

# AgeingMatters

in Ireland

## Healthy ageing – there's no place like home

**Supports for health**

**Positive Ageing Indicators 2018 3–4**

**10th Anniversary  
Silver Surfer Awards**

**Blogging at 95 11–12**

**Planning for the future  
by Thinking Ahead**

**End of life planning 7–8**



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■ Cover photo:  
 Flor McGillicuddy, Silver Surfer 2019, with the boys of Ballyroan Boys NS.  
 Photo: Marc O’Sullivan

# Opinion

## Planning for healthy ageing



**Paddy Connolly**

Age Action works to ensure older people are able to define how they live their own lives and are treated with dignity and respect. We work to ensure older people have access to the services and supports they require as they age to maintain, improve and achieve equality of outcomes in their physical health, mental health and social wellbeing.

This edition of *Ageing Matters* focuses on healthy ageing, which we define as “creating the environments and opportunities that enable people to be and do what they value throughout their lives”.

### Opportunities to contribute

A longer life brings with it opportunities, not only for older people but for all as people contribute to their communities through volunteering or performing caring roles within the family. The extent to which we contribute to society is largely determined by one factor: health.

Maintaining our quality of life as we age can pose some challenges due to potential income inadequacy and deteriorating health. Social factors, including social networks and social activities, and health-related factors like functional limitations influence our quality of life.

The ESRI report on projected demand for healthcare provision found that, due to projected continued rapid population growth, demand for health and social care is projected to increase across all sectors in the years up to 2030. Which is why it is important that our government plans for an ageing population, including policies that improve health outcomes and promote healthy and active ageing.

### Prejudice and rationing

The report of the United Nations Independent Expert on social exclusion of older persons, published in October 2018, found that the provision of care services for older persons tends to be deprioritised because of prejudice and rationing. The report stated: “It is therefore important to integrate the needs of older persons in development plans to ensure that such services are available to the older population.”

In other words, older people need to be active participants – not ‘consulted’ or ‘surveyed’ – in the design and implementation of any policy that affects them, whether that is the proposed statutory home supports scheme, the commencement of the Assisted Decision Making Act or supports for people with dementia.

I would like to thank all the guest contributors to this edition of *Ageing Matters*, but in particular I want to acknowledge our Silver Surfer award winners who, despite living with chronic health conditions, are challenging stereotypes and helping to tackle ageism.

# The right supports to create **healthy** ageing

*'In the end, it's not the years in your life that count. It's the life in your years.'*

Although often attributed to Abraham Lincoln, the above quote was actually coined by a *Chicago Daily Tribune* journalist who was promoting a self-help book back in 1947, writes **Audry Dean**.

Which ruins my introduction as I had wanted to start out by saying that this article comes with a health warning – there will be no self-help language or calls to eat more greens!

Instead, I want to share some facts from a fascinating report, *Positive Ageing Indicators 2018* (funded by the Department of Health, HSE, Healthy Ireland, Age Friendly Ireland and Atlantic Philanthropies), released last month, which offers an interesting insight into how life is experienced by the over-50s in Ireland. The longitudinal study on ageing, called TILDA, is the source of most of the data used.

I chose some statistics from the report which help build a picture of whether or not we are ageing healthily. The definition of healthy ageing which best fits

with Age Action's vision is about "creating the environments and opportunities that enable people to be and do what they value throughout their lives".

## Challenges

Being realistic, we all know that as we age challenges emerge which can interfere with our ability to actively enjoy our life, engage with the world and be well in ourselves. These challenges are compounded by poor access to timely and affordable health care, bad quality housing, lack of adequate income and most of all, low or no social interaction and engagement.

The report shows that 16% of the over-50s had an unmet need for home help, with 15% reporting an unmet need for community care services in the last year of their life.

Just 11% of the over-70s have access to home care services in the previous 12 months. This level of unmet need for home care is no surprise to Age Action. We are very aware of the fact that at any one time there are at least 6,200 older people – though this figure varies and measurement



▲ Audry Dean

at local level is problematic – who have been assessed but are not getting the home support care they need to help them stay well at home.

Age Action understands how important it is to have timely access to quality home care supports as we age. Supporting people, as they become frailer, to stay independent, mobile and active makes sense on so many levels. It gives people the confidence to keep up their daily activities, stay socially engaged and be less likely to suffer from

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isolation and loneliness.

If people do not or cannot access practical and psychosocial supports which help them maintain their daily routines as independently as possible, they are more likely to become depressed, disengaged and more prone to ill health

Being able to access the right type of home support when it is needed would benefit older people and avoid expensive hospital stays which can be traumatic and lead to unintended consequences such as loss of muscle mass and mobility which is difficult to reverse on discharge. We also regularly hear of older people who are unable to return home from hospital because the needed home care supports are unavailable.

Age Action is currently actively engaged with the Department of Health on the design of the stat-

**Being able to access the right type of home support when it is needed would benefit older people and avoid expensive hospital stays which can be traumatic. ...**

utory Home Care Scheme, which has been promised for 2021 as part of the Home Care Coalition, which is a group of voluntary organisations who want better health and social care outcomes for citizens.

**Person-centred approach**

We believe the statutory home care scheme must have a person-centred approach which offers choice and independence, respecting the will and preferences of the older person. Age

Action believes that as much choice as possible must be built into the way the scheme works, so the older person can make decisions about what type of support will best help them to be as independent and healthy as they can be.

There are many active, frail, older people who live very full lives, despite their health conditions.

What we need is a properly funded Government home care scheme which provides equitable, high-quality home supports to people based on need that will support them to age in place. We can't stop the ageing process, but Age Action is working hard to make sure that the right supports will be available at home to help us stay as healthy and active as we can be, for as long as possible.

**Audry Dean is Health Policy Officer at Age Action**



▲ TILDA studies found that between Wave 1 to Wave 4, there was a decrease in the proportion of people aged 50-64 years (21% to 16%) and 65-74 years (23% to 16%) who rated their health as fair or poor. Policies promoting and enabling continued social participation and engagement in older age could significantly improve health outcomes, enhance healthy and active ageing and maintain quality of life in ageing populations



▲ HSE Dementia: Understand Together in Communities Team

# Everyone can make a difference in dementia care

**The lives of approximately 500,000 people in Ireland have been affected by dementia, and each year more than 4,000 people develop dementia, but the stigma remains, writes Fiona Foley.**

Even though we have a better understanding of what dementia is and how it can affect the person,



many people with dementia still feel stigmatized, isolated and lonely. Dementia represents many challenges: it interferes with cognitive function and the activities of daily

living. This may cause individuals to feel a loss of independence, a disruption to their sense of self and a fear of engaging with others.

## Dangers of stigma

The stigma surrounding dementia can prevent some people from seeking help or telling others

about their diagnosis. It can also stop others from talking to people with dementia, which excludes them from participating in community life.

There are a number of known risk factors for dementia, but evidence shows that social isolation is linked to increased risk, and the lack of social integration may contribute to cognitive decline in older age.

In addition, caregivers have described their own experience of loneliness, caused by a range of circumstances often beyond their control, with the words: "The world shrinks."

## Staying connected

It doesn't have to be this way, and we can all take steps to help people stay connected. Staying socially included and active is important for our health and well-being, and leading a healthy, active lifestyle may help maintain brain health and

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reduce the risk of developing dementia. It can also help those with dementia to live better with the condition.

**Jacinta Dixon**, member of the Irish Dementia Working Group, says: "I have experienced isolation. My neighbours and people in the community are great – but a lot of people still don't really know what dementia is, how it affects people. And they definitely don't understand that it can affect people at a relatively young age. It's not just



Stay in touch

something that happens to so-called 'old people' or is part of normal ageing. These misconceptions need to be challenged."

Dementia: Understand Together aims to raise awareness of dementia and inspire people all around the country to take actions to support people with dementia and their families to stay connected and engaged in their own communities. It also raises awareness of the risk factors associated with dementia.

Simple things like going for a brisk walk every day, playing cards or doing crosswords, staying social by meeting up with friends and family, looking at what you eat, and how much you drink will make a difference to your brain and your body in general. This is true for everyone, not only the person with dementia.

**Practical steps**

We can all play a part in supporting a person with dementia and their family to stay socially connected and included by taking practical steps. It is often the small things that make a big difference, and the best way to understand how your actions can support a person is to listen to their experiences.



See the person, not the dementia



Ask how you can help

people who have dementia know that our town or village is able to support us, then we will feel safe and not afraid to ask for help.

"For me one of my biggest fears is fear itself, but when I am in a place or with people who know me and know about me, then I don't feel fearful. I feel safe."

**Éamon Ó Fearghail** cares for his mother Cathleen, who was diagnosed with dementia in 2010. As her only child, he became her full time carer six years ago. Éamon says: "The initial diagnosis was life changing. Friends and neighbours have been great. They look out for her. She was out walking the main road at 6am one morning and a neighbour picked her up and brought her home. They all know she has dementia and are happy to give up their time to speak with her."

These are some of the personal experiences of people with dementia and their families. If we can inspire everyone in our community to have a better understanding of dementia and take one small step to be supportive and inclusive, we will have gone a big step forward together.

If you would like to find out more about the campaign, the supports that are available and how you can take action in your community, visit [www.understandtogether.ie/get-involved/](http://www.understandtogether.ie/get-involved/) or contact **Fiona Foley**, National Coordinator of Dementia: Understand Together in Communities, at [fiona.foley1@hse.ie](mailto:fiona.foley1@hse.ie) or 086 771 4892. **Fiona Foley** is National Coordinator of Dementia with the HSE.

**Kevin Quaid** who lives with Lewy Body Dementia in County Cork explains: "I have chosen to be open about my diagnosis. I tell everyone, and the support from my community has been amazing. If we as



# Planning for the future as we move into the Third Age

Everyone should plan for the future, regardless of illness, age or their stage of life. Sometimes, though, thinking about the future can be difficult for us, especially when it involves decisions about our end of life, writes **Rebecca Lloyd**.

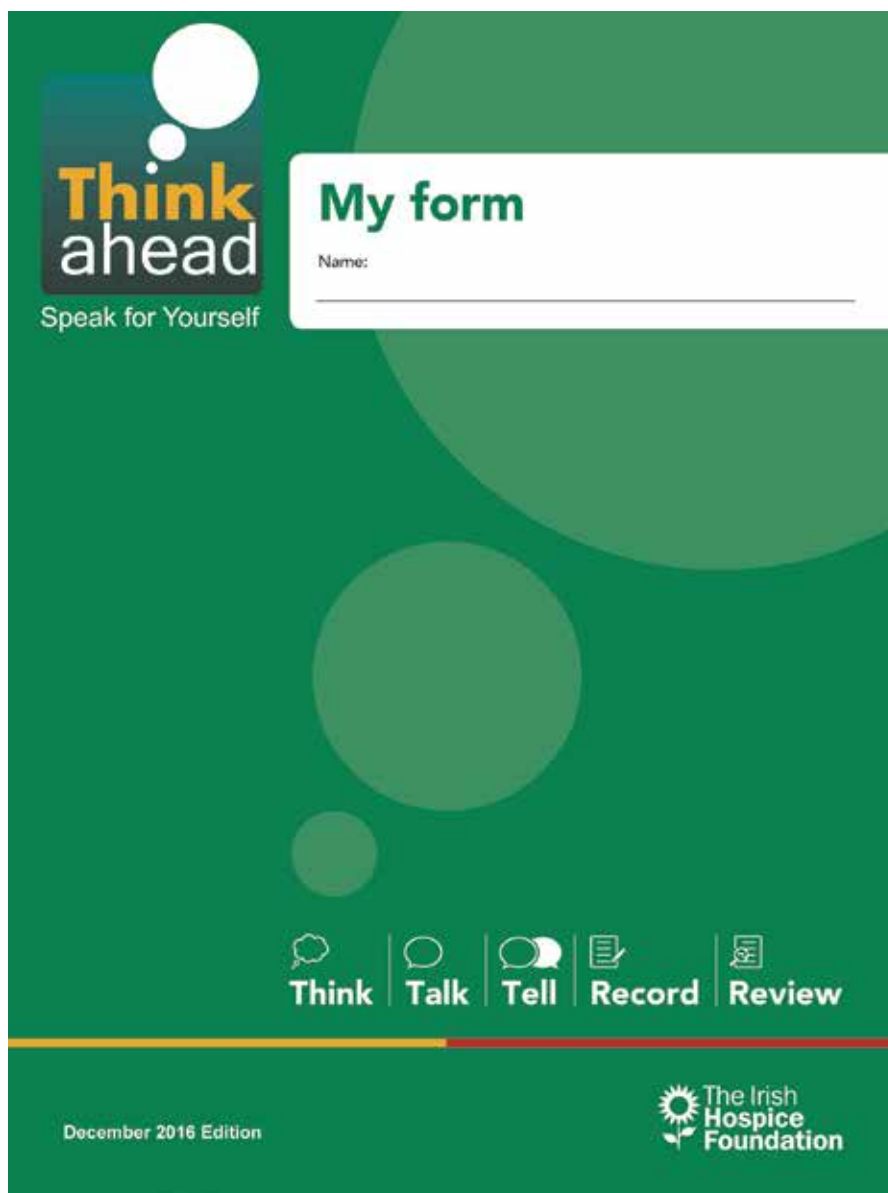
Thinking and communicating our wishes is important and can have long term benefits for us and our families and friends.

We would encourage all people in Ireland at every age and every stage to think and talk through options for care and preferences for end of life. It is advisable to do this before the need is urgent.

You can do this by using the Irish Hospice Foundation's *Think Ahead* booklet. It is a guide to help you think, discuss and record your preferences for all aspects of your end of life care.

## Let's talk about it

Thinking, planning ahead and advance care planning is a series of conversations with your family and other people close to you about your wishes, values, and beliefs about your current and future medical care and treatment.



It is important that you think about these things for yourself – as you may be surprised how different your views are even with your spouse or close friends. *Think Ahead* is about your wish-

es. Thinking and planning ahead is not a single process. We have had feedback from people who have told us they find it is easier

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to manage as a series of tasks and conversations to have over time.

Advance Care planning involves these steps:

- **Think** how you understand your wishes. How you might communicate them with those people important to you. These conversations can be a guide if a time comes when you are unable to communicate your own decisions about your healthcare.
- **Talk** about what is important to you. What treatments you would want to have that may prolong your life. What treatments you would not like to have.
- **Tell** your family doctor and other health professionals about any medical or health issues you have. Ask about the available treatments. Discuss the choices you would like to make about your medical care. Talk to your solicitor about an Enduring Power of Attorney and Power of Attorney, and making a will.
- **Record** your wishes. We have a tool and a programme called Think Ahead which is a useful guide. Tell someone you have written your preferences down. It's especially important to record an advance healthcare directive (see below). There is a form for one in our *Think Ahead* booklet.
- **Review** your preferences. You may change your mind. For that reason, we encourage you to review your *Think Ahead* form.

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**‘What are your fears and what are your hopes? What are the trade-offs you are willing to make and not willing to make? And what is the course of action that best serves this understanding?’**

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**Make an AHD**

An Advance Healthcare Directive (AHD) is a voluntary written document that sets out what you would not like to happen in relation to certain medical care treatments.

An AHD is legally binding if printed, signed and witnessed.

It can include requests for specific treatment to be taken into consideration during any decision-making process about your care – but this is not legally binding.

It is a good idea to discuss your AHD with a medical professional or a member of your healthcare team as it provides direction to healthcare professionals to care for you under your specified wishes.

**IMPORTANT:** An AHD only comes into force should you lose the capacity to make your own decisions or become ill in specified circumstances, and be unable to communicate for yourself.

**Requirements**

To complete an AHD you must:

- be 18 years or older;
- have capacity at the time the AHD is being made; and

- have two witnesses over the age of 18, one of whom is not a member of your immediate family.

The Irish Hospice Foundation's *Think Ahead* form includes a legally valid AHD form in line with the 2015 Assisted Decision Making (Capacity) Act.

Finally, as Public Engagement officer with the Irish Hospice Foundation, I encourage everyone to read the excellent book *Being Mortal: Medicine and What Matters in the End* by Atul Gawande. It not only offers sage advice on planning for outcomes that we all face sooner or later, but Gawande manages these topics with humour and transparency that is refreshing and useful.

As Gawande says: "Whenever serious sickness or injury strikes and your body or mind breaks down, the vital questions are the same: What is your understanding of the situation and its potential outcomes? What are your fears and what are your hopes? What are the trade-offs you are willing to make and not willing to make? And what is the course of action that best serves this understanding?"

For more information about *Think Ahead* visit [www.hospicefoundation.ie/thinkahead](http://www.hospicefoundation.ie/thinkahead).

The Irish Hospice Foundation is the national charity concerned with all matters relating to dying, death and bereavement in Ireland.

Rebecca Lloyd is Public Engagement Officer with the Irish Hospice Foundation.





▲ Brian Fenton and Margaret Mullett campaigning to raise awareness of haemochromatosis. Margaret was the overall Silver Surfer Award winner 2015.

## Living with haemochromatosis

**Margaret Mullett** writes of her work to raise awareness of haemochromatosis after the tragic death of her husband George from the disease and diagnosis of her five children with it.

Until April 2000, when my late husband, George Mullett, was diagnosed with haemochromatosis, I knew very little about the disorder. Neither did George – despite the fact that he himself was a doctor.

Sadly, the diagnosis came too late as the excess iron had seriously damaged his heart, and six weeks later George died awaiting a heart transplant in the Mater Hospital. He was 63 and still

working as a consultant psychiatrist in St James's Hospital in Dublin.

The five adult children were genetically tested, and all were found to have haemochromatosis. The inheritance of the disease is similar to that of red hair or blue eyes. You need to get a gene from both parents. It turned out that I also have haemochromatosis so all seven in the family had it.

When George died, I became obsessed with raising awareness of haemochromatosis. Up to that time, I had worked as a Chemistry / Biology teacher and ironically was sometimes known as the 'iron lady'!

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### **What is haemochromatosis?**

Haemochromatosis (HH) is a genetic disorder where an excessive amount of iron is absorbed from the diet. This excess is then deposited in various organs, mainly the liver, but also the pancreas, heart and joints. It is more common in Ireland than anywhere in the world. One in 83 Irish people are predisposed to have iron overload. One in five have one copy of the gene. If not diagnosed and treated in time, severe organ damage and even death may occur. However, if haemochromatosis is diagnosed and treated in time, before organ damage occurs, the person will have a normal life expectancy.

### **What are the symptoms?**

The symptoms include chronic fatigue, joint pain, impotence, arthritis, diabetes, liver disorders, irregular heartbeat and irregular skin pigmentation. Iron builds up slowly, so sometimes the symptoms may not appear until the age of 30 to 40.

### **Diagnosis**

There are two simple blood tests. One is for serum transferrin saturation. This test measures the amount of iron bound to a protein (transferrin) that carries iron in your blood. Transferrin saturation values greater than 45 per cent are considered too high.

The other test is for serum ferritin. This test measures the amount of iron stored in your liver. If the results of your serum transferrin saturation test are higher than normal, your doctor will check your serum ferritin.

Finally, a genetic test is done to confirm or rule out haemochromatosis.

### **Treatment**

The only method of removing excess iron from the body is by removal of blood. This is like giving a blood donation and is called venesection or phlebotomy therapy. Every pint of blood removed contains 250mg of iron.

### **Great news: blood donation clinics**

The Irish Haemochromatosis Association and the Irish Blood Transfusion Service have worked together to make it possible for people with haemo-

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**It is more common in Ireland than anywhere in the world. One in 83 Irish people are predisposed to have iron overload. One in five have one copy of the gene. If not diagnosed and treated in time, severe organ damage and even death may occur.**

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chromatosis to attend blood donation clinics nationwide to have their condition treated. Details of the service were announced at the launch of Haemochromatosis Day on June 6th.

Until now, treatment was carried out at hospitals and GP practices, and the blood was discarded. Now, many haemochromatosis patients will be able to attend any blood donation clinics throughout the country and their blood will be collected and used as part of the national blood supply.

### **Take home message**

The IHA is encouraging people who are suffering from symptoms such as chronic fatigue, joint pain, diabetes, irregular heartbeat, enlarged liver and loss of sex drive to consult their GP.

Don't assume you are tired and have joint pain because you are getting older or working too hard. Dr Luke Pilling of the University of Exeter Medical School, said: "Diagnosis of haemochromatosis is often delayed or missed. That's not surprising as joint pain and tiredness are frequently mistaken as signs of ageing."

### **Screening**

Professor Suzanne Norris, Consultant in Hepatology and Gastroenterology at St James's Hospital in Dublin, said that ill health from haemochromatosis and the development of serious complications such as cirrhosis can be prevented by simple treatment. "Life expectancy in treated non-cirrhotic patients is normal. Early diagnosis is therefore critical, and haemochromatosis is an ideal condition to consider for population screening in Ireland."

**Contact the Irish Haemochromatosis Association on 01 873 5911.**



▲ Overall winner of the 2019 Silver Surfer Award Flor McGillicuddy (centre) with Trish Mullen (left), school secretary, and Saoirse Rooney (right), teacher, Ballyroan Boys' National School. Saoirse nominated Flor for the award.

## Silver Surfers 2019

**Florence McGillicuddy, a 95-year-old blogger from Rathfarnham, won the overall 2019 Age Action Silver Surfer Award at the event supported by DCU Age Friendly University.**

He also won the Golden IT Award. Florence, who blogs on GrandadOnline.com was presented with his award in recognition of his contribution to community life through his use of technology.

Motivated by his love of history and education, he uses his IT skills to research history and record his own reflections on growing up in Dublin, which he

shares via email with the children in the local Ballyroan Boys' School.

Bringing history to life for the young students has made Flor an integral part of the school community and fostered a rewarding intergenerational learning experience for all.

With half of Irish people aged between 65 and 74 having never used the internet, and internet use among those aged over 75

negligible, Age Action organises the Silver Surfer Awards to highlight digital literacy issues amongst older people.

For those older people who do get online, it has the potential to change their lives, as the Silver Surfer Awards demonstrate, with people participating in the digital economy, accessing public services, discovering new hobbies and maintaining an active role in their communities.

This year was the 10th anniversary of the Silver Surfers, which was supported by Dublin City

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University as part of the DCU Age Friendly University initiative. The awards ceremony, hosted by RTÉ's Shay Byrne, was held on the 28th of May in the Helix.

Speaking at the awards ceremony, Paddy Connolly, CEO of Age Action, said: "Each nominee here today is an inspiration. They are challenging the stereotype of ageing, showing that there is no barrier you cannot overcome to lifelong learning as they have embraced new technologies, new ways to communicate and combat social exclusion.

"Access to the internet has the potential to transform lives, enabling us to keep in contact with family and old friends, or to make new ones, to explore new hobbies and interests, even empowering us to start businesses or to use our skills for the benefit of our communities.

"The Silver Surfers have not only transformed their own lives but, in doing so, they have shown that digital literacy is an important element of positive ageing."

Five other awards were presented during the ceremony.

### **Community Champion Award**

\* **Margaret Culloty** from Furies, Co. Kerry is 77 years of age and is the County Secretary of Kerry Community Games for the past 23 years. All participating children must be registered online, so Margaret has had to learn how to do this for over 3,000 children participating in sporting and cultural events at county level. Margaret is also responsible for getting a web page up and running and a Facebook account.

### **Hobbies on the Net Award**

\* **Paddy McAuliffe, Paddy Tobin and Paddy Buckley** – 'The 3 Paddy's' from Mallow in Co. Cork have learned how to shoot and edit short films, a skill they are now using to preserve a legacy of memories for peoples' families to be passed on to future generations. They are documenting the memories of older people in their community and editing in photos of the person's life and locality, to produce a film.

The film covers the person's life story, which can then be shared digitally with the wider community and family members. To date they have recorded the life stories of almost 30 older people in the region.

### **Getting Started Award**

\* **Eleanor Lynch** from Cork was profoundly deaf from the age of 40 to mid 60s, but 14 years ago, she had a cochlear implant operation. When she was "switched on" Eleanor had to learn how to hear again with the assistance of this new technology.

She mastered it and then found she had the confidence to learn how to use a mobile phone. The laptop has made living alone a lot easier as she does all her banking and paying bills online and does not have to go out on wet cold days. Technology and her own bravery and determination have made an amazing difference to Eleanor's life.

### **IT Tutor of the Year Award**

\* **Sr. Margaret Kiely** is a Sister of Mercy who worked as a principal nurse tutor for 14 years at the Mercy Hospital in Cork. Following this she trained as an

addiction counsellor in Minnesota, USA.

She founded Tabor Lodge – a treatment centre in Cork for persons with alcohol, drug and gambling addictions – and it was here that she first saw the need for a computerised system. Following a few lessons, she mastered the PC.

Sr. Margaret also observed that a number of staff and residents were struggling to use smart phones and computers. She sourced funding for a tutor and initially ran 10 four-week classes with eight students per class. She is now a volunteer tutor with Age Action and manages the attendance records and presents certificates at the end of the courses.

### **School IT Tutor of the Year Award**

\* **Bandon Grammar School** – The students of the Transition Year class in Bandon Grammar School have been tutoring older learners in how to get online. At every lesson, the young TY students teach their older learners something new, from how to use Google Maps to downloading music and looking up government websites, which are all sites of great relevance and interest to the learners.

The intergenerational nature of the class creates an energetic atmosphere in which to learn.

**The tenth Age Action Silver Surfer Awards were also supported by:**

**Doro;**  
**Acorn;**  
**Innocent;**  
**Epic Museum; and**  
**Senior Times.**



# Finding support as a mesh implant survivor

**Margaret Byrne, who is a founding member of Mesh Survivors Ireland, writes about about being a mesh implant survivor.**

Around 1999, I began to suffer with stress incontinence (when I walked) following natural childbirth. I decided to do something about it and went to see a consultant in the hope of resolving the issues. He recommended a new 'gold standard' procedure which involved inserting plastic mesh.

## **A no brainer**

The operation was to last 20 minutes, and the healing time would be reduced from six weeks to a few days. It was a better solution than the old operation. So it was a no brainer for me. This would be the answer to my problem.

The operation was, I thought, successful, but within a week I realised that something was wrong. I had a brown discharge, which I knew meant an infection. I returned to the consultant and was placed on antibiotics.

I still felt something wasn't right, and when my

husband and I tried to resume sexual relations it became obvious that a sharp piece of mesh had eroded and was protruding inside my vagina so that it was cutting my husband.

## **Getting chewing gum out of hair**

Again, I had to return to my consultant but as this was a fairly new procedure, I think he was unsure of what to do next. What followed over the next three years was a series of eight operations to try to trim, cut or bury the protruding mesh, none of which succeeded and all of which resulted in longer recovery each time.

Finally, I demanded that the mesh be removed. I only realise now how difficult a task this is as my tissues had grown around the mesh, and it is like getting chewing gum out of hair.

My bladder was perforated during this operation resulting in me being hospitalised for two weeks. My consultant told me he got most of it —but not all. I was left with scar tissue and recurring urinary tract infections.

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▲ Mesh survivor Margaret Byrne, who was the overall Silver Surfer Award winner in 2018.

**Eroding mesh protruding into bowels has required some people to use stoma bags. Some women here in Ireland are in constant pain as a result of mesh implants — and some are in wheelchairs unable to walk. It really is horrific.**

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### **A global issue**

I thought I was the only one who had this problem until a friend told me in 2017 of a protest in the UK by a support group called Sling the Mesh, about

this very issue. I was shocked to discover after 18 years that this is a global issue and that women were suffering from extreme pain and some unfortunately were dying from sepsis caused by infection from mesh related issues.

### **Confined to wheelchairs and unable to walk**

Eroding mesh protruding into bowels has required some people to use stoma bags. Some women here in Ireland are in constant pain as a result of mesh implants — and some are in wheelchairs unable to walk. It really is horrific.

Some men have also suffered horribly.

I decided to research the situation in Ireland and found there was no support group for mesh-injured women in Ireland. I contacted Michelle Hennessy of the Journal.ie and agreed to go public and make a video to highlight this issue in Ireland. Here is the link to the video: [www.thejournal.ie/vaginal-mesh-2-3661322-Oct2017/](http://www.thejournal.ie/vaginal-mesh-2-3661322-Oct2017/).

The response was so supportive that a group called Mesh Survivors Ireland was created on Facebook. There are now over 450 members in the group. These are women who have been injured by plastic mesh implants, all supporting each other and sharing advice and information about options available in the UK for removal.

### **Suspension of mesh procedures**

As a group we have managed to meet Minister for Health Simon Harris TD and have had mesh procedures suspended in Ireland, which will prevent more women from being injured.

The Minister has agreed to set up centres for women who have been injured by mesh implants and has also committed to buying specialist scanning machines which can identify mesh in the body. Many women have had to travel to the UK to have these scans. This is a great achievement, and we are now a force to be reckoned with.

There are some really powerful women in the group fighting to have mesh implants banned completely. A solicitor, Melanie Power, is leading our campaign.

So if you or someone you know is having similar issues, please advise them to join the Mesh Survivors Ireland Facebook page. They will benefit greatly from the support and knowledge of like-minded people. Don't suffer alone. There is strength in numbers.



# Pilot service helping older people to return home after hospital stays

Age Action believes we should have a choice to age in place, which means the creation of age friendly environments, writes **John O'Mahony**.

Age friendly environments include the provision of support services locally, which enable people to remain in their own homes and in communities for longer.

Age Action's Care & Repair service helps older people to maintain their homes by carrying out small DIY jobs, free of charge. In Cork, Age Action is currently piloting a new element to the Care & Repair service – the Hospital Discharge Service.

John O'Mahony explains: "Older people who have accidents or illnesses that result in hospital stays often face reduced mobility levels when they return home. They may need adaptations to their homes to accommodate for this. The aim of the Hospital Discharge Service is to provide an increased package of support for people so that they can return home sooner."

The purpose of the initial pilot project was to develop and test procedures so that the service can be rolled out in locations around the country in 2019 and 2020.

## Participation of older people

Age Action believes that any service should be informed by the needs and voice of the people it seeks to serve which is why it is important to enable the participation of older people in the design and implementation of housing and health policies. For the Hospital Discharge Service a series of consultation meetings took place with older people and staff from three hospitals to gather their views on what the service should provide for patients and how it should function.



▲ Age Action Regional Manager John O'Mahony and Care and Repair volunteer Martin Cummins.

A team of volunteers was recruited from within the current Care and Repair volunteer team. Procedures were agreed and plans were put in place for a controlled pilot which focused on 10 patients, thus allowing Age Action to test the design of the system and make adjustments as necessary.

Some of the work completed included de-cluttering an apartment for a man who was going to need a walking frame for the first time after he returned from hospital. In one case, where a patient chose to move apartments within an apartment block in order to have easy access to the elevator, all of the patient's belongings were packed and moved for him.

Learning from the pilot project in Cork has been very valuable and will enable the Hospital Discharge Service to be rolled out in full in other locations. Initially, Age Action hopes to roll out the service in Dublin, Cork and Galway.

"There is huge potential for this service to make a real difference to older people at a very difficult time in their lives as it can help to bring them back into their homes and communities quicker," said John O'Mahony.

# Elder abuse awareness

Elder abuse is an important public health problem, write **Gerard Scully** and **Phil Cooley**.

A 2017 study based on the best available evidence from 52 studies in 28 countries from diverse regions, including 12 low- and middle-income countries, estimated that, over the past year, 15.7% of people aged 60 years and older were subjected to some form of abuse<sup>[1]</sup>.

The World Health Organisation's strategy and action plan for healthy ageing in Europe 2012–2020 recommends actions to combat elder abuse. These include building awareness, improving the quality of services in communities and providing proper support to the staff of residential facilities.

Elder abuse is defined as “a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person or violates their human and civil rights”. (*Protect-*



I only take a few euros to cover my expenses. I never thought of it as abuse.

**Promoting the rights of vulnerable adults**

safeguardingireland.org **Safeguarding IRELAND** 

ing Our Future, 2002) ,

Safeguarding Ireland's recent (May 2019) survey recorded that 10% of Irish adults, approximately 380,000 per annum, had witnessed an incident of abuse. Of those, 12% did nothing, 40% discussed it with the adult being abused and 47% discussed it with a trusted friend. This means only 2-3% of those who witnessed abuse reported it either to the HSE or the Gardaí. Therefore, the level of reported abuse, in the words of Safeguarding Ireland, is the tip of the iceberg.

### Public awareness campaign

Safeguarding Ireland has launched a public awareness campaign. Promoting the Rights of Vulnerable Adults highlights six forms of abuse:

- physical;
- emotional;
- sexual;
- financial;
- organisational (inadequate care or systematic abusive practices); and
- cyber (bullying and scamming).

The signs of elder abuse can include the following:

- physical – unexplained bruising or injuries, weight loss, bedsores, poor personal hygiene poor clothing;
- financial – unexplained shortages of money, additional names to financial accounts, changes to a will or power of attorney;
- change in behaviour – becoming withdrawn, fearful, angry, easily upset. Access to a person is being controlled.

Risk factors that may lead to

abusive behaviour include:

- family addictions;
- mental illness; and
- vulnerability, either mental or physical or both.

Abusive acts in institutions may include:

- physically restraining patients;
- depriving them of dignity (for instance, by leaving them in soiled clothes);
- depriving them of choice over daily affairs;
- intentionally providing insufficient care (such as allowing them to develop pressure sores);
- over- and under-medicating or withholding medication from patients; and
- emotional neglect and abuse.

Elder abuse can lead to physical injuries – ranging from minor scratches and bruises to broken bones and disabling injuries – and serious, sometimes long-lasting, psychological consequences, including depression and anxiety.

For older people, the consequences of abuse can be especially serious and requires them to convalesce longer. Even relatively minor injuries can cause serious and permanent damage, or even death.

### Safeguarding & Protection Teams

In 2015 new legislation on Assisted Decision Making was enacted. However, it has yet to be implemented. There is also an Adult Safeguarding Bill in ongoing development in the Oireachtas since 2017. Safeguarding Ireland Chairperson Patricia Rickard Clarke called for tougher

legal support for people who have witnessed abuse.

Ms Rickard Clarke continued: "The research has told us that stronger laws, which are enforced, is what will drive the public to be more vigilant in tackling adult abuse. We need these pieces of legislation in force with urgency."

While there is no specific safeguarding legislation in Ireland now (a Bill introduced in the Oireachtas in 2017 having stalled) older and vulnerable people are still protected by existing legislation.

**If you are concerned about a vulnerable or older adult, then speak out and contact the HSE's National Safeguarding Office (061 461358) [CC1]. The HSE's Helpline – 1850 24 1850 – will also give the contact details of the Regional Safeguarding and Protection Teams or Age Action's Information Service (01 4756989)**

**For more information, visit Safeguarding Ireland at [www.safeguardingireland.org/public-awareness/](http://www.safeguardingireland.org/public-awareness/).**

**Both with Age Action, Gerard Scully is Senior Information Officer and Phil Cooley is Information Officer.**

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[1] (1) 'Elder abuse prevalence in community settings: a systematic review and meta-analysis'. Yon, Y; Mikton, CR; Gassoumis, ZD; Wilber, KH. *Lancet Glob Health*. 2017 Feb 5 (2): e147-e156. – [www.ncbi.nlm.nih.gov/pubmed/28104184](http://www.ncbi.nlm.nih.gov/pubmed/28104184)



# I can...so can you!

Empowering older adults through exercise

Since its establishment in Ireland in 2010, Siel Bleu Ireland, a social enterprise and charity that delivers life enhancing exercise programmes to older adults, has been helping older people and those with chronic illnesses to exercise with ease, writes **Carla Piera FitzGerald**.



▲ Austin Hynes and Siel Bleu Physical Trainer Maeve McLoughlin exercising in Siel Bleu's Exercise Class run in partnership with The Dublin Branch of Parkinson's Ireland.

On 24th June, the not-for-profit organisation Siel Bleu launched its annual 'I Can' campaign – a nationwide awareness campaign about the importance of exercise, whatever the age. The theme of this year's Campaign is 'I Can...So Can You!' in which inspiring older adults are leading a revolution against physical inactivity, by encouraging their peers to get active.

'I Can...So Can You!' is a drive aimed at inspiring and instilling in others the confidence to start exercising. Champions like Austin Hynes (74) from Cabinteely, Dublin 18, share their own stories to show that an illness or old age

can't stop you from being active.

Austin attends Siel Bleu classes in Harold's Cross and Loughlinstown, which he helped establish with the help of Parkinson's Ireland. Regular exercise has helped him return several evenings a week to his first love, the GAA, where he coaches Foxrock, a local team near Ballyogan.

"I can live my life to the full again," said Austin, who joined a Siel Bleu exercise class after he was diagnosed with Parkinson's. "There is more to the Siel Bleu classes than exercise. There is a social element that gets you out of the home and into a class where you're meeting with peo-

ple and forming friendships."

## Nationwide classes

Siel Bleu exercise classes are currently happening nationwide in community centre settings, nursing homes and private homes with organisations like Parkinson's Ireland and IHF Stroke Survivor Groups.

The classes are the first specific effort to promote exercise among older adults and patient groups in Ireland, with the aim of improving overall wellbeing. Already, more than 5,500 people attend classes weekly.

Marymount Care Centre in Lucan hosts twice-weekly Siel Bleu classes in the nursing home for residents, one of whom is 103 years old.

"Our ethos at Marymount has always been focusing on the abilities rather than the disabilities of our residents," said Conor McNulty, General Manager of Marymount Care Centre. "Siel Bleu is a big part of helping these people with their health and staying active."

**To find a class in your area, please ring 01 209 6889 or follow this link <http://www.sielbleu.ie/home/programmes/community/>. And for information on organising classes in a care setting, see <http://www.sielbleu.ie/home/programmes/patient-group-program>.**

**Carla Piera FitzGerald is Brand Manager with Siel Bleu.**



# Irish Water and vulnerable customers

Irish Water has a Vulnerable Customer register that offers differentiated communication to all our customers who registered with us as a vulnerable customer or their nominated contact, when there is an interruption to water supply (planned or unplanned), when the water is declared to be unfit for human consumption and if there are alternative water supplies put in place.

## **What are the Vulnerable Customer Registers?**

We understand that some of our customers have different needs when it comes to using our Water Services and communicating with us. We will respond to the specific needs of customers who tell us they are ‘vulnerable’ due to age, disability or medical condition. To look after our vulnerable customers, we have developed a special services register for those customers who are registered as follows:

- are aged 66 or over;
- are blind or vision impaired;
- are deaf or hard of hearing;
- have mobility difficulties;
- have an intellectual disability; or
- have a mental health difficulty;

Irish Water also has a priority services register for those customers who are registered as critically dependent on water.

## **What happens if I am a Priority Services Customer?**

If you are a priority services customer in the event of an interruption to water supply you will currently receive a phone call. However, in a few weeks we are switching to text messaging service for those who wish to avail of it.

## **What happens if I am a Special Services Customer?**

If you are a special services customer currently you receive a phone call only in the event of an alternative water supply being provided. However we are looking to enhance this offering and any who wishes to opt in will get a text message for all supply interruptions.

## **How to register?**

If you want to be on the Vulnerable Customer Registers, please contact us on Callsave 1850 278 278 or +353 1 707 2824 or log onto <https://www.water.ie/support/vulnerable-user/> and complete the registration form.

# Notice of AGM 2019

The 26th Annual General Meeting will be held on Tuesday, 10th of September in Croke Park.

The day will begin at 11am with an exhibition showcasing the work of Age Action and other organisations working with older people. Lunch will be provided at 12.30 and the AGM will begin promptly at 1pm. Following the AGM, there will be a guest speaker and other inputs. Details of the speaker have yet to be finalised. Papers for the AGM will be sent to members by the 13th of August.

### Election of directors

Nomination Papers for possible new directors

have gone out to all fully paid up members and must be returned by the 1st of August 2019. The Nominations Committee will consider all nominations, which will be approved by the Board, and the list of approved candidates will be circulated to members before the AGM. The committee is keen to receive nominations from individuals with appropriate experience and expertise.

### Renewal of membership

If your membership is due for renewal before the 1st of August, please do so by that date or you will not be able to submit a nomination. Likewise, if it is due for renewal before the 10th of September, please do so or you will not be able to attend or vote at the AGM.

## Annual membership application

I wish to join Age Action and enclose € ..... membership fee, plus €..... voluntary donation payable to Age Action Ireland Ltd.

If you are already an existing Age Action member and wish to renew your membership, please write your membership number here .....

Full name: ..... (Block capitals please)

Address:.....

Tel: .....

Email: ..... (Block capitals please)

Date: .....

### STANDING ORDER

To the Manager (Name of Bank/Building Society) .....

Bank Address: .....

Please pay annually to Age Action Ireland, Permanent TSB, 70 Grafton Street, Dublin 2, BIC: IPBSIE2D

IBAN: IE82 IPBS 9906 2587 7790 21

the following amount € ..... until further notice. Starting on: 1st day of January 20 .....

Name: ..... (Block capitals please)

BIC: .....

IBAN:.....

Signature:.....

### FEES

- €20 Individual – retired/unwaged
- €40 Individual – employed
- €60 Voluntary Body
- €200 Statutory Agency
- €500 Commercial

### Please return to:

Membership Development, Age Action Ireland CLG, 10 Grattan Crescent, Inchicore, Dublin 8. Email: *membership@ageaction.ie* Tel: (01) 475 6989