



Older Women's Network (OWN Ireland)

Bantrach na Sinsear

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Submission

to

The Office for Older People

On

The National Positive Ageing Strategy

Department of Health and Children

September 2009

Directors: Pat O'Flynn, (Chairperson), Evelyn Brady, Ina Broughall, Anne Gallagher, Kitty Harlin, Mamo McDonald, Phil Ui Mhurchu

CEO: Louise Richardson

Charity No. 14792 Registered No.356577

OWN Is supported by core funding from the Department of Community, Rural and Gaeltacht Affairs

The **Older Women's Network** is a membership organisation which links older women and older women's groups in Ireland together. OWN works for the social inclusion of all older women in Ireland. **OWN's** activities are structured to allow all of its members to participate.

The Main Aims of OWN Ireland.

- To provide a forum for discussion and action on older women's issues and needs.
- To educate the public and policy-makers about the circumstances and interests of older women.
- To facilitate older women to influence policy change on the issues of concern.
- To give older women a voice

Consultation on the National Positive Ageing Strategy

Notice of the call for Submissions by the Office of Older People was circulated to all OWN members in recent newsletters. Members were encouraged to send in individual submissions, or to contact the national office of OWN with any comments they had.

A National meeting was held in the Davenport Hotel on Wednesday 16th September which was attended by over 100 members from all over the country. The main purpose of this meeting was to give an opportunity for members to have input into OWN's submission.

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Members were addressed by the CEO of OWN, Louise Richardson on the purpose of a National Positive Ageing Strategy; how the strategy will be developed by the Office for Older People and how they could contribute – initially through their submissions and subsequently through the NGO Liaison group on which OWN has a representative. Groups of 8 – 10 were facilitated by OWN members to discuss the issues they wished to have included in OWN’s Submission for the Positive Ageing Strategy.

The issues:

- **The importance of gender proofing in the proposed Strategy.** OWN strongly advocates that the Strategy is developed with an understanding of gender specific issues and concern for the needs of older women.
- **Health Care.** Access to a good health service was considered to be the most important factor by older women to ensure them a good quality of life as they age.

Medical cards are very important to enable older people to visit their GPs and obtain their prescriptions. Many GPs charge their full fee to patients merely wishing to renew a prescription. Timely visits to the GP can be of great benefit to both the patient and the economy. Older people without medical cards are less likely to visit their GPs unless they are very ill.

Medical cards, however, are not considered adequate for accessing consultant or hospital care within a reasonable time. Therefore, many older people feel

they are forced into having private health insurance, (the cost of which is becoming prohibitive) to enable them to access consultants and hospital if they require these.

Comments and recommendations: The two-tier health system is inequitable and there are many discrepancies in its delivery which need to be addressed.

More dedicated public health nurses are required to support older people and visit all older people, even if they are healthy, at least once a year;

A health audit of all older people in early old age to plan for a more effective and relevant use of resources;

The production of an information leaflet on how to access all the relevant services within a local area, to be updated regularly, should be given to older people with their pensions;

There is a need for joined up services (like the combined care programmes) – so a person can move, relatively seamlessly, from community to hospital or residential services with continuity of their personalised care package.

House calls by a person's own GP would be very beneficial rather than bureau services from strange doctors;

There should be a more economical system of issuing of prescriptions to prevent excessive prescribing (pharmacists do not accept returned unused medication) and

also of aids and appliances e.g. crutches and walking aids. Why can't they be sterilised for re-use?

There should be a better recognition of people's emotional needs in hospital and residential care – e.g. female nurses for women.

- **Community services** are generally considered good – where they are available! There are insufficient health centres nationwide . Services not only vary between health board areas and counties, they vary from parish to parish. Many services are voluntary ones which are now being cut back.
Comment: Access to services should not depend on where one lives. The same services should be available in all locations. Adequate resources should be provided to maintain existing services.
- **home care packages** (In January 09, OWN made a submission to the NESF which is available on request).
- **Pensions** Many members of OWN consider that current pensions are adequate – particularly for a couple. However, others, mainly those living alone think they are not sufficient and that the living alone allowance is inadequate.
- **Information** – access to information about services, rights and entitlements can be complicated, particularly if an older person is trying to get information in a time of crisis. Citizen's Information Centres are excellent but there

should be more of them. GPs are frequently very helpful but many do not give information unless asked for it!

It is important to remember that the Internet is not accessible to many older people. Even those who have acquired some level of IT proficiency might not have a personal computer.

Comment: Many OWN members think that an accessible ‘One-Stop shop’ with relevant quality of life information for older people would be extremely helpful. Also the document mentioned above re. Health services would be invaluable.

- **Security** –Many believe that the streets are not safe, particularly at night and they only feel safe at home when they have a pendant and /or an alarm.
(Rural members bemoan the closing of local police stations and everyone considered the withdrawal of funding for panic alarms etc., a disgrace.)

Comment: A greater and a more visible police presence would be most beneficial.

Social exclusion and social isolation. Most active members of OWN feel neither excluded nor isolated. However, there is a fear that reduced mobility or serious illness could affect them adversely.

Other points

- **Community Activities** – Members recommended the training of peer facilitators

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- **Discrimination and Assertiveness.** Older people become invisible if they are not assertive. While most OWN members do not feel that they are discriminated against either on the grounds of Age or Gender, many of them think that service providers are condescending to them. Many commented that this is more because of gender rather than age. They were forgiving of their doctor's 'superior' attitudes because of their busy schedules and thought that they lacked time for consultation and listening. But, in general, many older women feel that their wisdom and life's experience are not recognised. Young people tend not be respectful although 'foreigners are more polite'.

Comment: Constant work is required on Age Awareness and concerted work with other groups to prevent discrimination, particularly multiple discrimination

Local environment.

Comment Uneven pavements, lack of time at pedestrian crossings and traffic light, limited seats in public places and inadequate street lighting could all be improved.

Help with heavy garden work and the disposal of garden refuse at a reasonable rate and a list of reliable workmen for home maintenance would be a great help.

- **Shopping**

Groceries tend to be packaged for families or couples making it difficult for someone living alone to have choices and to eat well.

Retailers should be encouraged to cater for older people.

Communication

- The move to the internet for information provision is very discriminatory to older people.
- OWN members recognised the number of IT training opportunities that were increasingly available for older people. However, many of them did not own computers; had no one to set them up and maintain them and were not always able to access ones in the public libraries, for example.
- Many spoke of the difficulty now of using the phone to get information of conduct their personal business where options have to be accessed by pressing a number.

Comment: it should be possible to speak to an operator or any human should be available at the first stage of such a call.

CONCLUSION

Most members of OWN are very content with their lives. Pensions are adequate; the bus pass is excellent, where services are available, and the medical card is a boon. Many older women have access to good community services,

and participate in a range of activities organised by voluntary groups, which give them a good quality of life.

However, this must be put in context.

Older women are one of the groups in society most likely to suffer poverty.

Many of the older women of today, have lived through hard times, have relatively low expectations and they do not complain.

But because they do not complain, it does not mean, for example, that it is acceptable that at a time of crisis, they have to spend a stressful amount of time trying to get information about the availability of a required service.

Neither is it acceptable that there are a very large number of older women in Ireland who have inadequately heated homes and are cold during the winter; nor that they are worried about household bills; nor that they cannot attend activities which would be beneficial to their health and wellbeing, due to lack of transport; nor that they are unable to give a gift to a grandchild on a special day because the plumber cost so much to mend a leaky toilet cistern.

We, the members of OWN require quality and effectiveness and accountability from the Minister and the Office for Older People.

We are happy to work with the Minister and the Office for Older People to develop a strategy for Healthy Ageing which will help women (and men) to live active, longer, healthier and happier lives.

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