



Hands-on **SHAFE**

01: STUDY TO CROSS KNOWLEDGE GAPS AND TO PREPARE ONLINE TRAINING PACKAGES

Research results for Ireland

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The aim of IO1 is to create a valid basis for the training packages to be developed in the frame of the Hands-on SHAFE Erasmus+ project. This national report summarizes the research results in Ireland.

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1 Aims of the report

Based on the approach of the World Health Organization, age-friendly environments include three dimensions – physical environments, social environments, and municipal services – with eight interconnected domains: 1) Outdoor environments, 2) Transport and mobility, 3) Housing, 4) Social participation, 5) Social inclusion and non-discrimination, 6) Civic engagement and employment, 7) Communication and information, 8) Community and health services.

The overall aim of the Hands-on SHAFE project is to promote smart healthy age-friendly environments by fostering the implementation and application of ICT solutions, adequate physical environments as well as health and well-being. For each of these areas - abbreviated by SMART, BUILT and HEALTHY- training packages for facilitators are to be developed. The target groups of the trainings are volunteers, entrepreneurs, family members, formal and informal caregivers and other stakeholders in personal services. Special awareness is given to low-skilled or low-qualified persons who want to engage in an entrepreneurial initiative.

Against this background, the Hands-on SHAFE project addresses:

-  Facilitators who support the implementation of SHAFE products and services as direct target group,
-  Persons of all ages whose social participation and inclusion can be improved by means of SHAFE products and services as indirect target group.

The aim of IO1 is to create a valid basis for the training packages to be developed. Information gaps on needs and demands on the side of end-users still hinder the implementation and usage of existing technologies and appropriate environments. Findings are needed to learn how adults can be best approached, trained and advised on aspects of smart healthy age-friendly environments.

This national report summarizes the research results in Ireland. Besides an overview on the national context it describes existing SHAFE products and services as well as their target groups, gaps between their availability and usage, existing implementation support offers and their funding, and examples of good practice for the application and implementation of user-centred services and products in the realms of SMART, BUILT and HEALTHY. With special regards to facilitators who want to start their own company, the BUSINESS chapter informs about SHAFE areas which are appropriate for this intention, main regulation, support offers and stakeholders for starting a business, available training concepts and examples of good training practice. Based on this information, conclusions will be drawn on appropriate strategies regarding the training and support of the target groups.

Together with the reports of the other Hands-on SHAFE partner countries, this national report will be used to elaborate a European synthesis report. Further, a European factsheet will be provided to interested stakeholders, containing information in a reader-friendly and low-threshold style and serving for further dissemination activities.

2 Methodology and proceedings

In compliance with the project proposal, the following methods served to achieve the above-mentioned aims:

1. Desk research in each partner country concerning offers in SHAFE products and services, practices in the application and implementation of these offers, and examples of good practice;
2. Interviews in each partner country with experts from the individual modules (SMART, HEALTHY, BUILT and BUSINESS) or interconnected areas as well as with representatives of the target groups for the training.

The lead organizations for the training IOs defined keyword for the desk research, and interview questions for experts and stakeholders were jointly decided upon. Given the complexity of the topics, an exemplary case was to be discussed at the beginning of the interviews. It was agreed that the interviews could be adapted according to the specific background and expertise of the interviewee.

Interviews with experts included the following questions:

1. Which SHAFE products, services and initiatives are known besides those that were mentioned in the initial example?
2. Which SHAFE products and services are available in the region?
3. Do you think there is a considerable gap between the availability of SHAFE products and services and their usage by those in particular need of them?
4. If yes:
 - 👉 What are the underlying reasons for this gap?
 - 👉 What should be done to remove such barriers?
5. Which role can personal counselling and accompaniment play in facilitating the usage of SHAFE products and services?
6. Can you tell us about specific initiatives in the pilot region to facilitate the usage of SHAFE products and services?
7. Are there areas for SHAFE products and services which can be recommended to start one's own enterprise?
8. Can you tell us about funding opportunities in the pilot region if someone wants to facilitate the usage of SHAFE products and services by those who are in need of them?
9. Which agencies or other organisations offer support to persons who want to start a business?
10. Which themes should be in the focus of SHAFE facilitators?
11. What are the specific counselling needs of the SHAFE end users?
12. What are the specific training needs of SHAFE facilitators?
13. Which problems may arise during the training of facilitators?

14. Do you know any training concepts and experiences that should be taken into account in the design of the Hands-on SHAFE training?

15. What else can you recommend for the Hands-on SHAFE training?

Focus groups discussions with potential future facilitators were structured along the following questions:

1. Which SHAFE products and services are known besides those that were mentioned in the initial example?
2. Which SHAFE products and services are available in the region?
3. Who is in need of SHAFE products and services, and what are characteristics of these target groups?
4. Given these special needs: How should the implementation of SHAFE products and services be facilitated?
5. What can be done to make the role of a facilitator of SHAFE products and services attractive?
6. Which preconditions must be met to encourage facilitators to enrol in a training?
7. Which special requirements as regards contents, methods, duration and timing and certification must be met in the training?
8. What should be done to sustain the training outcomes?

The **Irish focus group*** was composed of 5 persons involved in age friendly ecosystem as long-term carers, AFE volunteers, and owner of a small existing AFE business.

The **Irish interviews** were with the following stakeholders with relevant domain expertise

- 👤 A senior official in local government agency with responsibility for age friendly initiatives and the health of seniors.
- 👤 A trainer of mature adults and of young adults who have left school without completing the state examinations.
- 👤 A training consultant who specialises training adults across the country who wish to develop small business start-ups.
- 👤 A senior manager and key influencer in one of the main disability organisations in Ireland who has responsibility for innovations in technology and built environment
- 👤 An official in the most high-profile age advocacy and support organisation in Ireland, who has special responsibility for technology adoption and technology training to for instance support social inclusion and health monitoring.
- 👤 A policy manager in an Irish NGO who are primarily involved in age friendly initiatives.
- 👤 The owner of an Irish SMART SHAFE technology company
- 👤 The Business Director EMEA of a multinational SMART SHAFE technology company.

3 Offers and implementation of SHAFE products, services and initiatives

3.1 National, regional and local contexts

3.1.1 Profile of the pilot location

The Republic of Ireland is a relatively small Island nation on the edge of Europe. Between 1840 and 1930, through famine and mass emigration, the population of Ireland decreased from 8.2 million to 4.2 million. The emigration was primarily to the United Kingdom and USA, and many other places, and had the effect of creating a thriving worldwide Irish diaspora.

Ireland became an independent republic in 1921 and for the early decades of the nation, it had a relatively poor agrarian economy with moderate economic growth. In the 1990's, helped by influential members of the Irish diaspora and by membership of the European Union, Ireland began a period of rapid technology-driven economic growth that continues to this day. The country, as an open english-speaking economy and also influenced by the above factors, was able to become a centre for foreign direct investment, particularly in the software, pharmaceuticals and biomedical sectors. There have been some interruptions to this progress. The 2008-2011 economic crash for example, added considerably to personal and national debt, but only temporarily stalled the Irish property market.

There was a general election in Ireland in early 2020 and the election was dominated by two issues; the shortage of housing, particularly social housing, and the crisis in the Irish health system. The previous government attempted to address accommodation through the introduction of dense communal housing schemes, but this measure was not popular with the electorate.

3.1.2 Population by age-group and sex

In the last (2016) census, the population of the Republic of Ireland stood at 4,761,865. According to the Central Statistics Office (CSO) (2017), by European standards, Ireland has a relatively young population with 420,000 or just under 10% over the age of 70.

Dublin, the home city of Hands-on SHAFE partner TU Dublin, is by far the largest city in the Republic of Ireland and is home to roughly one quarter of the population. During 30 years of economic growth, the city has experienced a raised birth rate leading to a modest growth in the younger population. It has also welcomed and benefitted from a steady influx of young, well-educated immigrants from many countries. Many of the large ICT multinationals have a base in Dublin and the number of young professionals in the city is increasing, with a resulting pressure on the housing market. There is an acute shortage of accommodation at all levels from rental accommodation to starter homes to family or age-friendly housing.

3.1.3 Workforce

The 2016 census report for Ireland (2017) revealed 2,006,641 people at work, which corresponds to a participation rate of 61%, and 297,396 unemployed (12.9%). At that time, there were 325,500 self-employed persons in the state according to the CSO (2016).

The Irish Central Statistics Office, reported in 2016 that Dublin had a population of 1,173,179. 97,608 of that number were recorded as semi-skilled workers (52,588 men, 45,020 women), while numbers of unskilled workers in Dublin (17,635 men, 19,007 women) amounted to 36,642.

3.1.4 Health

The average number of healthy life years in 2017 was 67.3. It was established that 74% of the population in 2017 had visited a GP in the previous 12 months, while 32% reported that they had a long standing illness or health problem. 10% were providing care for another person, while 12% had a disability. The top three reported health conditions at that time according to the CSO (2018) were lower back 19%, high blood pressure 16% and allergies 14%.

In order to get a clearer picture of health and ageing in Ireland, an ambitious longitudinal research study called TILDA is being undertaken. Barret et al. (2011), reported that the study initially involved 8,000 people aged 50+ who volunteered to undergo scheduled comprehensive health assessments. This work has resulted in key publications such as the Positive Ageing National Indicators Report from the Department of Health (2016), which have influenced government policy in Ireland.

3.1.5 Housing

The 2016 Census counted 2,003,645 houses and apartments across the country. 1,697,665 of these dwellings were occupied by persons usually resident in the State, while 9,788 were occupied by guests or tourists. Despite the acute housing shortage, vacant holiday homes accounted for 62,148 housing units, while the census recorded 183,312 vacant houses and apartments in all. Overall dwelling vacancy rate, including holiday homes, was 12.3 per cent. When holiday homes are excluded from the housing stock the vacancy rate drops to 9.4 per cent. In response to government initiatives, 93% of new builds since 2015 are A-rated low energy homes, and a popular government scheme by the Sustainable Energy Association of Ireland (2019), also supports energy saving retro-fitting a scheme that has been shown to be very popular with older citizens.

3.1.6 ICT literacy

IDA Ireland and Google launched an Age Action programme called the Silver Surfers Initiative to increase the web capabilities of Seniors in Ireland. Several Irish and multinational companies are involved in informal education and ICT upskilling initiatives for older people at local level through Local Community Development Programmes (LCDPs). Varnai et al. (2015) noted that such initiatives have focused on training ICT skills, Skype, mobile phones.

One key finding was the limited use of e-government services in Ireland, particularly with respect to other EU countries.

Hardill's report (2013) also cited the main factor restricting internet use in Ireland as lack of skills. This barrier was reportedly cited by 46% of those aged 65+. This was followed by concern about privacy or security issues at 23%, followed by poor internet connections (21%).

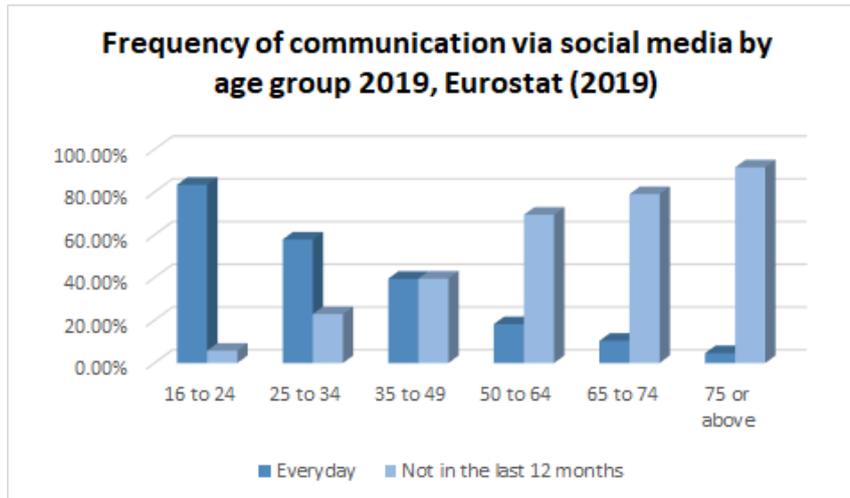


FIGURE 1: FREQUENCY OF COMMUNICATION VIA SOCIAL MEDIA BY AGE GROUP 2019.. (EUROSTAT 2019)

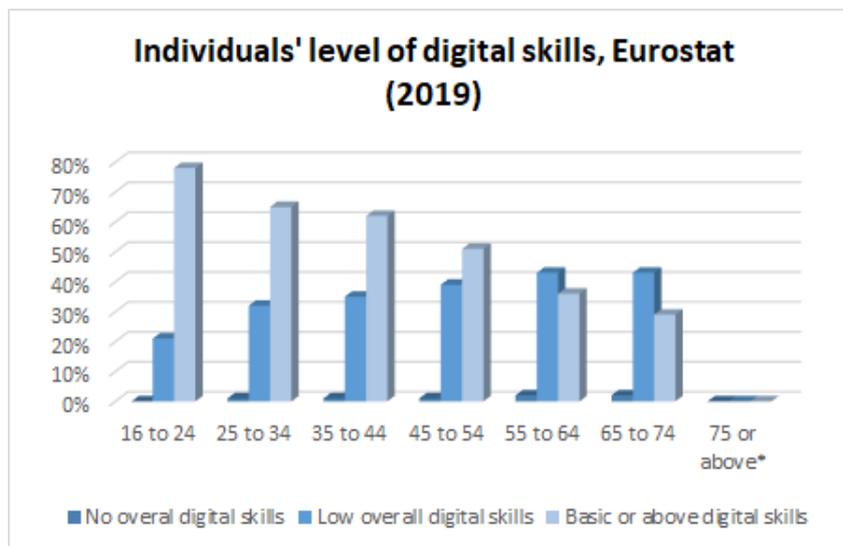


FIGURE 2: INDIVIDUALS' LEVEL OF DIGITAL SKILLS... (EUROSTAT 2019)

*Data Not Available

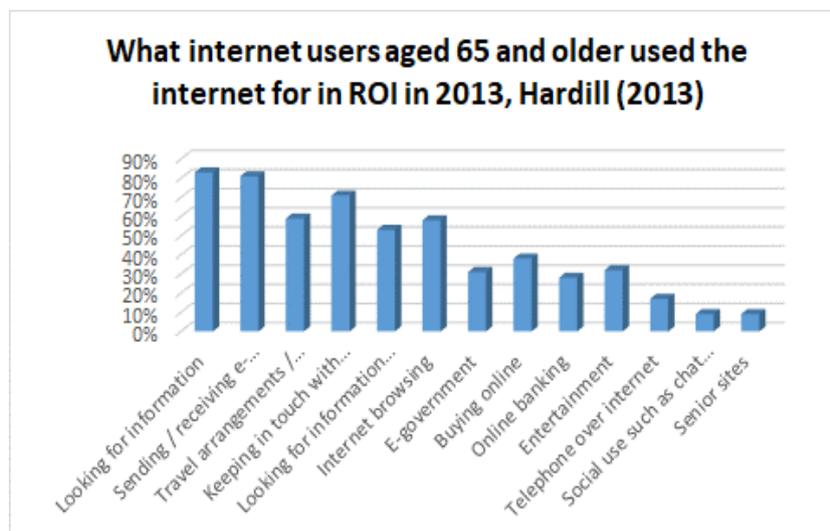


FIGURE 3: WHAT INTERNET USERS AGED 65 AND OLDER USED THE INTERNET FOR IN ROI IN 2013 (HARDILL 2013)

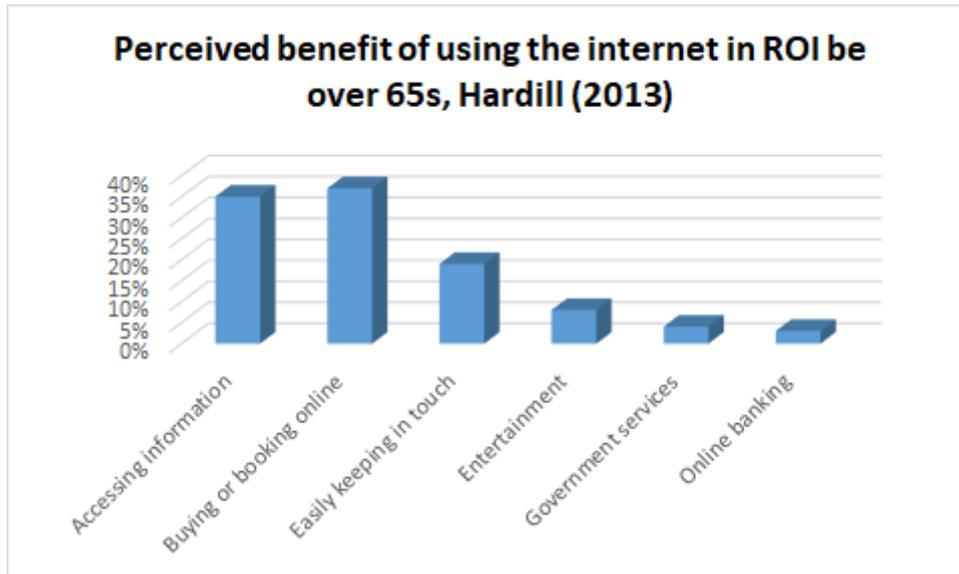


FIGURE 4: PERCEIVED BENEFIT OF USING THE INTERNET IN ROI BE OVER 65S. (HARDILL 2013)

3.1.7 Governance and funding of SHAFE measures

One of the key measures in Ireland relating to SHAFE is the availability of internet connectivity, despite a decade long national debate, this is still a particular problem for rural settings and is the responsibility of the Minister for Communications and the Minister of State for Community Development, Natural Resources and Digital Development. The state is close to procurement with a large multinational to implement rural broadband.

In terms of general jobs creation the local employment service is Intreo, while Enterprise Ireland and local County Enterprise Boards seek to encourage indigenous entrepreneurship. Employment policy is managed by the Department of Jobs Enterprise and Employment, while Science Foundation Ireland and the Health Research Board are responsible for some relevant research and development effort that may lead to new SHAFE enterprises.

The main stakeholders who administer public funding and govern health related SHAFE measures include the Irish health service, the Health Services Executive (HSE), the Department of Health and Children who are responsible for health policy, the Health Information and Quality Authority (HIQA), who oversee service quality, regional and local authorities who administer EU and local funds. Sustainable Energy Authority of Ireland (SEAI) are responsible for promoting energy efficiency.

National state-funded housing activity is very low at the moment, although there are a large number of housing associations and charities who are operating in the sector across the country, and developing schemes of 50 to 100 homes at a time.

Another key innovation that has been adopted at time of writing by every local authority in Ireland is the Age Friendly County and Town initiative, which originated in the small town of Dunleer in 2008 in response to the WHO criteria for Age Friendly communities (2007) Every county now has a funded official who is responsible for fostering the growth of age-friendly communities across the country, and where appropriate informing local groups about funding opportunities.

3.2 SMART: ICT for BUILT and HEALTHY

3.2.1 SMART measures and their target groups

3.2.1.1 Age-friendly digital finance services

Since the downturn of 2008-2011, Irish banks have cut costs by moving towards e-banking and many branches have closed while others no longer include a traditional bank teller. This change has undoubtedly disenfranchised seniors, many of whom are not confident users of this new technology.

In what may be an attempt to mitigate this effect, the Age Friendly Champion' Initiative has been developed by one of the large Irish retail banks who have appointed a dedicated member of staff in each branch across the country who is designated to act as a champion for age-friendliness and the concerns of older customers by providing support and technical guidance for using banking services in the age of internet banking.

Such an initiative is consistent with the Age Friendly Business Recognition Programme which is an accreditation awarded by the Irish NGO Age Action Ireland to recognise businesses who have taken a proactive role in ensuring that their businesses are age friendly . This nationwide programme is part of the wider Age Friendly Ireland Cities and Counties Programme according to Dennehy (2017).

3.2.1.2 Online digital safety

At a national level, the National Fraud Awareness Week and FraudSMART awareness initiative by the Banking Payments Federation of Ireland (2020,2017), are intended to highlight fraud and explore opportunities for education, support, and fraud prevention.

There are also a range of local initiatives, some of which are facilitated by Age-Friendly Ireland. For example one of the main national retail banks has created a Vulnerable Customer Unit (VCU) to provide expert support and guidance to frontline customer service staff to enable them to identify and assist vulnerable customers according to Reddan (2019).

The Drogheda Independent reported in 2018 that Louth Local Authority have produced an Information guide to increase the usage of IT by older people and create awareness of the pitfalls of being online.

3.2.2 Challenges in implementation and gaps between availability and usage

3.2.2.1 Use of E-government services

An excerpt, shown below, from the Table 3(b) in the Information Society CSO statistics released in 2018 (CSO 2018b) shows that in 2018 48% of **internet** users in the 60-74 year old range *Obtained information from websites or apps* of public authorities or public services, while 37% *Downloaded or printed official forms* from their websites or apps. *Submitting completed forms online* was carried out 55% of these users. This compares to 62%, 54%, 73% in those respective categories for those in the 30-44 year old range of internet users. **This indicates that there is an age related gap in the usage of these e-government services.**

Table 3(b) Individuals' contact over the internet with public authorities and public services in the last 12 months, 2016 to 2018

	% of individuals									
	Obtaining information from websites or apps			Downloading/printing official forms			Submitting completed forms online			Unweighted sample 2018
	2016	2017	2018	2016	2017	2018	2016	2017	2018	
State	49	51	52	46	45	43	58	63	60	4,088
Sex										
Male	52	53	50	48	46	43	60	64	60	1,727
Female	46	49	53	43	45	42	56	62	60	2,361
Age group										
16-29	31	40	38	29	36	30	37	47	42	466
30-44	57	60	62	54	54	54	67	73	73	1,404
45-59	54	52	54	51	45	42	67	68	64	1,257
60-74	51	47	48	44	39	37	57	58	55	961

3.2.2.2 Use of ICT training opportunities

An excerpt, shown below, from the Table 6(a) in the Information Society CSO statistics released in 2018 ((CSO 2018b) shows that in 2018 in order to improve their ICT skills 4% of respondents in the 60-74 year old range carried out *Free online training or self-study*, and 3% carried out *Free training provided by public programs or organisations*. **This indicates that there is a significant gap between availability and usage of training opportunities to improve ICT skills.**

Table 6(a) Individuals who carried out learning activities to improve their ICT skills¹ in the last 12 months, by personal characteristics, 2018

	% of individuals					
	Free online training or self-study	Training paid or provided by employer	On-the-job training ²	Free training provided by public programs or organisations ³	Training paid by yourself	Unweighted sample 2018
State	12	7	6	5	4	4,088
Sex						
Male	13	8	7	6	5	1,727
Female	11	7	6	4	3	2,361
Age Group						
16-29	18	6	4	7	4	466
30-44	12	11	10	5	6	1,404
45-59	9	7	5	4	4	1,257
60-74	4	2	2	3	2	961

3.2.2.3 Use of smartphones

An excerpt, shown below, from the Table 9(a) in the Information Society CSO statistics released in 2018 ((CSO 2018b) shows that in 2018 37% of respondents in the 60-74 year old range use a smart phone for private purposes. **When compared with figure of 96% in the 30-44 year old range this indicates that there is a significant age related gap in the use of smart phone technology.**

Table 9(a) Individuals who use a smartphone for private purposes, 2018

	% of individuals			
	All individuals	Individuals who used the internet within last 12 months	Individuals who used the internet within last 3 months	Unweighted sample
State	77	90	91	5,291
Sex				
Male	76	90	90	2,312
Female	78	90	91	2,979
Age group				
16-29	95	96	97	474
30-44	96	97	98	1,437
45-59	77	86	87	1,450
60-74	37	67	68	1,930

3.2.3 Available implementation support offers by stakeholders

Drogheda and District Support 4 Older People in County Louth, an award winning reference site for AHA, supports a range of age-friendly activities, including a successful local pilot information provider service that is run by volunteers Provides age-friendly ICT literacy support (DDS4OP 2020)

The Digital Inclusion - 'Getting Started' programme (jointly developed by Dublin City Council and Age Action Ireland in 2006) is another initiative to provide over 55s with the opportunity to develop their ICT skills as reported by DCC (2019). Training is provided by volunteers who teach the students in the basics of PC usage, e-mail and the Internet. Over 27, 000 older people have been trained over more than 10 years.

A number of emerging ICT-based support measures are ongoing. The GrandPad/ACORN smart tablets will be described in the good practice section below.

3.2.4 Funding opportunities for implementation support

The Department of Health in 2019 issued a call for proposals in the Community and Voluntary Support Grant Scheme, which is intended to support older people to remain in their homes for longer, to live independently and to be engaged members of their communities. The grant includes support for (but is not completely focused on) ICT based measures. Grants are between €5000 and €20,000 and applications must be aligned with relevant strategies including the National Positive Ageing Strategy and National Dementia Strategy. Over 150 organisations were successful in the 2019 call. The Senior Alerts Scheme by the Department of Rural & Community Development (2019) provides grants for personal emergency alarms for older people who are living on their own.

3.2.5 Example/s of good practice in implementation support

Taking a technological approach to social inclusion, GrandPad, a medium-sized SME with its main headquarters in USA and its European headquarters in Ireland and ACORN (2020), a smaller domestic SME, have been working in the Irish marketplace to introduce age-friendly smart tablets. These tablets are associated with subscription-based connectivity and functionality and they are equipped to provide access to SHAFE services alongside simple, intuitive and uncluttered user experience. These tablets offer services such as email, instant video calling, ordering transport or requesting other local assistance from local providers.

The latter services could in principle be provided by suitably-trained SHAFE facilitators who were connected into the network for these devices. Details of each is provided in the following two subsections.

ACORN – “Ireland’s first age-friendly tablet device”, Ireland

Objectives

This is a standalone tablet developed by an Irish company, that aims to make going online more accessible and beneficial for new senior users of digital technology.

Key facts

The tablet is easy to navigate and uses clear, uncluttered displays to make online access simple and rewarding for even the most inexperienced use.

Implementation

ACORN supports an integrated mobile data SIM, enabling access to the internet while on the go, as well as instant video/audio calls and messaging and email for all users.

In addition, the tablet features a customisable news feed, which can be tailored to include updates from local, national and international media. ACORN also has its own dedicated help section with over 30 tutorial videos, allowing users to familiarise themselves with all of the tablet's features and learn at their own speed as well as dedicated support for users.

Family, friends and carers can also stay connected to ACORN by downloading the companion app on their own mobile devices, meaning they can always stay in touch with and support their loved ones.

Results

ACORN has been trialled and tested through a pilot study which was carried out among 95 participants living in rural and urban areas nationwide. The study was led by Age Friendly Ireland in collaboration with the tablet's creator and three local authority partners. The study showed significant increases in the utilisation of the smart tablet, with daily usage becoming commonplace for 70% of participants. An independent review of this study was subsequently carried out by National University of Ireland, Maynooth, and it found a significant decrease in computer anxiety among Acorn users, and highlighted the key role the Acorn tablet can play in supporting the engagement of older people with services, the local community and society



FIGURE 5: THE ACORN SMART TABLET

More information

Sources (UniqueMedia 2020).

Are funding programmes for this kind of practice available? Yes – through partnerships with AFE organisations and care providers.

‘Grandpad’ – introduction of a USA based SMART tablet (Ireland, UK)

Objectives

To make computing and digital communication accessible for seniors

Key facts

Grandpad is a device that comes with features for connecting with loved ones, without the complicated features of other tablets.

Implementation

The large buttons and intuitive interface make the GrandPad a simple tablet for seniors who are ready to start video chatting and sharing memories with family and friends around the world. Focused on reducing loneliness and improving connectivity among those over the age of 75, GrandPad is complete with apps designed for older adults that use large, clearly labeled icons for video and voice calls, photos, email, music, games, news, weather, and search.

Family members can update phone numbers, change options, and create new contacts for senior users from the convenient companion app or web portal.



FIGURE 6: THE GRANDPAD SMART TABLET

Results

GrandPad has already been successful in USA. The company celebrated its European launch in March 2019 with the opening of its headquarters in Gorey, Co Wexford, Ireland.

Sources www.grandpad.net

Are funding programmes for this kind of practice available? The GrandPad subscription comes with a private family network. ? GrandPad partners with Home Instead a large multinational home based care package provider. GrandPad can be introduced as a component of their care package..

NOTE: Other SMART devices that are widely used in Ireland include

PacSana is an Irish made wrist-based activity monitor that generates insights that help family members and carers predict possible future issues and react to urgent issues. PacSana is based on building a picture of the movement patterns of the older person in their home and triggering alerts to anomalies. These can be urgent ones such as a lack of movement or treatable symptoms such as a change in movement patterns over time.

The design, weight and aesthetic of the device is geared towards 24/7 use and is cost effectiveness. PacSana use is focussed on domiciliary care providers or health care providers. Figure 7 shows an infographic screen from the PacSana app.



FIGURE 7: THE CLOUD BASED INFOGRAPHIC OF DAILY ACTIVITY FROM PACSANA

Doro Phones – an accessible and highly usable range of smart phones

Withings range of smart HEALTHY devices including sleep monitor for detecting restless activity for people with dementia, and Steel HR watch that monitors sleep, activity and heart rate.

Tunstall Pendant Alarm is also widely used <https://tunstallemergencyresponse.ie/>

3.3 HEALTHY

3.3.1 HEALTHY measures and their target groups

A number of HEALTHY support measures are provided by HSE, or organisations supported by HSE and are reported in the HSE Positive Ageing Strategy (2015). Friends of the Elderly is an example of a charity in Dublin that is active in this space. In another example, the Abhaile Project (winners of HSAUDC project) - create rentable living space in elderly persons home. They offer day activation, such as recreational and leisure facilities, and specialised clinic facilities that provide a combination of medical and rehabilitation services. The HSE has also supplied Occupational Therapy initiatives, AFFINITY (2018) National Falls and bone health project 2018-2023.

Health-related research is comparatively well funded in Ireland both at national level and from EU FP health funding. The PROAct project at TCD (2020) is an ongoing H2020-funded effort to develop and evaluate a digital integrated care system to support older adults (65 years and over) living with multi-morbidity. TILDA, as reported by Barret et al. (2011), is a large-scale research study, initially working with 8,000 people aged 50+ who volunteered to undertake a comprehensive health assessment for the remainder of their lives. The premise was to gather as much data, knowledge and understanding as possible of ageing in Ireland.

Other stakeholder organisation provide regulation, optional guidance and local standards. For example, the Health Information and Quality Authority of Ireland (HIQA) is a quasi-government organisation, which is responsible for quality-of-care in senior-care homes and other institutions. It also publishes guidelines for the ordering, prescribing, prescription transcription, storage and administration of medicines (2015) as well as ICT standards for ehealth in Ireland.

3.3.2 Challenges in implementation and gaps between availability and usage

In addition to the healthcare crisis that pre-existed the Covid crisis, the Irish Healthcare system has been undergoing a major overhaul. Following a couple of decades as a single health service nationwide (HSE), the acute care system has been broken up into semi-autonomous hospital groups, with ongoing consequences for the practice of healthcare nationally.

Primary care in Ireland, with some exceptions (e.g. those with medical cards, young children and pensioners), is subject to fees of approximately €60 per visit. The primary care system is not integrated well with public community care, and GPs operate primarily as SMEs.

One of the key characteristics of healthcare in Ireland is the lack of mature national ehealth infrastructure. Ireland is currently in the process of rolling out national health identifiers for patients. There is a national imaging system (NIMIS) that is shared across the major acute hospitals, and a national lab system (MedLIS) is currently under development, but there is currently no national EHR although some limited ehealth information is shared in HL7 messages between general practices and other health providers using a system called HealthLink. There is also currently no community health information system to support integrated care in the community. As a result, community care is fragmentary and “low-tech” in nature.

3.3.3 Available implementation support offers by stakeholders

The Irish Government in 2009 introduced a scheme called Fair Deal that is administered by the HSE (2020), which allowed seniors to release equity from the family homes and a large portion of their pension to pay for private care home fees. This scheme has been quite successful and there has been some discussion about taking the same approach for community care. In other words, there is the possibility of private sector community care in one's own home, funded by an agreed fraction of the value of the home which is transferred to the Government when the service user is deceased.

There are a number of Irish SMEs who offer paid health support services such as falls-monitoring, and remote health monitoring either directly to service users, or as part of a home care package. Multinational care companies such as home instead have prominent advertising campaigns to promote professional care services. Many charitable institutions and private operations operate over 400 care homes across the state. Some charities and local authorities have organised funded bus services to allow isolated citizens in sometimes rural locations to make the considerable trek to hospital.

3.3.4 Funding opportunities for implementation support

Healthy Ireland, A Framework for Improved Health and Wellbeing 2013-2025 (2013), is the Irish national framework for action to improve the health and wellbeing of the population over the next generation. Healthy Ireland is a government-led initiative that seeks to improve the health and wellbeing of Irish citizens of all ages. The Irish Government approved the creation of the Healthy Ireland fund in 2016. This is a Government approved fund for local and national health initiatives to address national policies in the areas of obesity, smoking, alcohol, physical activity and sexual health. An initial budget of €5 million was approved in Budget 2017 to support Healthy Ireland measures across the country. This fund is administered by Pobal on behalf of the Department of Health (2020). The Community Foundation for Ireland (2020), are a philanthropic organisation who issue and administer annual calls for community development and provide corresponding grants for various purposes. This includes an age-friendly fund called the Older Persons Fund. With grants of up to 7500, this fund is intended to enable older people to make a difference in their communities. Another funding call is the Bank of Ireland Begin Together Fund, which offers grants of up to €5,000 for community development projects

3.3.5 Example/s of good practice in implementation support

Men's Sheds - a bottom-up response to social isolation and mental health issues worldwide

The Irish men's sheds network is a grassroots organisation which was founded in Ireland in 2011, utilising a brand and model that was first developed in Australia. Social mores in Ireland and in other EU countries dictate that men don't generally share their feelings and emotions. Irish men are reluctant to converse about these topics. Men also tend to be reluctant to ask for help when they suffer bereavement or when they are undergoing periods of stress or ill health.

Objectives

The basic idea of men's sheds is that "men grieve and share feelings shoulder to shoulder". A men's shed is a place where men can share their feelings in an incidental way, and in a secure,

respectful and friendly atmosphere, while working on practical projects such as gardening, repair and refurbishment or community activities.

Men of all ages including senior or middle-aged men who have lost spouses or family members or have been made redundant or retired can suffer mental health issues and other related conditions. As a result of this general lack of communication, Irish men have become less healthy than women with a lower life expectancy (3.6 years lower than Irish women in 2016). Funding for the organisation is organised locally, but as a formal group they can leverage local and government funding schemes.

Key facts

The Irish men's sheds network has won a number of awards in recognition of its impact. For example, in 2019, the Irish men's sheds association Ireland was named sustainable development goals champion for 2019/2020, won an award from Social Entrepreneurship Ireland and was awarded the European Parliament, European Citizens prize for 2019.

Each shed operates autonomously and is embedded in the local community. The Irish sheds network supports thousands of men within local, safe, friendly and inclusive environments. Shed members cooperate on meaningful projects, in their own time while nurturing the health and well-being of all members of the community.

Implementation

The sheds meet at agreed times during the week. Many of the mens sheds are oriented towards practical activities such as community rebuilding projects. So while members of these sheds while could benefit from age-friendly assistance, they or others may also provide facilitation. The members of each shed come from a range of backgrounds from professions to craft people. The sheds also cooperate on projects of national significance, such as the organised effort by 50 sheds to remove rhododendron infestation from Killarney National Park.

Results

The IMSA as a not-for-profit NGO now operates 400 Sheds on the island of Ireland, making it a cross-border organisation with a membership of approximately 10,000 members.

More information

Are funding programmes for this kind of practice available? Yes – government funding supports this activity.

3.4 BUILT: Housing, public spaces, buildings and mobility

3.4.1 BUILT measures and their target groups

i) Housing

The housing stock in Ireland has increased by 0.4% to 2,003,645 units in 2016 according to the CSO (2017e), of which 61.3% and 38.7% are located in a Town or Rural setting respectively, with CSO reporting in 2019 that 70.7% of homes reporting broadband internet access. Of the 822,109 homes where a 50+ year-old is the principal occupant, 534,024 units are occupied without a loan/mortgage, 175,443 units are occupied with a loan/mortgage and 112,642 units are rented. If we examine the type of housing across the state: 715,133 units are detached houses, 471,948 units are semi-detached, 284,569 units are terraced, 200,897 units are apartments and 331,116 units are classed as other. Sadly, there is no identification of the house being specifically single level or if a house is age friendly from a classification perspective in the statistics (i.e. flat without any steps or saddles).

Figure 8 illustrates Table 1 data, which shows the distance in (km) between a residential dwelling and selected services within the community, divided into city/town and rural areas. The column to the far right indicates the multiple of times the average urban distance is compared to its rural equivalent. For example, a library is on average 8.5 times further in a rural community when compared to its urban counterpart.

Service	Times higher for Rural		
	Urban	Rural	X
Supermarket/convenience store	0.7	4.8	6.8
Library	1.9	8.5	4.4
Bank	2	11.1	5.5
Swimming pool	2.7	12.1	4.4
Fire station	2.9	9.5	3.2
Primary and secondary road network	3.2	7.1	2.2
Garda station open 24/7	3.7	14.9	4
Train station (including DART)	7.5	28.5	3.8
HSE Adult A&E hospital	12.2	32.7	2.6
HSE Maternity hospital	14.6	34.2	2.3
Pharmacy	0.8	5.9	7.3
Outdoor sports facility	0.8	3.1	3.8
Primary school	0.9	2.4	2.6
Public bus stop	0.9	5.6	6.2
GP	0.9	6.5	7.2
Post office	1.2	4.5	3.7
Secondary school	1.4	7.6	5.4
Garda station	1.8	5.3	2.9

TABLE 1: AVERAGE DISTANCE OF RESIDENTIAL DWELLINGS TO EVERYDAY SERVICES (KM) DIVIDED BY URBAN AND RURAL (CSO 2019)

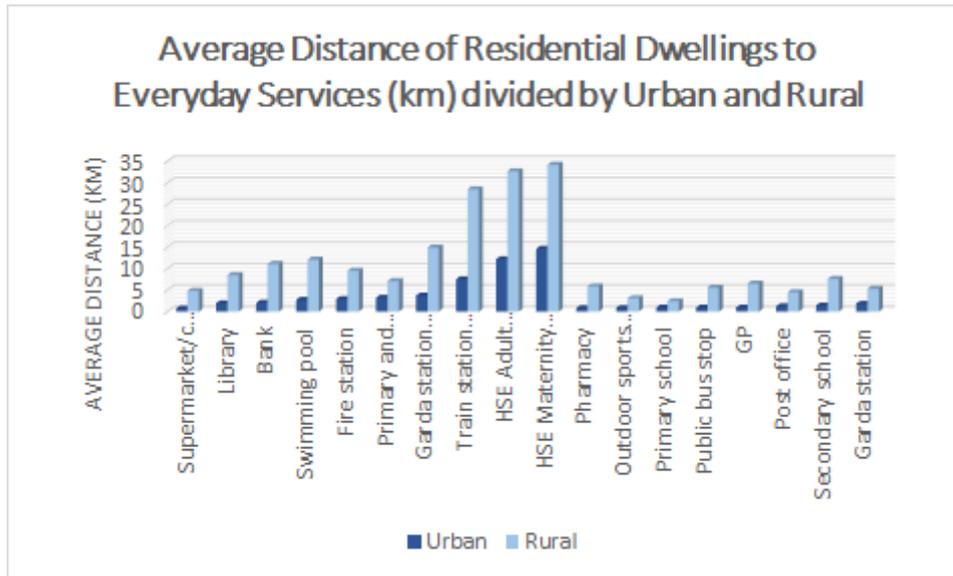


FIGURE 8: AVERAGE DISTANCE (KM) OF RESIDENTIAL DWELLING TO EVERYDAY SERVICES IN 2019 (CSO 2019)

The access to SHAFE services depends very much on where you live. A number of municipal swimming pools offer Senior Swimming Hour slots, where senior citizens can share the pool with peers and friends, thus offering opportunities for socialisation. However, when comparing the average distance to access everyday services (i.e. Library, Swimming Pool, Post office, Garda (Police) Station, Fire stations, Train stations and Banks) rural house holders have to travel in excess of 3 times the distance of the urban household. Access to a supermarket shop being nearly 5 times further in rural community settings when compared to the urban areas. If these distances are indicative for everyday services, then it could be also considered plausible that distance between friends and the local society would be 3 times further, with greater separation and isolation of the elder population. When the query focuses on medical care services (i.e. Pharmacy and GP) rural house holders have to travel a staggering excess of 7 times the distance of the urban household.

35.3% of 75+ years lived alone while 45% of 85+ years also lived alone. In Ireland if you are between 67 and 70 years old, you can only apply for a 3-year driving licence, which would mean a considerable amount of rural elder population would be reliant on obtaining a lift with family and friends, while city dwellers can avail of more frequent public transport. This impacts on their sense of independence. After 70 years the driving licence renewal is at the discretion of the General Practitioner (GP). Table 2 shows the percentage of persons with a driving licence per age category in 2019.

Age Range	% with driving licence
50 - 59 years	87.10%
60 - 69 years	85.25%
70 - 79 years	80.60%
80 years and over	49.20%

TABLE 2: DRIVING LICENCE PER AGE CATEGORY IN 2019

Urban areas, along with the Border and Western regions, had the highest proportions of elderly people living alone. Counties in the Eastern region, particularly those in the Dublin commuter belt, generally had lower proportions of seniors who were living alone. Dublin city was an exception to this. More senior women live alone than men. Women accounted for 62.3% of all elderly people living alone. Among the older age group – aged 85 and over – the CSO noted that women accounted for almost three in every four of those living alone (2017e).

In January 2019, two Irish government departments, namely the Department of Housing, Planning and Local Government and the Department of Public Expenditure and Reform, produced the *Project Ireland 2040 National Planning Framework* document (2019). The aspiration of this framework was to indicate a cohesive vision of the government's focus, development and investment up until 2040. The Framework is themed and does not provide a precise implementation, but through this lens it empowers each region to plan and develop actions in their own communities to align with common goals that the government will support, for example, around topics such as sustainability, creativity and community, where goals are expressed in this Framework as National Strategic Outcomes (NSOs). The framework also shows significant scope for ambition and balanced rural and urban development, supported by matching investment, throughout Ireland's, towns, villages and rural areas and focuses, unlike other strategies, to promote the development of four major cities in addition to rural communities, rather than just the capital. At its core there is a focus for Making Stronger Urban Places, where the cities, towns and villages become more attractive and 'liveable' for a larger breadth of the age ². For example, Figure 7 illustrates the distances residents in the city have to travel compared to rural dwellers to obtain a generic service which would be considered part of living in Ireland. This would be a fundamental consideration as our population ages over time. The framework recognises that the population aged over 65 years in Ireland will more than double to 1.3 million, or to 23% of the total, whilst those aged under 15 years will decrease by around 10%, with numbers remaining at just below one million in 204². In addition, it is expected that the population aged over 85 years will quadruple in the same time frame. This will give rise to a need for, at least, an additional half a million new homes by 2040, some of which will be to house care provision staff to support the ageing population. That is 25,000 new homes per year where the current amount of new homes is 20,000. It can also be interpreted that a large portion of this housing stock will need to be, itself, built to be age-friendly. Initiatives have even been implemented through the "How to develop a Housing with Support Scheme for Older People Framework Toolkit" developed by the housing agency in Ireland and also within the Sustainable Urban Housing, Design Standards for New Apartments, Guidelines for Planning by the Dept. of Housing, Planning and Local Govt. (2018), where it states "Purpose built housing for older people is considered necessary that these guidelines would also make provision for a two-bedroom apartment to accommodate 3 persons. This is in line with the Quality Housing for Sustainable Communities guidance from the Department of Environment, Heritage and Local Government (2007), for application to social housing schemes". Which envisions the need of accommodation having to include extra room for a live in care-giver. This strategy ties back into the framework, where its prediction highlights the reduced cohort of persons under 15 years, illustrating there will be a lack of native Irish care-givers in the future. The care provider profession, traditionally is not highly paid and with the current housing crisis in Ireland and especially Dublin, the care-giver would not be in a position to afford the astronomical levels of rent in the current Irish market, which is the fifth most expensive European city for renting according to ECA International (2019). Hence, if the accommodation is available as part of the care-giving package it could act as a draw to encouraging emigration of care-givers from outside the state.

Section 6.4 of this framework focuses specifically on Age Friendly, specifying that as people get older, they are likely to have increasingly complex healthcare needs, with a requirement for services and facilities to support provision of suitable and necessary care. As more people live longer lives, they will want to stay healthy and independent, live in their own homes or more importantly, in their familiar communities and keep to a minimum their use of in-patient and out-patient hospital services. Direct government policy is focused on supporting older people to live with dignity and independence in their own homes and communities for as long as possible. A common model used is the tiering of care as illustrated in Figure 9. Tier 1 is every regular person is included and the cost to support them is small per person. Tier 2 would be low dependency where there are less persons than tier 1, but the cost per person is greater. Tier 3 is dependency, such as nursing care homes with less persons in care than tier 2 but a greater cost than tier 2 and so on. The focus is to put in interventions to try avoid persons from having to be moved up to a higher, more expensive tier. In providing a more seamless and appropriate continuum of housing choices with suitable supports for older people and a built environment that is attractive, accessible and safe, older people will be supported and motivated to enjoy more active, healthy and connected lives and to age confidently and comfortably in their community.

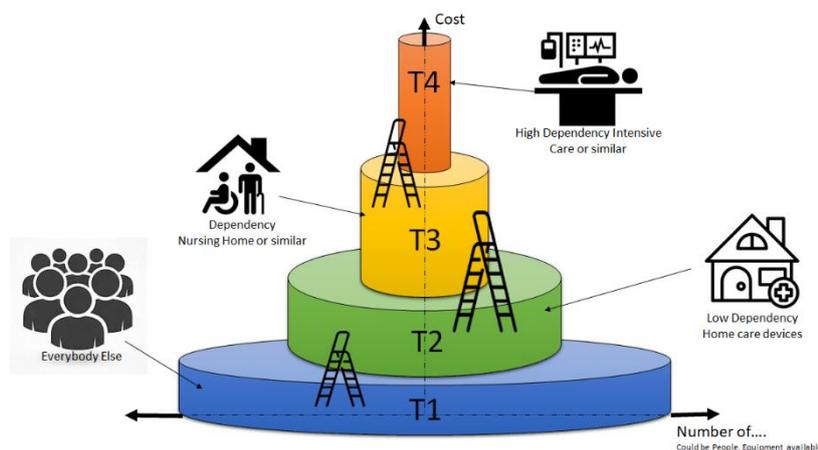


FIGURE 9: TIERS OF INTERVENTION X AXIS IS NUMBERS OF PEOPLE AFFECTED AND Y IS COST.

This further reinforces the need for well-designed lifetime adaptable infill and brownfield developments close to existing services and facilities, supported by universal design and improved urban amenities, including public spaces and parks as well as direct and accessible walking routes. In urban planning, *brownfield* land is considered to be any previously developed land that is not currently in use or change or adapt to an existing site (i.e. upgrading older stock properties, the move from congregated care settings to community care homes or upgrading existing homes for heating and security). The provision of such accommodation can provide opportunities for older people to downsize from larger houses within their existing communities. This may be integrated with more supportive communal and specialist care accommodation that will be required by some older people. In the Framework, National Policy Objective 30, Local planning, housing, transport/accessibility and leisure policies will be developed with a focus on meeting the needs and opportunities of an ageing population along with the inclusion of specific projections, supported by clear proposals in respect of ageing communities as part of the core strategy of city and county development plans. In essence the research recommends that future housing developments consider:

- 👉 Locating new developments close to (within walking distance of) services and incorporating a universal design approach to allow for flexibility and adaptability of the dwelling in the future.
- 👉 Integrating technology into developments which enhance safety and security, support health monitoring, increase comfort and improve social connectedness.
- 👉 Integrating social supports into developments which support access to information, find non health service based solutions and reduce demand on formal services.

The research indicates that these three elements help people stay living at home for longer, and at a lower cost than in long term care.

ii) Open Public Spaces

The ability of a person, irrespective of age, to retain their independence for as long as possible, has a direct link to the person's health physically and mentally. Independence is a simple concept. At its most basic level, it means having full autonomy over one's own life. However, the challenges posed by the ageing process (or progressive illnesses) can challenge this definition, especially when it is clear that assistance is needed to perform daily tasks. But as a person gets older their ability to navigate steps, uneven ground and crossing public streets becomes difficult having a direct effect on their independence.

Although not every elder person is wheelchair bound or has mobility issues, a considerable amount of public buildings (hospitals, schools, libraries and museums) and public open spaces (i.e. park grounds) in Ireland have inherited the requirement that they are accessible to all users equally. The Irish Wheel Chair Association (2014), in association with the National Centre for Universal Design, have published many guides to help explain and design out of most spaces, obstacles to the wheelchair user. The Best Practice Access Guidelines Designing Accessible Environments is one such document and it clearly explains the principles and also the requirements needed to make spaces accessible. The core principles included in this document are incorporated into Continuous Professional Development (CPD) training and reformed university and college training courses for undergraduate Architecture and building construction students. They have also been implemented in public buildings and spaces when newly built and retrofitting takes place. These guides are also at the heart of the planning permission stage for new buildings or planning changes, where the Part M of the Building Regulations, the introduction of a new Disability Access Certificate must be in place and is a controlled measure in the building process.

In a recent project in the town of Ardee, County Louth, the council overseeing the running of the county was under pressure from shops and enterprises operating in the town due to the low volume of income and turnover. One issue was the regular customers that would have normally shopped locally were getting older and were less likely to use the facilities of the town, opting to be brought shopping elsewhere by family and friends. Although the Council invested in the town they were unable to sway habitants. The council decided to reach out to the community at large, and in particular the elder population, creating an old age peoples forum. This was a channel by which the older population could have a voice in decisions the council were making. One early observation was the difference between where the county council were investing in what they perceived was age-friendly initiatives and what was actually wanted by the older community. After a number of walks around the town, by elderly participants and council staff, the council took on board some of the initiatives, for example; extra time for traffic lights, hand-rails at certain parts of the town, the inclusion of seats in the town and education

of the enterprise owners themselves to make their shops age friendly too. This work formed part of a tool kit that was distributed to other communities so the model could be replicated.

****This is in the good practice aspect at the end of this section.**

iii) Buildings

The underlying themes for buildings are three fold.

- (a) The physical suitability of the building layout and its fabric (i.e. kitchens, counters, toilets etc.) within its structure for its occupants.
- (b) The insulation, heating controls and materials to reduce the carbon foot print.
- (c) The occupant's health, and access and use of the community and facilities.

Taking each theme in turn.

(a) The physical suitability of the building layout and its fabric (i.e. kitchens, counters, toilets etc.) within its structure for its occupants.

From the physical suitability of the building for the elder population The Royal Institute of the Architects of Ireland (RIAI), have published, in 2018, a policy document titled RIAI Policy – Designing Homes for an Ageing Population, with recommendations, which the Institute says will ease pressure on the housing sector in general. The RIAI have also delivered workshops and continuous professional development courses in this specific area to improve the local expertise and experience of its members. This research is intended to support the Government in its efforts on facilitating older people staying in their home or community as long as possible. The research suggests that it has found that new ways of designing purpose-built apartments and houses are essential to keep older people in the community. The design concepts underpinning the RIAI rely heavily on the work undertaken by the Centre of Excellence in Universal Design (2020). One particular initiative started by the CEUD in 2017 was “The Abhaile project” (2020), which is Homes for Smart Ageing - the Story of the Universal Design Challenge. Within this project, homes of senior citizens are examined, particularly where the home is underutilised (i.e. three or four bedrooms), where perhaps the upstairs is not being used. An example of this is where the elder person or couple decide that using the stairs is not a viable option for them at their current stage in life. But they do not want to leave the house, downsize or be removed from the area, because their support structure and social interaction is firmly in their community. So a design team develop ideas where the home could be separated into two isolated living habitats (creating an independent living space) at a reduced cost when compared to demolishing and rebuilding or simply moving. One habitat would be for the elder couple and the second for a tenant. This arrangement promotes the mixed social community living model and could also contribute to an income for the elderly couple and add security to the elder couple.

(b) The insulation and heating to reduce the carbon foot print.

When a home complies with sustainable energy guidelines (an action taken as part of the Climate Action and Low Carbon Development Act 2015 (2015), that home is cheaper to run on an annual basis. In addition, the elder population would traditionally stay at home for longer periods during the day than other occupants. When this saving is scaled up to a countries housing stock, (even allowing for the higher initial capital expenditure), the rising cost of fossil fuels and carbon tax exposure is included, the savings from a country perspective are substantial. This can free up revenue to be spent on other aspects of society. In the domestic

setting, heating and lighting are the two largest energy consuming needs as identified by Sustainable Energy Authority of Ireland (2020). Modern advances in lighting, halogen incandescent, compact fluorescent lamps (CFLs) and light-emitting diodes (LEDs) have meant that the energy needed for lighting is now dramatically less than for heating. This technology had been supported with education drives by SEAI in Ireland. The majority of housing stock in Ireland still rely heavily on fossil fuel energy as the source of heat. When burning a fossil fuel, 98% of the potential energy can be given in the form of heat, directly at the source. So by educating and encouraging insulation, airtightness and appropriate heating sources in homes, a considerable reduction in Ireland’s carbon footprint can be made while also making homes that are more comfortable for seniors.

Private Households in Permanent Housing Units by Type of Central Heating			
Heating Type	Town	Rural	Observation
No central heating	13779	9395	18% higher in Towns
Oil	282709	403295	17% higher in Rural
Natural Gas	555475	13691	95% Higher in Towns
Electricity	127132	19170	73% Higher in Towns
Coal (incl. anthracite)	40636	45975	06% higher in Rural
Peat (incl. turf)	14073	75956	68% higher in Rural
Liquid Petroleum Gas (LPG)	4388	5602	12% higher in Rural
Wood (incl. wood pellets)	6505	27471	61% higher in Rural
Other fuels	3892	7176	29% higher in Rural
Not stated	32248	9097	55% Higher in Towns

TABLE 3: PRIVATE HOUSEHOLD UNITS BY TYPE OF CENTRAL HEATING

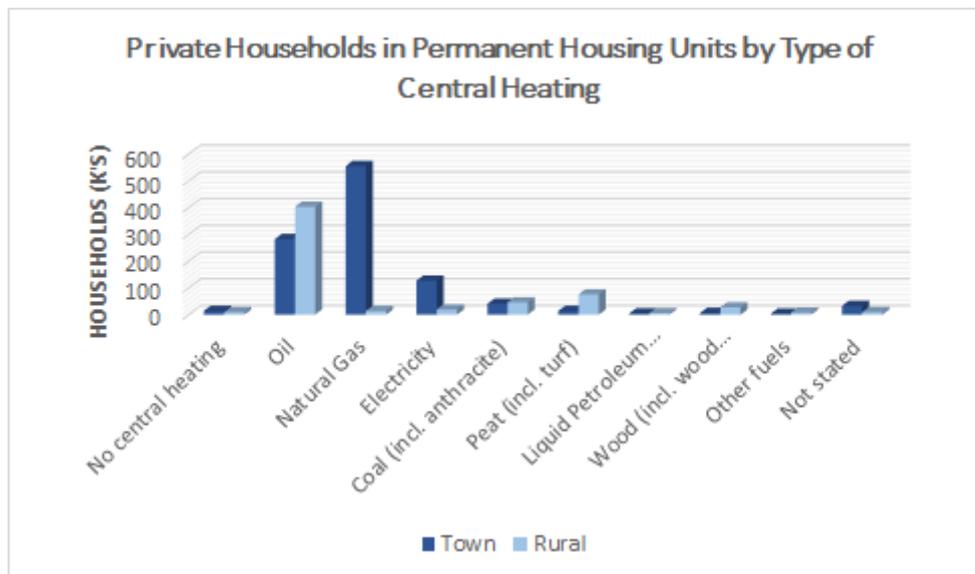


FIGURE 10: PRIVATE HOUSEHOLD BY TYPE OF CENTRAL HEATING

Considering Ireland’s environmental conditions, it is unlikely that the elimination of fossil fuels will occur quickly unless there is some viable alternative solution.

When a home/dwelling is warm and cosy the occupant(s) has statistically a better level of overall health (both physical and mental) than homes that are not as comfortable. This divide is even greater in dwellings used by the aged population. The introduction of trained facilitators into this space could help to “change hearts and minds”.

From a country cost perspective, the least expensive location for our population to be housed in is their own home. This cost rises as their dependency requirement increases, e.g. if they enter nursing homes, and the highest cost is in high dependency situations such as a hospital. Hospitals in Ireland will not release elder patients into homes that are not suitable. But if the home is suitable and perhaps in combination with meals on wheels (meals produced and delivered directly to the home by volunteer organisations), and the presence of home supports (perhaps supplied by volunteers), this same patient can be discharged earlier with the confidence they will not be readmitted to the hospital. This frees up a high cost hospital bed for others in the community.

(c) The occupant's health, and access and use of the community and facilities.

If a home is reliably warm and cosy the occupant will feel more inclined to engage socially. This includes leaving the home for visits to the shops, walk to town or the park with the assurance the house will be warm and comfortable on their return. If the paths, bridges, traffic lights, between the home and local amenities (e.g. pharmacies, shops, parks, church, and social centres) are age-friendly appropriate, there is a higher likelihood that the elder person will shop locally (adding to the local economy), meet other locals on the journey (chance meetings and social interaction) and contribute socially to the local community. This aid in the elder person's fitness from a physical and mental perspective.

iv) Mobility

Some of the main aspects of SHAFE particularly those related to mobility, were addressed earlier. For new and retrofitted building, parks and gardens, the Irish Wheel Chair Association have clear guidelines (The Best Practice Access Guidelines Designing Accessible Environments (2014) for inclusive design relating to persons in wheelchairs. It has been enshrined in our planning permission regulations that "reasonable access" is given to wheelchair users as Part M of the Building Regulations, the introduction of a new Disability Access Certificate (2014). As the mobility of older populations deteriorate, (whether it is phases of temporary or permanent immobility) they inherit this superior level of access to buildings and parks that is enshrined into local laws in Ireland.

The Framework outlines that for many, living in adapted or specialist housing reduces reliance on health and social care services and can result in measurably improved health status and lower rates of hospital admissions, while also contributing to a greater sense of wellbeing according to Walsh (2018). There is, therefore, a requirement for a range of housing choices and options for older people. In developing that aspect of this Action Plan, account has been taken of a number of strands of Age Friendly Ireland's work including; (a) A consultation process with older people across 31 local authorities, (2) Findings from the Housing for Older People: Future Perspectives research study (2016), (3) Initial results emerging from the Healthy and Positive Ageing Initiative survey which has involved c.10,500 household-based interviews, (4) The training programme for local authority staff in housing, public realm and planning, and (5) Learning from Age Friendly City and County multi-agency projects.

In the Framework, National Policy Objective 18a targets growth of appropriately designed developments in rural towns that will contribute to their regeneration and ². This opens the funding stream to elder specific development as part of the regeneration and is further promoted by National Policy Objective 34, which supports the provision of lifetime adaptable homes that can accommodate the changing needs of a household over time. The Framework also features National Policy Objective 18b, which points to a programme for ‘new homes in small towns and villages’ with local authorities and public infrastructure ². If the building of age-friendly new homes is matched with age-friendly public infrastructure (i.e. buses and GP (General Practitioners) it will offer a greater opportunity for the existing elder population to be more mobile and move to these purpose build properties rather than retrofit existing properties at a larger cost.

3.4.2 Challenges in implementation and gaps between availability and usage

A considerable challenge is the retro-fitting of an existing property to be age-friendly. Some properties by the shape, location, orientation or design do not favour the retrofitting of the building for an age friendly environment. Ireland’s Housing Stock 2016 Building Energy Ratings, sought to gather information on dwellings and state of repair of dwellings are being occupied by the elder population.

3.4.3 Available implementation support offers by stakeholders

Homes for Smart Ageing Universal Design Challenge, (2017) which was run by the Department of Housing, Planning and Local Authority, sought to stimulate the design and construction industries to be innovative in designing and delivering housing solutions for older people and to implement Irish Government initiatives under the Rebuilding Ireland and Smart Ageing Action Plans.

The Great Northern Haven by M.CO (2020) is a scheme that was developed by Louth County Council and DKIT, which produced sensor-enabled, sustainable, independent homes for older persons. This scheme has been a showcase to point the way towards smart dwellings, and has provided a valuable blueprint for other schemes that have emerged in other parts of the country.

3.4.4 Funding opportunities for implementation support

There are two main government funds that can supply 75% of the cost of capital infrastructure projects.

The Rural Development Fund from the Department of Rural and Community Development, covers villages and towns with population under 10,000.

The Urban Regeneration from the Fund Department of Housing Planning and Local Government, covers towns with population over 10,000.

3.4.5 Example/s of good practice in implementation support

Age Friendly Town, Ardee, Co Louth (2010)

Objectives

To deliver a town that has an age friendly environment at its heart, and to promote the use of the town by the elder local population.

Key facts

Over time Louth County Council had invested considerable funds in trying to make the town of Ardee more suitable to the elder community to encourage the economic growth of the town to be self-sustaining. The shops and services were losing the economic battle and were closing. But irrespective of initiatives there continued to be a lack of use of the town by the older population.

Louth County Council invited a group of the elder population to a meeting to identify why the town was not being used. There was a difference between what Louth County Council perceived to be age friendly and what was actually age friendly. From that initial contact a walk around was arranged by the county engineers and staff with a group of the elder members of the community and a number of activities were documented and acted upon wide range of age-friendly issues.

Implementation

Examples of interventions that were made include the following,

1. A bench in the heart of the town near the centre square. So the elderly could sit down, wait on prescriptions, meet up with others in the community, maybe move on to have a coffee or cake. It was a central meeting place at the heart of the community.
2. The traffic lights needed to be given more time for pedestrians to cross. As the elder population were slower to cross, the lights would have changed before the elder person was able to cross the road. As the road was the main road through the town cars would not give way to the elder pedestrians and give them more time to cross. So the sequence was changed to give them more time. But parents with very young children also benefited from this change.
3. Grab rails, certain paths and access ways needed the inclusion of grab rails to help with access.
4. Although the County Council did regular maintenance on the paths, certain pathways were used by the elder, referred to as the elder quarter, more than the ones maintained. So a plan and schedule was produced to maintain the more commonly used pathways indicated by the elder group.
5. Additional street lighting was installed.
6. The shops themselves were not educated on age friendly features. So after engaging consultants some modifications were made to the doorways and the inclusion of chairs inside the shops.

Results

Upon successful completion of this project, a tool kit was produced by Louth County Council so the approach could be implemented by other County Councils in Ireland. This tool kit and activity became so successful it was given increased funding under government initiatives. It is now mandatory that each County Council implement the tool kit and Ireland became the first Age Friendly Country in the world in 2018.

More information

Since 2010, local regional funding has been provided for the expansion of this scheme through the country via Age Friendly Ireland, which operates in every county.

Source: Louth County Council.

A Youtube video is available to explain the activity at <https://www.youtube.com/watch?v=uNuSbJ22hKk>

Sustainable Energy Community (SEC) Dunleer, Co Louth (2015)

Objectives

To deliver a community that has a sustainable energy footprint.

Key facts

In Co. Louth 46% of homes use oil central heating and 40% of homes have Natural Gas Central heating. This highlights that in Co. Louth is extremely reliant on fossil fuels. The initiative between the Louth County Council and the Dundalk Institute of technology was to educate the population of the town of Dunleer on how to achieve a sustainable Energy Community. The premise was; it was unlikely that people would switch to non-fossil fuel heating, but if they could persuade households to reduce the county's total consumption of fossil fuels it would be a start.

Implementation

A research team in Dundalk IT created an educational experience similar to "Who Wants to Be a Millionaire?" where people from the local community were facilitated with an interactive game like experience. The questions were energy related and a tablet was used to automate the answers. The Quiz was only one aspect. Forums where organised where different members of the Public Participation Network were able to show how they could help the community.

Results

These meetings and "show and tell" presentations encourages local people to chat to others to share their experience with a piece of new technology or process. A model similar to the smart specialisation (<https://s3platform.jrc.ec.europa.eu/s3-guide>). There is a build-up of trust within the local community itself. There were links to healthy houses, mould, comfort etc., but the main emphasis was Energy. Over 230 homes across Co. Louth have been equipped with measures to reduce energy use and save money, resulting in the drawdown of €2.5 million in grant funding and creating one job for the project management of these programmes.

Through a pilot programme bringing the "Energy Ambassadors" to a national audience through deliveries across six counties around Ireland that have inspired, advised and assisted other communities to take ownership for this national issue with the theme of "communities learning from communities".

Further information

A Youtube video is available to explain the activity at <https://youtu.be/beDeNIE6kWO>

Drogheda & District Support 4 Older People (Drogheda 2010)

Objectives

To have an office space that is operated in a volunteer capacity to provide help to the older people of the community.

Key facts

As a person gets older it becomes increasingly difficult to maintain their property. When a home appears lived in, and cared for, there would be a reduced likelihood of anti-social behaviour. If a patient has been in hospital for a period of time their house may appear unkempt. The patient may feel depressed, vulnerable and overwhelmed when they return home.

Some older people do not have family close and can feel lonely and depressed due to the lack of community interaction. This is worse in remote parts of Co. Louth. Some older people may only get one phone call a week adding to the isolation.

Co Louth has a large immigrant population, with it being close to Dublin, but rents and accommodation are cheaper and easier to obtain. In some cases the emigrant has little or no English.

The literacy and numeracy skills among the elder population are lower than the national average. The elder person has difficulty using computers, filling in forms, budgeting, and finding their entitlements to services and products that might be only visible when searching online.

Implementation

Care and Repair Team - provide maintenance of gardens for a small fee so the older person does not feel overwhelmed. Getting homes and equipment fitted to the home before the patient is discharged.

Befriending Drogheda - matching up people who want to visit, to people who need company, some have no family locally. A lack of connection makes the older person feel threatened, this allows them feel connected again.

Good Morning Drogheda – teams up volunteers with the elder population and each morning the elder person is rung and the greeting is “Good Morning Drogheda”. The elder person has comfort that somebody knows they exist and are asking how they are. If there is no response, others in the area can call in to intervene if necessary.

This simple method of communication has been invaluable to enabling the community share information. Be self-supporting as each group and see and support the activities of the others. Anybody new coming into the space can see what is happening and when and by who.

Computer classes are organised for the elder population to help them transition to this format.

The Parlour – is part of the office where an elder person can talk to somebody to see if they are entitled to some service or product. A herd knowledge is used as a lot of the questions are similar and so the solutions may already be available within the collective knowledge of the volunteers. A model similar to the smart specialisation.

(<https://s3platform.jrc.ec.europa.eu/s3-guide>). This group also assist the elder person with budgeting and form filling. An example of this is the grant for insulation of homes and the addition of heating controls to be able to heat the house more efficiently, are paper based. The

elder population find the filling in of the forms daunting and so this services helps with this process.

Results

In the 2018/19 Annual report, 8 years after commencement of the activity, the following statistics were gathered about the scale of activities in Drogheda (population 33,400).

Volunteers Assessed	70
Garda Vetting Processed	45
Volunteers Registered	40
Volunteers Active	21
Volunteers coming through Louth Volunteer Centre	80

Further information

Funding has been supplied locally through the County Council

Source: Louth County Council..

A Youtube video is available to explain the activity. <https://youtu.be/HoySQURMVM8>

Old age peoples forum and the communiqué on Friday.

Objectives

To allow the elder population in the area have a voice at the council level and have a tool that shares information in a timely fashion between organisations in the SHAFE space.

Key facts

Who speaks up for the elder population? Everybody feels they have a contribution to make to solutions relating to the elder population. However, hearing the information first hand, from the elders themselves is always a powerful and inspiring motivator. In Co. Louth every 3 months there is a forum in which the services of the local area, Health Services Executive, Fire brigade, Ambulance teams, local health care providers, council workers etc. and a substantial group of elders themselves discuss and debate issues, challenges and formulate tentative solutions. It has been one of the most powerful activities in enabling focused change within the local community. This is included in the Age Friendly Town toolkit developed by Co. Louth and deployed to all counties in Ireland.

To enable communication and change Co. Louth has formulated a weekly communiqué called the Friday email. Within the document it has a Heading with a clear description of each item in one sentence and a link for further information. If the item is new it is presented in green. The heading are:

1. Funding
2. Surveys/Consultations/Public Meetings/Have Your Say!
3. Community

4. Training/Conferences/Workshops/Talks
5. Newsletters

A sample of the communiqué on Friday is presented below

Funding

1. Amenity Grant Scheme 2020. Closing date 6th March. [Click here](#)
2. Social Enterprise Development Fund. [Click here](#)

Surveys/Consultations/Public Meetings/Have Your Say!

1. ***New*** Invitation to Outcomer's Consultation regarding the needs of LGBT People – 9th March 2020. [Click here](#)
2. ***New*** Notice of Draft Variation (No. 2) of Louth County Development Plan 2015 - 2021. [Click here](#)
3. Survey - PEACE & INTERREG VA Programme Funding in Co. Louth. [Click here](#)
4. Bealtaine Hero Award. [Click here](#)

Community

1. ***New*** Safeguarding Ireland – Public Awareness Campaign. [Click here](#)
2. ***New*** Dawn/Dusk Chorus – Bealtaine Festival 2020. [Click here](#)
3. ***New*** An Táin Arts Centre – Upcoming Events. [Click here](#)

FIGURE 11: EXTRACT FROM THE FRIDAY BULLETIN

This simple method of communication has been invaluable to enabling the community share information. Be self-supporting as each group and see and support the activities of the others. Anybody new coming into the space can see what is happening and when and by who.

Results

The Friday Communique reaches a large and diverse set of key stakeholder across the county and beyond and has helped to foster an AFE community.

More information

Source: Louth County Council

3.5 BUSINESS: Business opportunities and planning

3.5.1 Silver economy market and potential areas for starting a SHAFE business

According to the World Health Organisation between 2015 and 2050, the proportion of the world's population over 60 years will nearly double from 12% to 22%. As a result of this demographic change, all countries face major challenges to ensure that their health and social systems are ready to make the most of this demographic shift. In 2018, a study for the Commission the Technopolis report (2015), estimated a baseline value of €3.7 trillion for Europe's Silver Economy, primarily comprising private expenditure by older people (50 plus) on various goods and services, from housing to recreation. Taking into account population projections, the study estimates that the EU Silver Economy will increase by approximately 5% per year and will amount to €5.7 trillion in 2025.

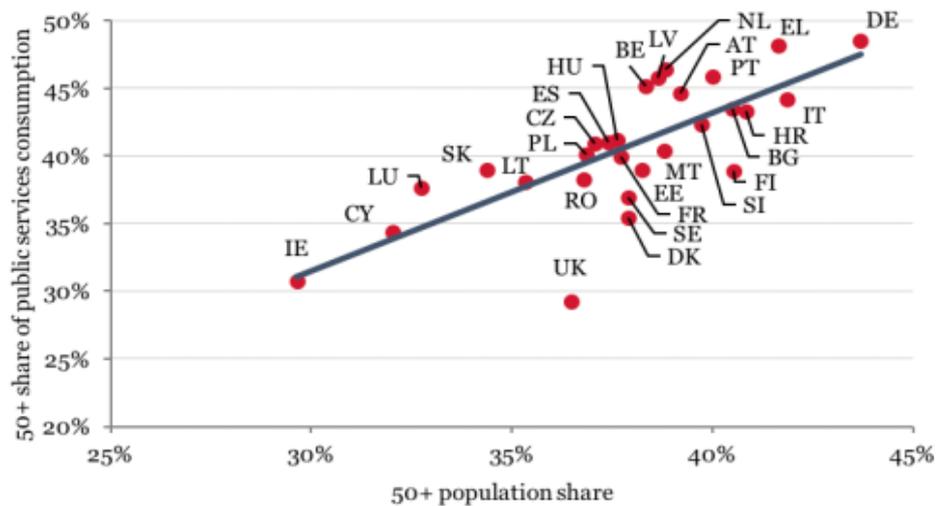


FIGURE 12: POPULATION SHARE VS PUBLIC SERVICES CONSUMPTION FOR 50+ IN EU COUNTRIES. (TECHNOPOLIS 2015)

In most countries, the Silver Economy's share of the total population corresponds closely to its share of private consumption. Ireland has the smallest population share and the second smallest share of private consumption. In 2017 Padraig McGarry, chairman of the GP committee of the Irish Medical Organisation, said there will be about 20,000 more people over the age of 65 every year until 2040 which indicates the over 65 population is expected to rise from 205,700 in 2016 to 354,600 over the next 30 year. Cliffmun Media, an Irish company focussed on delivering healthcare and wellbeing solutions, has provided the following breakdown of the 50+ market in Ireland:

Young seniors (50-60) -34%	Middle seniors (60-70) - 34%
Seniors (70-80) -20%	Grand seniors (80+) -13%

Each of these groups has different capabilities and requirements and could provide a useful model for developing appropriate products and services

Ireland was one of the first countries to see the world's rapidly ageing population as a business opportunity and not just a societal challenge. Smart Ageing was identified as a key priority in the Global Irish Economic Forum in 2013 and in the following year appeared in the 2014 Action Plan for Jobs under the Title 'Smart Ageing' (DBEI 2014).

One of the recommendations was to carry out a mapping of Activity in Ireland and access the opportunities that may arise and in April 2015, Technopolis Group completed the study. The opportunities identified were **Functional food, Connected Health, Assisted Living, Adaptable Housing** and **Tourism**.

To date, most of the business developments/job creation initiatives have been focussed on established businesses. The Ireland Smart Ageing Exchange (ISAX) was established in 2015 as an open and independent platform of industry, academia and government collaborating to accelerate and commercialise innovations for the global older consumer market.

Two EU projects of interest containing Irish partners are looking at training initiatives and examples of good practice aimed at the SME market.

Age Friendly Economy.EU (2017) was a two year Erasmus+ project that included Louth County Council as a partner, and finished in October 2019. Training outputs included Digital skills for SMEs, Product Innovation Bootcamp, Work-based learning toolkit and Collaborative Platform

Silver SME's (2018) is a 5 year Interreg project launched in 2018 which has Cork Institute of Technology as a partner. While the primary objective is focussed on implementation of policies for SMEs competitiveness of more interest are the two sub-objectives:

To generate goods and services that will contribute to the quality of life with an ageing society in rural and remote areas

To foster job opportunities in sectors such as healthcare, silver tourism, development of ICT apps, transport and housing.

Another project of interest with a memorable name is "Silver Economy: Turning a Silver Tsunami into a Silver Lining" (2018) is a two year project which commenced January 2019 and lead by the Karelia University of Applied Sciences, Finland. It is also SME focussed and aims to provide design tools/models to help align services with the silver economy customers.

3.5.2 Main regulations for starting a business

Ireland has an extremely favourable business climate and the rate of corporation tax (12.5%) is among the lowest in Europe. The most common business structures likely to be used are Sole Trader and Private Limited Company.

A sole trader is the simplest legal structure for a business in Ireland and it also has a very straight forward registration process, but if the business fails personal assets could be used to pay creditors. The first thing that needs to be done is complete a Form TR1 and submit it to the local tax office to allow registration for taxes, including Income Tax, VAT and Employers PAYE. As a sole trader, you will need to file an income tax return and pay your liabilities before 31 October each year. Your main legal obligation is that you must register as a self-employed person with Revenue Commissioners. If you wish to use a business name you must register your business name with the Companies Registration Office (CRO).

If the business is to set up as a limited company, it is then treated as a separate legal entity. If the company gets into debt, the creditors generally only have a claim on the assets of the company. The company must be registered with the Companies Registration Office (CRO) using a form A1 and can be done in paper form or online. The information required includes Company Name, Registered Address, Company Secretary, Directors and finally Share Capital and Shareholders. Normally authorized share capital could be set at 100,000 shares of 1 euro each with an issued share capital at 100 shares of 1 euro each.

The company must also make return annual reports and accounts to the CRO

Regardless of the type of business that is set up, VAT registration will need to be considered. If you have set up a business but have yet to supply taxable goods or services, you may reclaim VAT on your start-up costs. However, to do so you are required to register for VAT. Registration is obligatory when your turnover exceeds or is likely to exceed the VAT thresholds which are based on your turnover in any continuous 12 month period. Where the turnover is less than the threshold you may elect to register for VAT. The threshold for services is considerably lower than that for supplying products. The primary vat rate is 23% but a reduced rate of 13.5% could apply to some of the goods and services delivered to the silver economy consumers.

3.5.3 Support offers and stakeholders for starting a business

i) Income Supports

For people currently unemployed there are a number of allowances that could apply if you are considering starting your own business.

The Back to Work Enterprise Allowance scheme (2020) encourages people getting certain social welfare payments to become self-employed. BTWEA is a payment made by the Department of Employment Affairs and Social Protection (DEASP) to people aged under 66. If you take part in the BTWEA scheme you can keep a percentage of your social welfare payment for up to 2 years. The amount paid by social welfare is dependent on eligibility for a range of allowances. The BTWEA rate is 100% for the first year and 75% for the second year. If you are accepted on to the BTWEA scheme you must register as self-employed with the Revenue Commissioners. Money received under this scheme is not subject to income tax.

The Short-Term Enterprise Allowance (2020), gives support to people who have lost their job and want to start their own business. The Short-Term Enterprise Allowance is paid instead of your Jobseeker's Benefit for a maximum of 9 months. To qualify for jobseekers benefit you must have accumulated sufficient pay related social insurance (PRSI) contributions. The

amount paid weekly is related to your earnings before you became unemployed and ranges from €91 to €203. A business plan approval is needed from Social Welfare or the Local Development Company in order to qualify.

The Community Services Programme (2020), is funded by the Department of Rural and Community Development, administered by Pobal, and supports community companies and co-operatives to deliver local social, economic and environmental services that tackle disadvantage by providing a co-funding contribution towards the cost of employing a manager (max €32000 contribution) and full-time equivalent positions (max €19033 contribution).

The CSP is based on a social enterprise model, whereby community companies and co-operatives are expected to generate a traded income from the delivery of services, which in turn can co-fund the cost of employment, and cover other overheads associated with the delivery of services. Delivery of products and services to the over 50 target group could be covered under this scheme.

Communities Creating Jobs: Communities Creating Jobs (2020) was established in November 2011 as a national voluntary shared learning network of development groups committed to helping each other to create 10 jobs in each community. The goal of the organisation was to share ideas, solutions, best practices, replicable projects, enabling tools and site visits informing each other on how to progress their plans. It also involved state and private sector organisations that expressed an interest in supporting communities achieve their goals. The information network would help communities eliminate mistakes already made and the waste of time, materials and funding by learning from each other's experiences. Enabling tools were developed from experience and then shared with those who wanted to use them. The main tool was the Assets & Opportunities Audit which proved its worth in identifying new enterprise startups and jobs in communities that used it. The fundamental aim of the CCJ jobs model is to empower communities to take on projects, own them, build them up in partnership with the agencies in a supportive environment and manage and sustain them into the future. The private entrepreneur automatically takes ownership of the new business and the jobs created benefits the local community.

Social Entrepreneurs Ireland: Social Entrepreneurs Ireland (2020) was started in 2014 and was the first organisation in Ireland dedicated to supporting social entrepreneurs, people who were developing new, innovative solutions to address the entrenched social and environmental challenges we face. The organisation remains entirely privately funded by a wide range of prominent entrepreneurs, business leaders and corporates in Ireland, the UK and the USA. They currently offer three programmes. STEP provides support from idea stage through to pilot stage, LEAP provides support through the riskiest part of the journey and SOAR is designed for social entrepreneurs who have built a scalable model and provides very significant bespoke funding and non-financial support. To date they have supported 314 social entrepreneurs and have four organisations who are of the SOAR scalable programme. They also run an annual award scheme with gets strong support from business and the media.

ii) Financial Supports

Enterprise Support Grant (2020) is available to anyone who is receiving either the BTWEA or the STEA.

A maximum amount available is €2,500 for the 24 month period of the BTWEA claim. For those on STEA it will be on a pro-rata basis €937 Max (9 months) and €625 (6 months).

Microfinance Ireland (MFI), is a not-for-profit lender, established to deliver the Government's Microenterprise Loan Fund. MFI works very closely with the Local Enterprise Offices (LEOs) providing unsecured business loans of €2,000 to €25,000 for commercially viable proposals. Loans can be used to fund start-up costs, working capital, purchase of stock, equipment, machinery, business expansion etc.

Business Startup Packages are offered by all the main banks which includes 2 years free current account maintenance and transaction fees.

iii) Office and Business service Supports

The National Association of Community Enterprise Centres (2020) is the representative body of 120 community enterprise centres. They receive some operational funding from Enterprise Ireland. Many of these centres were developed in areas of low employment and population and are therefore the most likely to support the type of new business promoter targeted by the Hands on SHAFE project. The national profile of NACEC serviced workspace breaks down as



FIGURE 13: INFOGRAPHIC FROM NAT. ASSOC. OF COMM. ENTERPRISE CENTRES STRATEGIC PLAN 2019-2022 P7

To give an understanding of how important this network is in the national context The centres currently support 5,500 + jobs in regional economies in over 1,800 businesses, empowering them to make an economic impact in the area.

iv) Incubators / Accelerators

Ireland punches above its weight in this market and has strong offerings in both the public and private spaces. In the recent 2019-2020 World Benchmark Study of Business Incubators and Accelerators Ireland had a top five place in both the private ranking (Guinness Enterprise Centre) and the public ranking (NDRC)

New Frontiers (2014) is a national programme funded by Enterprise Ireland and is aimed at supporting the establishment and growth of technology or knowledge intensive ventures with potential to trade internationally and create employment in Ireland. It is operated and managed at 16 incubation centres primarily in Institutes of Technology. The programme is run over three phases and there is a competitive application process for each phase. Phase 1 lasts approx. 6-8 weeks, is part-time and offers training in key business areas. Phase 2 lasts circa 6 months, is full-time, offers in-depth training, as well as €15,000 funding and free incubator space. The training builds on Phase 1 with workshops and added one-to-one mentor clinics. Funding is provided as a tax-free, equity-free stipend.

Ireland also supports a vibrant commercial incubator/accelerator market. Successful applicants will be offered a place on a program together with a financial package in return for an equity share in the new business. In the recent 2019-2020 World Benchmark Study of Business Incubators and Accelerators Ireland had a top five place in both the private ranking (Guinness Enterprise Centre) and the public ranking (NDRC)

Nutrition is likely to play an ever increasing role in over 50 healthcare market but although there is as yet no start-up programme specifically focussed on the Silver Economy one that could be of interest is the Food Academy Programme which is a tailored programme for early to mid-stage artisan food business owners. The partners are Local Enterprise Offices, Supervalu (an Irish owned supermarket chain) and Bord Bia (the Irish Food Board). The program is delivered through workshop style training and one-to-one mentoring sessions

The SMEs online guide is part of the Irish Government's campaign, to increase awareness of the range of Government supports for start-ups and small businesses. Completing an online form of eight questions will return a report of which supports could possibly fit your business.

3.5.4 Available training concepts

Training for business is generally managed through the network of local enterprise offices. This network runs a programme of one-day or evening seminars from local experts on relevant topics. They each also retain lists of local web, social media, and marketing consultants who will work with small business owner to improve their offering in different ways.

The network also funds and retains a team of “business mentors” to local businesses on their books, and arranges periodic meetings between young business owners and mentors with matching experience. These mentors are typically retired businesspeople themselves.

3.5.5 Example/s of good training practice

Public Participation Network (PPN) (2017 Nationwide)

Objectives

The PPN is a new framework for public engagement and participation established by the Government of Ireland. From a local government perspective, it is vital that all public groups have an opportunity to engage with the council and benefit the local community at large. But this can be difficult to implement in a fair, unbiased and equitable way, and every county in Ireland has the same fundamental issues, being coordination and transparency. The PPN is the main conduit, designed and approved by the national government, through which the local

authority is permitted to connect with potential service providers operating in the local community on matters regarding the environment, social inclusion and voluntary sectors. It has been structured to strengthen the capacity of the environmental, social inclusion, community groupings to contribute positively to the community in which they reside/participate. There is a level of transparency in how it operates (rules of engagement) that prevents, at its heart, bias or cronyism to any one particular group. It is an independent structure to the county council. All groups operating in a particular space, such as, social inclusion, receive the same information and data in a coordinated fashion through circular emails and forums, so no one group gets more advanced notice or preference. The aim of this framework is to facilitate and enable public organisations operating within the wider community to articulate and give an accurate focused voice to a diverse range of views, issues and interests within the local government system.

Key facts

The Public Participation Network (PPN) is organised at County level with three pillars of activity: Environment, Social Inclusion and Voluntary. The Voluntary Pillar focussed on local development, sports, social groups, residents groups etc. The Social Inclusion Pillar focussed on people experiencing disadvantage and inequality and the Environment Pillar focussed on protecting the environment and sustainable development.

The Public Participation Network facilitates the participation and representation of communities in a fair, equitable and transparent manner through the environmental, social inclusion & community sectors on decision making bodies. The framework provides information relevant to the environmental, social inclusion & community sector and acts as a smart specialisation hub around which information is distributed and received.

Implementation

Each local PPN has a County Plenary at County level which deals with County level issues. There is also a Municipal District Plenary in each Municipal District which deals with issues at a municipal level. They have Linkage Groups which deal with specific issues (task groups) and they have a secretariat at County level paid by the Council that acts a facilitation and communication mechanism. The fact that the secretariat is paid with clear role guidelines and not in a volunteer capacity helps with continuity and scaling.

The communiqué on Friday (good practice in previous section) is an email, issued at the end of business on Friday from the secretariat and is sent to all PPN participants. The version used in Louth includes all three pillars and aid in synchronising activities between the separate pillars.

Results

Although the PPN was a government initiative it is replicated and ongoing in all the counties in Ireland. As improvements to the system are identified or are made, there is a coordination facility where these updates can be disseminated to all the other counties.

More information

A Youtube video is available to explain the activity. <https://youtu.be/-bfcgJ0a0U0>

4 Recommendations for training packages

This chapter of the document encapsulates the opinions and experience of the Irish stakeholders as well as the national picture around age friendly, as encountered during the desk research.

4.1 Needs of the end-users and role of facilitators

This section has been subdivided into three subsections. Firstly, *i) the work process* focuses on the management of the process of being a facilitator such as managing contacts and documentation. Secondly, *ii) the training process* which focuses on how courses could be delivered to the facilitator and what can be in place to show training progression. Finally, *iii) training the service provider or trainer*, which focuses on the aspect of base level generic skills the facilitator will need on top of the specific product or service skill to be able to consistently and accurately interact with the SHAFE group.

i) The work process:

There is an essential need for tools, a process or system for assessment of need, coordinating activities, such as, ‘appointments’, collection of notes on ‘activities to do’ and ‘work to be completed’ and ‘jobs completed’. This was clearly outlined in a number of the interviews.

- 👉 **Personalised/localised service or solution provision** based on user assessments and matching steps– not a one size fits all approach. Also how to localise product/service/content for senior users to keep solutions personalised and show immediate relevance for the user.
- 👉 **How to perform needs assessment in BUILT, HEALTHY and SMART.** Given the need for personalisations, facilitators need Accessible mechanisms to assess end-user needs for each of SMART, HEALTHY and BUILT.
- 👉 **Appointments:** To make contact with the person as a contacts list and a calendar/diary to schedule activities. Have the facility to have the person change or alter their appointment (it does not have to be directly online, it could be over the phone or by text or email) and also to be able to store securely, notes about the person that are relevant to the training (i.e. are there times of the day where the person is not available if they need to be contacted, or if they are deaf in the left ear etc.).
- 👉 **Collection of notes on activities to do:** Within the daily, weekly, monthly calendar there will be leads to chase up, new areas or research to investigate, and professional development. After all, this facilitator activity will need to be self-sustaining over time. There needs to be training on how to complete and manage that work, how to plan for that activity and the importance of that effort.
- 👉 **Collection of notes on work to be completed:** To have a format and location where information can be stored securely about the work and activities that needs to be completed for a person or group. Is equipment required before the training, is there a manual or software that needs to be taken with the trainer, computers, projectors etc.
- 👉 **Collection of notes on jobs completed:** When a job is completed, there will be areas where some changes had to occur to the original plan. In the building construction industry they used to be known as redline drawings or ‘as built’ drawings. These notes

can be reviewed periodically and if some of the planning for training material is persistently missing details, this material can then be updated.

- ✎ **Boundary Management:** Be aware of the need for defining roles and recognizing boundaries between facilitators and end user (e.g. hours of support, appropriateness of engagement).
- ✎ **Police Vetting:** An issue that may be specific to Ireland, and is intended to protect vulnerable citizens, is the need for Garda (Police) vetting when dealing with vulnerable people such as disabled, underage and elder persons. Who organises that Garda vetting? There will have to be a code of ethics developed and training around it to ensure the facilitators comply with it, and to agree on a reprimand if they fail to comply – such as removal from a register.
- ✎ **Insurance:** to operate a business insurance and proof of insurance will be needed. Training and guidance will be required to explain what is normally included and not included in the insurance. Where to get the insurance and its costs.
- ✎ **Certification:** for many SHAFE roles – particularly in HEALTHY and BUILT, certification is needed. Examples include, plumbing, electrical work, building work, gas install and repair and podiatry. There are other roles such as gardening, painting, odd-jobs, transport, hairstyling, where no certification is needed. This again is intended to protect the citizen.

ii) *The training process*

Standalone training modules are where a course has clear learning outcomes, has a syllabus, a method of delivery and method of assessment. If the assessment is successfully completed then the candidate is considered to have passed the course. An issue relating to standalone courses is the management of alerting candidates that the module exists, or where to go after the module is completed. Where and when will the module be advertised. There is a distinct lack of progression awareness of the learning experience, after that standalone module is completed, “what do I do next”, “where do I go next”, “oh I should have done another course first”. However, on the positive side it is easy to opt in to take a particular module or “cherry pick” modules that the candidate would enjoy, or finds easy and avoid the ones they do not like. This approach may suit some independent course topics. An example of this type of course would be the dementia customer training for retail is at this link http://elevator-pst.com/?page_id=5763.

Groups can simply go online and get certification in providing that service. It is also beneficial to promote an ability in the facilitator with a small commitment and this could lead to another course and another course.

Course type education is fundamentally different to standalone module training paradigms. Course type education is where there is an overall suite of learning objectives that need to be achieved in order to show evidence that the course has been successfully completed. For example, if the candidate chooses to take an ICT or Engineering course, the institute delivering the course must show clear and measurable learning outcomes. Sometimes these learning outcomes can be accredited by an external institute. In Ireland, engineering courses normally seek accreditation by Engineers Ireland, who are a statutory body, enshrined by the Government of Ireland who is responsible for protecting the profession of, and being the voice of, engineers in Ireland. They have a set of five core competencies that they consider an

engineer should have mastered before they can be described as an engineer. There is an opportunity in Hands on SHAFE for accreditation of this type to be aligned to equipment or service providers, for example in Ireland Age Friendly Ireland, Active Age etc. There might be a European standard institute too for SHAFE.

Course type education starts with the overall course learning outcomes, which is normally aligned to the core competencies of the accrediting institute. These learning outcomes are normally subdivided into separate modules. There is a distinct presence of progression awareness. After completing the set of modules it can be considered that the course has been successfully completed. In this course type education each module, would have a set of learning outcomes, a syllabus, method of delivery and method of assessment. The separate modules have an order/sequence, so material delivered in one module can be advanced in subsequent modules, progressing the learning outcome to the more advanced outcomes once the assessments have been completed at each stage.

The technique of how to deliver the material in each module is in the hands of the tutor, as some material could be best delivered using a “hands-on” approach and others would be best achieved in lectures or problem based assignments.

There is an important need for managing the delivery of training itself. Consider a product like “Moodle”, which is an open source virtual learning environment (VLE). There is an organisational component to having all the relevant material in the one location, shows the order of progression and assessments. This could be utilities to warehouse the training material.

The facilitators will need a technique where it can be clearly shown what qualifications they possess and what qualifications they don’t possess. This could also be used like a Yellow Pages where a skill could be looked up on a Hands on SHAFE skills database in a particular region. This could be achieved by having a licence or passport or webpage where the list of possible courses are publicized and what the candidate has completed are presented in one colour and the courses that are now recommended are detailed. There would be a focus in this case on transversal skills in particular as core content.



FIGURE 14: A SHAFE LICENCE WOULD ENABLE A TRUSTED COMMUNITY OF SHAFE PRACTITIONERS TO FORM.

iii) *The training of the service provider or trainer*

One point that was raised repeatedly in the stakeholder engagement, there is a need for the solution or service provider or trainer to gain a lot of experience with dealing with the elder person. How to ask questions, to be tolerant and be sensitive to some of the physiological and psychological changes that accompany ageing, how to encourage and give confidence to the elder person.

“If the elder person wants to be in your company, and not just tolerates you, then you are doing a good job” was a measurement of success in more than one of the interviews.

The solution provider or trainer needs to be able to build the elder persons’ trust, respect, confidence and acceptance.

If the cohort of facilitators are returning to work from being unemployed or ex-caregivers or similar, there will be some training need to overcome the imposter syndrome where the facilitator believes they are faking it and lack confidence.

Vulnerability awareness training were actions by the facilitators need to follow a particular code of ethical practice, to avoid taking advantage of the elder person they are trying to assist.

4.2 Strategies to attract and address potential SHAFE facilitators

The following aspects were mentioned during the stakeholder phase in relation to encouraging new SHAFE facilitators.

- 👏 Flexible hours of work.
- 👏 The prospect of “making a difference” while working with people who appreciate their help and assistance.
- 👏 Helping and being relevant in the community.
- 👏 Improving the lives of other people who are truly struggling.
- 👏 Enable improved connection of facilitation services with each other to form an ecosystem.
- 👏 Facilitators will feel more connected if they operate in a system. There is a need for a **trusted network, marketplace or central point of contact** to advertise, find out and negotiate about services & products and for localised support of products and services. This would be of great benefit to facilitators, but also seniors, family members and carers. Also Radio and local advertising
- 👏 Another mechanism that could help with development of an ecosystem is development of **social networks for registered facilitators** which would enable sharing of experiences.
- 👏 Remove the disconnect between recommended products and services and their provision.
- 👏 The types of business that this cohort engages in is often relatively low risk – low overheads. This message can also be passed on. "What have you got to lose?" etc.

Beginning or transitioning SHAFE roles: New SHAFE facilitators who are “returners” (persons returning to work) will need a level of personal development. If the returners are returning to education, or to the workforce, they will need cross-cutting training on social awareness as their job or position changes. If you were a care giver, and were the primary person responsible for a person under your care, and then return to the workforce, you cannot assume that carer role for all the other employees. The social dynamic changes and it needs

a change in the person's social perception and that needs training. Particularly, if you were the sole responsible person you may have a power or god complex that you needed to maintain the sole care giver responsibility role. Then that has now changed. Retraining, a sense of fear when your role is change.

Respondents also mentioned variations of "imposter syndrome" in relation to lack of confidence. This is a consideration when trying to encourage the person back to the workforce who is able, perhaps has done it previously, but lacks the confidence. The level of self-confidence goes when a major change occurs, readjustment of roles. Cross-cutting training will be needed for this issue, but it could be a motivation to taking on future work too.

Personal development and training needs analysis: each individual should be enabled to recognise their strengths and their needs and so find the training to be able to fix the missing skills issues themselves. FETAC, the Irish adult education syllabus development body in Ireland include content on skills awareness training. Women ReBOOT (2020) is a tech sector initiative for experienced and qualified ICT women who have taken a career break and now want to reignite their Tech career.

Even when experienced facilitators move between roles, one respondent mentioned that successful facilitators that they knew reported an experience of "Empty nest syndrome" after a project was completed. When the project ended there was a sense of bereavement, "like a family member had left home". Some mechanism for coping with transition and promoting continuity to other projects would be helpful in that respect.

4.3 Appropriate training contents and methods

i) *Methods*

See-hear-do: From the interviews, the most successful paradigm for training the facilitator themselves, and then for them to be in a position to train an elder person is "See, Hear and do". This mirrors a learning theory attributed to Edgar Dale, known as Dale's Cone of Experience. During the 1960s, Edgar Dale theorized that learners retain more information by what they "do" as opposed to what is "heard", "read" or "observed". The interviewers have identified that this is critical in teaching both the facilitator and the elder person. Where videos are used a suggestion of short duration videos of no more than 3 to 4 min videos with interactive material (e.g. questionnaires) to handle "do" part.

Progressive learning: The interview results also emphasized that the learning steps should be small, clear and repetitive, as the learning for those returning to learning relies on them repeating until they retrain the emotional connection to the process and it becomes normal. If the facilitator is trained in that way it would be beneficial, as facilitators would in their service provision normally repeat the training manner as well as the content, in the fashion in which they were taught the material.

One-to-one: Stakeholders noted strong benefits to one to one training online and face to face for this group of trainees. Seniors or the unemployed both target candidates for training. "One-to-one" should be built in for this cohort. So training resources ideally should be curated and supported.

Repetition: The training being provided should be repetitive and a trainee facilitator who is themselves, intending to work as a guide, assistant, or solution provider will need to be

educated on how to provide repetition, without the impression of being bored, as the elder person may only be seeing encountering a problem or situation for the first time, or “only appear” to be receiving the skill for the first time, but has seen it many times, which is a common ageing characteristic. In either case, the trainee facilitator has seen it repeatedly and it can be difficult not to remain calm, minimise frustration, belittle the elder person or skip steps by becoming complacent.

Retraining: This should be performed periodically to ensure the elder person keeps using the service or product. It is not just good enough to show them and leave it at that, as they have a novelty window, but then when there is no support or they forgot the training the device is simply forgotten and not used any further.

The issuing of smart phones was mentioned a number of times where the device is taken out of the box, used while the person is being demonstrated some of the features, then left in a drawer, as the person forgot how to use it or cannot remember why it was relevant to use it.

Whole-part-whole: The interviews have also highlighted that the whole-part-whole method of training should be used. The rationale for this was the facilitator would normally be mature and may not have been directly from formal education. This is where the learner tries to perform a whole skill first. This illustrates the need for the skill and the clear benefit of having the skill first and ties into motivational connection to WANTING to do the course. The skill is broken down into a practice of carefully orchestrated parts of the whole skill (i.e. the part-part), to gain confidence and connection to the skill, then at the end the learner tries to perform the whole skill again.

“On-the-job” experience: From the interviews, there is a strong sense that the most successful facilitator training will be similar to mentoring or an apprenticeship, where the trainee facilitator is guided while working on the job with an experienced mentor and building up the skill of interacting and listening with the elder person or group. In addition to this there would be formal education to the trainee facilitator in advance, for example, code of ethics, training on the domain in which the aid will be provided, be it ICT or funding applications etc.

Accreditation: It would be beneficial to have the trainee facilitator accredited by the Education training Boards, so the material is delivered to an agreed level according to the National Framework of Qualifications. This may tie into the Hand on SHAFE Accreditation model discussed earlier. So it would be at an acceptable standard for different volunteer or service providers groups to agree to take.

Base level education: Providing the relevant base level education to service providers, such as hairdressers, manicures, massages, electricians, plumbers. The purpose of this is to build knowledge in the service provider on how to interact and behave around the elder person. Perhaps speaking clearly and slowly or how to handle money for payment, or mannerisms that may be offensive, explanation of some elder “isms”. This could be a Hands on SHAFE basic training course. Which feeds into all other trainee facilitator training material.

ii) *Training focused on interacting with the senior person*



ii a) HEALTHY training topics relating to the ageing citizen

Mental awareness, stimulating confidence building of the elder person or of the family or carer.

Characteristics of ageing Physiology changes in seniors need to be considered when developing all types of training, and also for selection of services and products (e.g. sight, hearing, mobility, frailty, fine motor skills).

How to build up the self-confidence of a senior if the person has been isolated due to an illness or in a hospital to have a person chaperone them for a few days to assimilate them back into society.

Personal physical fitness for seniors. The Timed Up and Go test (TUG) was mentioned in two interviews and is a simple test used to assess a person's mobility and requires both static and dynamic balance. It could be encouraged to do this via an online test once a week. But also training could be included to promote some areas of the TUG where the elder person is finding difficult so they can improve mobility and fitness.

Cognitive impairment recovery or management progressive impairment training. Use of games on smart phones would help break the barrier that has been identified between the elder person and technology, where they identify the fun element of the device and then feel comfortable using it for other purposes. Perhaps a search for different games that teach similar interactions to video calling or filling in forms, or mobility of hand actions or mental awareness. So the game could be used to improve a particular skill, then reuse that skill for another helpful purpose.

Vulnerability awareness and assessment. This could be around online form filling, ensuring that the form is an official bank site, and never disclose the passwords etc. or physical awareness of changing their routine periodically to prevent or reduce opportunist crime.

ii b) SMART training topics relating to the ageing citizen

Fall and panic alert detection systems and setup.

Availability of AT products that help ageing citizens in their daily lives. Where and how to locate them and how can they be customised to the person's needs. This was spoken about in a number of interviews. What devices are out there, what services are available, perhaps a hands on SHAFE Tech Talk Channel could be useful. How can the simple devices be used to improve daily living for the elderly. How can it improve daily life for me?

Availability of SHAFE services that can benefit the ageing citizen.

How to assist with applying for funding, identifying funding and explaining funding. It was mentioned that this could be completed by a person disabled through immobility. This group can find it challenging to get employment due to the immobility, but have a lot to offer when use for phone communications and can be very resourceful when applying for funding schemes, which is a very important skill.

Knowledge needed by facilitators for informal ICT training around smart phones and apps. Selecting the most appropriate phone, what phones are available, what phones not to buy, what phones look good and are comfortable to use, panic button, caller ID and software. Mobile phones for the elderly was mentioned a number of times, but there was a clear lack of standardised training given so the smart mobile device was unused in a relatively short period

of time after the elder person was given it as a gift. This could be an opportunity for a Hand on SHAFE, Tech-Talk training channel.

Knowledge needed by facilitators for informal ICT training around connecting smart phones to devices such as watches and pendants.

Awareness of the characteristics of the digital divide: There will always be a digital divide and this will keep occurring as the generations pass. “As I am getting older, I am clearly aware that IT is moving at a faster pace than I can cope. If it’s working I am afraid of breaking it and not being able to fix it. Or be in a position to explain to somebody else what the problem is, which I might not know and I may appear dumb”. Others are in the same boat.

Training Channel: As a supplement to the website, from a number of interviews there is an opportunity for a Hands-on SHAFE, **SHAFE Tech-Talk training channel** in Youtube. Where devices are introduced, demonstrated, compared etc. in a fashion that would suit the elder person. Or perhaps a “Which?” type information channel, <https://www.which.co.uk/>.

iii) *Training focused on the Home/dwelling/care home:*



Adapting a home/dwelling/care home before it is needed or as it is needed by the person. What options are available and explaining what others have done in the past and how it helped them? It was suggested that a person 45+ should be educated on what to invest in before they get to retirement age. An investment when they are 45+ could be accomplished using a top up mortgage. If the same activity is done at 65+ then the person would have to dip into their savings.

Energy saving, reducing carbon foot print, reduce the annual amount of money around heating. A mention of the EU green deal in combination with the community of 65+ going to double to over 22% by 2040. So training and education focused on this group could have national savings for the economy.

Grant Applications: Explanation of grants available for property based products and services.

SHAFE skills for trusted tradespeople, for electricians, plumbers and carpenters. Basic SHAFE training on code of conduct regarding elder persons.

Outdoor care and repair services groups that assist in gardening, trimming grass and bushes hand rail etc. Aspects that the elder person would have traditionally done themselves, but now cannot.

Care and repair inside the home. For example somebody to help when the TV changed from analogue to digital transmission. A lot of elder people would have been totally cut off. But having a trusted Care and Repair team for inside the home with IT or fixing a piece of loose carpet or fixing a door handle or other incidentals. But not trades person.

Smart equipment to aid in assisted living. What equipment is available, how does it assist me, how is it different to this other piece of equipment is it value for money. An opportunity for

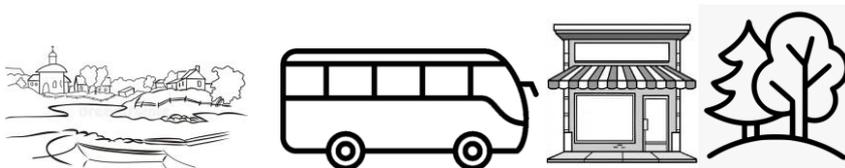
a Hand on SHAFE, Tech-Talk training channel with a “Which?” type information, <https://www.which.co.uk/> format.

Setting up/configuration of smart home sensors.

Security, thumb locks and non-recording video camera, changing the sequence of lighting timers. If the person gets shaken by an attack, they will not want to leave their homes and their health degrades very quickly. So there is a lot of effort to keep the elder person safe, feeling safe and secure and to be able to move around the community freely. Short training regarding personal safety has proven popular to aid in the elder person remain in their homes for longer and also minimise opportunists crime.

Synchronous leisure tech: Setting up & personalise communications technology solutions that enable synchronous online enjoyment of leisure activities (e.g. online book clubs, cookery or fitness classes)

iv) Training focused on the local community, transport, shopping/towns and parks



Age-friendly business practice: Training shop owners, chamber of commerce and municipal district management on how to make towns age friendly. For example, identifying key routes that the elders used and ensure they are kept maintained with good lighting, additional time for pedestrian traffic light durations, hand rails, seats and clear parking zones, perhaps some for elderly and others for disabled. For example, Irish high street opticians, Specsavers have rolled out initiatives they gained in Dundalk to all their shops. Styling the shop to minimise noise, excessive lighting, and contrast colours on floors that can be trip hazards for dementia sufferers (who believe it could be a physical step). Dundalk Credit union made their banking experience Age friendly, as they identified the importance of keeping the elder customers engaged. JAM cards, “Just A Minute” <https://www.transportforireland.ie/jam-card/>. The JAM card allows people with a communication barrier tell others they need ‘Just A Minute’ discreetly by showing a card or key fob and easily so they can be given extra time or extra help to perform a task.

Dementia Awareness: The Dementia Elevator programme is an Irish national education and empowerment programme developed by Dublin City University and the HSE to help individuals, communities and health systems engage appropriately with people with dementia. Dementia sufferers are particularly affected by ambient noise and contrasting colours and so front line services need to be trained on how to maximise their interaction with customers suffering from dementia. The purpose is to ensure that there are people with the right skills to make staying at home, and being part of the community a more obvious choice than is currently the case for dementia sufferers. An example of this course is at this link http://elevator-pst.com/?page_id=5763.

IT awareness for public sector facilitators: The capacity of the public service to stay abreast of IT solutions, data analysis, and front-end design is weak or non-existent. The public service

are not aware of what tech or services or solutions that are currently in the market or is coming down the pipeline. Having training in place or short monthly webinars can help promote this. Having a certificate of completion would also ensure that this monthly CPD is done by the relevant public service staff.

Language gaps There is a gap of the language and direction of interaction between the person providing the service and the end user. For example, if a local authority was providing a service to an infirmed older person, the conversation is directed to an intermediary, such as the persons' adult companion (e.g. son, daughter, husband or wife) and not the infirmed older person themselves. There is a need to have an Age friendly solution developed into the core, not just switched on when an elder person is present, but seen as normal interaction or behaviour.

SHAFE Data analyst ICT skills are in critical demand in the SHAFE space. And the ability to connect data and tables from different systems together. ****This could be a disabled person, so some cross over awareness**.**

An age-friendly guesthouse/pension. Perhaps providing a chaperoned mix of tour guide and restaurant section and direction orientation aid to the elder person. Training can be provided to highlight some of the benefits and challenges to be expected.

Hospital SHAFE liaison persons to help navigate the elder person during their visits to hospitals. This type of support is common practice in airports. Why not in hospitals too? To get to the room. Buddy system training at local Hospital to help patients navigate the space when they arrive. Also before the depart there is a chaperone that helps the elder person get back on their feet and get confidence to be independent again, after being partially institutionalised.

v) Other SHAFE Topics

SHAFE considerations for customer care: Companies providing product and services need to have customer care training to ensure that somebody is on the end of a phone. Climote, Grandpad and Acorn all added in personal to be able to take calls by the elder population. ****This could be a disabled person, so some cross over awareness**.**

Withdrawal of service: For a project to run in this SHAFE space education around how to unpick the device or service after the pilot is done is essential. Training on how to do this correctly is important. Exit strategy is vital before the pilot project runs. The optics at the end of the project looks bad so it is to be avoided.

4.4 Strategies to sustain the training outcomes

Accessibility and person centred-ness: Facilitators need training programs that are accessible - there should be a focus on personal development and ability to sell and to build a marketing programme for a good or service. For example, accounting details can be daunting, especially for low-skilled trainees. One solution that could help here is to suggest that they get a good accountant. (In general it is useful to suggest paying for professional for some roles to remove some of the fear).

Finding customers and allowing customers to find them: Training will only be successful if the significant gap between availability and uptake is bridged. This applies in particular to existing SMART training opportunities – facilitators should ensure that users are aware of the existing SMART training opportunities. Many smart home technology solutions are now very

affordable & offer huge potential to increase peoples' sense of well-being and independence but yet are under-utilised by those who would benefit the most from these solutions, including seniors.

Repetition.

Costing offerings to balance earning and value: The middle aged people 40-60 expect to pay (or are ok with paying a contribution) for a service. But, the elder person gets to a point in their lives where they expect things to be done for them, and don't expect to pay for it. For facilitators who wish to get paid, there is a need to balance income vs. cost effectiveness.

Training for developing a business case and plan. This would include training courses on how to advertise, budget spending, invoice, document interactions.

- 👉 **Policy led “joined-up thinking”:** There is a need for a policy led approach to embrace technology and to support facilitators in adopting technology – currently it's left to service providers to drive it. Organisations in Ireland currently have all separate strategies, all have separate budgets/ideas: not conducive to strategic thinking, a combined approach is required e.g. National Strategy for ageing in Ireland the National Technology Group: Department of the Taoiseach (Subgroup of it dealing with seniors),
- 👉 **Feedback Mechanism:** Monitoring and gathering feedback from users and facilitators

Networking: In real life networking for carers after training – Whatsapp, away days with carers and clients (A stakeholder stated that this significantly increases networking)

5 Quotes of experts and stakeholders

We are unable to provide quotes from stakeholder engagement process.

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