

16.12.24

Dear Angela,

I am contacting you on behalf of ALONE, a national organisation supporting older people across Ireland to age well at home. We welcome the public consultation on the development of the Inclusion Health Framework by you and the Department of Health.

However, we are concerned that older people have not been explicitly recognised as a marginalised or at-risk group within this consultation. While not all older people experience social exclusion, certain groups are particularly vulnerable, such as those living alone, experiencing poverty, homelessness, mental health challenges, or frailty. For these groups, the risk of social exclusion is compounded by factors such as ageism in healthcare, limited access to digital services, and inadequate transport, which significantly hinder their ability to access essential supports and maintain their health and well-being.

Ageism, as highlighted by Brian Harvey in his 2022 paper on ageism conducted on behalf of the Irish Senior Citizens Parliament, “is a particular problem in the health services. The list of evidence of ageism in the health services is long. It starts with the low status of gerontology; the inadequate supply of geriatric services and care; the lack of anti-ageism training; cutoff ages for screening diagnosis and treatments; and age-based clinical judgements. There can be poor communication with older patients, coupled with assumptions of dependency and helplessness; negative expectations; non-availability of rehabilitation compared to younger patients; and exclusion from clinical trials. Accumulated, this becomes self-directed, older people reducing their desire to seek help and expressing a greater preparedness to accept pain”.

In addition, Third Age have reported medical appointments as a particular problem area: when accompanied by a family member, professionals often address or question the family rather than the patient, with information conveyed also bypassing the patient, leaving the older person annoyed and powerless. For more information on ageism in healthcare services, please see the report by the [Age Alliance ‘Telling it Like it Is: Combatting Ageism’](#)

Groups of older people who are particularly at risk of health exclusion include:

- Older people experiencing isolation and/or loneliness.
 - Loneliness is the most prevalent issue among older people seeking support from ALONE, with approximately 58% of older people reporting loneliness each quarter (see [ECC Q2 Report](#) for further information).
 - Additionally, about 7% of older people receiving support in ALONE are experiencing long-term isolation of more than one year.

- Isolation is strongly linked to depression, anxiety, and cognitive decline, and reduces resilience factors such as self-worth, sense of purpose, and feeling valued. A lack of access to appropriate mental health services intensifies this.
- Older people with mental health difficulties
 - In Q2 2024, 700 people assessed by ALONE indicated that they had issues with their mental health. The most common issue was Dementia / Alzheimer's, affecting 24% of those assessed. This was followed by Anxiety (18%), Depression (17.6%), and Bereavement issues (13.7%).
 - Specific mental health policy, evidence-based programmes and research for older people must be committed to, funded, and implemented as part of Sharing the Vision, Ireland's national mental health policy.
- Older people experiencing poverty and deprivation (most particularly older people living alone), who may struggle to afford some elements of health care.
 - Living alone is a major risk factor for poverty. There has been a significant increase in poverty rates among older people living alone since 2019. Recent CSO-SILC (Survey of Income and Living Conditions; 2023) figures show 15% of older people living alone and 8% of older people generally are at risk of poverty.
 - Paying for transport to medical appointments, as well as health insurance, health services not covered by medical cards or with significant public waiting lists (e.g., chiropody, occupational therapy etc) and the privatisation of home care (to subsidise shortages in the public system) are other significant challenges affecting older people.
- Older people who are renters, homeless, or in unstable housing.
 - The number of older renters increased by 83% in the last Census and home ownership is dropping among older people. Half of all older adults (aged 65+) in supported rental housing report poor self-reported health, in contrast to one-third of older homeowners ([ESRI, 2023](#)).
 - In addition, private renters on average report worse health and greater incidence of chronic illnesses compared to individuals in the homeowners group.
- Older people with dementia or cognitive impairment.
 - It is estimated that there are 64,141 people living with dementia in Ireland ([HSE, 2020](#)). This is expected to increase to 150,151 by 2045, if current trends continue. Older people with dementia and/or cognitive impairment experience challenges in accessing and navigating health care.
- Older people with frailty and/or physical disability.
 - When a person with a disability turns 65, they often stop receiving support from disability services and instead rely on older person's services which typically do not offer the same level of specific accommodations required.

- In addition, physical disability or frailty may impact ability to travel to attend health appointments.
- Older people living in nursing homes
 - Older people living in nursing homes are at an increased risk of loneliness and isolation and the need for integrated mental health systems can intensify. Studies show that older people with dementia have an increased risk in cognitive decline due to lack of familiarity with their surroundings.
 - Living in a nursing home can impede access to an older person’s regular GP and community services. Nursing Homes Ireland has stated that further problems lie in lack of seamless integration between the wider healthcare system and older persons services within nursing homes in their most recent [submission to the Commission on Care](#).
- Older people who do not use or have access to the internet or digital services.
 - Only 38% of those aged 80 and over have home internet access, compared to 86% aged 50-69 years, and 66% aged 70-79 years. We know from [TILDA](#). That 68% aged 50+ use the internet daily (700,000 adults), while 85% (870,000 adults) access the internet at least once a week.
 - This means the majority of older people do not have access to online counselling, telehealth, online doctors appointments, or timely health information published online.
- Older people coming from minority or marginalised groups, including older LGBTQ+ people, older people who speak English as a second language, and older members of the Travelling community
 - According to [LGBT Ireland](#), up to 8% of persons in Ireland aged-65 years and over may be lesbian, gay, bisexual, queer or transgender. Older LGBTQ+ People are more likely to be single and to live alone, less likely to have children and less likely to have strong family connections and support, more likely to have lost partners or friends to illness and more likely to suffer poor mental health and well-being.
 - [The Visible Lives study](#) showed that 40% of older LGBT+ people in Ireland were not comfortable being open with their health and social care provider about their sexual orientation, sexual identity or sexual expression for fear of rejection or discrimination.
 - Older immigrant communities face exceptionally higher levels of loneliness compared to older Irish people in Ireland, due to an increased lack of connection to their communities, cultural and language barriers. [A 2018 ESRI report](#) found that 17% of the Irish population is born in another country. The report found that some 23 per cent of non-Irish nationals were living below the income poverty line (drawn at 60 per cent of median household income) compared to just under 16 per cent of Irish nationals. Consistent poverty

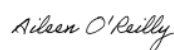
rates (the proportion of a group that is income poor and experiencing basic deprivation) were 13 per cent for non-Irish as a whole, compared to 8 per cent for Irish. This rate was very high for non-EU nationals (29 per cent). High poverty rates mean older immigrants are more likely to live in unsuitable housing that contribute to poor health, and are less likely to be aware of the supports available to them.

- Additionally, marginalised groups, such as members of the Travelling community and those who are homeless, experience premature ageing and difficulties with mobility and frailty at a far younger age than the general population, putting them at increased risk of health issues.

Any new health system must be designed to ensure older people have a right to autonomy, dignity, and privacy. ALONE recommends the establishment of a **Commissioner for older people to work across Government** to ensure policy implementation for our ageing population, with core tasks to include overseeing legislation, policy formation and future planning informed by the voice and lived experience of older people in Ireland.

We invite you to look at our recently published [Manifesto for 2025](#) for our key policy and budget asks, as well as our Pre-Budget Submission for 2025

Yours Sincerely,



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