social engagement in age-friendly communities. The effects of social isolation and loneliness on health and wellbeing may be lessened by doing this. Giving older persons with chronic illnesses access to health care and support services is a priority for age-friendly communities. These services include preventative treatment and assistance for older adults with these ailments (Podgórnai-Krzykacz, Przywojska and Wiktorowicz, 2020).

Improving transportation systems by putting in place age-friendly communities provide choices including public transit, ride-sharing services, and community transportation initiatives in an effort to make mobility for older persons more accessible and inexpensive. By integrating amenities like grab bars, non-slip flooring, and wheelchair accessibility, age-friendly communities want to offer inexpensive, accessible housing alternatives that are tailored to fit the requirements of older persons (O'Connor, 2021).

## **7. Informal Care**

As the ageing population continues to surge, there is an increasing requirement for policy-makers to ensure the care needs of this demographic are being met. In seeking to address this issue, many states continue to follow traditional norms and expect family-members to assume the role of caregivers without providing the necessary resources, supports or education to enable this to happen. However societal trends such as lower fertility rates, changes in family structures and globalisation indicate that availability of family carers are becoming more limited (Roth, Fredman & Haley, 2015).

Research in Japan highlights that certain variables impact an individual's perspective on care-giving. For example people with a higher level of education and people who are married are less likely to have positive views of family care-giving. Whereas those from higher socio-economic backgrounds, have religious beliefs, or likely to receive an inheritance from a family member are more likely to have more positive perspectives on informal care duties (Fukuda, et al., 2022). States that rely heavily on informal care models need to understand the perspectives and motivations of caregiver if they are to sustain these models into the future.

Over recent decades many studies have focused on the 'burdensome' element of care-giving, often honing in on the reported negative health and wellbeing effects that informal caring responsibilities can have on family members. However, some commentators argue that this perspective is too narrow and not representative of the authentic family caregiver experience. Connection through caring relationships is part of the human condition and can be the preferred form a care by family members resulting in positive experiences (Roth, Fredman & Haley, 2015). Research also indicates that family members can often feel a sense of guilt if they are unable to provide the appropriate care to loved-ones which can lead to negative wellbeing outcomes (Bacsu, et al., 2014).

A more balanced view of the family caregiving experience is required so that suitable strategies can be developed to support this type of informal care. Suggested strategies referenced in the research include elevating the recognition of care-takers as vital partners for healthcare providers, offering additional resources to caregivers, including access to secondary carers, additional training and economic supports (Roth, Fredman & Haley, 2015).

Innovations such as the community-integrated intermediary care models in Thailand demonstrate how informal carers can work in partnership with formal healthcare providers to empower communities and build capacity of family caregiving to prevent the long term care need. Access to training for carers, respite support via secondary carers and health promotion was key to the success of this model. It is a strong example for consideration which demonstrates how states can uphold family-care models and produce better outcomes for older people, their families and wider communities (Aung, et al., 2022).

## **8. Social Participation**

It is widely recognised that social participation is a key factor in supporting better functional and cognitive ability among older people, as well as improved self-regulation of health. Participation in community, voluntary and hobby groups are also proven to be effective in helping increase social participation among older people. Research highlights that participation in a diverse number of different organisations is associated with better health outcomes. Reasons for this success include increased daily activity and access to social supports (Kanamori, et al., 2014).

In addition, participation in community, hobby, or sports organisations is confirmed to produce better outcomes because they lead to more regular engagement in physical activity which has proven physiological benefits (Kanamori, et al., 2014). Interestingly, the diversity of membership of peer and community groups, including gender diversity, is also proven to result in better outcomes for older people because it provides greater capacity to expand their social capital (Zaitso, et al., 2018). The research highlights in designing effective healthy aging strategies, policy makers must consider the make-up, availability and type of community/voluntary groups available to older people in their communities.

## **9. Faith Based Organisations**

Faith-based institutions, such as the church, have the potential to be critical allies in facilitating the transition to Ageing-In-Community. These institutions are often vital sources of social support and services that foster social relationships and promote altruism within communities (Yamasaki, 2015). The church, in particular, has already played an essential role in many successful interventions, including providing housing, transportation, and promoting social connectedness. By mobilising and organising volunteers, faith-based institutions can further enhance the wellbeing of older individuals within the community (Bascu et al, 2014).

Faith-based institutions hold a unique understanding of the specific issues and challenges affecting the people they serve. As pillars of their communities, they are well-positioned to leverage their knowledge and networks to create more inclusive and supportive environments that promote healthy-ageing for all community members. By partnering with these institutions, we can work towards creating a more sustainable and supportive community for all, especially our older citizens.

While we recognise that not all aspects of healthy aging can be addressed through voluntary services or at the community level, and that not all older adults will choose to age in place, we do believe that community-based initiatives can play an important role in expanding access to critical resources for older adults. We do not propose a complete rolling back of long-term care services, but rather, we endorse a collaborative approach that draws on the strengths of both formal and informal supports. By promoting community-based initiatives, we can facilitate greater social inclusion, mitigate isolation, and enhance the health and well-being of older adults. (McDonough & Davitt, 2011).

## **10. Meeting the Needs of Rural & Urban Community Dwellers**

Older people living in rural areas are understood to face significant challenges such as lower levels of education, income, isolation and scarcity of access to services (Yamasaki, 2015). The negative impact of these factors has been widely covered in academic literature and evidence suggests they result in poorer physical and mental health, and increased level of social isolation (Bacsu et al., 2014). The research tells us that in designing healthy ageing strategies for rural communities, a differentiated approach is required. For example,

Commentators suggest that the delivery of successful health interventions to support healthy ageing in rural communities is highly complex, requiring action across policy, community and kin-level. Research findings indicate that partnership between policy makers, community leaders and health providers is essential to improving healthy ageing outcomes in rural communities (Bacsu et al., 2014).

# Critique of Six Main Articles

In this section, we present a thorough evaluation of articles that we have identified as the most pertinent to establish a solid groundwork for drawing conclusions on the optimal policies for promoting aging in place within the community.

## ***“Aging in place: From theory to practice” (Iecovich, 2014)***

Iecovich’s (2014) paper offers a comprehensive examination of the concept of ageing-in-place, which is the desire of many older adults to maintain their independence, activity, and autonomy while living at home for as long as possible. The author underscores the significance of this concept in social care policies, particularly in light of the global demographic shift toward an aging population.

The paper adopts ecological theory to emphasise the critical role of the interaction between an individual and their environment in shaping behaviour, development, and well-being. The paper explores various components of the environment that are relevant to aging in place, including the physical environment (e.g., housing, transportation, and neighborhood characteristics), the social environment (e.g. social support, social networks, and community resources), and the individual’s personal characteristics (e.g., health status, functional abilities, and personal preferences). Iecovich stresses the importance of aligning an individual with their environment to achieve successful ageing-in-place, with ongoing adaptation and adjustment being key to ensuring success. The paper also highlights the need for an individualised and context-specific approach to aging in place.

The author promotes the development of liveable communities that connect the physical design, social structure, and social needs of all generations in a shared location. Communities that are designed to be liveable provide housing that is affordable and suitable, as well as supportive services and transportation that promote independence and social interaction for older adults. Naturally occurring retirement communities (NORCs) and Age-Friendly Cities are two models that embrace the ‘liveable communities’ approach and will be analysed in the following studies

Iecovich (2014) highlights some interesting challenges associated with ageing-in-place. While ageing-in-place is a desirable option for many older people, it may not be suitable for those with

advanced care needs. The author suggests that long-term care institutions can adopt the philosophy of ageing-in-place by creating homelike environments and preventing transitions between levels of care. This can be done by developing community-oriented facilities that provide home-like environments within facilities rather than conventional large-scale nursing homes. Additionally, instead of relocating older people to different facilities as their care needs increase, the facilities should be flexible and adaptable to meet the evolving needs of residents. These community-oriented facilities can create a sense of community and belonging for older individuals, helping them to maintain their independence and autonomy.

One strength of Iecovich's paper is its emphasis on the crucial role of community in facilitating aging in place. Specifically, family members and community services enable older adults to age in place by taking on medical and nursing tasks that were previously done in hospitals. However, the paper highlights how changes in family structures have diminished their ability to meet the needs of older family members. To address this issue, formal home- and community-based supportive services, as well as assistive technologies, have been developed to complement and supplement family care. Iecovich (2014) also discusses various theoretical perspectives that have examined the relationship between formal and informal caregiving, providing valuable insights into the ways in which formal and informal care systems can complement each other.

Some potential weaknesses of the paper include its focus on relatively affluent communities, limiting the generalisability of the findings to other contexts. Additionally, the paper lacks empirical evidence supporting the claims made throughout the paper, and including more empirical evidence could strengthen the argument for the importance of aging in place and provide more concrete solutions to the challenges associated with it.

Overall, Iecovich's paper provides a valuable contribution to the literature on aging in place by emphasising the importance of community and the need for an individualised and context-specific approach. Future research should address the challenges associated with aging in place in more depth and provide more empirical evidence to support the claims made throughout the paper, as well as practical recommendations for policy and practice to support aging in place.



***Promising Aging in Community Models in the U.S.: Village, Naturally Occurring Retirement Community (NORC), Cohousing, and University-Based Retirement Community(UBRC) (Hou & Cao, 2021)***

Hou and Cao's (2021) paper offers a comprehensive overview of four models of aging-in-community that have emerged in the United States: Villages, Naturally Occurring Retirement Communities (NORCs), Cohousing, and University-Based Retirement Communities (UBRCs). The paper draws on a variety of sources, including academic articles, reports, and other publications, and searched eight databases, including CINAHL, ERIC, Abstracts in Social Gerontology, MEDLINE, Social Work Abstracts, Academic Search Premier, Art & Architecture, and Google Scholar.

Ageing-in-community is a holistic approach to ageing that encompasses not only individual households but the community as a whole. It involves modifying both homes and the community to meet the needs of older adults. Services and activities, such as healthcare, meals, housekeeping, transportation, and social engagement, should be available and conveniently located. Incorporating aging and universal design principles, such as barrier-free physical features, is crucial. Providing affordable housing options that cater to diverse needs is also important. The approach aims to delay institutional care by promoting older adults' autonomy and control over home maintenance, healthcare, finances, social participation, and transportation while fostering a sense of community belonging.

The paper provides a brief history of each of the four models and highlights their advantages.

Villages are community-based organisations staffed by trained volunteers and paid personnel who offer services and assistance to older adults in their homes and communities. Funded through membership fees, villages are often established in partnership with their members, with the goal of enhancing senior's quality of life, giving them greater control over their own care, and decreasing social isolation and caregiving burdens. Social services, discounted care services, transportation, information and referral, health-promoting activities, and civic engagement are among the typical services provided by villages.

Naturally Occurring Retirement Communities (NORCs) share similar goals to Villages, but they are residential areas that were not specifically designed for older adults, yet have become communities where at least half of the residents are over 60 years old and unlike Villages NORC's are usually funded by governments. NORCs can include a variety of housing types, including

single-family homes, and are often located in small, low-density neighbourhoods in small cities, suburbs, and rural areas. Social service organisations typically create and manage NORC-SSP programs, which provide coordinated on-site social and healthcare services. The paper explores the evolution of NORCs and the services they offer, including care and case management, meal and housekeeping services, health and social care services, counselling and support groups, health promotion and social activities, common meals, house maintenance, and resident association meetings.

Cohousing is an intentional community where residents share communal spaces and responsibilities, while also having private living quarters. The paper describes the history of cohousing and highlights some of the benefits it offers, including increased social connections, shared responsibilities, and opportunities for intergenerational engagement.

The paper also discusses some of the challenges associated with cohousing, such as the financial cost and potential for exclusion of certain populations. University-based retirement communities (UBRCs) are retirement communities that are situated on or close to university campuses and offer possibilities for intergenerational interaction and lifetime learning. In addition to outlining some of the advantages they provide, such as access to educational opportunities, intergenerational interaction, and university resources, the paper also discusses the evolution of UBRCs. The possibility for age segregation and the UBRCs' constrained geographic reach are some of the challenges covered in the paper.

One strength of this paper is the discussion of who makes up the populations of these four models, which will have important implications for policy makers. For example, The authors point out that while members of Villages have a wide range of demographic characteristics, the model has been effective in drawing in an array of senior citizens. They point out that some Villages have made an effort to connect with underrepresented groups like persons of colour and seniors from low-income households.

The article pointed out that while NORCs frequently grow organically within pre-existing neighbourhoods, the neighbourhood's demographics heavily influence the make-up of the community's people. The authors speculate that elderly persons who want to age in place and have lived in their areas for a long period may find this strategy to be particularly appealing. In regards to cohousing, the authors point out that these communities frequently draw older persons who are well-educated and wealthy and that they could be more difficult to reach for those who have lower incomes or less education. Yet they also point out that some cohousing communities

have worked to improve accessibility and diversity. The authors point out that UBRCs frequently have linkages to colleges and might draw residents who are more likely to be college graduates. However, they also point out that some UBRCs have worked hard to engage the larger community and make their services and programmes available to a variety of older persons.

The literature review methodology used in the paper is appropriate for the research question, as the authors sought to provide an overview of existing literature on ageing-in-community and the four models discussed in the paper. However, the authors do not specify the inclusion and exclusion criteria used to select articles for review, which could raise questions about the comprehensiveness of the review.

While the paper provides a comprehensive overview of each of the four models, it primarily focuses on the benefits of each model, with limited discussion of the challenges and limitations. A more balanced discussion of the potential downsides of each model could have provided a more nuanced understanding of the benefits and challenges of aging in the community.

### ***Social Participation and the Prevention of Functional Disability in Older Japanese: The JAGES Cohort Study (Kanamori, et al., 2014)***

The journal article aims to establish a direct link between social participation among older people and the prevention of functional disability, which Kanamori, *et al.* (2014) describe as one of the most important challenges facing rapid aging populations today. The study is based on previous research which supports the assumptions that social relationships can help reduce the likelihood of functional disability and that the presence of positive social relationships can lower the mortality rate among older people.

The authors also reference prior studies which highlight that social participation has a positive effect on a wide range of health conditions commonly associated with older people, including cardiovascular and circulatory diseases, incident disability, motor and cognitive decline and depression. Based on this evidence Kanamori *et al.* argue that social participation must be a key consideration when designing effective healthy aging policies. However in order to constructively inform policy, the authors assert that further evidence is required to understand what type of social participation is most effective in preventing functional disability and what types of organisations and interventions are most successful in supporting this outcome.

The authors employed a quantitative analysis approach for this study, examining data from the Aichi Gerontological Evaluation Study (AGES) Cohort Study which is part of the wider Japan Gerontological Study (JAGES). JAGES is the largest longitudinal survey of community-dwelling older people in Japan and is highly regarded internationally because of its strong level of engagement with local and national governments which adds significant credibility to this research. (WHO, 2017). For the purposes of this study, the researchers followed 13,310 individuals aged over 65 years across 6 Japanese municipalities for a period of 4 years. As part of its analysis, the authors divided the type of social participation into 6 types of categories including local community, hobby, sports, politics, industry, religion, volunteer and citizen. The researchers applied a Cox proportional hazards model to calculate the risk of functional disability over 4 years.

Key findings in the report indicate that there is a significant positive association between social participation and the reduction of incidents of functional disability. The research presents three factors which are probable causes of the prevention of functional decline in older people: the first is that social participation encourages daily activity, the second is that it provides access to social support and the third is that it can lead to physiological benefits such as stress reduction and enhancements in host resistance. These findings directly support the authors' opening argument that healthy ageing policies should include provisions to proactively engage older people in social participation activities.

The survey uncovered a number of important findings in respect of the type of participation that yields the highest impact in preventing incidences of functional disability among older adults. It found that participation in community, hobby or sports organisations were the most effective in supporting positive wellbeing among respondents. It found that the prevalence of physical exercise and social support elements offered within these activities are probable factors in improving the protective effects of this type of social interaction. Another key finding within the study was that older people are more likely to encounter increased well-being, better oral health and lower incidences of depression through participation in multiple organisations. This highlights that access to a wide range of organisations providing services in respect of social participation is important in ensuring positive wellbeing among older people. Where access is limited or services are scarce, we can assume that health and wellbeing of older people could be negatively impacted.

In summary, findings within this journal article confirm that as people age, the importance of maintaining adequate access to social participation opportunities increases and this is critical to supporting healthier outcomes for older people. In seeking to enhance better wellbeing outcomes, states should foster a comprehensive network of social participation organisations to ensure older populations in all communities (both rural and urban) have access to a variety of different activities. In assessing the availability of these activities, it is important that the inclusion of physical exercise and social support are prioritised due to their efficacy in preventing the need for long-term care. These are key considerations that will be brought into our overall policy recommendations for this REA.

***Effectiveness of a community-integrated intermediary care (CIIC) service model to enhance family-based long-term care for Thai older adults in Chiang Mai, Thailand: a cluster-randomized controlled trial TCTR20190412004 (Aung, et al., 2022)***

The principle aim of this journal article is to appraise the effectiveness of the community-integrated intermediary care (CIIC) model as a means of enhancing family-based care and promoting the functional ability of older people in communities in Thailand. As the third most rapidly aging population in the world, the authors emphasise that Thailand is in critical need of policy interventions that will ease the pressure on family-based, long-term care (FLTC) which is the current and primary model of long-term care in the country.

Aung *et al.* (2022) highlight that as the fertility rate continues to fall in Thailand, the FLTC model faces increased challenges such as inequality of care due to socio-economic factors, increased burden on caregivers due to an overreliance on informal care and reduced capacity of carers due to smaller family size and competing life demands. With this in mind, the authors argue that access to an intermediary care model may help reduce the strain on caregivers and sustain the existing FLTC model, while also enabling older people to receive a level of care necessary to support healthy ageing.

Community-integrated intermediary care centres (CIIC) are purposely designed centres aimed at linking the existing health care services in Thailand to the long term care needs of older people. A core component of CIICs is a routine frailty screening service aimed at assessing a person's dependency and burden on the family caregiver(s). CIIC screening can be effective in detecting

early low level care needs and prevent the requirement for more intense long-term care at a later stage.

This interventional study involved cluster randomised controlled trial conducted over a 2 year period with participation of 4,000 older people based in Chiang Mai province, Thailand. Participating individuals received a triad of care interventions comprising (1) a community respite service, (2) supports and services aimed at strengthening the family care capacity, and (3) an exercise program that aims to prevent entry into long-term care for older people.

Despite encountering significant delays as a result of the COVID-19 pandemic, the study was successfully launched and community based care prevention programmes were implemented as planned. Findings of the study confirm the authors' hypothesis that the CIICs can prove effective in preventing long-term care need and reducing the burden on family caregivers.

The authors suggest that one of the primary reasons for the reduced burden was the improvement in caregiving skills through proactive training and an increase in mental health support via access to short-term respite care services. These activities were designed to improve the older person's chances of "ageing in place" by increasing capacity of family caregivers to provide care at home with the option to access a formal care service in the community if and when required.

Another significant innovation delivered as part of this study was the development of a co-created community group exercise programme aimed at preventing long-term care need. Benefits of such programme included engaging participants in physical exercise, connecting them with peers and encouraging independence. Community empowerment was an important characteristic of the CIIC model with the involvement of community volunteers who took ownership over the programme.

Finally the introduction of a frailty screening service was able to detect unmet needs of older people earlier therefore preventing functional disability. This resulted in a more synchronised approach to care for older people, providing increased integration between primary healthcare services and care in the community. The study would benefit from further evaluation in respect of health benefits and cost implications of care to understand the full impact of CIICs on communities.

In summary, it is evident that much can be learned from the CIIC model in relation to providing integrated care services to older people in their communities. This study has particular relevance to the Irish context due to its focus on supporting the FLTC model by reducing the burden of

informal care. Consideration to family caregivers was apparent in all aspects of the CIIC intervention model and this approach proved successful in terms of outcomes for this cohort. Another clear takeaway is the involvement of community organisations and volunteers in the delivery of CIIC community interventions such as exercise programmes, caregiving training and guidance around funding sources. Insights and findings from this study will help inform policy recommendations within the REA.

***The place integration model – Critique Place integration through efforts to support healthy aging in resource frontier communities: The role of voluntary sector leadership (Hanlon, et al., 2014)***

The Hanlon et al. (2014) paper explores the significance of place integration initiatives in promoting healthy aging in resource-limited communities. The authors contend that place integration programmes must engage the volunteer sector in order to be successful, especially in resource-limited places where health inequities and issues associated to aging are more common. Key stakeholders in three resource frontier towns in British Columbia, Canada, were interviewed in semi-structured interviews and through document analysis as part of the study's qualitative research approach.

This article's original study subject, which fills a significant vacuum in the body of knowledge on healthy aging and place integration in resource frontier towns, is one of its key advantages. The authors offer a thorough overview of the difficulties and possibilities that these communities face, emphasising the value of community-based initiatives and collaborations amongst many sectors to solve challenging aging- and health-related concerns. The paper sheds light on how crucial community involvement and cooperation are to promoting good aging. In order to develop a more comprehensive strategy to aging in place, the authors stress the value of creating partnerships between community organisations, local governments, and healthcare professionals.

This study's qualitative research technique, which allowed for in-depth analysis of the experiences and viewpoints of significant players in the three communities under investigation, is another highlight. The authors' thorough explanation of the data gathering, and analysis procedures improves the study's openness and objectivity.

Overall, (Hanlon et al., 2014) looks at the function of voluntary sector leadership in fostering healthy aging in resource frontier communities. Even though the research was done in Canada,

Ireland's community-based aging program may benefit from the study's conclusions and suggestions. The study adds significantly to the body of knowledge on place integration and healthy aging in resource frontier communities. The authors stress the value of the non-profit sector in fostering partnerships and community-based projects, but additional investigation is required to examine any difficulties or conflicts that can develop in these kinds of alliances.

### ***Age-Friendly Cities of Europe (Green, 2013)***

An age-friendly model comprises initiatives that seek to give older people access to essential services, walkable streets, housing, transportation options, and chances to participate in community activities. The World Health Organisation's (WHO) Age-Friendly-Cities initiative, which seeks to enhance the quality of life for senior citizens living in urban areas, is the subject of the article.

The author starts off by giving a general review of the demographic changes taking place in Europe, emphasising how quickly the share of older adults is rising. Cities must adapt to satisfy the requirements of an aging population, which is a key consequence of this development.

The article is a survey of the literature that lists the age-friendly programmes and regulations in European towns. To find initiatives and policies that support age-friendliness in cities, the author reviewed academic and grey literature, including publications and websites of various organisations. Also, the author sought advice from industry leaders and specialists.

The Age-Friendly Cities initiative of the WHO and its eight identified age-friendliness domains are then covered in more detail in the article. These domains include outdoor areas and structures, transportation, housing, social interaction, social inclusion and respect, civic engagement and employment, communication, and information, as well as neighbourhood support and health care.

The author gives instances of age-friendly programmes that have been put in place in a number of European cities, including Madrid, Manchester, and Copenhagen. These activities range from the building of accessible public areas to the introduction of initiatives that promote social interaction among older individuals. The article emphasises the significance of designing age-friendly cities as well as the possible advantages of doing so. According to the author, age-friendly communities can benefit not only the community as a whole but also younger generations and older persons by enhancing their quality of life.



The strength of this paper is that it provides researchers, decision-makers, and practitioners interested in this topic, a thorough overview of age-friendly programmes and policies in European cities. The review is based on a variety of sources, including academic and grey literature, opinions from experts and stakeholders, and input from these sources. The paper emphasises the significance of encouraging age friendliness in urban settings and offers illustrations of effective programs and regulations that might be applied in other cities.

Green's article offers a helpful overview of age-friendly programs and policies in European cities, but readers should be aware of its limitations as a literature review and think carefully about the information's relevance and applicability to their particular context.

This paper evaluates the model of age-friendly cities and offers suggestions for improving the age-friendliness of urban surroundings. Ireland could benefit from learning from some of the article's primary conclusions and suggestions, which include the significance of including older adults in the planning and design of urban environments: The article highlights the significance of including older adults in the planning and design of age-friendly cities, as they will be the ones using these spaces in the end. Ireland could gain from involving senior citizens in planning and design to make sure that their needs and preferences are taken into account. The article emphasises the significance of accessible and secure transportation options for senior citizens, such as public transportation, walking and cycling trails, and community transportation services. Ireland might take note of this advice by making public transit accessible and reasonably priced for senior citizens, as well as by constructing secure walking and cycling routes in urban areas.

The necessity of inexpensive and accessible housing is emphasised in the piece, which also calls for the creation of new, age-friendly housing units as well as modifications to pre-existing ones. Ireland might take a cue from this suggestion and encourage the creation of housing alternatives that are accommodating to older persons, particularly those who have sensory and mobility disabilities.

The importance of social inclusion and community engagement for older adults is emphasised in the article. This includes having opportunities for social interaction, access to health and wellness programmes, and involvement in cultural and recreational activities. Ireland could take note of this advice by encouraging intergenerational activities, senior centres, and community participation for older people through programs like community centres.

Overall, the article provides a useful model and recommendations for creating age-friendly environments in urban areas, and Ireland could benefit from implementing these recommendations to improve the quality of life for older adults in its cities.

# Policy Recommendations

Policy recommendations arising from the REA have been designed to support and enhance the WHO's definition of healthy ageing which involves the ability to live in environments that support and preserve peoples' intrinsic capability and functional ability (WHO, 2020). Our research has confirmed the valuable roles that community organisations play in all aspects of healthy ageing and our recommendations build on existing commitments by both Governments (North & South) to work in partnership with the community and voluntary sector to create a 'just, healthy and prosperous society' (Department of Rural and Community Development, 2019).

It is widely recognised that the statutory provision of services to older people is often inadequately resourced and organised to support healthy ageing, and the community and voluntary sector plays an important role in addressing significant gaps and deficiencies (Hanlon et al, 2014). Our recommendations aim to strengthen the impact and contribution of community organisations across 8 core themes including *Ageing in the Community, Ageism, Legislation, Age Friendly Environments, Housing, Integrated Care, Family & Informal Caregiving* and *Social Participation*.

## **1. Ageing in Community:** *To adopt an 'aging in community' approach when devising healthy ageing strategies in Ireland.*

The research confirms that 'ageing in community' is a broader concept than 'ageing in place'. It recognises that in addition to being supported to live in their own homes, older people also need to remain connected through social networks and have access to community supports and services, so they can live longer, healthier lives (Hou & Cao, 2021). Our research highlighted that 'ageing in place' has certain limitations, particularly in rural settings where access to services is more limited and people may be unable to rely on the support of family carers. Therefore we propose adopting the more universal concept of 'ageing in community' to guide our approach to healthy ageing in all aspects of our recommendations. This approach places community organisations at the centre of positive ageing strategies, acting as key partners to local governments and health and social care providers in the delivery of community-based care to older people.

**2. Ageism:** *To introduce an anti-ageism policy aimed at tackling ageism in Ireland and reframing how society views older people in our society.*

Our research highlights that ageism is a significant issue in Irish society today, with recent studies confirming that the majority of older people in NI and ROI have experienced some form of age discrimination during their lifetime. Ageism is proven to act as a major barrier to full participation in society for older people which can be damaging to their health and wellbeing (Provencher, et al., 2014). Ageism is also bad for the economy and community development because it underestimates the valuable contributions that older people make to society. Ageist language and narratives found in many areas of health, social protection and economic policy need to be challenged and reframed (Angus & Reeve, 2006). This REA recognises that addressing the issue of ageism is vital to ensuring healthy ageing in Ireland and is central to the success of all other policy interventions.

*Our suggested interventions include:*

- Commission an all-island evaluation of the social and economic contributions that older people make to families and communities in Ireland, with a focus on developing empirical data that demonstrates the value and impact of older people to society today. The evaluation will also identify areas of opportunities that can inform future policy interventions, thereby maximising the socio-economic contributions of older people.
- A national media campaign aimed at promoting the important role and value that older people offer to society and the sustainability of Ireland. A key message to be delivered as part of this campaign is that healthy ageing is beneficial to all in society (not just older people).
- Linked to this campaign is need to identify and champion the voices of older people who will advocate for change for older men and women across Ireland. This will require direct partnership between government and community organisations who have strong links with older people and are well placed to mobilise networks and provide a platform for leaders within this community.
- An ageism awareness training programme to be delivered to key sectors responsible for upholding policies related to older people, including health, housing, social protection, employment and community. Community organisations should be key partners in the delivery of this training due to their experience, knowledge and networks.

**3. Legislation:** *To better support the rights and opportunities of older people in Ireland through a series of legislative measures.*

This REA has highlighted that many other countries with more extensive experience of dealing with ageing populations have introduced advanced legal frameworks to support healthy ageing. In contrast, Irish legislation is significantly under-developed in respect of protecting the rights for older people (The Alzheimer Society of Older People, 2013) and as its older population continues to rise, there is increasing need to update its existing legislation. Community organisations have an important role in shaping and informing this legislation to ensure it meets the needs of older people and their organisations.

*Our suggested interventions include:*

- To introduce legislation that protects against age discrimination in employment and wider society and provides mechanisms for victims to report and receive access to justice in cases of discrimination.
- To introduce legislation that provides for a single integrated system of long-term support and care which covers a variety of care settings, with a firm emphasis on at-home care and ageing in community.
- To introduce legislation that will protect the rights and function of informal carers to ensure they receive the necessary recognition and supports under the law to provide the required level of care to older people.
- To replicate the NI model and introduce the position of Commissioner for Older People in the ROI to act as an independent voice for the promotion of older peoples' rights, equality and welfare.

**4. Supporting Family & Informal Carers:** *To provide a suite of supports and incentives to family or informal carers who choose to support older people to age in their communities.*

Ireland has a long-standing tradition of family caregiving which is still heavily relied upon by policy-makers today and research indicates this is the preferred option by older people. However evidence indicates that demographic changes brought on by population ageing, in addition to new work life trends, are likely to lead to reduced capacity of family care structures. An immediate response is required by the Government to ensure informal/family carers are protected and supported to provide care to older people if they are willing and able.

*Our suggested interventions include:*

- Utilise the services of community organisations to provide a secondary network of caregivers across Ireland that can provide short-term respite care which can ease the burden for informal caregivers.
- Provide increased financial and social welfare incentives for family/informal caregivers to support them to continue providing care to loved ones, if this is their preferred option.
- To provide training and information to informal caregivers to empower and better equip them to provide higher levels of care to older people. Community organisations should be recognised as key partners in the delivery of this training and knowledge share.
- To introduce a pilot community-integrated intermediary care (CIIC) model as per the Thailand case-study which seeks to support people to live in their communities via a care triad structure of family/informal carers, community organisations and healthcare providers. Learning from this pilot model could be used to scope potential for a national roll-out.

**5. Housing:** *To diversify the housing options for older people that support the ability to age in communities.*

Our research confirms that housing is a vital social determinant of health and wellbeing of older people and therefore must be a key consideration for Ireland as it devises future healthy ageing strategies. The housing needs of older adults are diverse, yet there are shared risks that can be addressed through forward-thinking public policies. Unfortunately, older people are frequently overlooked in policy discussions and resource allocation due to their perceived lack of economic and political power. Therefore it is crucial for governments, communities, and industries to prioritise the distinctive requirements of older people and provide sufficient resources and support

to guarantee secure and accessible housing options for aging populations (Howden-Chapman, et al., 1999)

*Our suggested interventions:*

- To conduct a review of housing options for older people in Ireland with a view to identifying strengths and weaknesses of the existing housing options for those seeking to age in communities. Recommendations from this review should focus on providing housing options for regional and urban communities that are consistently available across Ireland and are non-discriminatory for low-income individuals.
- To establish a series of pilot schemes for villages and NORCs to be developed across urban settings across the island. Learnings from these pilots will be used to inform plans for national roll-out of housing scheme.
- To develop a rural housing plan for older people which will take account of the unique needs of rural communities in Ireland. This plan should consider the development of co-housing development which has proven successful in other international jurisdictions.
- To introduce incentive schemes for community organisations to partner with the State to develop new community-based, age-friendly housing schemes with a focus on social participation, health promotion and at-home care.

**6. Age-Friendly Environments:** *To prioritise the establishment of rural-urban “age-friendly” environments across the island.*

There is a proven link between the age-friendliness of environments and the health and wellbeing of older people living there (Gibney, Zhang & Brennan, 2019). The WHO has identified interconnected domains of age-friendly environments which include *community and healthcare, transportation, housing, social participation, outdoor spaces and buildings, respect and social inclusion, civic participation and employment, and communication and information* (WHO, 2007). Each of these domains have been considered within our recommendations and should be used as a framework to develop successful environments for people to age healthily in Ireland.

*Our suggested interventions:*

- *Transportation improvements:* Especially in remote locations, older individuals require access to safe, cheap transportation. Policymakers should invest in public transportation systems like buses or trains that are more accessible to senior citizens in order to make communities more age friendly. Community organisations can partner with the state to provide transportation facilities in more socially isolated areas or disconnected neighbourhoods to facilitate gaps in existing services.
- *Community involvement:* Social isolation, particularly for elderly people living alone or in remote areas, can be a serious issue. To address this problem, officials should support the development of community centres or social clubs where senior citizens can congregate, interact, and take part in activities.

**7. Integrated Care:** *To implement the place integration model of care with a firm emphasis on at-home care and community services.*

Ireland should consider creating policies that encourage and support community-based care for older people, especially in communities in resource-limited areas.

*Our suggested interventions include:*

- To recognise the role of community organisations as key partners alongside health and social care providers in the delivery of integrated care models in Ireland.
- Emphasise and encourage the volunteer sector in the delivery of elder care in the community. This can be accomplished by providing groups in the voluntary sector (ideally with participation from older people) with additional resources to develop healthy ageing programmes.
- Encourage and promote the use of technology to help with aging community-based care. Using telehealth and other digital technologies, for instance, may be used to offer senior citizens living in resource-limited regions remote care and assistance. Integration of services across community-based organisations, hospitals, and primary care would be required. The creation of an electronic health records system that permits the smooth sharing of patient data across diverse healthcare providers might achieve this.



**8. Social Participation:** *To mobilise the existing community networks to provide a diverse range of social participation opportunities for older people in their communities irrespective of their location.*

This REA has confirmed that social participation of older people is directly correlated with health and wellbeing. Access to a diverse range of opportunities is a key determinant for healthy ageing and should be supported across the island. While many community organisations already offer a variety of successful programmes, evidence suggests that access to such programmes is inconsistent and fragmented, particularly in rural areas (Donnelly, et al., 2016).

*Our suggested interventions include:*

- To conduct an all-island mapping exercise to assess the level and access of social participation opportunities for older people living in communities across Ireland. Insights from this exercise should be used to identify gaps and innovations that can inform the development of a more robust and consistent network of opportunities nationally.
- To introduce a pilot for the delivery of the Japanese neighbourhood salon model which can be developed by community organisations in conjunction with older people and has proven benefits in relation to social participation and the prevention of long-term care needs.
- To create an innovation fund for community organisations to develop new social participation programmes in partnership with older people which can encourage co-production, fresh-thinking and best-practice in the sector.
- To increase the capacity of faith-based organisations to leverage the existing cross-border networks to deliver social participation programmes nationally.

# Bibliography

Aguiar, B. and Macário, R. (2017) 'The need for an Elderly centred mobility policy' *Transp. Res. Proc.* 25: pp. 4355–4369.

Angus, J., & Reeve, P. (2006) 'Ageism: A Threat to "Aging Well" in the 21st Century'. *Journal of Applied Gerontology*, 25(2), 137–152.

Ashida, S., et al. (2019) 'Social network members who engage in activities with older adults: do they bring more social benefits than other members?', *Ageing & Society*, 39(5), pp. 1050–1069.

Aung, M.N. (2022) 'Effectiveness of a community-integrated intermediary care (CIIC) service model to enhance family-based long-term care for Thai older adults in Chiang Mai, Thailand: a cluster-randomized controlled trial TCTR20190412004', *Health Res Policy Syst.* 29(20) pp. 1-18.

Bacsu, J. et al. (2014) 'Policy, community and kin: Interventions that support rural healthy aging.' *Activities, Adaptation & Aging*, 38(2), pp.138-155.

Barry, U. & Conlon, C. (2010) 'Elderly care in Ireland - provisions and providers'. *UCD School of Social Justice*, 10(1).

Barth, E., Moene, K.O. and Willumsen, F. (2014) 'The Scandinavian model - An interpretation', *Journal of Public Economics*, 117, pp. 60–72.

Brindle, D. (2017) 'Buurtzorg: the Dutch model of neighbourhood care that is going global', *The Guardian*, 9 May. Available at: <https://www.theguardian.com/social-care-network/2017/may/09/buurtzorg-dutch-model-neighbourhood-care> (Accessed: 7 April 2023).

Centre for Ageing Research and Development in Ireland (CARDI) (2012) 'Future demand for long-term care in Ireland', *Centre for Ageing Research and Development in Ireland*. [Online] Available at: [https://nhi.ie/wp-content/uploads/2019/05/future\\_demand\\_for\\_long\\_term\\_care\\_in\\_ireland\\_october\\_2012.pdf](https://nhi.ie/wp-content/uploads/2019/05/future_demand_for_long_term_care_in_ireland_october_2012.pdf) (Accessed: 7 April 2023).

Cesari, M., et al. (2022) 'Implementing care for healthy ageing', *BMJ Glob Health*. 7(2). pp. 1-2.

Commissioner for Older People for Northern Ireland (COPNI) (2014) 'Appreciating Age Valuing the positive contributions made by older people in Northern Ireland', Belfast: *The Commissioner*

for *Older People for Northern Ireland*, p. 18. [Online] Available at: [https://www.copni.org/media/1123/appreciating\\_age\\_valuing\\_the\\_positive\\_contributions\\_made\\_by\\_older\\_people.pdf](https://www.copni.org/media/1123/appreciating_age_valuing_the_positive_contributions_made_by_older_people.pdf) (Accessed: 06 February 2023)

Cooney, A., Murphy, K. and O'Shea, E. (2009) 'Resident perspectives of the determinants of quality of life in residential care in Ireland'. *Journal of Advanced Nursing*, 65(5), pp. 1029–1038.

Cramm J.M., van Dijk H.M. & Nieboer A.P. (2013) 'The importance of neighborhood social cohesion and social capital for the well being of older adults in the community'. *Gerontologist*. 53(1) pp.142-52.

Day, C., Grimson, J. & Madden, D. (2018) 'Report of the Independent Review Group established to examine the role of voluntary organisations in publicly funded health and personal social services', *Dublin: Department of Health*. [Online] Available at: <https://www.gov.ie/pdf/?file=https://assets.gov.ie/9386/6d02f4a9fb554e30adbabb3eec5091d9.pdf#page=null> [Accessed 22nd April 2023]

Department of Finance (2018) 'Population Ageing and the Public Finances in Ireland'. Dublin: Department of Finance, pp. 2-4. Available at: <https://assets.gov.ie/4147/101218131007-cdad7ec478c4467290c52008da8f536d.pdf> (Accessed: 06 February 2023)

Department of Rural and Community Development (2019) 'Sustainable, Inclusive and Empowered Communities: A five-year strategy to support the community and voluntary sector in Ireland 2019-2024' Dublin: Department of Rural and Community Development. [Online] Available at: [ff380490589a4f9ab9cd9bb3f53b5493.pdf \(assets.gov.ie\)](https://assets.gov.ie/ff380490589a4f9ab9cd9bb3f53b5493.pdf) (Accessed: 16 April 2023)

Department of Health (2016) 'Positive Ageing Indicators 2016'. Dublin: Department of Health, p. 11. Available at: <https://www.gov.ie/pdf/?file=https://assets.gov.ie/13262/eed6128954b7449c8cc357dc44fd4a9d.pdf#page=null> (Accessed: 06 February 2023)

Deusdad, B., Pace, C. and Anttonen, A. (2016) 'Facing the Challenges in the Development of Long-Term Care for Older People in Europe in the Context of an Economic Crisis', *Journal of Social Service Research* 42(2), pp. 144-150

Donnelly, S., O'Brien, M., Begley, E. and Brennan, J. (2016). "I'd prefer to stay at home but I don't have a choice" Meeting Older People's Preference for Care: Policy, but what about practice? Dublin: University College Dublin.

Donnelly, S. et al., (2015) 'Growing old with dignity: challenges for practice in an ageing society' In: *Social work in Ireland: Changes and continuities*. s.l.:s.n., pp. Pp.230-248.

Donoghue, O. et al. (2017) 'Transport patterns in community-dwelling adults aged 50 years and over in Ireland' Dublin: The Irish Longitudinal Study on Ageing (TILDA), p. 4. [Online] Available at: [https://tilda.tcd.ie/publications/reports/pdf/Report\\_TransportPatterns.pdf](https://tilda.tcd.ie/publications/reports/pdf/Report_TransportPatterns.pdf) (Accessed: 06 February 2023)

Doyle, M. and Timonen, V. (2008) 'Breaking the Mould: New Trajectories in the Domiciliary Care of Older People in Ireland', *International Journal of Social Welfare*, 17, p324 – 332.

Drennan, J. et al. (2008) 'Support networks of older people living in the community', *International Journal of Older People Nursing*, 3(4), pp. 234–242.

European Commission (2021) 'The 2021 Ageing Report Economic and Budgetary Projections for the EU Member States (2019-2070)', Luxembourg: Publications Office of the European Union. pp. 294-296. [Online] Available at: [https://economy-finance.ec.europa.eu/system/files/2021-10/ip148\\_en.pdf](https://economy-finance.ec.europa.eu/system/files/2021-10/ip148_en.pdf) (Accessed: 06 February 2023)

Eurostat (2022) 'Archive: Being young in Europe today - demographic trends', 23 August. [Online] Available at: [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Being\\_young\\_in\\_Europe\\_today\\_-\\_demographic\\_trends&oldid=575085#Past.2C\\_present\\_and\\_future\\_demographic\\_developments\\_for\\_children\\_and\\_young\\_people](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Being_young_in_Europe_today_-_demographic_trends&oldid=575085#Past.2C_present_and_future_demographic_developments_for_children_and_young_people) (Accessed: 06 February 2023)

Fukuda, S, et al. (2022) 'Impact of Changing Socioeconomic Conditions on Family Caregiving Norms: Evidence from Japan'. Basel: *Behav Sci*. 12(12) pp. 471-486.

Gannon, B. and Davin, B. (2010) 'Use of formal and informal care services among older people in Ireland and France' *Eur J Health Econ*, 11, 499–511.

Gibney, S., Zhang, M. & Brennan, C. (2019) 'Age-friendly environments and psychosocial wellbeing: a study of older urban residents in Ireland.' *Ageing & Mental Health*, 24:12, pp. 2022-2033.

Graham, C., Scharlach, A. E. & Kurtovich, E. (2016) 'Do Villages Promote Aging in Place? Results of a Longitudinal Study'. *Journal of Applied Gerontology*, 37(3).

- Gray, B.H.G., Sarnak, D.O.S. and Burgers, J.S.B. (2015) Home Care by Self-Governing Nursing Teams: The Netherlands' Buurtzorg Model. New York, NY United States: Commonwealth Fund.
- Green, G. (2013) 'Age-Friendly Cities of Europe', *Journal of Urban Health*, 90(1), pp. 116–128.
- Greenfield, E. & Buffel, T. (2022) 'Age-Friendly Cities and Communities: Research to Strengthen Policy and Practice'. *Journal of Aging & Social Policy*, 34(2), pp. 161-174.
- Greenfield, E.A. et al. (2015) 'Age-Friendly Community Initiatives: Conceptual Issues and Key Questions', *The Gerontologist*, 55(2), pp. 191–198.
- Grey et al. (2020) 'What Are the Challenges of Aging in Place?'. Regency Oaks. [Online] Available at: <https://regencyoaksseniorliving.com/blog/challenges-aging-in-place/> (Accessed: 6 April 2023).
- Hajat, C. and Stein, E. (2018) 'The global burden of multiple chronic conditions: A narrative review' *Prev Med Rep.*, 19(12), p. 284.
- Hanlon, N. et al., (2014) 'Place integration through efforts to support healthy aging in resource frontier communities: The role of voluntary sector leadership', *Health & Place*, 29, p. 132.
- Harper, S. (2019) 'Living Longer within Ageing Societies', *Journal of Population Ageing*, 12(2), p. 134.
- Department of Health (2013) 'The National Positive Ageing Strategy' Dublin: Department of Health. [Online] Available at: [d859109de8984a50b9f2ae2c1f325456.pdf \(www.gov.ie\)](https://www.gov.ie/uploads/system/uploads/attachment_data/file/285910/d859109de8984a50b9f2ae2c1f325456.pdf) (Accessed 20 April 2023)
- Hanlon, N. et al. (2014) 'Place integration through efforts to support healthy aging in resource frontier communities: the role of voluntary sector leadership'. *Health Place*. 29. pp. 132-9
- Hodgins, M. & Mullins, L. (2019) "The day is long you know?" Older people's voices on their homecare experiences in Ireland' *Journal of Social Care*, Volume 2.
- Hoedemakers M., et al. (2019) 'Integrated Care for Frail Elderly: A Qualitative Study of a Promising Approach in The Netherlands'. *Int J Integr Care*.19(3) pp. 1-11.
- Hoogendijk, E.O. (2016) 'How effective is integrated care for community-dwelling frail older people? The case of the Netherlands', *Age and Ageing*, 45(5), pp. 587–590.

Horner, B. & Boldy, D. P. (2008) The benefit and burden of “ageing-in-place” in an aged care community. *Australian Health Review*, 32(2).

Hou, S.-I. & Cao, X. (2021) ‘Promising Aging in Community Models in the U.S.: Village, Naturally Occurring Retirement Community (NORC), Cohousing, and University-Based Retirement Community (UBRC)’. *Gerontol Geriatr Med*, Volume 7

Housing Agency (2016) ‘Housing for Older People: Thinking Ahead’, Dublin: Housing Agency p. 34. Available at: <https://www.housingagency.ie/sites/default/files/publications/35.%20Final-Report-Housing-for-Older-People-Dec-2016.pdf> (Accessed: 06 February 2023)

Howden-Chapman, P., Crane, J. & Signal, L. (1999) ‘Housing and health in older people: Ageing in place’. *Social Policy Journal of New Zealand*, Volume 14-30.

HSE (ND) ‘Home Support Service for Older People’. Dublin: HSE [Online] Available at: <https://www.hse.ie/eng/home-support-services/> (Accessed: 12 March 2023)

Kanamori, K., et al. (2014) ‘Social participation and the prevention of functional disability in older Japanese: the JAGES cohort study’. 12;9(6) pp. 1-10.

Kiersey, R. A. & Coleman, A. (2017) ‘Approaches to the regulation and financing of home care services in four European countries’, s.l.: Health Research Board.

Krothe, J.S. (1997) ‘Giving Voice to Elderly People: Community-Based Long-Term Care’, *Public Health Nursing*, 14(4), pp. 217–226.

Iecovich, E. (2014) ‘Aging in place: From theory to practice. Anthropological notebooks’, 20(1).

Lewis, C. and Buffel, T. (2020) ‘Aging in place and the places of aging: A longitudinal study’, *Journal of Aging Studies*, 54, p. 1

Lin, D. and Cui, J. (2021) ‘Transport and Mobility Needs for an Ageing Society from a Policy Perspective: Review and Implications’, *Int J Environ Res Public Health*. 18(22).

Mackett, R. (2015) ‘Improving accessibility for older people – investing in a valuable asset’, *J. Transp. Health*, 2 (1). pp. 5-13.

McCann, S., Ryan, A.A. and McKenna, H. (2005) ‘The challenges associated with providing community care for people with complex needs in rural areas: a qualitative investigation’, *Health & Social Care in the Community*, 13(5), pp. 462–469.

McDonough, K. E. & Davitt, J. K. (2011) It Takes a Village: Community Practice, Social Work, and Aging-in-Place. *Journal of Gerontological Social Work*, 54(5).

McGarrigle, C. & Kenny, R. A. (2020) Receipt of care and caring in community-dwelling adults aged 50 years and over in, s.l.: TILDA.

McGarrigle, C. et al. (2020) 'The Contributions of the Over 70s to Irish Society: Results from Wave 5 of the Irish Longitudinal Study on Ageing', Dublin: The Irish Longitudinal Study on Ageing (TILDA), p. 8. Available at: [https://tilda.tcd.ie/publications/reports/pdf/Report\\_Over70sContribution.pdf](https://tilda.tcd.ie/publications/reports/pdf/Report_Over70sContribution.pdf) (Accessed: 06 February 2023)

Mercille, J, O'Neill, N. (2021) 'The growth of private home care providers in Europe: The case of Ireland;', *Soc Policy Adm.*,55. pp. 606– 621.

Minardi, H.A. and Blanchard, M. (2004) 'Older people with depression: pilot study', *Journal of Advanced Nursing*, 46(1), pp. 23–32.

Mulkeen, M. (2016) 'Going to market! An exploration of markets in social care' *Administration* , 64(2).

National Council for the Elderly (1985) 'Institutional care of the elderly in Ireland' Dublin: National Council for the Elderly. [Online] Available at: <https://www.lenus.ie/bitstream/handle/10147/46358/1299.pdf?sequence=1> [Accessed 15 April 2023)

O'Sullivan, S. et al. (2022) 'Agency and Ageing in Place in Rural Ireland' University College Cork and Age Action, p. 21. Available at: <https://www.ucc.ie/en/media/research/iss21/AgencyandAgeinginPlaceinRuralIrelandReport2022-1.pdf> (Accessed: 06 February 2023)

OECD (2005) 'Long-term care for older people'. Paris: OECD (OECD Publishing).

Office First Minister and the Deputy First Minister (2012) 'Ageing in an Inclusive Society; a consultation document' Office First Minister and the Deputy First Minister.

Orr, J., Kenny, R.A. and McGarrigle, C.A. (2022) 'Religiosity and Quality of Life in Older Christian Women in Ireland: A Mixed Methods Analysis', *Journal of Religion and Health*, 61(4), pp. 2927–2944.

Orr, J., Scarlett, S., Donoghue, O. & McGarrigle, C. (2016\_ 'Housing conditions of Ireland's older population', s.l.: The Irish Longitudinal Study on Ageing.

Pierce, M. & Timonen, V. (2010) 'A discussion paper on theories of ageing and approaches to welfare in Ireland, north and south' s.l.: Centre for Ageing Research and Development in Ireland (CARDI).

Podgórnjak-Krzykacz, A. & Przywojska, J. & Wiktorowicz, J. (2020). 'Smart and Age-Friendly Communities in Poland. An Analysis of Institutional and Individual Conditions for a New Concept of Smart Development of Ageing Communities' *Energies*. 13. 2268. pp. 1-23.

Provencher, C., Keating, N., Warburton, J. and Roos, V. (2014\_ 'Ageing and community: Introduction to the special issue'. *Journal of Community & Applied Social Psychology*, 24(1), pp.1-11.

Residential Care (ND) HSE [Online] Available at:  
<https://www.hse.ie/eng/services/list/4/olderpeople/residentialcare/residential-care.html>  
(Accessed: 29 March 2023).

Robins, J. [1988]. *The years ahead: a policy for the elderly: report of the Working Party on Services for the Elderly*, s.l.: The Stationery Office.

Roth D.L., Fredman L. & Haley W.E. (2015) 'Informal caregiving and its impact on health: a reappraisal from population-based studies'. *Gerontologist*. 55(2) pp. 309-19.

Rothman, J. (1995). 'Approaches to community intervention. Strategies of community intervention', 5, pp.26-63.

Saito, J. et al. (2019) 'Community-based care for healthy ageing: lessons from Japan'. *Bull World Health Organ*. 97(8) pp. 570-574.

Scharlach, A. E. (2009) 'Creating Aging-Friendly Communities'. *American Society on Aging*, 33(2).

Sheehan, A., and O'Sullivan, R. (2020) 'Ageing and Public Health – an overview of key statistics in Ireland and Northern Ireland', Dublin: *The Institute of Public Health*. p. 5 Available at:  
<https://publichealth.ie/wp-content/uploads/2020/04/20200416-AGEING-PUBLIC-HEALTH-MAIN.pdf> (Accessed: 06 February 2023)



Sixsmith, J. et al. (2019) 'Ageing-in-Place for Low-Income Seniors: Living at the Intersection of Multiple Identities, Positionalities, and Oppressions' In: O. Hankivsky & J. S. Jordan-Zachery, eds. *The Palgrave Handbook of Intersectionality in Public Policy*. s.l.:Palgrave Macmillan, pp. 641-664.

Staff, R.W.G. et al. (ND) 'The Netherlands makes aging and long-term care a priority. In the US, it's a different story' - *The Boston Globe*, [Online] Available at: <https://www.bostonglobe.com/2022/08/18/world/netherlands-national-plan-makes-aging-long-term-care-priority/> (Accessed: 19 March 2023).

The Consumer Council (2021) 'Older Persons, Transport and COVID-19 Research Summary Report', Belfast: The Consumer Council, p. 3. [Online] Available at: [https://www.consumercouncil.org.uk/sites/default/files/2021-06/Summary\\_research\\_report\\_Older%20Persons\\_Transport\\_and\\_Covid-19.pdf](https://www.consumercouncil.org.uk/sites/default/files/2021-06/Summary_research_report_Older%20Persons_Transport_and_Covid-19.pdf) (Accessed: 06 February 2023)

The Irish Longitudinal Study on Ageing (TILDA) (ND) 'Background'. [Online] Available at: <https://tilda.tcd.ie/about/background/> (Accessed: 06 February 2023)

Thompson, D. J. (2009) 'Care Packages', s.l.: Northern Ireland Assembly.

Timonen, D. V. & Doyle, M. (2007) 'Worlds Apart? Public, Private and Non-Profit Sector Providers of Domiciliary Care for Older Persons in Ireland'. *Journal of Aging Studies*.

United Nations (2023) 'Leaving No One Behind In An Ageing World: World Social Report 2023', The Department of Economic and Social Affairs of the United Nations Secretariat, p. 4 [Online] Available at: <https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2023/01/2023wsr-fullreport.pdf> (Accessed: 06 February 2023)

University College Cork (2022) 'Prevalence Estimates of Chronic Conditions in Ireland', Cork: School of Public Health. [Online] Available at: <https://www.ucc.ie/en/media/academic/epidemiologyandpublichealth/pdfdocs/EPICC-PrevalenceofChronicConditionsinIreland2022.Policybrief.pdf> (Accessed: 06 February 2023)

Van Hoof, J., et al. (2018). 'The Challenges of Urban Ageing: Making Cities Age-Friendly in Europe'. *International Journal of Environmental Research and Public Health*. 15. 2473.

Ward, M. and Kenny, R.A. (2020) 'Older adults' experience of ageism during the COVID-19 pandemic' Dublin: The Irish Longitudinal Study on Ageing (TILDA), p. 4. [Online] Available at:

<https://tilda.tcd.ie/CovidData/reports/pdfs/Experience%20of%20Ageism.pdf> (Accessed: 06 February 2023)

World Health Organisation (2014) 'Active Ageing A Policy Framework'. p. 26. [Online] Available at: <https://extranet.who.int/agefriendlyworld/wp-content/uploads/2014/06/WHO-Active-Ageing-Framework.pdf> (Accessed: 06 February 2023)

World Health Organisation (2020) 'Decade of Health Ageing 2020-2030'. . Geneva: World Health Organization [Online] Available at [https://cdn.who.int/media/docs/default-source/decade-of-healthy-ageing/wha---unga-proposal/decade-proposal-final-apr2020-en.pdf?sfvrsn=74043673\\_1](https://cdn.who.int/media/docs/default-source/decade-of-healthy-ageing/wha---unga-proposal/decade-proposal-final-apr2020-en.pdf?sfvrsn=74043673_1) (Accessed: 06 February 2023)

World Health Organization. (2007) 'Global age-friendly cities: a guide'. Geneva: World Health Organization. [Online] Available at: <https://apps.who.int/iris/handle/10665/43755> (Accessed: 06 April 2023)

World Health Organisation (2021) 'Global Report on Ageism'. Geneva: World Health Organization. p. 9. [Online] Available at: <https://www.who.int/publications/i/item/9789240016866> (Accessed: 06 February 2023)

Yamasaki, J., (2015) 'Aging with service, socialization, and support: The work of faith-based stories in a lifetime community'. *Journal of aging studies*, 35, pp.65-73.

Zaitso M., et al. (2018) 'Participation in Community Group Activities Among Older Adults: Is Diversity of Group Membership Associated With Better Self-rated Health?' *J Epidemiol.* 28:11 pp. 452–457.