



Support & Advocacy Service

A Submission to the Citizens Assembly

Responding to the Challenges and Opportunities of an Ageing Population

Introduction

Sage was established in September 2014. Its development has been influenced by the scandals of Leas Cross in 2005 and Aras Attracta in 2014. It provides support and advocacy to vulnerable adults and older people and it is working to expand its services to people in all living situations and care settings and wherever illness, disability, ageing or loss of capacity poses a challenge for individuals.

Sage very much welcomes the opportunity to make a submission to the Citizens Assembly on this hugely important topic. The Submission provides a general overview of how the considerable challenges and opportunities of an ageing population in Ireland should be identified and addressed. In doing so, it draws heavily on the work of the Forum on Long-Term Care for Older People and focuses specifically on three aspects of the challenge:

- 1) Maximising the older population as a social, community and economic resource
- 2) The role of housing in enabling people to live independently in the community
- 3) Developing innovative social enterprise initiatives to meet the multi-faceted needs of people requiring care and support

Ireland is ageing and more people are living longer and better lives. Census 2016 results show that the population aged over 65 increased by 19% between 2011 and 2016.¹ For the population aged over 85, the male population increased by 25% to 23,062 while the female population increased by 11% to 44,493. A minority of older people – probably one in five – require some form of support.

While at any one time less than 5% of older people live in some form of congregated setting, such as a nursing home, one-third of women and one-quarter of men are likely to spend

¹ This increase is especially evident in the male population which rose by 53,523 (22%) to 296,837 compared with an increase of 48,651 (16.7%) to 340,730 for females.

some time in a nursing home before they die. With appropriate supports many older people can live, and die, in the place of their choice which, for the majority of older people, as repeated surveys indicate, is their own home. However, lack of resources and supports for people in their homes means that long-term care has tended to become almost synonymous with nursing home care. There is a need for innovation in the development and provision of supports and services for older people who wish to live in the community. A comprehensive legal framework is also required in order to achieve this based on values such as equity, self-determination, citizenship and social solidarity.

In order to address issues around long-term care and support, Sage established a Forum on Long-Term Care for Older People in 2016 in partnership with a number of concerned organisations (Third Age, Family Carers Ireland and Alone).² A report of the Forum³ was prepared and key members were invited to present to the Oireachtas Committee on the Future of Healthcare. It is suggested that this Report would be of value to the Citizens Assembly in its deliberations.

Key considerations

There are a number of basic considerations that should inform our discussion on the challenges and opportunities of an ageing population and which need to be taken into account in any discussion about the role and place in society of older people and the support systems and services put in place to meet their needs.

The first, and probably the most significant, is that older persons are a segment of the population with significant insight and wisdom based on a lifetime experience with the potential to make an enormous contribution to society and, as yet, a largely untapped resource in Ireland. Secondly, people in later years make a very positive economic and social contribution. Not only are they significant consumers of services and products and have considerable buying power but also perform key integrative functions by, for example, providing care for dependent others (e.g., spouses), voluntary work in the community and child-minding.

Thirdly, some people in their later years are ill and/or have a disability (most disability is acquired over the life-cycle) and are thus dependent on the health, social care and welfare system. The latter group are often seen as a significant drain on scarce resources and, as a result, may be afforded a negative social status with a related lessening of respect.

The fourth factor is the obvious question that needs to be addressed in an open and forthright manner:

² The Forum involved a public consultation process, an analysis of relevant research and policy documents and a public opinion survey.

³ http://www.thirdageireland.ie/assets/site/files/pr/Report_of_Forum_on_Long-Term_Care_for_Older_People_FINAL.pdf

Why, despite decades of policy reports and recommendations to government, is there still a systemic bias towards care in congregated settings and no formal legislative basis for support and care in the community?

The next relevant factor is that older people clearly have equal rights with the rest of the population to citizenship and protection in accordance with international human rights conventions – the European Convention on Human Rights, in particular the right to liberty and security (Article 5) and the UN Convention on the Rights of Persons with Disabilities. The Assisted Decision-making (Capacity) Act 2015 is particularly relevant to older people with reduced decision-making capacity as a result of dementia or other cognitive impairment in that, *inter alia*, it includes provisions for supports to enable people to assert their will and preferences.

Citizenship involves providing people with opportunities and related resources to enable them to participate effectively in society. It involves fostering feelings of belonging in the broad sense of national identity as well as identifying with the local neighbourhood and the community. This requires the provision of opportunities for civic engagement, integrative support structures and support services for individuals as required.

An important finding of TILDA (The Irish Longitudinal Study on Ageing), highlighted by McKeown *et al.* (2014)⁴ is the significance of social connectedness as a key to well-being for older people. “Social connections, in the broadest sense, have a particularly large influence on personal well-being among older people” (McKeown *et al.*:17). Such connections typically involve the quality of relationships with partners, children, relatives and friends.

Another factor that needs to be kept clearly to the forefront in policy discourse is that within the older population there are specific categories and groups that have particular needs and require targeted responses. Such groups include those living alone with weak social networks, Travellers, older people with a disability, those with reduced decision-making capacity and residents in long-stay nursing homes.

It is clear that much more can be done at both national and local community level to prevent or delay the onset of conditions that require more extensive care and support, including, in particular, healthy ageing initiatives, accessible transport and initiatives to combat social isolation and loneliness.

It is also the case that there are different practices and outcomes in different parts of the country. For example, by comparison with Ireland as a whole, Donegal has significantly less deaths in hospital (34%) and significantly more deaths at home (32%). However, deaths in long-stay facilities and in hospices are broadly similar between Donegal and Ireland. From

⁴ McKeown K. , Pratschke, J.and Haase, T.(2014), Individual Needs – Collective Responses: The Potential of Social Enterprise to Provide Supports & Services for Older People: Assessment of National Business Case, Dublin: Fourth Age Trust.

the perspective of national health policy - and specifically of delivering care at or closer to home and reducing the inappropriate use of acute hospitals - these statistics indicate that Donegal is well-ahead of national average in terms of implementing this aspect of national policy.⁵ As a general principle, good practice with desirable outcomes needs to be identified and replicated.

Moving from laudable aspirations to actual reality

There is a broad consensus on the direction that our approach to supporting older people who need support and care should take. This includes enabling people to stay at home and in their own communities for as long as possible, the need to cater for people at the lowest appropriate level of complexity and the need to provide high quality residential care when and if this is needed. We know what needs to be done but actually doing it requires new thinking, innovative approaches and the availability of a mix of accommodation choices to enable progression as support and care needs change. The following are relevant factors in shifting the public, political and policy discourse:

- The term 'older people' which is commonly used, is a somewhat unfortunate one in that it fails to capture the very wide diversity of people within that population, ranging from those actively engaged in society (paid work, volunteering, ongoing education, child-minding) to people with impaired physical health or impaired cognitive functioning (or both) and who, because of such impairment, require support to a greater or lesser extent.
- There is a major discrepancy in the Irish health care system between the way care for people with acute illnesses and those with a slow debilitating illness (such as dementia) is funded – a core question to be addressed by society is whether or not this is right or equitable;
- The need to address the legislative gap between entitlement to nursing home care and entitlement to support in the community is widely acknowledged and action by Government on the matter is urgently required;
- There is a need to proactively plan for the financing of long-term care of an older population who are living longer and to make decisions about how this is to be funded – a public opinion survey carried out last year by Amárach⁶ for the Forum on Long-Term Care found that the greatest overall preference for funding long-term care is through general taxation;

⁵McKeown, K. (2012), *End-of-Life Care in Donegal*, A report commissioned by: Donegal Hospice Committee, Health Services Executive and Irish Hospice Foundation.

⁶ Amárach Research (2016), Presentation to Forum on Long-term Care

- While there is broad acknowledgement of the principle of enabling people to exercise their will and preferences in the way support and care is provided, people regularly end up in nursing homes against their will because of a lack of community-based alternatives;
- Research repeatedly shows that older people express a clear preference for care in their own homes provided by family members⁷ and policy continues to be based on the premise that the family has a responsibility to provide for the care needs of their older relatives. However, the ability of families to provide the levels of care required is undermined by the fact that services for people being cared for in the community continue to fall short of what is required.

The older population: an underdeveloped human resource

Population ageing is frequently seen in western societies as a threat or at best a challenge as distinct from an opportunity. Despite the clear evidence to the contrary, ageing tends to be frequently regarded as an inexorable process of decline towards becoming a burden and a drain on resources.

Policy discourse on the older population tends to place little emphasis on older people as a significant human resource, as mentors, role models of excellence and capable of providing stability in an era of rapid and bewildering social change.

Society cannot afford to do without the wisdom and experience of its older members and, therefore, needs to find inclusive ways of channelling this experience and wisdom creatively and productively. The concept of elders as mentors needs to be more than just an aspiration and flexible retirement must become an integral part of the organisation of work.

The promotion of intergenerational equity and solidarity, a basic component of citizenship, needs to be better enshrined in our culture and institutions. There is more interdependence between the needs of older people and those of younger age groups than is sometimes recognised. In addition to creating opportunities for meaningful involvement for themselves, the concept of older people working as mentors to younger, less experienced people is one that could potentially be applied much more widely than is currently the case – in business settings, schools and colleges, local community development initiatives, training and development programmes and, very importantly, in the work of voluntary bodies.

While the value of volunteering is difficult to measure, it clearly has both *social* value (practical benefits to society, to those provided with help and support and to volunteers themselves) and, also *economic* value if measured against the value of equivalent of paid

⁷ See, for example, Amárach Research (2016), Presentation to Forum on Long-Term Care

work. It is impossible to put a cash value on the 'output' of volunteering in that volunteering is primarily about relationships rather than the narrower concept of transactions.

Effective engagement of the older population across the whole spectrum of society can only happen where there is an ethos of citizen participation and collective decision-making. More opportunities are, therefore, required for older people to effectively shape both the social milieu in which they live and work and the support services they need and use. Concepts such as 'age and opportunity' and 'active ageing' need to be applied much more extensively than is currently the case and extended to involve greater numbers and a wider range of people, and especially those with functional impairment and those living in long term care accommodation. The role of income maintenance, transport, infrastructural policies and opportunities for social engagement and education in determining the quality of life of older people is also an important consideration.

Maximising the role of housing in long-term support and care

There is universal acknowledgement that supporting people to age at home makes sense socially. Older persons in need of care and support who have different needs clearly require a range of accommodation, care, nursing and medical responses and a continuum of delivery and intensity. Delivering on this requires all sectors to work together to deliver integrated support packages to people either in their own homes or in purpose-built housing. Appropriate well-designed housing and related preventative services are centrally important in promoting the health and well-being of older people. This will become an even more important consideration as demographic pressures intensify.

Meeting the health and quality of life needs of older people who need support and care requires strong linkages in the continuum of support and care – between housing, community support, acute hospital care and long stay residential care. The need for an integrated care pathway across all services for people with dementia has been identified as has the need to take account of the potential of new residential models, including housing with care (National Dementia Strategy 2014).

Local authorities have a central role to play and are well placed to engage with, understand and plan for the local housing needs of the older population and to liaise with different people and organisations in the development of housing to ensure that the needs of older people locally are met. It is, therefore, of critical importance that older person's need for housing and housing related services are included in the assessment of needs both within local authority functional areas and in relation to individuals. This is necessary in order to ensure that measures that can potentially combat deteriorating health and wellbeing sometimes associated with inappropriate housing are put in place. This will, of course, require better partnership between housing, health and social and health care providers and strong and visible planning leadership across the sectors.

Enabling people to stay in their homes

Enabling older people to stay in their homes as their needs change requires intervention at three levels:

- 1) People's current houses may need adaptations if they are to continue to be a safe and secure environment – these include relatively inexpensive adaptations such as:
 - Bathroom aids, e.g. walk-in shower, grab rails
 - Assistive technologies such as monitored alarms, and other monitors and aids
 - Front door spyhole and keychain
 - Intercom
 - Non-slip floor surfaces
 - Outside lights
- 2) People may have support and care needs which require the provision of a range of services, for example, opportunities for active social engagement; access to therapies; transport to GPs and out-patient clinics; and day support services.
- 3) There is evidence of significant fuel poverty among older person households which require to be addressed both through energy efficiency measures and through the social welfare system.
- 4) There are currently no national policies to provide a mix of long-term care accommodation to include, for example, duplex units for sharing with spouse/partner or assisted living accommodation where people who are socially isolated but who do not have care needs can be accommodated.

Assisted living housing/housing with care

Not everyone can continue to live indefinitely in mainstream housing and it may not be possible to meet people's housing and support needs in their current dwelling and, in such instances, people need some form of supported housing. Sheltered housing has long been promoted as having the potential to bridge the gap between living independently at home and residential care. The Years Ahead (the 1988 seminal report) envisaged that sheltered housing would form a central part of the continuum of care for older people and recommended that where it is not feasible to maintain a person in his/her own house or in ordinary local authority housing, sheltered housing should be considered as a first choice.

To date voluntary housing organisations have been the largest provider of sheltered housing. However, there is a relatively limited supply of fully developed sheltered housing as defined by the Irish Council for Social Housing (ICSH).⁸

In view of the increasing numbers of people with additional care and support needs and their expressed wish to remain living in their own communities, there is a clear need for the development of more care and support intensive sheltered housing. Of critical importance here is the availability not only of communal facilities and services but, also, homecare packages and easy access to medical and nursing care as required.

Housing with care clearly offers a dignified response to many people who can no longer live in their own homes but who do not require nursing home care. A UK Department of Health funded evaluation of “extra care” housing schemes found “similar or lower costs” than residential care but better outcomes. Clúid has recommended flexible schemes with varied house types, and the careful design of homes which would allow for multiple uses as the person’s needs change over time. The Centre for Excellence in Universal Design has similarly outlined key principles for the design of housing for dementia that may facilitate ageing in place.⁹

The 2016 Action Plan for Housing and Homelessness, *Rebuilding Ireland*, notes that older persons have specific housing requirements such as being in proximity to their family and social networks and the need for access to public and other essential services, recreation and amenities and refers to a new cross-Departmental/inter-agency approach including a the development of appropriate pilot projects by Local Authorities. However, much more is required in respect of the care and support aspect of housing for older persons and collaborative working between the HSE and Local Authorities.

Need for stronger inter-agency collaboration

Within the statutory sector nationally, the broader community and voluntary sector and within the local development sector, there has been a strong emphasis in recent years on matters relating to partnership, coordinated services, networking, inter-agency co-operation and service integration. While the environment for collaborative initiatives has been enabled to some extent by statutory funding streams which favour joint projects, the work required to develop and implement a truly inter-agency approach with shared goals and funding commensurate with those goals continues to present significant challenges. Questions arise, for example, as to the implications of the compartmentalisation of service planning under

⁸ The ICSH define sheltered housing as schemes with on-site communal facilities for assisted independent living. Sheltered housing schemes usually have an on-site warden, may include care supports such as the provision of meals and assistance with personal hygiene, and on site facilities can include recreation areas, alarm systems, and a laundry.

<http://www.icsh.ie/sites/default/files/attach/publication/358/reportonshelteredandgrouphousing.pdf>

⁹ Cluid (2015), *A Home for Life*, <https://www.cluid.ie/wp-content/uploads/2015/10/A-HOME-FOR-LIFE-FINAL-28-10-15.pdf>

categories of 'health' and 'housing' for developing a holistic response to older people's support needs. In this context, a 2013 Council of Europe has stated that Ireland does not have enough constitutional protection for local government and called on the Irish Government to implement legislation to address this deficit. The report noted that local governments "only manage a modest amount of public affairs" and that the administrative supervision of their activities by the central level remains high. The Report recommended to the Irish authorities that they revise their legislation in order to ensure that the subsidiarity principle is better enshrined and protected in the law.¹⁰

A related and equally important consideration is the fact that there is no overall national strategic framework for meeting a range of different needs, e.g., the higher costs associated with high support sheltered housing, because of separate functional responsibilities and budgetary processes on the part of the HSE, the Department of the Environment and local authorities. It is clear that stronger cross departmental links between the housing sector and health at national and local levels are necessary to implement Government policy as outlined in the Positive Ageing Strategy, *viz.*, enable people to age with confidence, security and dignity in their own homes and communities for as long as possible.

The Report on the Review of the Nursing Home Support Scheme (NHSS) recommended that the Departments of Health and Environment, Community and Local Government (DECLG) and the HSE, explore the potential for developing sheltered or supported living arrangements. The existing network of supported housing schemes provided by housing associations, e.g., Respond and Cluid, has the potential to be a useful starting point for this potential.

There is scope for much more development of assisted living facilities. A public initiative aimed at increasing this type of provision is required, having regard to the need to develop models of intermediate forms of care – between home care and full residential care. Such a development would require, *inter alia*,

- Legislation requiring all developments above a prescribed size to include a specified proportion of assisted-living accommodation
- A system of tax incentives to developers and builders who meet specified criteria in relation to assisted-living accommodation
- The Departments of Health and Social Protection financing or directly providing the required health care and social services needed to enable the assisted-living programme to operate.

The NGO sector, supported through the Capital Assistance Scheme, already plays an important role in the provision of sheltered housing and has the potential to do more in the

¹⁰ <https://wcd.coe.int/ViewDoc.jsp?p=&id=2113703&direct=true>

future. However, it is essential to ensure that the ongoing care element of such provision is addressed at the same time as the construction element. This will require a structured and inter-agency approach to deciding on and providing ongoing support for care services.

The National Dementia Strategy 2014 includes a number of relevant actions and objectives in this regard.

- The need for an integrated care pathway across all services for people with dementia
- Exploring the potential of new residential models, including housing with care, for people with dementia.

Integrated housing provision: a longer-term approach

In the longer-term, the concept of 'sustainable communities' outlined in a 2007 Government Statement on Housing Policy, *Delivering Homes, Sustaining Communities*¹¹, should be developed and promoted as an underlying approach to meeting the diverse needs of current and future citizens. Sustainable communities are seen as communities that are well planned, built and run, offer equality of opportunity and good services for all across the life-cycle.

In order to develop the concept of sustainable communities fully inclusive of older people requiring care and support, the following macro-level questions will have to be addressed across Departments:

- 1) How can more lifetime adaptable and accessible housing be provided in the private sector?
- 2) How can the separate components of sheltered/supported housing be better conceptualised as an integrated package and funding stream?
- 3) What needs to be done to develop new forms of assisted living housing
 - (a) Through better supports for the NGO sector already involved in social housing and
 - (b) Exploring the potential of the social enterprise model in this area

The following measures set out in *Delivering Homes, Sustaining Communities* need to be progressed:

- Develop new interagency responses on a more holistic basis to coordinate housing support interventions with other supports through joint agency/individual

¹¹ <http://www.environ.ie/sites/default/files/migrated-files/en/Publications/DevelopmentandHousing/Housing/FileDownload,2091,en.pdf>

commitment according to individual need

- In particular, establish interagency protocols to improve services in areas where there is an accommodation and care perspective.

Developing innovative social enterprise initiatives to meet the multi-faceted needs of people requiring care and support

The national business case for a social enterprise (broadly defined as a business model that puts people and community first) to provide services for older people in Ireland has already been assessed and has been found to be a feasible option.¹² Social Enterprises are organisations or businesses set up to tackle social, economic or environmental issues. Driven primarily by social and/or environmental motives, they engage in trading or commercial activities to pursue these objectives and produce social and community gain. Ownership of the enterprise is within a community, or amongst people with a shared interest.

The proposed social enterprise¹³ to develop innovative responses to the needs of older people would, *inter alia*, include:

- Facilitating the development of legal mechanisms to enable people to opt in and out of shared resources, partnerships and mutual arrangements
- Community navigators to advise and support on accessing services
- Re-visioning traditional services such as meals-on-wheels, day centres and respite
- Micro-working systems to manage paid, bartered and donated time
- Organising volunteers
- Transport
- Greater use of assistive technology
- Group-purchasing schemes to reduce the cost of heating or respite breaks;
- Befriending service
- Telephone contact and support services
- Urgent adaptations to a person's home to enable return from hospital
- Care and repair for home and garden
- Advice and assistance with financial and legal matters
- Emergency response in situations where home-based supports are threatened or the family is unable to cope

¹² McKeown K. ,Pratschke, J.and Haase, T.(2014), Individual Needs – Collective Responses: The Potential of Social Enterprise to Provide Supports & Services for Older People: Assessment of National Business Case, Dublin: Fourth Age Trust.

¹³ The proposed social enterprise would be likely to require a different legal status to a public or private body. It would trade commercially but with a social rather than a private purpose and its surplus would be re-invested in this social purpose.

- Advance planning when the end of life is known to be approaching.

The proposed social enterprise would be informed by the same vision for older people that informs national policy and by the goals of the National Positive Ageing Strategy, in particular, supporting people as they age to maintain, improve or manage their physical and mental health and wellbeing and enabling people to age with confidence, security and dignity in their own homes and communities for as long as possible.

The social enterprise approach is based on the premise that the policy goal of supporting older people to live at home for as long as possible, and they prefer, is achievable in Ireland and that we can learn much from those countries which actually achieve it. In terms, of social enterprise, it is noted that in the UK, for example, people are supported to set up micro-provider businesses through the help of an agency, [Community Catalysts \(CC\)](#), a social enterprise that helps people to develop grassroots solutions to address health and wellbeing needs in both communities and urban communities.

The ability for people to use direct payments from a personalised budgets approach which is being actively considered by the Government at present offers a useful framework for linking individuals requiring help with services delivered through a social enterprise model . Indeed, the ability to pay for services through personal budgets is identified as one of the reasons for the success of the scheme in the UK. Other reasons identified are the active promotion of the schemes by local councils and the wider drive to stimulate community-led support as a supplement to traditional care services.¹⁴ There is also significant potential to mutualise individual budgets to achieve better individual outcomes.

Summary

Addressing the challenges and opportunities of an ageing population requires action and innovation and a transformative approach at a number of different levels – societal, political, national government, HSE and local government. In particular we need to develop models of support and care that focus on quality of life outcomes.

At a broader societal level, Ireland’s fundamental challenge is to change heavily entrenched attitudes to older people. We need to change our culture. We need awareness campaigns that target the general public, as well as employers, and show how excluding capable older people disadvantages society socially and economically. For example, just as we have seen the increased appreciation of the need for flexibility in employment for people raising families, we need to see this happen for older workers who, after years of full-time work,- may want to remain attached to the workforce in a meaningful way, but move to less demanding positions or work less hours. We also need champions - business people who

¹⁴ <https://www.theguardian.com/society/2017/apr/26/old-disabled-people-homecare-micro-providers-somerset>

grasp the business and cultural advantages of employing older people and who can model best practice.

Also, at a societal level, we need a strong social awareness about the impact of an ageing population and the need to make the political choice to provide the required resources – financial and infrastructural - to meet the long-term support and care needs of our older population at a level and standard that we would all aspire to. An open and honest discussion about the respective responsibilities of the State, families and local communities in providing long-term support and care for those who need it is required.

There is a need to re-configure the local government system to facilitate maximising the role and contribution of housing, including both mainstream housing and assisted living housing and to enable more collaborative working between Local Authorities and the HSE at local level.

At local and regional level, there is a need for a more proactive approach to pioneering and developing innovative housing with care initiatives by building on the strong track record of NGOS in this area and by developing appropriate social entrepreneurship initiatives

Ireland can learn much from practice in other jurisdictions with particular reference to:

- Models of financing
- The individualised payments approach
- The optimal balance between funding for community-based care and for residential care
- The devolved responsibilities of local government (municipalities) in providing long-term care accommodation, support and services
- Integrating mainstream housing provision and specialised accommodation provision
- Legal frameworks relating to people’s rights in respect of long-term care

There are also some interesting models of good practice in our own country that can inform future developments in respect of integrating the housing and care/support needs of people.¹⁵ A concerted effort is required to replicate these approaches nationwide. In particular, some integrated funding streams are required.

A key message emerging from the Forum on Long-term Care for Older People is that national thinking is now needed to be matched by action at local level so that communities can get a real sense of what ‘good’ looks like and can play a part in shaping it. This is

¹⁵ For example, Clúid Housing and ALONE are operating a pilot support co-ordination service which is being independently evaluated. OPRAH – Older People Remaining at Home, which is part of Ireland’s Age Friendly Cities & Counties Programme, runs on similar lines and Respond has a number of housing with support initiatives.

consistent with evidence of a growing realisation within the state sector that more consideration needs to be given to developing alternative models for the delivery of services for older people and people with disabilities and that commissioning of services needs to be focused on outcomes for individuals rather than on grants to organisations.

There is a need to explore how national policies on ageing, urban and rural community regeneration and public service reform can be aligned at local level. There is also a need to explore the potential for using strategic infrastructure investment, public realm improvements and adaptive reuse of old buildings (some traditionally used to care for older people). Such developments could be used as catalysts in pump-priming wider community initiatives for the regeneration, vitality and viability of towns, communities and local economies. Such initiatives have the potential to create physical and social environments and systems which support the will and preference of older people, build a strong sense of civic pride, and act as centres of national and, perhaps, international learning.