

Country Report – Ireland

Background

The demand for homecare support in Ireland is increasing year on year. In 2016, 12.84% of the population were more than 65 years of age (male 256,353/female 342,113). This statistic has put pressure on hospitals and nursing homes struggling to cope with the large numbers of elderly who require support, and this problem will be exacerbated in the coming years, with increased life expectancy. In the last century, life expectancy has risen from 49 years to 80.1 years, and this is set to increase to 85.7 years by 2050 and up to 91.4 years by 2100 (UN, 2013¹). The most significant increase will be in the number of people living beyond 80, quadrupling from 110,000 in 2006 to 440,000 by 2041 (CSO, 2007²). “As a result, the population aged 65 years and over in Ireland is expected to reach 1.1 million by 2036 and between 1.3 and 1.4 million by 2041 or 22% of the total population” (CSO, 2012³).

Of the current (2016) population aged 65 and over in Ireland, 7% live in nursing homes or hospitals, 27% live alone at home, and 67% live with spouses, families or others. In 2010, 57,500 people were estimated to be benefiting from the Home Care Package Scheme implemented by the Health Service Executive (HSE). This is 12.8% of the total population over the age of 65. The publicly funded home care market in Ireland is worth approximately €340 million per year.

Age Demographic:

For context, the age and gender composition of the population of Ireland in 2016 is as follows:

Age	Percentage	Males	Females
0-14 years	21.51%	544,506	520,934
15-24 years	11.8%	297,025	287,512
25-54 years	43.52%	1,082,577	1,072,721
55-64 years	10.33%	256,353	255,155
65 years and over	12.84%	293,577	342,113

¹ United Nations (2013) *World Population Prospects. The 2012 revision*. Downloaded from: http://esa.un.org/unpd/wpp/Documentation/pdf/WPP2012_%20KEY%20FINDINGS.pdf

² Central Statistics Office (2007) *Ageing in Ireland*. Dublin: Stationary Office.

³ Central Statistics Office. (2012a). *This is Ireland - Highlights from Census 2011*. Dublin: Central Statistics Office.

Home Care Service Provision in Ireland

Residential care facilities in Ireland are well regulated, with registration and inspection well established in both private and public settings and managed by the Health Information and Quality Authority (HIQA).

However, far more people receive care in the community than in residential care settings. Services are both formal and informal, with formal care provided by voluntary organisations, the public sector and private companies.

Summary of statistics on utilisation of care in all settings (Morgenroth, 2009)	
ESRI forecast of population aged 65+ in 2021	792,100
Number of long-term care residents aged 65+ in public long and limited stay institutions in 2006 (Estimated from Department of Health and Children, 2006 and 2006b)	7,667
Estimated numbers of long-term care residents* aged 65+ in private and voluntary nursing homes in 2006 (Irish Nursing Homes Organisation, 2006)	14,824
Percentage of people aged 65+ in residential long-term care* in 2006 (Wren, 2009)	4.8%
Total percentage of people aged 65+ with severe disability in long-term residential care in 2006 (Wren et al, 2012)	23.8%
Home help recipients aged 65+ in September 2011 (HSE database)	43,672 (8.0% of total)
Home Care Package recipients aged 65+ in September 2011 (HSE database)	9,929 (1.8% of total)

[http://www.cardi.ie/userfiles/Long%20Term%20Care%20\(Web\)\(1\).pdf](http://www.cardi.ie/userfiles/Long%20Term%20Care%20(Web)(1).pdf)

Clearly, most of the required care will be provided in the home, often by private home care agencies. However, standards and regulation have not been applied to this community care sector as it has in the nursing home sector. Currently there is no requirement to register to set up as a home care provider, and the day to day delivery of home care is largely unregulated. However, increasingly a voluntary standard is being set to enable private providers of home care to do business in a very lucrative but competitive market.

The Health Service Executive (HSE) has responsibility for the delivery of public health community and home care supports at local level, including the Home Care Package scheme.

The Home Care Package (HCP) scheme is provided by the HSE, aiming to assist any person who requires assistance to live independently at home. Recipients include people with physical or intellectual disabilities, people recovering from illness and older people who require medium to high caring support to continue to live at home. This scheme is made available on demand, although it is not a legal entitlement, and access may depend on budgetary conditions from time to time.

There are recommended guidelines to determine eligibility, and the scheme is available to all, irrespective of means. There is no charge or contribution to be paid for the services provided.

A Home Care Package is usually customised to the needs of the recipient, and may include nursing care, and services from allied health professionals like physiotherapists, occupational therapists, as well as assistance with personal care and domestic chores. Equipment like specialised bathroom or bedroom appliances may be provided, as well as respite services for family members involved in care. There is little evidence of technological devices being provided, unless by family members, or of carers being trained in the use of safety, monitoring or communication devices

Home Care Packages are paid for by the state and provided by private organisations who have been approved by the HSE (Health Service Executive). The supports offered are based on assessment of care needs and are also subject and limited to the resources available for the scheme in the local health office area. There are 36 approved private homecare companies, called care providers, offering formal care to support the elderly in their own homes. Alongside this, in Ireland there is a tradition of care being provided by family members, friends or neighbours who also volunteer to provide informal care for incapacitated elders.

Increasing demand for and reliance on social care for older people, and the increasing cost of providing it, provides an imperative to source and implement technological interventions to complement the work of care staff and address the cost and effectiveness of the traditional models of care provided directly by care staff. The challenges of doing this include the acceptability of this to the older people, for whom it must be welcomed as a viable option, and also the ability of carers to manage such technological interventions and to assist the older people to use them.

So the private care providers and the state's own care providers, both of whom are funded to some extent by the government, depending on the circumstances of the clients, are the main supply-side stakeholders in home care in Ireland. It is likely that they would benefit from the Grandis XXI proposal for a new training programme and certification for carers to enable them to use technology to better care for their clients.

Regulation and certification

Homecare regulation came into being in 2012, and it demands that all homecare staff in residential settings must be trained to a Qualifications Quality Ireland (QQI) Level 5 care standard with police vetting. QQI is the Irish national awarding body that sets standards for academic awards on the National Framework of Qualifications (NFQ). QQI validates education and training programmes and makes extensive awards in the further education and training sector, including to private providers. The Level 5 Certificate in Healthcare Support is the industry standard for caring for the elderly in Ireland and must be undertaken by all formal carers in the system. As noted above, increasingly, private home care providers require that carers they employ undertake this qualification.

QQI Level 5 Certificate in Healthcare Support

On successful completion of the programme the learner is awarded a QQI Level 5 Certificate in Healthcare Support. There are several ways to obtain the Healthcare Support award, one of which is via the Care Assistant (Care for the Elderly) Traineeship, targeted at school leavers, unemployed people and mature

applicants who are interested in working as a member of a care team and pursuing a career as a Care Assistant in the Care of the Older Person sector.

The duration of the Care Assistant (Care for the Elderly) Traineeship programme is 36 weeks. The Traineeship consists of 16 weeks off-the-job training with an Education and Training Board (ETB), 15 weeks integrated training (3 days per week with an ETB and 2 days per week with a host employer) and 5 weeks on-the-job training with a host employer.

Learning Outcomes

A qualified Care Assistant is capable of performing a wide range of tasks required in the day to day care of older people in nursing homes or hospitals, those attending day care centres or in need of assistance in their own homes. Their capabilities include practical personal caring tasks such as assisting with toileting and bathing, managing meal times, feeding dependant clients, assisting with dressing, lifting and handling clients, mouth care and using relevant aids and equipment.

Principal Areas of Study

The course requires that the carer will be able to demonstrate good work practices in the provision of individualised holistic care for older people, to understand the concept of the ageing process, to meet the full range of needs of older people in a variety of care settings and to enhance the quality of life of the older person.

Modules covered:

1. Care Support
2. Safety & Health at Work
3. Care Skills
4. Communications
5. Work Experience
6. Palliative Care Support
7. Care of the Older Person
8. Nursing Theory & Practice

The Student Carer

In order to embark on the course, the student must have reached the current statutory school leaving age of 16 years and have achieved a standard of education equivalent to Junior Certificate. Assessment is made of their communication skills, and of previous interest or experience in the care sector. Because the job of carer is physically demanding, the applicant must demonstrate medical fitness for the occupation of Care Assistant in the Care of the Older Person sector.

Teachers

As these courses are certified by QQI, the lecturing staff must meet the educational qualification levels required by QQI recognised institutions., and many would also be qualified nurses who specialise in care of

the elderly, or who are members of the Nursing Education faculty of the institution, where one exists (e.g. WIT, GMIT).

As outlined in the course content above, all the needs of the older person are covered, along with coursework on the social, educational and mental health aspects of care.

The Care Recipients

Older people in receipt of care at home range in age from 60 to well into their 90's. By and large, older people at home are healthy, but increasing age raises the risk of illness.

In Ireland, life expectancy for men is 83 years and women 85 years. Expressed as years lived in good health from age 65, this expectancy is 11 years for men and 12 years for women. However, chronic conditions become more common with increasing age and are a major cause of morbidity and death in Ireland. With population ageing, the incidences of chronic conditions such as heart disease, hypertension, diabetes and musculoskeletal pain increased by around 40% up to 2013, and are projected to increase incrementally after that.

Multi-morbidity is common in older people, being twice as common in the over 75s as those aged 50 -64, and it is a fundamental determinant of quality of life, drawing significantly on drawdown of available resources.

This analysis of the health of older people is important in the consideration of the best format for care provision, and for those who are well enough to live at home, it is very likely that their wellbeing can be enhanced by the introduction of technology to monitor vital statistics, movement etc.

Although most older people do not develop mental health problems, despite an assumption that they might, they can be helped if they do. It's true that a good number of people do develop dementia or depression in old age, but they are not an inevitable part of getting older.

In a care setting where older people begin to suffer from dementia or other mental illness, they may have partial or fluctuating mental capacity and not be fully able to make and communicate decisions. Family members or carers can play an important role in support, but increasingly technology can be a means of assisting with information retrieval and communication, and can enable the older person to maintain networks of friends in the community. There is also emerging evidence that in the absence of full time family carers, social network accessed via the internet can enhance the wellbeing of older people.

Digital skills of the elderly

As in most developed countries, older people in Ireland recognise that technology can have benefits for their independence and well-being. Many initiatives have been implemented to give them confidence and skills to take advantage of technology, but many are worried about their declining capabilities, the extra costs, fear of change and reduced interaction with loved ones as a consequence and are reluctant to embrace technology with enthusiasm. On the other hand, a growing number of older people are keen users of technology, having had encouragement from family and taking part in various initiatives to increase their skills.

There is a country wide recognition of the importance of elderly people being able to use digital services, to go online, to communicate with others through messaging, e-mail etc. It is also recognised that more needs

to be done to improve the online skills of people over the age of 65 years. This is a concern beyond the benefits for independent living, but also for employment and career as many people these days work until retirement age of 66 in Ireland. There are concerns that if they don't engage with technology early in a significant way, that in future this will lead to loneliness and isolation when they retire. The increase in services available on the internet is making it essential for older people to be online with comfort and confidence, accessing newspapers, libraries, taxis, flights, bank services, skype and much more. It is imperative that citizens of all ages have basic IT skills, reducing isolation and delaying the onset of mental illness in older people

Current training available for the Elderly

ICS Skills runs a nationwide programme called Equalskills which is a recognised and softly certified course for beginners (www.ics-skills.ie/Equalskills). They are also partners in the delivery of BenefitIT (Getting Citizens Online) programme (<http://www.dccae.gov.ie/communications/en-ie/Digital-Strategy/Pages/Citizens-and-Training.aspx>) which, in line with the National Digital Strategy, is focused on encouraging and empowering citizens to participate fully in Ireland's digital economy and society. By way of grant-aiding training providers, the scheme funds digital skills training for citizens who have never used the internet with a view to removing a key barrier to digital adoption.

<http://www.dccae.gov.ie/communications/en-ie/Digital-Strategy/Pages/Get-Citizens-Online.aspx>;
<http://www.icsfoundation.ie/?s=benefit>

Alongside the training initiatives outlined above, organisations like Age Action Ireland routinely provide training courses based in the community, and involving volunteer trainers from the community and even from among the secondary school student population. Interesting case studies are well-documented on their website and on Youtube. Age Action Ireland sees the upskilling of our older people as critical to their health and wellbeing, both physical and mental. They create videos on how to do basic tasks like book a flight (<https://www.ageaction.ie/how-we-can-help/getting-started-computer-training/videos>) and host annual awards for Silver Surfer of the Year (<https://www.ageaction.ie/about-us/open-eir-silver-surfer-awards>).

Google also offers free classes for over 50s to tackle low internet usage (<http://www.thejournal.ie/google-oaps-internet-training-courses-564991-Aug2012/>), and our postal company, An Post is also active in this area with their Logon and Learn programme

(<http://www.anpost.ie/AnPost/News+and+Information/Computer+Training+for+Older+People.htm>)

Lord David Puttnam, film producer, known for Midnight Express (1978), Chariots of Fire (1981) and The Mission (1986) is the Irish Digital Champion and as a senior citizen himself, has been indeed a champion of digital skills for older people. (<http://www.davidputtnam.com/viewNews/id/459/>)

"Reaching out to the elderly, the disconnected among them, is a big part of the job," Puttnam said of his work in 2014. Lord Puttnam has been an influential figure in enticing older people to start using technology and to take advantage of the educational opportunities available to be digitally literate.

Case studies of the experiences of older people of digital skills training:

1. <https://youtu.be/5LuEU4233n4>

My name is Mary Doyle and I am an old lady and I am thrilled to do this course. It has given my great contact with my son who has just gone to live in France and he's feeling a little bit lonely. Now I can Skype

him and see him his surroundings. It helps in so many ways because I have just learned to email and use Skype. That has been my achievement for the past four weeks.

So I hope all the people, especially in the little group we have in Carrigaline (Cork) Active Retirement. I think there is lots and lots of people around that could benefit by having time here in the library with these lovely people. We have wonderful tutors and it's just a great interest. For people of my age who are at home quite a lot, especially for the winter, we'll be able to keep in contact with each other and with our families.

2. https://youtu.be/JG_eJ7xjGgQ

I have been with Age Action for three years now. Teaching the old people, introducing them into computers, smartphones, iPads, whatever. Just to make them feel easy and that it's not that big a deal. Because they have this fear how to approach a computer.

Once they finish they really enjoy it. I am surprised.

I keep saying this. I am doing this and being kind to those people so that one day when I get to their age somebody might be kind to me.

My advice for the old people is to come (to Age Action) and see that this is not that difficult. And for the people that volunteer I would advise them to come because you have to connect with other ages and see what's going on.

We have to communicate with younger and older people to keep this link going on.

We can't say "Those are old and might not understand me". We are getting old, all of us, and we need kindness all the time.

3. <https://youtu.be/jKO4Ny3YUxQ>

I retired a number of years ago and I was down here one day changing my library books and just saw a sign in the library asking for volunteers to show people how to Google, how to email. I said I might as well give a few hours - it's only two hours a week and it's good fun when you meet people on the street and they say "You've opened up a whole new world for me", as one man said. He's now Skyping family and relations all over the world. His wife had died about two years prior to him coming on the course. He was very lonely and it's genuinely after opening up a whole new world to him.

Most of the people have very little experience of computers, they have very, very little confidence when they come first and we try to bring them along and help them to start to Google, set them up with email addresses and give them a bit of confidence. Practise, practise, practise is what we try to tell them most of the time. Not to be afraid of computers.

A lot of people seem to think that if they make a mistake they're going to damage the computer and that's where we try to instill a bit of confidence. We say to them, "The only way you're going to break it is my smashing it on the floor or throw your hot whiskey into it, or maybe even a coffee!"

Existing and emerging technologies that support care

eHealth Ireland

In Ireland, a major project is underway to procure and implement a national Electronic Health Record, spear-headed by eHealth Ireland (<http://www.ehealthireland.ie/Knowledge-Information-Plan/eHealth-Strategy-for-Ireland.pdf>). It is anticipated that the EHR, once implemented, will integrate all information and knowledge sources involved in the delivery of healthcare via information technology-based systems. This includes patients and their records, caregivers and their systems, monitoring devices and sensors, management and administrative functions. Crucially, as would befit a modern health and social care system, the inclusion of care-related technology will be included. The record is anticipated to be a fully integrated digital 'supply chain', involving high levels of automation and information sharing, ensuring that Ireland can benefit from the potential of eHealth to improve the health and wellbeing of all its patient/citizens, at all ages, and in particular the older demographic who will make up a growing proportion of the population.

ProACT

ProACT is a major EU Research project, led by Trinity College Dublin, with the objective of revolutionising digital healthcare for older people. It will initially address chronic disease conditions of older people, starting with integrated care for diabetes, chronic heart disease, congestive heart failure, chronic obstructive pulmonary disease (COPD) and age related cognitive decline. The project will deliver a coordinate network of new and existing care applications, sensors and healthcare technology devices, linking them together and sharing their data. Patients, carers, doctors, pharmacists and hospital-based clinicians will be enabled to access the system on a tablet or phone or computer in order to enter and access relevant information from one centralised location. This is intended to support of home-based, digital integrated healthcare. (<http://www.homeinstead.ie/news-events/2016/06/08/new-cutting-edge-health-technology-to-enable-older-people-with-chronic-illnesses-to-be-treated-in-their-own-homes-launched-by-new-minister-of-state-for-older-people#sthash.MbOEXsaY.dpuf>)

(<http://proact2020.eu/>)

The ProACT project sets out some clear benefits for care providers that can accrue from the smart use of technology for the care and support and interactions with older people initially, and ultimately for all care settings and all population groups.

1. Care providers have more time for personalised interaction with patients.
2. Care plans can be better tailored to individuals.
3. Significant reduction in administrative activities.
4. Care providers have the ability to constantly monitor and interact with patients despite distance and mobility of either party.
5. The healthcare delivery environment is safer and more supportive of patient-care.
6. The healthcare delivery environment is safer and more supportive of patient-care.
7. Staff initiative and innovation activities can be proactively supported.
8. Information and performance management services to support proactive and effective clinical leadership are established.

9. Through access to accurate management, process and cost data, healthcare service providers have the opportunity to develop innovative services based on new revenue models.
10. Continuing professional development, up-skilling and skills development programs have been developed and are incorporated into human resource management and planning.

As outlined in the eHealth Strategy for Ireland (2103), various technology devices such as blood pressure monitors, glucometers, lung capacity monitors and others can be successfully deployed in remote settings like the home, taking and relaying regular measurements to trigger alarms, decision support systems and alerts. Such technology has significant potential not only for the proactive management of chronic diseases, but also for social, emotional and personal care and intervention, leading to high-quality of life and better outcomes for older people. Many trials and pilots have been implemented over the past ten years and full commercial deployments are now becoming more common.

Non- Medical devices in current use in Ireland

The use of non-medical devices is also increasing in the Irish care environment, and devices include:

- wireless carer alarms
- smart phones
- pager kits
- various chair and mat alarms
- hard of hearing assessories
- clocks, TV and radio remote controls
- amplified smoke and fire alarms
- wander and GPS alarms
- motion detection
- bed sensors
- incontinence alarms
- amplified doorbells
- panic buttons
- breathing monitors
- tablets

(<http://www.homecaretechnologies.ie/>)

However, even though such devices are relatively simple to install and use, there is still no incentive for carers to use them and no instruction on their value is included in any formal training and certification they might receive.

Great Northern Haven, Dundalk (<http://agefriendlyireland.ie/portfolio-item/great-northern-haven/>) is a positive example of ambient assisted living working for older people. This is a set of 16 purpose-built apartments designed specifically to provide a sheltered environment where independent living is assisted by technology. Each apartment has more than 100 sensors, connected televisions, touch screen devices and a core network infrastructure throughout. Data is being continuously gathered from the participating residents with the aim of improving quality of life through technology assisted living (CASALA, 2013). While the Great Northern Haven is purpose-built housing, as technology such as sensors becomes cheaper in

the future, retro-fitting existing properties for ambient assisted living may be increasingly possible (Lewin, et al., 2010).

1. Existing and emerging technologies that support care
 - (a) Technology companies: what care technology do they provide and what support is available for users
 - (b) New care technologies: that may not be on the open market or are not ready for commercial use but that will be relevant to current or near-future training needs.

Barriers to the implementation of telecare

Several factors have emerged as impediments to the use of technology to support the care of older people living at home.

1. The requirement for technical competence in operating the equipment
2. Threats to identity, independence, positive ageing, self-reliance and selfcare
3. Expectations and experiences of disruption to services
4. Misunderstandings that special skills were needed to operate the equipment
5. Views that interventions could undermine self-care and coping
6. The potential disruption to highly valued existing services (Sanders, et al., 2012)

Best practice and emerging technologies

(will have to be agreed by all partners!!)

https://www.hiqa.ie/system/files/HIQA_Residential_Care_Standards_2008.pdf

Policy issues affecting care context in the Republic of Ireland

http://www.combatpoverty.ie/publications/EvolutionOfHealthServicesAndHealthPolicyInIreland_2007.pdf

The pattern of a two-tier health service has become firmly established in Ireland, with private health insurance being required by people over a set income threshold, which in effect gives them faster access to and wider choice regarding services and medical professionals. When the medical card system (the General Medical Scheme or GMS) was introduced in 1970, it was on the understanding that coverage would be limited to not more than 40% of the population. (In practice, it has often been much less than that and closer to 30%). For most people, the result was a complex system of subsidised services, state and private health insurance, with payment at most points of use.

Although medical card holders receive free primary health care, the remaining two-thirds of the population must pay at the point of use. In the rest of the European Union, by contrast, the norm is for primary care to be free at the point of use.

Poverty and socio-economic class

Comparing people in the lowest and highest socio-economic groups, those in the lowest socio-economic group are:

- Three times more vulnerable to perinatal mortality;
- Three times as likely to have circulatory diseases;
- Twice as likely to die of cancer;
- Twice as likely to give birth to low weight babies;
- Two and a half times more likely to have a chronic physical illness;
- Six times more likely to be admitted to hospital for mental illness;
- Eight times more likely to die from accidents.

(<http://www.irishexaminer.com/viewpoints/analysis/growing-old-waiting-for-aging-strategy-to-be-implemented-325780.html>)

The National Positive Ageing Strategy, published in 2013, was intended to outline Ireland's vision for ageing and older people, to provide a blueprint for how policies and services could be designed to protect the rights of older people. However, in the intervening period, prescription charges have increased significantly, and thousands of over-70s lost their medical cards for a time, although most have now been restored. Senior citizen support groups fight to retain services for the elderly, especially those living on the state pension only. They resist claims that they are a financial burden, 'pensions time-bomb', or 'bed blockers', taking up space in acute hospital services.

A key recommendation of the National Positive Ageing Strategy' is to: "Enable people to age with confidence, security and dignity in their own homes and communities for as long as possible", but many people remained in hospital after they were medically fit to go home because they were awaiting approval for homecare packages and other supports.

(http://health.gov.ie/wp-content/uploads/2014/03/National_Positive_Ageing_Strategy_English.pdf)

In Ireland, it is worthy of note that 80% of people providing care to people over the age of 50 are themselves aged 50 and over. In most cases, the carer is the spouse of the person being cared for.

The National Carers' Strategy

Government policy is outlined in the National Carers' Strategy (2012). (<http://health.gov.ie/wp-content/uploads/2016/02/National-Carers-Strategy.pdf>).

Some key points are outlined below:

<i>Census 2011(3) Key Findings</i>
<p>187,112 people identified themselves as carers² (4.1% of the population)</p> <p>Of these;</p> <ul style="list-style-type: none">• 80,891 (43%) provide up to 2 hours of care per day• 29,255 (16%) provide between 2 and 4 hours of care per day• 39,982 (21%) provide full time care (i.e. 43 or more hours per week)• 15,175 (8%) provide care for 24 hours per day• 73,999 are males and 114,113 are female• The number of male carers has increased by 20% since 2006• The dominant age cohorts in the caring population are 40-49 years and 50-59 years

The Four National Goals for carers are to;

1. Recognise the value and contribution of carers and promote their inclusion in decisions relating to the person that they are caring for
2. Support carers to manage their physical, mental and emotional health and well-being
3. Support carers to care with confidence through the provision of adequate information, training, services and supports
4. Empower carers to participate as fully as possible in economic and social life

Objective 3.2

Provide relevant and accessible carer training opportunities for carers

Where carers have the necessary care skills, the quality of care provided will be better, the physical impact of caring will be lessened and their quality of life enhanced. Depending on the needs of the care recipient, a wide range of skills may be needed, such as practical care skills, personal care, moving and safe use of aids and appliances, first aid and taking blood pressure and medication and/or behavioural management. Carers, themselves, are best placed to identify their training requirements. Education and training opportunities should be flexible and locally accessible so that they can 'fit around' caring responsibilities in

terms of timing and location. Opportunities provided by the mass media and by new technologies (including TV and eLearning) can be exploited in this regard.

Objective 3.3

Promote the development of accessible living environments for all

Accessible housing and the built environment enable carers to support the person that they care for to live independently and safely in their own homes and communities. Having the right

equipment, adaptations or telehealthcare in the home can also lessen the physical impacts of caring. The accessibility and affordability of different modes of transportation are also essential to ensuring that carers and, in turn, those that they care for can access health and personal social services and remain actively engaged in their communities.

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16. Youtube video: https://youtu.be/JG_eJ7xjGgQ
17. Age Friendly IRELAND: <http://agefriendlyireland.ie/portfolio-item/great-northern-haven/>
18. Health Information and Quality Authority
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