Universal Periodic Review Ireland
Submission by Age Action
for the 25th Session of the UPR Working Group April / May 2016
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Submitting Stakeholder: Age Action

About: Age Action is a national charity established in 1992 as the voice for older people and the leading advocacy organisation on ageing issues. We act both as a network of organisations and individuals, including older people and carers of older people, and a service provider, assisting thousands of older people every year. Our mission is to empower all older people to live full lives as actively engaged citizens and to secure their rights to comprehensive high quality services according to their changing needs.

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1. **Introduction**

1.1 This individual submission is made by Age Action\(^1\), a national charity established in 1992 as the voice for older people and the leading advocacy organisation on ageing issues. We act both as a network of organisations and individuals, including older people and carers of older people, and a service provider, assisting thousands of older people every year. Our mission is to empower all older people to live full lives as actively engaged citizens and to secure their rights to comprehensive high quality services according to their changing needs.

1.2 Older people are central to all aspects of our work and are visible in our programmes as participants and volunteers. For example, our Getting Started programme provides one to one training for older people on computers, smart phones and tablets. Older people take part on this programme as students and volunteer students.

1.3 Age Action’s Advocacy and Communications team raises awareness about the reality of growing older in Ireland. We do this through engaging in media and communications work, developing policy submissions and advocating with and on behalf of older people to a wide range of stakeholders. We have developed a number of mechanisms to include the voice of older people in our policy and advocacy work.

1.4 The focus of this submission is a) the recommendation made and accepted during Ireland’s first UPR in 2011 b) the update provided by the state in its interim report and c) new matters arising since then.

2. **Recommendation to the State party UPR 2011**

2.1 In 2011 there was one recommendation made and accepted or partially accepted during Ireland’s first UPR with specific relevance to older people. This stated:

106.35. Ensure specifically that economic measures do not disproportionally impact upon the elderly (Netherlands); (accepted)

3. **UPR – National Interim Report - Ireland**

3.1 In its interim report\(^2\) the state provides an update with regard to the provision of residential services, community / home support services and the National Positive Ageing Strategy. An update on each of these are provided below followed by an update on the right to an adequate standard of living.

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\(^1\) See [www.ageaction.ie](http://www.ageaction.ie) for more details on our work.

\(^2\) P. 18
3.2 **Residential Services** - In April 2015, 23,924 people were being supported under the Nursing Home Support Scheme. The allocated additional funding in Budget 2015 (€10 million) and April (€44 million) has helped but waiting times remain far higher than in 2013 when the waiting time was 1 week and 23,775 people were being supported under the scheme. Cuts to funding for the Nursing Home Support Scheme in 2014 led to a waiting list of more than 2,000 people and a waiting time of fifteen weeks. In 2013 the waiting time was 1 week and in 2015 this has risen to 4 weeks.

3.3 **Community / Home Support Services** - The Nursing Home Support Scheme Act 2009 provides for State financial support for long term care in a nursing home. There are clear eligibility rules regarding the Scheme. Accessing long term care in the community is discretionary, eligibility and types of supports provided are subject to local policies and resources. Hence, many older people are not afforded the opportunity to remain living in their own homes. There is a lack of statutory provision for financial support for the delivery of aged care in the community. Despite an increase in the number of people aged 85 and over (an 11 per cent increase in the last three years), home help hours have not increased from the 2012 level. The number of recipients has also fallen.

3.4 **National Positive Ageing Strategy** – The National Positive Ageing Strategy was published by the Government on 24 April 2013 after almost six years of work. The strategy outlines Ireland’s vision for ageing and older people, and provides a blueprint for how policies and services could be designed to protect the rights of older people. The Government has failed to introduce an implementation plan for the National Positive Ageing Strategy published in 2013.

3.5 Aside from these issues raised in the state’s interim report in 2013, measures introduced in numerous budgets have had an impact on older people’s right to an adequate standard of living and their right to health.

*Right to an adequate standard of living*

3.6 Budgetary measures in recent years have had a negative impact on the standard of living of many older people. Older people we engage with have emphasised the cumulative impact of reductions in secondary income supports; rising prices; and introduction of new taxes and charges. Since 2009, an older person dependent on the State pension and the Household Benefits Package has seen their weekly income cut by €13.18 per week. This amounts to almost 5 per cent of their income.
3.7 Research undertaken by the Vincentian Partnership for Social Justice in 2013\(^3\) noted that while overall CPI fell by 0.15% in the period 2008 to 2013, the cost of a Minimum Essential Standard of Living for a lone pensioner and a pensioner couple rose by 5.03% and 7.34% respectively. The property tax and particularly the lack of waiver system for those on low incomes has been identified as having an especially damaging impact. The latest official poverty statistics from the Central Statistics Office indicate that 9.2% of people aged 65 years and over were ‘at risk’ of poverty in 2013.

3.8 While Budget 2015 began to address the cuts imposed during austerity by increasing Living Alone Allowance, the weekly rate still fails to allow lone pensioners to make ends meet. In particular, the costs of heating, lighting and fuel have risen substantially in recent years. In the latest available research from Vincentian Partnership for Social Justice\(^4\) which takes account of last year’s increase, pensioners living alone are shown to face a shortfall against the minimum standard of €16.07 for those on a non-contributory pension, and €6.47 for those on a contributory pension.

*Right to Health*

3.9 The reduction in the income threshold for medical cards for those aged over 70 in Budget 2014 has made it increasingly difficult for older people to obtain a medical card.

3.10 Since its introduction in 2009, the prescription charge has risen from 50 cent to €2.50. For older people in receipt of multiple prescriptions, this increase in the cost of medicine has had very real repercussions. In 2013, 18 per cent of all medical card prescriptions were for six items of more\(^5\). As people age, they require more medication. Thirty-one per cent of over 65s have five or more prescriptions, rising to 36 per cent in the over 75s\(^6\). Prescription charges under the DPS scheme at the moment amount to €1,728 per year. This is a very substantial portion of an older person’s income, almost a month’s income for a person on a gross income of €501 per week.

4. **Recommendations to the State Party**
   - Introduce concrete and targeted measures to combat waiting times under the Nursing Home Support Strategy.

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\(^3\) Link to report
• Ensure that the available funding and allocation of home help hours keeps pace with the growing ageing population and the demand for such service.
• Examine the impact of austerity measures on older people with a view to reversing cuts made to supports over the past years.
• Introduce an implementation plan for the National Positive Ageing Strategy.
• Work towards developing and implementing an equitable system of universal health care.