

# Occasional Paper

This document aims to inform ageing research and add to existing discussion on policy and research developments.

## Mapping research in Ireland against the UN Research Agenda on Ageing for the 21st Century<sup>1</sup>

### 1. Introduction

This report seeks to map research on ageing and older people in Ireland against the agenda set out by the United Nations; this is the framework that CARDI uses in its strategic plan.<sup>2</sup>

Hopefully this mapping exercise will help to identify areas where considerable research is being carried out and others where less is known. It builds on other work to identify information and research on ageing and older people in the Republic<sup>3</sup> and in Ireland as a whole.<sup>4</sup> As such it can serve as a baseline against which we can assess future changes in the volume of research on specific topics and on research on ageing and older people overall.

In deciding priorities CARDI will take account of the needs that have been expressed, the research that is in progress or has been carried out recently and the policy imperatives that must be met north and south.<sup>5</sup>

Section 2 begins with a short discussion of the UN agenda as it applies to research on ageing and older people in Ireland; the broad outline of the framework is set out in Appendix 1. This Section also explains the process of classifying research in Ireland against the UN framework.

Section 3 considers in more detail the extent to which each of the 12 UN critical research areas have been covered in this country based on the

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1 The mapping exercise relates to the updated edition the UN Research Agenda on Ageing in the 21st Century, 2007.

2 CARDI Centre for Ageing Research and Development in Ireland: Strategic Plan 2008-2011, 2008, Belfast and Dublin.

3 The development of a draft framework for the collection of information about the older population, ESRI and TCD, 2006.

4 Scoping review of research on ageing in Ireland, 2005.

5 Stocktake of Ageing Public Policy Initiatives in Ireland, North and South, CARDI 2009

detailed mapping of research in Ireland set out in Appendix 2. Section 4 draws some conclusions based on the earlier sections and also on some of the additional material set out in Appendix 3; this lists publications that are relevant to the mapping exercise as a whole but do not fit within Appendix 2 e.g. strategies on ageing and older people, research carried out in other countries or documents that are largely informational.

### **The UN research agenda in Ireland**

The UN research framework provides a useful template for mapping research on ageing and older people. It is, though, an international agenda designed to encompass a wide variety of systems and societies, not one that was designed specifically for Ireland. However, it does set out details of information plans for different parts of the world depending on their level of development; this includes ten 'commitments' that are relevant to Europe.

The broad structure of the UN agenda is set out in Appendix 1. It consists of three priority directions which are broadly expressed as older people and development; advancing health and well-being into old age; and ensuring enabling and supportive environments. Related to these are six major research priorities but the UN drafters recognised that these are not neat or discrete priorities; as the diagram in Appendix 1 shows, two of the research priorities (3 and 6) feed into more than one of the priority directions.

Finally there are 12 critical research areas, five relating to the first priority direction, four to the second and two to the third. The 12<sup>th</sup> critical research area, which concerns policy formulation and implementation, data collection, monitoring and evaluation, feeds into the implementation and follow-up of the entire agenda. Within each of the 12 critical research areas there are specific topics, 109 in total.

### **Methodology**

This document is based on a detailed exercise in which research in Ireland was mapped against the 12 critical research areas (see the detailed Appendix 2). Initially the CARDI database (available on [www.cardi.ie](http://www.cardi.ie)) was used to identify research projects on ageing and older people that are in progress or were completed normally within the last three years; on occasion research projects that date back longer than that have been included where they were part of a continuing research programme or formed a background to subsequent studies. Projects on the CARDI database formed the bulk of the research in the mapping exercise but many others were identified through literature reviews, personal contact and web searches.

In general, research has been included if it relates specifically or primarily to ageing or older people. No age was used to define 'older people' since a great deal of the research did not consider the age of the people involved but was nonetheless clearly about ageing and older people. Very much of the medical research, for example, was concerned with diseases or disabilities that are particularly common among older people but it is not age-specific. Likewise a lot of the research on care and the economic implications of an ageing society do not specify a particular age. Any selection system that excluded such research on the grounds that the researchers did not identify an age range would fail to reflect the realities of the research world - and the real world.

Very many other studies have incidental findings on older people or statistical breakdowns by age from which we can identify data relevant to older people but it would not be practical to include this vast array of research in the mapping exercise. In addition, research was excluded if it related to an

individual older person or was very local or merely a compilation of existing statistics without further analysis.

The procedure with all the pieces of research identified was to assess which critical research areas they fitted with and, within these, which topics they matched. In cases where a research project matched more than one critical research area, a judgment was made on which research area was most appropriate.

The 12 critical research areas do not encompass all possible fields of research or do so only in a very general way. Some of the aspects of research that do not fit neatly with the UN framework are human rights; equality; identifying the needs and wishes of older people; quality of and access to services such as transport, housing, advice and information; special or minority groups; the digital divide; laws affecting older people (other than discrimination); health inequalities; work and health; technology; psychology of disability e.g. stigma; isolation and loneliness; public campaigns; or care in the home.

In cases where research in Ireland relates to these issues they have been fitted into the general categories. This has tended to mean projects have been slotted into critical research areas that are broadly defined such as 2.1 (social participation and integration), 2.9 (quality of life) or 2.10 (care systems).

Another issue is that several research projects fit into more than one critical research area. For example a study of incomes can be about economic security (2.2), poverty (2.4) and social security systems (2.5) as well as affecting issues such as participation, healthy ageing and quality of life. Quite a few research studies have an element dealing with poverty but this critical research area (2.4) has a surprisingly low number of earmarked projects

because they have fitted better into headings such as economic security. In all cases the research has been allocated to whichever critical research area seems most appropriate but Appendix 2 lists other areas that each research project covers.

In doing this we have tried to map against one of the 109 specific topics that are listed under the 12 research areas. Sometimes a project does not fit with any of the detailed topics and is allocated to the most suitable critical research area in general; for example a project on older people falling on buses does not match any of the UN topics. In other cases where a research project covers several topics it is again allocated to the general area but the specific topics covered are also listed.

Judgements have to be made about the main thrust of a research project and where it fits on the UN framework; this can be problematic especially if research spans very many disciplines. An attempt was made to overcome this difficulty by doing web searches to get more information about individual research projects and, as resources permitted, by contacting individual researchers for more information.

A final issue is that critical research area 2.12 is about policy, monitoring and evaluation and to that extent it is a 'catch-all' group. For example topic 2.12.8 is about 'data to support policy development and implementation'; topic 2.12.11 refers to 'documentation of good practice in different settings' and 2.12.12 covers both 'older people's involvement in policy processes' and 'evaluation of the impact of policies'. Because these are very broad categories every effort has been made to find a different resting place for Irish research projects and to use area 2.12 only if the research cannot be accommodated elsewhere.

It is clear therefore that there are limitations to this mapping exercise.

- CARDI may not be aware of some relevant research projects;<sup>6</sup>
- In cases where research has not been registered on the CARDI website, a search may have failed to locate it because it is not clear from the title that there is a substantial focus on ageing or older people;
- It may not be clear which critical research area the project relates to;
- Decisions about the areas or topics covered are often tentative and other people might make a different judgement as to the most appropriate ones.

### Main findings

Altogether 176 studies were identified and included in this mapping exercise. Table 1 shows the numbers from the Republic of Ireland and Northern Ireland in each in the 12 UN critical research areas.

**Table 1: research projects in Ireland by UN critical research areas**

Critical research area	ROI	NI	Other	Total
2.1 Social participation and integration	18	17		35
2.2 Economic security	7	0	1	8
2.3 Macro-societal change and development	6	3		9
2.4 Poverty	1	1		2
2.5 Social security systems	1	3		4
2.6 Healthy ageing	6	10	3	19
2.7 Biomedical	11	27		38
2.8 Physical and mental functioning	11	5		16
2.9 Quality of life	8	10		18
2.10 Care systems	12	11	1	24
2.11 Changing family structures and functions	1	0		1
2.12 Policy design, implementation, monitoring and evaluation	2	0		2
<b>Total</b>	<b>84</b>	<b>87</b>	<b>5</b>	<b>176</b>

**Note: the numbers are those used in the UN framework document**

This mapping exercise has identified approximately equal numbers of research projects in the Republic of Ireland and Northern Ireland over the last few years; the issue of the scale of projects is discussed below. In the Republic, projects with a focus on social participation and integration, care systems, biomedical research and physical and mental functioning were the most common, followed by quality of life, economic security, healthy ageing and macro-societal change and development. Only one or two research works fall primarily into the categories of poverty, social security systems, changing family structures and the catch-all policy design, implementation, monitoring and evaluation.

In Northern the most common research area by far was biomedical and there were a lot of projects on social participation and integration, followed by care systems, healthy ageing and quality of life. Next came physical and mental functioning, macro-societal change, social security systems and poverty. No research in recent years was identified as being mainly about economic security, changing family structures or the catch-all research area 2.12.

All of the research on economic security is taking place in the Republic whereas most of the projects on social security systems are in Northern Ireland. This may suggest that researchers in the two parts of Ireland frame subjects differently or are tackling similar issues in different ways.

Healthy ageing and quality of life appear to be attracting more research interest in the north whereas physical and mental functioning is more common in the south. There is roughly equal interest in both parts of the island in care systems.

A striking feature of Table 1 is the very small number of cross-border research initiatives. There are four altogether, just over 2% of the total (the fifth one covers all EU member states i.e. Ireland but not specifically Northern Ireland). It may be that the differences in the structure of local and national government, public administration and funding may make some cross-border research problematic. It could be, for example, that studies of care systems could finish off as two separate pieces of research because of major differences in how the services are provided, though even in cases like this we might expect mutual learning about good practice. In other cases, such as biomedical research - where the illnesses, disabilities and people are the same - it is difficult to see why collaboration is not more frequent in view of the expense of medical research.

Exploring this north-south issue further, it appears that the Healthy Ageing Research Programme (HARP), which falls under the heading of healthy ageing, is the only substantial cross-border research collaboration on ageing and older people in Ireland. Its substantial volume on health and care statistics was published by the Institute of Public Health which appears to be the only organisation systematically promoting research on both sides of the border.

The only other cross-border project is *Ireland North and South: A Statistical Profile 2008*, but this only just merits inclusion because it is a compilation of general statistics from both jurisdictions with only a small number of tables relating to older people. By contrast, the two bodies responsible for the joint project, the Central Statistics Office and the Northern Ireland Statistics and Research Agency, have separately published substantial volumes of statistics on older people covering only their own jurisdictions.

Table 2 shows the distribution of research across the 12 UN critical research areas in the Republic of Ireland, Northern Ireland and Ireland as a whole (including the five ‘other’ projects).

It highlights again the huge share of research on ageing and older people in Northern Ireland that is accounted for by biomedical studies, largely due to a substantial volume of work in medicine, vision and pharmacy at Queen’s University. In NI, research that falls into the five most popular critical research areas accounts for 86% of all research projects in the last few years.

**Table 2: distribution of research projects by UN critical research areas**

Critical research area	RoI %	NI %	All %
2.1 Social participation and integration	21.4	19.5	19.9
2.2 Economic security	8.3	0.0	4.5
2.3 Macro-societal change and development	7.1	3.4	5.1
2.4 Poverty	1.2	1.1	1.1
2.5 Social security systems	1.2	3.4	2.3
2.6 Healthy ageing	7.1	11.5	10.8
2.7 Biomedical	13.1	31.0	21.6
2.8 Physical and mental functioning	13.1	5.7	9.1
2.9 Quality of life	9.5	11.5	10.2
2.10 Care systems	14.3	12.6	13.6
2.11 Changing family structures and functions	1.2	0.0	0.6
2.12 Policy design, implementation, monitoring and evaluation	2.4	0.0	1.1
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

In the Republic the spread of work across the 12 areas was somewhat more even than in Northern Ireland but even there the top five research areas accounted for 71.4% of all research.

A surprising finding is the small amount of research on poverty/economic security/welfare systems as they affect older people in Ireland as a whole that has been carried out in recent years.

### **Scale of research projects**

The discussion above has been about the number of research projects: 84 in the Republic of Ireland, 87 in Northern Ireland and five others but it does not take account of the size of the projects. This is because resources and time constraints made it necessary to concentrate on mapping as many projects as possible but this mapping exercise is a work in progress and it may be developed in future to take account of funding and other important factors.

In reality the investment in research on ageing and older people has for several years been far greater in the Republic than in Northern Ireland. Its research community has grown accordingly. In previous years this was largely driven by the National Council on Ageing and Older People, which produced more than 100 publications but it is now winding down its work as it faces dissolution once legislation has been agreed by the Oireachtas.

More recently important new centres of expertise have emerged, typically in social policy rather than medical areas. These include the Irish Centre for Social Gerontology in NUI Galway, which has 11 research staff, and the Social Policy and Ageing Research Centre in Trinity College Dublin, which has six dedicated research staff and an equal number of associated researchers. In addition there has been big investment recently in ageing centres in St Luke's, St James's and centres like Nursing and Midwifery in Trinity and the Geary Institute at UCD. These join much older centres of excellence such as Cork University Hospital and the Mercer's Institute of Research on Ageing (MIRA) which is associated with Trinity.<sup>7</sup> Outside of the universities, there is a growing ageing research community at Dundalk Institute of Technology and Age Action recently appointed two full-time research staff.

In Northern Ireland investment has been much smaller and less widespread. Queen's University is very strong in biomedical research, the University of Ulster has important centres in nursing and health and rehabilitation sciences, the Changing Ageing Partnership at Queen's is promoting some small projects and otherwise it is mostly sporadic, small-scale research as far as older people are concerned.

Whilst some of the projects mapped in this document cost a few thousand euros or pounds, others are counted in millions and these are mostly in the Republic. The Irish Longitudinal Study on Ageing (TILDA) is the most obvious with a projected budget over ten years of some €30 million; it has received €4.8 million already for the pilot phase. The Centre for Independent Living Technologies has a budget of €2.8 million over the three years 2007-2009. Interestingly, much of this new money is coming from private sources, especially the Atlantic Philanthropies, Intel and Irish Life.

### **3. Mapping the UN critical research areas**

This Section looks in more detail at each of the 12 UN critical research areas and the 109 topics that are set out under them. Research projects on ageing and older people in Ireland have been counted in only one critical research area and are considered only under that area. However, the detailed tables set out in Appendix 2, on which this discussion is based, also note other areas of the UN framework that the research studies may fit into.

Within their main critical research area, research projects may be counted under several different topics. This means that the discussion in this Section refers to topics which may be the primary focus of a research project but also to topics that may be a secondary concern. The idea of this is to capture more of the topics with which a research project is

concerned, recognising that a research study rarely deals with a single narrow subject.

By way of illustration, the *Seniors and surfing – why not?* study relates to area 2.1 generally (social participation and integration) but not to any specific topic within this area. Therefore it is assigned to area 2.1 generally for the purposes of this mapping exercise but the table under 2.1 also notes that it is relevant to 2.3.8 (needs of older people arising from technological change) and 2.9.11 (life-long learning and skills development for older people). On the other hand the project on *Labour Market Inequalities in Older People* is marked as fitting into three specific topics in the economic security area - labour force participation, continuing education and re-training and age discrimination.

### **Area 2.1 Social participation and integration**

Overall this is the second most popular area for research on ageing and older people in Ireland, containing 35 projects altogether, evenly spread between the Republic (18) and NI (17); there are no cross-border projects in this field. One reason why there are so many projects is that it is a very general heading which contains several research studies that could almost as easily be placed in another area.

The three most popular topics, attracting seven projects each, are images of ageing; strategies to promote social integration; and age discrimination, including research on a human rights theme about the capacity of older people to give or withhold consent to their treatment. Five studies were identified on the isolation of older people in rural areas. There were three studies on ageism, and the relatively new subject of elder abuse, neglect, violence and exploitation had two studies. One project each was identified on inter-

generational relationships; gender, ethnic, racial and other differences; social, economic and other contributions of older people; and political participation of older people.

There appears to be no current or recent research with a primary focus on the effects of demographic factors such as rapid urbanisation and migration on social participation of older people; concept, determinants or repercussions of active ageing; displacement of and support for older people in emergency situations; or mechanisms for ageing migrants' adaptation in migration destinations.

### **Area 2.2 Economic security**

Eight projects came under the heading of economic security, all of them in the Republic. In addition the north-south statistical bulletin had data on the subject and just about merits inclusion. The most common topic was policies and practices relating to labour force participation (six studies) and next was continuing education and training in old age. There were two each on patterns of resources available to older people; measurement of wealth and consumption; and the economic and social impact of the removal of mandatory retirement and age discrimination.

No research appears to be in progress or recently completed on patterns and complexities of inter-generational transfers; formal programmes for providing economic security (but pensions are included in 2.5 below); informal economy based income security in old age; and preparation for retirement.

### **Area 2.3 Macro-societal change and development**

Nine research studies have been grouped into this area, six south and three north of the border. Three of them are largely statistical

analyses or compilations which could easily have been placed elsewhere. Another three reflect increasing interest in the economic implications of an ageing society and the dynamics of wealth and its redistribution across the life span. One study each focused on the interaction between population ageing and societal development; implications of and adjustments to a changing age structure; and needs of older people arising from technological change and economic advancement. None fell under the general topic of social development in ageing societies or under globalisation and ageing; inclusion of ageing in international and national developmental policies; or the impact of policies and programmes promoting development on the economic and health status of older people.

#### **Area 2.4 Poverty**

Only one project each in the Republic of Ireland and Northern Ireland had a specific focus on the critical research area of poverty, which is described narrowly by the UN: "Research is needed to identify dynamics of multi-dimensional poverty and its effects on older people". The two research projects fitted this general area more than any other but did not focus specifically on the five specific topics: multi-dimensional nature of poverty; gender, poverty and individual ageing; what does it mean to be poor and old in different countries and settings?; political, community and self concepts of poverty in old age; and poverty and poverty-related issues in old age.

However several other research studies do deal with poverty; in addition, some poverty-specific topics, such as fuel poverty and food poverty, include older people along with other age groups and sometimes present age-specific data. Resources make it impractical to describe all secondary references to research areas and topics. However in the case of

poverty, which is a central issue affecting many older people, a count shows that, apart from area 2.4, poverty is dealt with in eight other research projects, four each in the Republic of Ireland and Northern Ireland.

#### **Area 2.5 Social security systems**

Three of the four projects in this area relate to Northern Ireland and are largely concerned with eligibility for and uptake of benefits, especially pension credit. One project is about existing models of social security and identification of best practice as they relate to incentives for retirement. Not surprisingly there have been no studies on how to introduce or expand social security systems in developing countries. Nor were there studies to evaluate the status and sustainability of existing informal and formal support systems; or changes in social support systems as a result of social security/pension reform.

#### **Area 2.6 Healthy Ageing**

There appear to be almost twice as many projects on healthy ageing in Northern Ireland (10) as in the Republic of Ireland (6) and there are three substantial cross-border collaborations to bring the total to 19.

A few of the research projects have been allocated to this area generally but not to any specific topic; this is partly because there is, surprisingly, no topic in the UN framework referring specifically to the quality or availability of health services. The most common topic is the broadly framed one covering healthy ageing as individual behaviour and choices including self-care and psycho-social determinants of healthy ageing, which has seven studies. Next is the topic of intervention strategies for health promotion, with four projects. There are three about social, economic and environmental determinants of healthy ageing, including a cross-border study that included data on life expectancy; and two

on variations in healthy life expectancy within and between countries.

One project each deals with measurement of adult survival and tracking the stages of epidemiological transition; interactions between genetic-biological markers, the environment and health behaviour; and nutritional status and interventions for its improvement. No projects have been primarily concerned with the definition and delimitation of the scope of the concept of healthy ageing; causes of premature deaths in developing countries; socio-economic status and other environmental determinants of healthy related behaviours; or mental health and ageing (though several studies dealing with dementia are covered below in area 2.8).

## **2.7 Biomedical**

This is the largest area overall as judged by the number of research projects (38) and the most numerous in Northern Ireland (27) largely accounted for by studies at Queen's University Belfast.

Turning to the specific topics covered, 13 studies in Ireland are about strategies for prevention and effective intervention for various diseases of older people and seven about individual evolution of disease development in older people. Next come international intervention programmes to evaluate the efficacy and safety of pharmacological interventions (5) and underlying mechanisms of ageing (4) with three each for the two topics of ageing-related diseases and co-morbidity; and critical assessment of traditional methods of treatment and prevention of age associated diseases.

Two studies deal with the interaction of biomedical, social and economic determinants and implications of life extension and one each with trajectories of major diseases of ageing; and inclusion of older people in clinical trials and services from which they might benefit.

Three topics that appear to be absent are identifying biomarkers of human ageing; research on older survivors of starvation and malnutrition in rural and remote areas of developing countries; and the long-term health impact of obesity on longevity around the world.

## **2.8 Physical and mental functioning**

This area attracted 16 studies, 11 in the south and five in the north. Six of them are related to the topic of preventing and rehabilitating disability in older people and five to prevention of disability and maximising physical, mental and social functioning of older people; four concern treatment and intervention strategies aimed at reducing and/or managing physical or mental disability; and there are three comparative studies of strategies to prevent, manage and rehabilitate disability.

Two studies are about research methodologies for defining and measuring disability and one seems primarily concerned with biomedical, social, psychological and economic determinants of disability throughout the life course.

## **2.9 Quality of life**

Ten studies in Northern Ireland and eight in the Republic of Ireland appear to be mainly about quality of life, though several that were placed in other areas are strongly related to this broad theme.

Six studies are about age-friendly environments (including housing). Factors that determine individual differences in quality of life in old age attracted five research studies and well-being, quality of life and health four. Two studies deal with determinants of quality of life at different life stages and a similar number with the impact of life-long learning, adult education and skills development on quality of life of older people.

One research project concerns cultural and other variations in the meaning of quality of life and none are about internationally harmonised measures of quality of life; relationships between development and quality of life; 'meaning of life' for older people; disability and quality of life throughout life course; standards of living of older people in multi-generational households in different countries; and effects of urbanisation and modernisation in late-life adjustments.

### **2.10 Care systems**

This is the third most popular area for research in Ireland, evenly spread between north (11) and south (12) plus a Eurobarometer survey containing results for the Republic of Ireland, the UK and other EU member states but not specifically for Northern Ireland.

One of the topics is wide in scope - development of appropriate and culturally and economically sustainable care systems - and this is reflected in the fact that 12 of the studies touched on this subject. Four projects are about training needs and strategies to generate sufficient and adequate human resources and three about facilitating transition between care settings eg from hospital to home or community. Two each concern mapping available care systems in different cultures and setting; and provision, accessibility and utilisation of health care for older women. One project is about integration of health and social care systems and one about older people as care-givers. No projects covers effective public-private mixes of care delivery or care-giving roles and the impact on older carers.

### **2.11 Changing family structures and functions**

Very little research falls into this area, only one study in the Republic of Ireland. A study of meals on wheels services fits with the topic of mechanisms of provision and receipt of support as well as on nutrition. No research was identified on diverse family structures and functions and their evolution; changes in living arrangements, especially multi-generational co-residence and independent living; the nature and challenges of family care-giving; adaptive processes and coping strategies of people without family resources; interventions to support other informal support bases; and availability of kin and non-kin support.

### **2.12 Policy design, implementation, monitoring and evaluation**

As mention above, the UN's 12<sup>th</sup> critical research area differs from the others because it is about implementation of the research agenda as a whole and has several 'catch-all' groups; where possible research projects in Ireland have been allocated elsewhere rather than to area 12. Otherwise a very large number of projects would have been allocated to topics such as adequate baseline data on the health status, well-being and socio-economic status of older people; data to support policy development and implementation; or older people's involvement in policy processes/evaluation of the impact of policies.

Two projects, both in the Republic, fell explicitly into this area but not into any of the earlier ones. They covered aspects of five topics: levels of government expenditure on older people; evaluation of results of resource allocations and expenditures; adequate baseline data; data to support policy development; and establishing indicators to monitor and evaluate policies and programmes on ageing.

## Appendix 1

### Structure of the UN framework

The UN Research Agenda on Ageing consists of four sections: Major Priorities; Critical Research Areas; Key Methodological Issues; and Implementation. The major priorities and the critical research areas described in these sections are linked to the Priority Directions of the Madrid International Plan of Action on Aging (see diagram below).

MADRID		RESEARCH AGENDA ON AGING	
International Plan of Action on Ageing	Major Research Priorities <sup>1</sup>	Research Areas	KEY METHODOLOGICAL ISSUES IMPLEMENTATION
Priority direction I: Older Persons and Development	<p><b>Priority 1.</b> Relationships of population ageing and socio-economic development</p> <p><b>Priority 2.</b> Current practices and options for maintaining material security in old age</p> <p><b>Priority 3.</b> Changing family structures, intergenerational transfer systems and emergent family and institutional dynamics</p>	<ol style="list-style-type: none"> <li>1. Social participation and integration</li> <li>2. Economic security</li> <li>3. Macro-societal change and development</li> <li>4. Poverty</li> <li>5. Social security systems</li> </ol>	
Priority direction II: Advancing health and well-being into old age	<p><b>Priority 4.</b> Determinants of healthy ageing</p> <p><b>Priority 5.</b> Basic biological mechanisms and age associated diseases</p> <p><b>Priority 6.</b> Quality of life and ageing in diverse cultural, socio-economic and environmental situations</p>	<ol style="list-style-type: none"> <li>6. Healthy ageing</li> <li>7. Biomedical</li> <li>8. Physical and mental functioning</li> <li>9. Quality of life</li> </ol>	
Priority direction III: Ensuring enabling and supportive environments	<p><b>Priority 3.</b> Changing family structures, intergenerational transfer systems and emergent family and institutional dynamics</p> <p><b>Priority 6.</b> Quality of life and ageing in diverse cultural, socio-economic and environmental situations</p>	<ol style="list-style-type: none"> <li>10. Care systems</li> <li>11. Changing family structures and functions</li> </ol>	
Implementation and follow-up		<ol style="list-style-type: none"> <li>12. Policy design, implementation, monitoring and evaluation</li> </ol>	

## **Major Research Priorities**

The major priorities for research exploration specify the most challenging and at the same time most promising directions for policy related research on ageing to promote the implementation of the Madrid International Plan of Action on Ageing. The following list of priorities is aimed at assisting policy makers and researchers to target limited available resources towards the greatest research needs and potentially most fruitful outcomes.

### **Priority 1: Relationships between population ageing and socioeconomic development**

The interrelationship of rapid population ageing and socio-economic development remains poorly understood and is often overlooked in national development planning. For developing countries, in particular, this relationship will become increasingly critical. More research is needed to identify the contributions made by older persons to the social, cultural, spiritual and economic 'capital' of all nations. The productive contribution of older persons to society should be better measured and monitored and complex reciprocal social and economic exchanges that occur in all societies better defined.

### **Priority 2: Current practices and options for maintaining material security in old age**

This research priority is highly relevant in the developed world where serious questions have emerged about the long-term sustainability of many national income security systems. It is also critical in developing countries, many of which have only the most rudimentary or even no income security system in place, or none planned for the immediate future. Measures to reduce poverty among older persons, dynamics of labour force participation, household patterns of savings and expenditure, public sector schemes, and other elements of wealth accumulation, savings,

pensions and choices made need intensive and wide ranging investigation.

Other aspects of monetary and non-monetary support and exchange warrant further exploration.

### **Priority 3: Changing family structures, intergenerational transfer systems and emergent family and institutional dynamics**

The nature of 'family,' and traditional attitudes and behaviours between generations are claimed widely to be changing in most regions of the world. Studies are needed to track these changes, and to identify the economic and social impacts on individuals, communities and society. The roles and contributions of older persons to family and community life need clarification.

### **Priority 4: Determinants of healthy ageing**

Health is a central issue associated with increased longevity and population ageing. The maintenance of health status and functioning with age is a critical factor, impacting other areas of older persons' lives, their families and communities.

The complex interrelations of individual behaviours, general social, economic, cultural and environmental conditions and the efficacy of preventive, curative and rehabilitative modes of intervention need to be better understood.

More research is needed into basic aspects of measuring and monitoring physical and mental functioning and age associated disabilities and the potential for preventing these.

### **Priority 5: Basic biological mechanisms and age associated diseases**

Recent progress in understanding basic genetic, molecular and cellular processes of life has a potential for unravelling the complex relationships between the fundamental mechanisms of ageing and the emergence of

age associated disease. Prospects have been increased greatly for an identification of efficacious pharmacological and other interventions that may prevent, ameliorate or reverse a range of chronic diseases linked to ageing.

Continued and significantly increased research in the basic mechanisms of ageing and disease should be promoted vigorously.

**Priority 6: Quality of life and ageing in diverse cultural, socio-economic and environmental situations**

Ideas of what constitute 'well-being' and 'quality of life' in ageing vary according to the social, cultural, economic and traditional context in which the concepts are examined.

Better understanding is needed of fundamental variations in ageing and life experience that determine quality of life in old age. Much could be learned from well-framed and sensitively undertaken comparative research in settings in different social, economic, development and cultural contexts.

## Appendix 2

### Critical Research Areas

This section reproduces the 12 specific areas for research exploration in the UN framework and its lists of specific topics for studies of ageing. The tables following each area set out the projects that have been carried out in Ireland or are in progress that appear to be relevant to that area. For ease of reading, the UN lists are presented on left-hand pages and the Irish research projects are on the right-hand side (odd-numbered pages) except where they continue for several pages.

The tables give only a summary of the information available on each project; more detailed information is available on the CARDI website [www.cardi.ie](http://www.cardi.ie). They set out:

1. the titles of the research projects or publications and dates if appropriate;
2. the researchers and their organisations (if not in next column);
3. the research organisation or publisher (words like 'department of' or 'school of' are omitted in universities);
4. whether the research has been carried out in or relates to Northern Ireland or the Republic of Ireland;
5. an assessment of the UN critical research area covered by the project.

The numbers 2.1 to 2.12 are as contained in the UN framework.

### 2.1. Social participation and integration

Older people are at risk of exclusion from community and social life. This theme focuses on the extent of participation and integration of older people in all spheres of life and factors that facilitate their integration in society.

Specific topics include:

- 2.1.1 Intergenerational relationships.
- 2.1.2 Ageism in different societies.
- 2.1.3 Images of ageing. Is there a convergence between older persons' and younger persons' views of ageing and older people?
- 2.1.4 Effects of demographic factors, e.g., rapid urbanisation and migration, on social participation and integration.
- 2.1.5 Gender, ethnic, racial and other differences.
- 2.1.6 Psychosocial determinants of social participation and integration.
- 2.1.7 Strategies to promote social integration and participation of older persons in society. Socio-economic, structural and attitudinal factors that influence participation and integration in different societies.
- 2.1.8 Active ageing: concept, determinants, repercussions at different levels (individual, family, etc.), measurement.
- 2.1.9 Social, economic and other contributions of older people.
- 2.1.10 Political participation of older people.
- 2.1.11 Isolation of older persons in rural areas, and measures to promote their participation in social, political and economic activities.
- 2.1.12 Age discrimination.
- 2.1.13 Elder abuse, neglect, violence and exploitation.
- 2.1.14 Displacement of and support for older persons in emergency situations, such as man-made and natural disasters.
- 2.1.15 Mechanisms for ageing migrants' adaptation in migration destinations.

## 2.1. Social participation and integration

### Research in Ireland

Title	Researcher	Institution	Place	UN area
Monitoring older people at home	Intel for Colm O'Connor,	Senior Help Line	ROI	2.1 e.g. 2.1.11
Seniors and surfing – why not	Albert Jordan	Information Society Policy Unit	ROI	2.1, 2.3.8, 2.9.11
Advocacy and patient participation in long-stay care settings	Virpi Timonen et al	SPARC, TCD	ROI	2.1 e.g. 2.1.6/7, 2.10.2
The Irish Longitudinal Study on Ageing (TILDA)	Rose Anne Kenny et al	Medical Gerontology TCD and others	ROI	2.1, 2.2, 2.4.2, 2.6, 2.7, 2.9
Suicide in rural Ireland	Anne Cleary	Sociology UCD	ROI	2.1.11, 2.6.9
Review of access to advocacy services for older people in care homes	Stella Cunningham	Health & Social Service Councils/RGIA	NI	2.1 e.g. 2.1.6/7, 2.10.2
Systematic review of children's perceptions of ageing	Rosemary Kilpatrick et al	Institute of Child Care Research QUB	NI	2.1.2, 2.1.3
Older people in NI	Paula Devine (ARK), et al	Sociology, Social Policy and Social Work QUB	NI	2.1, 2.3, 2.12.5, 2.12.8/9
Ageism in Ireland	Paula Devine (ARK), et al	Sociology, Social Policy and Social Work QUB	NI	2.1 e.g. 2.1.3, 2.1.6
Qualitative archive on ageism	Paula Devine (ARK), et al	Sociology, Social Policy and Social Work QUB	NI	2.1 e.g. 2.1.3/5/6

<b>Title</b>	<b>Researcher</b>	<b>Institution</b>	<b>Place</b>	<b>UN area</b>
The Lived life Project	Amanda Piesse, Eunan O'Halpin	School of English TCD	ROI	2.1.3
Good Morning Projects	Lois Murphy	NI Civil Service Community Safety Unit	NI	2.1.7, 2.1.11, 2.11.6
Investigation into older people's access to financial services	Dan Sweeney	Equality Commission for Northern Ireland	NI	2.1, 2.3.8
ESRC fellowship - older people in rural areas - focus on service accessibility	Stephen Donnelly et al	Office of First Minister and Deputy First Minister	NI	2.1.11, 2.1.7
Intergenerational programme in Sixmilecross ward	Mary Conway	Omagh Forum for Rural Associations	NI	2.1.1
Identifying elder abuse	Prof MP Treacy UCD	School of Nursing & Midwifery UCD	ROI	2.1.13
A Social Portrait of Older People in Ireland 2007	Tony Fahey et al, ESRI	Office for Social Inclusion	ROI	2.1, 2.3, 2.6, 2.9
A Study of Retail Accessibility for Older People: The Elderly Poor and their Access to Grocery and Financial Services in Dublin 2005	FM Kelly and AJ Parker	Retail Studies, UCD and Combat Poverty Agency	ROI	2.1, 2.9.12
Awareness of the Age Regulations and Attitudes of the General Public in Northern Ireland towards Age-Related Issues, 2008		Equality Commission for Northern Ireland	NI	2.1.2, 2.1.3
Equality Policies for Older People: Implementation Issues		National Economic and Social Forum	ROI	2.1.7, 2.1.12, 2.12.13

Title	Researcher	Institution	Place	UN area
Images of older people in Irish children's books 2007	Katie Dickson, Amanda Piesse	School of English TCD	ROI	2.1.3
Implementing Equality for Older People 2007		Equality Authority	ROI	2.1, 2.2, 2.5, 2.6, 2.9, 2.10
Older Workers and Employment Agencies in Ireland 2007	David Stratton, Francesca Lundström	Senior Select Retain & Retrain	ROI	2.1.12, 2.2.9
Participation of the Employed in Education/Training 2006 (QNHS)	Roger Fox	FÁS	ROI	2.1.12
Perceptions of Stigma in Dementia: An Exploratory Study 2006	School of Nursing and Midwifery, TCD	The Alzheimer Society of Ireland	ROI	2.1.2
The Experience of Discrimination in Ireland: Analysis of the QNHS Equality Module, 2008	Helen Russell et al	Equality Authority and ESRI	ROI	2.1.12
A systematic review of children's and young people's perceptions of old age	Laura Dunne and Rymn Akonzada	Institute of Child Care QUB (CAP)	NI	2.1.3
Mobility 21 – social engagement through social dance in NI	Jonathan Skinner	Anthropology QUB (CAP)	NI	2.1.7, 2.6.6
The prohibition by law of age discrimination in access to goods, facilities and services: a study of common law jurisdictions	Brice Dickson et al	Law QUB (CAP)	NI	2.1.12

<b>Title</b>	<b>Researcher</b>	<b>Institution</b>	<b>Place</b>	<b>UN area</b>
The use of the justification test in age discrimination cases	Rory O'Connell	Law QUB (CAP)	NI	2.1.12
Ageing and social exclusion among former political prisoners in Northern Ireland	Ruth Jamieson and Peter Shirlow	Law QUB (CAP)	NI	2.1
Older for Older (O4O)	Sally Shortall	Sociology QUB (CAP)	NI + others	2.1.11, 2.9.3
Community planning – a rural sensitive model	Mark Allen	Rural Community Network	NI	2.1 eg 2.1.7/9/10/11
Domestic violence, including older people (due Oct 2008)	COSC	Dept of Justice, Equality and Law Reform	ROI	2.1.13
Healthcare decisions: recognising the decision-making capacity of older people to consent to and decline treatment, 2006	Deirdre Ahern	Law TCD	ROI	2.1 eg 2.1.6/7, 2.7.7

## **2.2. Economic security**

Economic security is directly linked to the health and well-being of people of all ages. Research is needed on behaviour, self-provision and programmes to maximize economic security across the life span and in old age.

Specific topics include:

- 2.2.1 Labour force participation of older persons and family members: its psychosocial, health and policy determinants.
- 2.2.2 Patterns of resource availability to older persons; use and exchange of resources by older persons.
- 2.2.3 Measurement of wealth, including savings, income and consumption, over the life course.
- 2.2.4 Patterns and complexities of intergenerational transfers.
- 2.2.5 Formal programmes for providing economic security in old age, e.g., social and occupational pensions.
- 2.2.6 Informal economy based income security in old age.
- 2.2.7 Continuing education and re-training in old age.
- 2.2.8 Preparation for retirement at individual, family, community and societal level.
- 2.2.9 Economic and social impact of the removal of mandatory retirement age and age discrimination in the workplace.

## 2.2. Economic security Research in Ireland

Title	Researcher	Institution	Place	UN area
Minimum essential budgets for six households 2008 (updated regularly)		Vincentian Partnership for Social Justice	ROI	2.2.2, 2.2.3, 2.1, 2.4, 2.5.4
A Consumer Price Index for low-income households in Ireland (1989-2001)	Eithne Murphy, Eoghan Garvey	Combat Poverty Agency	ROI	2.2.2, 2.2.3, 2.4
Ageing and Labour Market Participation 2004	Helen Russell, Tony Fahey, ESRI	Equality Authority	ROI	2.2.1, 2.2.9, 2.1.7/9/11
Ireland North and South A Statistical Profile 2008		NISRA and CSO	NI and ROI	2.2.1, 2.6, 2.12.5
Labour Market Inequalities for Older People in Ireland: Listening to the Views of Older Persons 2002	Anne Basten et al	Equality Authority	ROI	2.2.1, 2.2.7, 2.2.9
Labour Market Issues for Older Workers 2003		National Economic and Social Forum	ROI	2.2.1, 2.2.7
National Skills Bulletin 2007	Jasmina Behan et al	FÁS	ROI	2.2.1, 2.2.7
Ageing and employment policies: Ireland	John Martin	OECD	ROI	2.2.1, 2.3.4

### **2.3. Macro-societal change and development**

Research is needed focusing on relationships between major forces of societal change and population and individual ageing. It should document, monitor and project the effects of these forces on older people as a societal group, which may have fewer resources to enable adjustment to change and especially recovery from adverse effects of such change.

Specific topics include:

- 2.3.1 Social development in ageing societies.
- 2.3.2 Globalisation and ageing.
- 2.3.3 Interaction between population ageing and societal development.
- 2.3.4 Implications of, and adjustment to, a changing age structure.
- 2.3.5 Inclusion of population and individual ageing in international and national developmental policies and programmes.
- 2.3.6 Dynamics of wealth re/distribution across the life span and of younger people and older people in rural and urban environments.
- 2.3.7 Impact of policies and programmes promoting development on the economic and health status of older persons.
- 2.3.8 Needs of older persons arising from technological change and economic advancement.

### 2.3. Macro-societal change and development Research in Ireland

Title	Researcher	Institution	Place	UN area
Regional quality of life indicator report	Norita Murphy et al	CSO	ROI	2.3; 2.12
The Northern Ireland Longitudinal Study	Máire Brolly	NISRA	NI	2.3, 2.6, 2.7, 2.8.1, 2.9.2/3.
Compendium of statistics on older people (briefing paper for Older Persons' Advisory Group)	Stephen Donnelly and Caroline Murphy	OFMDFM	NI	2.3, 2.12.5/8/9
Population projections	Denis Pringle	Geography NUI Maynooth	ROI	2.3.3, 2.3.4, 2.12.8
Ageing in Ireland 2007	Norita Murphy et al	CSO	ROI	2.3, 2.1, 2.12.5/8/9
Digital divide, ageing and online legal advice	Subhajit Basu et al	Law, Social Policy QUB	NI	2.3.8, 2.9.11 2.3.4, 2.5.3,
Assessing age-related pressures on the public finances 2005 to 2050	Alan Barrett and Adele Bergin	ESRI	ROI	2.12.2
Do children pay back their parents? An analysis of long-term care insurance	Franco Mariuzzo and L Romeu,	Economics TCD	ROI	2.3.6
Fertility decisions: explaining the sub-optimal	Franco Mariuzzo and N McCombe	Economics TCD	ROI	2.3.4

## 2.4. Poverty

Poverty may be viewed as a lack of essentials, both material and non-material, required to achieve a minimum standard of well-being. Research is needed to identify dynamics of multidimensional poverty and its effects on older persons.

Specific topics include:

- 2.4.1 Multi-dimensional nature of poverty and its impact on older persons.
- 2.4.2 Gender, poverty and individual ageing.
- 2.4.3 What does it mean to be poor and old in different countries and in different settings?
- 2.4.4 Political, community and self concepts of poverty in old age.
- 2.4.5 Poverty and poverty-related issues in old age. Age-specific poverty indicators.

## 2.4. Poverty Research in Ireland

Title	Researcher	Institution	Place	UN area
Older People in Poverty in Ireland: An Analysis of EU-SILC 2004, 2007	Martina Prunty	Combat Poverty Agency	ROI	2.4; 2.2
Older people in Northern Ireland: Report 2: financial circumstances	Eileen Evason et al	Inst of Governance QUB	NI	2.4, 2.2

## 2.5. Social security systems

Social security systems are part of economic security. Because of their particular significance for older persons, specific consideration of their introduction, expansion and evaluation is warranted.

Specific topics include:

- 2.5.1 How to introduce or expand social security systems in developing countries and countries with economies in transition.
- 2.5.2 Evaluation of existing models of social security and identification of best practice.
- 2.5.3 Evaluation of status and sustainability of existing informal and formal support systems.
- 2.5.4 Changes in social support systems as a result of social security/pension reform - implications for individuals, family and society.

## 2.5. Social security systems Research in Ireland

Title	Researcher	Institution	Place	UN area
Summary of findings of workshops September – December 2007	Zoë Anderson	A2B	NI	2.5, 2.4
Take-Up Study: Rate Relief and Disabled Person's Allowance 2008	Zoë Anderson	A2B	NI	2.5, 2.4
Monitoring poverty and social exclusion in Northern Ireland 2006	Peter Kenway et al	Joseph Rowntree Foundation	NI	2.5, 2.4
The role of financial incentives in retirement decision	Franco Mariuzzo and A Binkoska	Economics TCD	RoI	2.5.2, 2.2.1

## 2.6. Healthy Ageing

Life expectancy is increasing world-wide. A new challenge for research is to ensure that the years added to life are healthy, active and productive and that compression of disability in later years is significant.

Specific topics include:

- 2.6.1 Definition and delimitation of the scope of the concept.
- 2.6.2 Social, economic and environmental determinants of healthy ageing.
- 2.6.3 Variations in healthy life expectancy within and between countries.
- 2.6.4 Causes of premature death/shortening of longevity in developing countries and countries with economies in transition.
- 2.6.5 Measurement of adult survival and tracking the stages of epidemiological transition.
- 2.6.6 Healthy ageing as individual behaviour and choices, including self-care. Psychosocial determinants of healthy ageing.
- 2.6.7 Socioeconomic status and other environmental determinants of health related behaviours.
- 2.6.8 Interactions between genetic-biological markers, the environment and health behaviour.
- 2.6.9 Intervention strategies for health promotion, including optimal strategies for improved dissemination of information.
- 2.6.10 Nutritional status and intervention for its improvement.
- 2.6.11 Mental health and ageing.

## 2.6. Healthy Ageing Research in Ireland

Title	Researcher	Institution	Place	UN area
Healthy Ageing Research Programme (HARP)	Hannah McGee et al	RCSI and others	NI and ROI	2.6 e.g. 2.6.2/3/6/9; 2.1.9, 2.9.2/7, 2.10.2/8/9
Actively Ageing Well	Linda Barclay	Health Promotion Agency (HPA)	NI	2.6 e.g. 2.6.6; 2.1.8, 2.9.3/7
REACH	Linda Barclay	HPA and Age Concern NI	NI	2.6.6; 2.9.3/7
Actively older	Linda Barclay Desmond O'Neill TCD,	HPA and Age Concern NI	NI	2.6.6; 2.9.3/7
Chronic disease self-management	RESI, ICGP	Aois agus Eolas, Irish Gerontological Society	ROI	2.6.6, 2.7.7, 2.7.9
Genetics of healthy ageing (GEHA) in Europe	Irene Maeve Rea and Claudio Franceschi Univ of Bologna	Geriatric Medicine QUB	NI	2.6.8, 2.7.1, 2.9.2, 2.9.3
Development and sustainability of DSDC for NI	Maria McManus	Dementia Services Development Centre UUJ	NI	2.6.9, 2.10.2, 2.10.6
Cancer trends in an ageing society	Anna Gavin	NI Cancer Registry, Royal Group of Hospitals	NI	2.6.3, 2.6.5, 2.7.4

<b>Title</b>	<b>Researcher</b>	<b>Institution</b>	<b>Place</b>	<b>UN area</b>
Societal determinants of ageing	Declan Lyons et al	Mid West Regional Hospital and Uni of Limerick	ROI	2.6.2
Health service provision for the elderly	Denis Pringle and Ronan Foley	Geography NUI Maynooth	ROI	2.6 e.g. 2.6.9, 2.8.4, 2.12.3
Emergency dept attendance by older people: a profile	Margaret Treacy	Nursing & Midwifery UCD	ROI	2.6
Cross border hospital services	Andy Pollak et al	Centre for Cross Border Studies	NI	2.6
Bending the spend, healthy ageing and care costs in NI	Linda Robinson et al	Age Concern Northern Ireland	NI	2.6, 2.12.2, 2.12.4
Footwear characteristics among elderly patients attending a day hospital	Frances Horgan et al	Physiotherapy RCSI	ROI	2.6
One island – two systems 2005	Hannah McGee et al, HARP	Institute of Public Health in Ireland	NI and ROI	2.6, 2.10
Impact of predicted happiness in old age on young people's risky health behaviours	Dr John Garry	Politics, Internet Studies and Philosophy QUB (CAP)	NI	2.6.6, 2.1.3
Perceived barriers and solutions to fruit and vegetable intake in older people	Katherine Appleton, Jayne Woodside	Psychology, and Medicine QUB	NI	2.6.10, 2.6.9

Title	Researcher	Institution	Place	UN area
All-Ireland health and social care indicator set: INIsPHO Data Briefing No 2008:2	Lorraine Fahy et al	INIsPHO and IPH	NI and ROI	2.6.2, 2.6.5
Physical activity and sport: participation and attitudes of older people in Ireland, 2007 (now being updated)	Ipsos-MORI	Irish Sports Council and Go For Life	ROI	2.6.6

## 2.7. Biomedical

An improved understanding of the basic mechanisms of ageing and determinants of longevity and age associated diseases is fundamental to realising the full potential of healthy ageing.

Specific topics include:

- 2.7.1 Underlying mechanisms of ageing, ageing-related diseases, co-morbidity, secondary conditions and disability.
- 2.7.2 Identifying biomarkers of human ageing.
- 2.7.3 Interaction of biomedical, social and economic determinants and implications of life extension, e.g. studies of centenarians.
- 2.7.4 Trajectories of major diseases of ageing; their epidemiology and implications for population ageing in different settings.
- 2.7.5 Strategies for prevention and effective intervention for various diseases of older persons (particularly the oldest old) in different locations and socio-economic conditions.
- 2.7.6 An international programme to evaluate the efficacy and safety of pharmacological interventions.
- 2.7.7 Inclusion of older people in clinical trials and services from which they might benefit.
- 2.7.8 Individual evolution of disease development in older people.
- 2.7.9 Critical assessment of traditional methods of treatment and prevention of age associated diseases.
- 2.7.10 Research on older survivors of starvation and malnutrition in rural and remote areas of developing countries and countries with transitional economies and adaptation mechanisms.
- 2.7.11 Long-term health impact of obesity on longevity around the world.

## 2.7. Biomedical Research in Ireland

Title	Researcher	Institution	Place	UN area
An evaluation of a US model of pharmaceutical care for nursing home residents	Carmel Hughes	Pharmacy QUB	NI	2.7.6, 2.10
Methicillin-resistant Staphylococcus (MRSA) in nursing homes (infection control)	Carmel Hughes	Pharmacy QUB	NI	2.7.5
Infection control strategies for MRSA in nursing homes for older people	Carmel Hughes	Pharmacy QUB	NI	2.7.5, 2.10
Testing a bio-psycho-social intervention to reduce admissions to dementia assessment units from care homes	Ann Scott	Northern Health and Social Services Trust	NI	2.7 e.g. 2.7.5/9, 2.6.11, 2.8.4, 2.10
Verteporfin photodynamic therapy cohort study	Usha Chakravarthy	Centre for Vision Science QUB	NI	2.7
Evigenoret phenotyping AMD	Usha Chakravarthy	Centre for Vision Science QUB	NI	2.7
Platelet beta-secretase activity in Alzheimer's disease	Peter Passmore et al	Geriatric Medicine QUB	NI	2.7 e.g. 2.7.5/8
Platelet beta-secretase activity in vascular dementia	Peter Passmore et al	Geriatric Medicine QUB	NI	2.7 e.g. 2.7.5/8

Title	Researcher	Institution	Place	UN area
Platelet beta-secretase in MCI	Peter Passmore et al	Geriatric Medicine QUB	NI	2.7 e.g. 2.7.5/8
Developing the context of practice to enable effective evidence-based pair management with older people following abdominal surgery	Donna Brown	Belfast Trust, Royal Hospital	NI	2.7.7
Stop/start- screening for inappropriate prescribing in old age	Denis O'Mahony et al	Geriatric Medicine, Cork Univ Hosp	ROI	2.7
Belfast Longitudinal Free-living ageing study (Belfast)	Irene Maeve Rea	Geriatric Medicine QUB	NI	2.7.3, 2.6.8,
Rehabilitation in non-core older patients, Parkinson's register in Carlow, learning post stroke	Siobhan Harte et al	Physiotherapy HSE	ROI	2.7, 2.8.5, 2.8.6
Motor neurons and the potential for rehabilitation with stroke patients	Kenneth Monaghan, Nuala Brady	Physiotherapy & Performance Science UCD	ROI	2.7, 2.8.5/6
Mechanobiology of medical devices	Patrick Prendergast	Department of Bioengineering TCD	ROI	2.7.9, 2.8
An open label evaluation of the safety and efficacy of nilvadipine in mild to moderate Alzheimer's disease	Rose Anne Kenny (TCD) et al	Medical Gerontology TCD and St James' Hospital	ROI	2.7.6

<b>Title</b>	<b>Researcher</b>	<b>Institution</b>	<b>Place</b>	<b>UN area</b>
Vascular dysfunction and osteoporosis	Declan Lyons et al	Mid West Regional Hospital Uni of Limerick	ROI	2.7 e.g. 2.7.5/9, 2.8.5
An investigation of periodontal disease as a putative risk factor for coronary heart disease and stroke	Gerry Linden et al	Dentistry QUB	NI	2.7.5, 2.8.4
Processing of precursor proteins implicated in Alzheimer's disease, Parkinson's disease and dementia with lewy bodies	G Brent Irvine, Janet Johnston	Psychiatry and Neuroscience QUB	NI	2.7.5, 2.7.1, 2.7.8
The role of L-Synuclein in relation to Parkinson's disease and dementia with lewy bodies	G Brent Irvine, Janet Johnston	Psychiatry and Neuroscience QUB	NI	2.7.5, 2.7.1/8
The effects of CAIT specific training within bobath therapy	John Winder, Sheila Lennon-Fraser	Health and Rehabilitation Sciences UUU	NI	2.7
An ultrasound investigation to identify patients at risk of developing pressure ulcers	John Winder, Alison Porter-Armstrong	Health and Rehabilitation Sciences UUU	NI	2.7
Appropriate Prescribing in Late Life	Paul Gallagher, Denis O'Mahoney	Geriatric Medicine Cork Uni Hospital	ROI	2.7, 2.7.6

<b>Title</b>	<b>Researcher</b>	<b>Institution</b>	<b>Place</b>	<b>UN area</b>
Platelet beta secretase in mild cognitive impairment	Janet Johnston et al	Medicine and Dentistry QUB	NI	2.7 e.g. 2.7.5/8, 2.8.4
Plasma membrane zinc transport and Alzheimer's disease	Janet Johnston	Medicine and Dentistry QUB	NI	2.7 e.g. 2.7.5/8
The role of advanced glycation and RAGE in RPE dysfunction during age-related macular degeneration	Alan Stitt	Centre for Vision Science QUB	NI	2.7, 2.8
Development of a non-invasive assessment of AMD risk patients	Alan Stitt	Centre for Vision Science QUB	NI	2.7, 2.8
Alzheimer's disease and age-related macular degeneration (AD AMD Study)	David Craig et al	Public Health QUB and Royal College of Physicians	NI	2.7 e.g. 2.7.5, 2.8
The identification of inappropriately prescribed medicines in an primary care elderly population, using Beers Criteria and the STOPP/START tools	Stephen Byrne, Denis O'Mahoney	Pharmacy UCC	ROI	2.7
The use of a novel expert internet based system to monitor and manage patients using point of care meters oral anticoagulant therapy	Stephen Byrne, Susan O'Shea	Pharmacy UCC	ROI	2.7

Title	Researcher	Institution	Place	UN area
Interventions to improve appropriate polypharmacy in older people	Susan Patterson, et al	Pharmacy QUB	NI	2.7.6
Development of complement modulating therapeutics pf age related macular degeneration	Guiliana Silvestri et al	Ophthalmic Research Centre QUB	NI	2.7, 2.8.4/5
Does complement factor h hplotype influence phenotypic expression in familial age related macular degeneration?	Guiliana Silvestri et al	Ophthalmic Research Centre QUB	NI	2.7, 2.8.4/5
Is age-related macular degeneration less common in light-protected populations	Guiliana Silvestri et al	Ophthalmic Research Centre QUB	NI	2.7
Dementia UK Northern Ireland supplement 2007	Martin Knapp, Martin Prince	PSSRU, LSE and Inst of Psychiatry, King's College London	NI	2.7.4, 2.8.4, 2.10.2
Beyond 90 together	Irene Maeve Rea	Medicine, QUB (CAP)	NI	2.7.3
Neurobiology of cognitive functions – changes with age	Hugh Garavan	Neuroscience TCD	ROI	2.7 e.gg 2.7.1/4/8, 2.8.5
An open label evaluation of the safety and efficacy of Nilvadipine in mild to moderate Alzheimer's disease	Brian Lawlor	Psychiatry TCD	ROI	2.7.6, 2.8

## **2.8. Physical and mental functioning**

Level of functionality as a determinant of quality of life. Physical and mental functioning is the product of life-long interactions between individuals and their social and physical environments.

Specific topics include:

- 2.8.1 Biomedical, social, psychological and economic determinants of disability throughout the life course.
- 2.8.2 Research methodologies for defining and measuring disability at different ages.
- 2.8.3 Prevention of disability and maximization of physical, mental and social functioning of older persons following intercurrent illnesses.
- 2.8.4 Treatment and intervention strategies aimed at reducing and/or managing physical and mental disability through adjustments, at environmental and societal level.
- 2.8.5 Prevention and rehabilitation of disability in older persons and development of their capacities for optimal physical and psychological functioning.
- 2.8.6 Comparative studies of strategies to prevent, manage and rehabilitate disability.

## 2.8. Physical and mental functioning Research in Ireland

Title	Researcher	Institution	Place	UN area
Secondary analysis of the NI survey of activity limitation and disability	Stephen Donnelly et al	OFMDFM	NI	2.8, 2.1.8, 2.12.5
'A Clearer Picture' a white-paper on services for visually impaired people	Brian Caul for Blind Centre NI	Uni of Ulster Coleraine	NI	2.8 e.g. 2.8.3/4/5/6
An investigation of dependency levels of ageing persons with intellectual disability	Mary McCarron et al	Nursing and Midwifery TCD	ROI	2.8.2, 2.6.11
Cost effectiveness and quality of life in service delivery for persons with the dual disability of Down Syndrome and Alzheimer's Dementia	Mary McCarron et al	Nursing and Midwifery TCD	ROI	2.8 e.g. 2.8.4, 2.8.2/6
A palliative care model for supporting persons with intellectual disabilities and advanced dementia	Mary McCarron et al	Nursing and Midwifery TCD	ROI	2.8.4, 2.9.8, 2.10
Research into the genetics of degenerative retinal diseases and on prevention of blindness caused by such conditions	Peter Humphries	Medical Molecular Genetics TCD	ROI	2.8 e.g. 2.8.3/5, 2.7.5/9

Title	Researcher	Institution	Place	UN area
Getting the balance right – an evaluation of exercise programmes for people with Multiple Sclerosis	Susan Coote	Physiotherapy Uni Limerick	ROI	2.8.5/6, 2.7.5, 2.7.9
Investigation of a novel foot drop stimulator for people with stroke	Susan Coote et al	Physiotherapy Uni Limerick	ROI	2.8.3, 2.8.5
Virtual Reality in the rehabilitation of the upper limb following stroke	John Winder et al	Health and Rehabilitation Sciences UUU	NI	2.8.5
The Quality of Life of Older People with a Disability in Ireland 2007		NCAOP	ROI	2.8, 2.9
Neuropsychology of ageing	Ian Robertson	Neuroscience TCD	ROI	2.8.5, 2.7.5
Effects of modified goal management training on strategic behaviour in healthy older adults, in press	B Levine et al	Neuroscience TCD	ROI	2.8.3
Neurocardiovascular Influences on cognitive functioning: basic and clinical mechanisms	Rose Anne Kenny et al	Medical Gerontology TCD and St James' Hospital	ROI	2.8.1, 2.7.1,

Title	Researcher	Institution	Place	UN area
Exercise as a means to maintain or improve brain health and plasticity and reduce risk of Alzheimer's disease and general dementia	Áine Kelly	Physiology TCD	ROI	2.8 e.g. 2.8.3
Cogknow project	David Craig, Public Health QUB et al	European Commission	NI	2.8.4
Use of mobile phones to produce reminders of familiar faces for people with Alzheimer's disease	David Craig et al	Public Health QUB	NI	2.8

## **2.9. Quality of life**

Years are being added to life and a major policy and research challenge is how to add quality to those years. Researchers should ensure that the conceptualisation takes account of the views of older individuals.

Specific topics include:

- 2.9.1 Internationally harmonized measures of quality of life.
- 2.9.2 Determinants of quality of life at different life stages. Impact of life-course transitions on quality of life.
- 2.9.3 Factors that determine individual differences in quality of life in old age.
- 2.9.4 Cultural and other variations in the meaning of quality in later life.
- 2.9.5 Relationships between development and quality of life.
- 2.9.6 “Meaning of life” for older people.
- 2.9.7 Well-being, quality of life and health.
- 2.9.8 Disability and quality of life throughout life course.
- 2.9.9 Standards of living of older persons in multi-generational households in different countries.
- 2.9.10 Effects of urbanization and modernization on late-life adjustments.
- 2.9.11 Impact of life-long learning, adult education and skills development on quality of life of older persons.
- 2.9.12 Age-friendly environments: physical and social dimensions.

## 2.9. Quality of life Research in Ireland

Title	Researcher	Institution	Place	UN area
Best practice in older people learning	Diarmuid Moore	WEA	NI	2.9.11, 2.1
Benefits of participation in learning for older people	Diarmuid Moore	WEA	NI	2.9.11, 2.1
Service needs and access to services among community-dwelling people	Virpi Timonen et al	SPARC, TCD	ROI	2.9 e.g. 2.9.2/3, 2.1
Designing better homes for the ageing population in NI	Karim Hadjri (QUB)	Planning, Architecture and Civil Eng QUB	NI	2.9 e.g. 2.9.2/3/7/12
Older people's perception and experience of comfort at home	Karim Hadjri (QUB)	Planning, Architecture and Civil Eng QUB	NI	2.9 e.g. 2.9.3/7/12
Family Mediated Exercise	Juliette Hussey et al	Physiotherapy and Medicine TCD	ROI	2.9 e.g. 2.9.3/7
An assessment of the impact of the Bealtaine festival	Eamon O'Shea et al	Social Gerontology NUIG	ROI	2.9.4/7, 2.1.8, 2.6.6
Analysis of the Need & Demand for Retirement Villages in NI 2008	Fiona Boyle Associates	NI Housing Executive	NI	2.9.12, 2.11.2
'Won't it do me rightly?' Older People and Housing Poverty in Rural NI 2008	Roger O'Sullivan, Rural Community Network	NI Housing Executive	NI	2.9, 2.1.11, 2.4.5

Title	Researcher	Institution	Place	UN area
Strategic assessment of housing and housing related information for older people	Eileen Beamish, Social Research Centre	NI Housing Executive	NI	2.9, 2.1
Electronic assistive technology: supporting older people within local communities	Suzanne Martin UJJ	NI Housing Executive	NI	2.9, 2.1
The Role and Future Development of Supportive Housing for Older People in Ireland 2007		NCAOP	ROI	2.9.12
Enhancing the quality of life of older people reliant on state pension	Margaret Hodgins and Verns McKenna	Health Promotion NUI Galway	ROI	2.9, 2.1.7/8, 2.4, 2.12.8
Analysis of the future need and demand for provision of appropriate models of accommodation and associated services for older people	Chris Paris, University of Ulster	NI Housing Executive	NI	2.9.12
Drivers, pedestrians and risk in Belfast	Hastings Donnan, Social Anthropology, QUB	ESRC	NI	2.9.12
The Study of Health, Ageing and Retirement in Europe (SHARE)	Geary Institute, UCD	Co-ordinated by Mannheim Inst	ROI	2.9.1, 2.12.7

Title	Researcher	Institution	Place	UN area
Preventing non-collision injuries on buses: acceleration that cause falls in older people	A Palacio et al, multi-disciplinary	TCD and Adelaide and Meath Hospital	ROI	2.9 gen, 2.6 gen
Centre for Independent Living Technologies – falls strand	Rose Anne Kenny	Medical Gerontology TCD	ROI	2.9 e.g 2.9.3/12, 2.8.2

## **2.10. Care systems**

Integration of informal and formal care systems is crucial for supporting older people with compromised functioning.

Specific topics include:

- 2.10.1 Mapping available care systems in different cultures and settings, taking account of demographic trends (e.g. rural to urban migration).
- 2.10.2 Development of appropriate and economically and culturally sustainable care systems, including long term care services.
- 2.10.3 Effective public-private mixes of care delivery systems in different settings.
- 2.10.4 Integration of health and social care systems.
- 2.10.5 Facilitating transitions between care settings e.g. to/from hospital and home or community. Care continuum models.
- 2.10.6 Training needs and strategies to generate sufficient and adequate human resources at appropriate care levels.
- 2.10.7 Care-giving roles and the impact on older carers.
- 2.10.8 Older persons as caregivers. Older women as caregivers to persons infected with and affected by HIV/AIDS.
- 2.10.9 Provision, accessibility and utilization of health care for older women.

## 2.10. Care systems Research in Ireland

Title	Researcher	Institution	Place	UN area
Development of a single assessment tool for the health and social care needs of older people in NI	Brian Taylor	UU Jordanstown	NI	2.10 e.g. 2.10.2/4/5
Improving care in care homes, using the Newcastle model	Ann Scott and Brendan McCormack	NHSST and Institute of Nursing Research, UUU	NI	2.10 e.g. 2.10.2/9
The role of migrant health and social care workers in ageing societies	Eamon O'Shea and Kieran Walsh	Social Gerontology NUIG	ROI	2.10 e.g. 2.10.1/6, 2.1.4, 2.3.2
Irish National audit of stroke care	Desmond O'Neill TCD, RCSI, ESRI	Aois agus Eolas Irish Gerontological Society	ROI	2.10 e.g. 2.10.1/2
Care needs in advanced Parkinson's disease	George Kernohan	Nursing UUU	NI	2.10 e.g. 2.10.2/5/6
Palliative Care Needs	George Kernohan, D. McLaughlin	Nursing UUU	NI	2.10 e.g. 2.10.2/6
The admission of older people to nursing and residential homes in NI - a prospective study of the variation and determinants	Mark McCann	Epidemiology and Public Health QUB	NI	2.10 e.g. 2.10.5, 2.6.2

Title	Researcher	Institution	Place	UN area
Who cares now? Changes in informal caring 1994 and 2006	Eileen Evason	Ark	NI	2.10
The roles, responsibilities and services provided by home help/care assistants within Sperrin Lakeland H&SST	Brendan McCormack	Nursing UUU	NI	2.10
Improving care in care homes, using the Newcastle model	Brendan McCormack	Nursing UUU	NI	2.10 e.g. 2.10.2/9
The development & testing of a single assessment tool (SAT) for determining the care needs of older people with a particular emphasis on care management	Brendan McCormack	Nursing UUU	NI	2.10 e.g. 2.10.2
Fear and stigma of palliative care	Kathleen McLoughlin, Sinéad McGilloway	Milford Care Centre, NUI Maynooth	ROI	2.10 gen e.g. 2.10.2/6
Quality of End of Life care in Acute and Long Stay Hospitals	Kathy Murphy et al	Nursing & Midwifery NUIG	ROI	2.10.2
End-of-life care for older people in acute and long-stay care settings in Ireland	Eamon O'Shea	Social Gerontology NUIG	ROI	2.10.2

Title	Researcher	Institution	Place	UN area
Dignity and respect for older people in receipt of palliative care and older people in extended care	Margaret Treacy	Nursing and Midwifery UCD	ROI	2.10
Irish national audit of stroke care	Frances Horgan et al	Physiotherapy RCSI	ROI	2.10 gen, 2.7.5
Care for Older People 2005	Eamon O'Shea (project leader)	National Economic and Social Forum	ROI	2.10 gen; 2.1 gen
Health and long-term care in the European Union 2007	Eurobarometer	EU	EU by state	2.10, 2.1.13
Implementing Policy for Dementia Care in Ireland The Time for Action is Now 2007	Eamon O'Shea	Social Gerontology NUIG	ROI	2.10.2
What the future holds: older people as carers of adult dependent children with disabilities	Karola Dillenburger	Sociology, QUB (CAP)	NI	2.10.8
Improving Quality of Life for Older People in Long-Stay Care Settings in Ireland 2006		NCAOP	ROI	2.10, 2.9
End-of-Life Care for Older People in Acute and Long-Stay Care Settings in Ireland 2008		NCAOP	ROI	2.10, 2.9

Title	Researcher	Institution	Place	UN area
Adherence with medication in nursing homes for older people: resident enforcement or resident empowerment? 2007	Roz Goldie, Carmel Hughes	Pharmacy QUB (CAP)	NI	2.10
An investigation of the role of hospice day care in the care of patients with life-limiting illness	Mary McCarron	Nursing and Midwifery TCD	ROI	2.10.2

## 2.11. Changing family structures and functions

Family structures and functions are changing, with inevitable consequences for older persons.

Specific topics include:

- 2.11.1 Diverse family structures and functions and their evolution.
- 2.11.2 Changes in living arrangements, especially multigenerational co-residence and independent living.
- 2.11.3 The nature and challenges of family care-giving.
- 2.11.4 Adaptive processes and coping strategies of people without family resources.
- 2.11.5 Interventions to promote other informal support bases.
- 2.11.6 Mechanisms of provision and receipt of support, including emotional, physical and economic support, and support in kind.
- 2.11.7 Availability of kin and non-kin support.

## 2.11. Changing family structures and functions Research in Ireland

Title	Researcher	Institution	Place	UN area
A study to investigate the role and future of meals on wheels services for older people in Ireland	Virpi Timonen et al	SPARC, TCD and NCAOP	ROI	2.11.6; also 2.6.10, 2.10.2

## **2.12. Policy design, implementation, monitoring and evaluation**

Grounded approaches are needed to monitor and evaluate international policy documents and processes. Policies ultimately impact upon older people and should be informed by them. Research must inform policy development and suggest how infrastructural deficiencies can be met.

Specific topics include:

- 2.12.1 Effective models for linking research, policy and practice, and their evaluation.
- 2.12.2 Levels of government expenditure directed towards older persons and factors influencing allocations.
- 2.12.3 Age-specific impacts of mainstream health and welfare programmes.
- 2.12.4 Evaluation of results of resource allocations and expenditures, especially relating to poverty reduction and improvement of the health and well-being of older persons.
- 2.12.5 Adequate baseline data on the health status, well-being, and socio-economic situation of older people.
- 2.12.6 Qualitative and quantitative assessment of contributions of older persons to family, community and society.
- 2.12.7 Measures to support collaboration on ageing between multidisciplinary national and international scientific communities.
- 2.12.8 Data to support policy development and implementation.
- 2.12.9 Establishment of indicators to monitor and evaluate policies and programmes on ageing.
- 2.12.10 Age-specific socio-economic indicators.
- 2.12.11 Documentation of good practice in different settings.
- 2.12.12 Older people's involvement in policy processes. Evaluation of the impact of policies.

## 2.12. Policy design, implementation, monitoring and evaluation Research in Ireland

Title	Researcher	Institution	Place	UN area
Irish social expenditure in a comparative international context: epilogue 2005	Virpi Timonen et al	IPA and CPA	ROI	2.12.2, 2.12.4, 2.2.4
The Development of a Draft Framework for the Collection of Information about the Older Population 2006	ESRI and TCD	NCAOP	ROI	2.12.5, 2.12.8, 2.12.9

## Appendix 3

### Other relevant research or information

Title	Researcher	Institution	Place
Ageing and Employment: identification of good practice to increase job opportunities and maintain older workers in employment	Warwick Institute for Employment Research, Economix Research and Consultancy	European Commission	General
All our futures: planning for a Scotland with an ageing population		Scottish Executive	Scotland
Ageing Societies: A Comparative Introduction 2008	Virpi Timonen	Open University Press	General
Cross-Departmental Equality and Social Need Research and Information Strategy 2007-2009 2008 (not yet approved)		OFMDFM	NI
Dementia: ethical issues Consultation paper 2008		Nuffield Council on Bioethics	UK
Developing an ageing research strategy for the next five to ten years 2006	Paul Callister	Institute of Policy Studies, Victoria University	New Zealand
Managing the Ageing Workforce: an introductory guide to age management for HR professionals 2007		The Age and Employment Network	UK
Mapping the field of human ageing research	WCM Noyons and AFJ van Raan	Medical Research Council	UK

<b>Title</b>	<b>Researcher</b>	<b>Institution</b>	<b>Place</b>
Older Men, Work and Health: Reviewing the evidence 2008	Gillian Granville and Marie Evandrou, Univ of Southampton	Help the Aged and TAEN	UK
Older People and Wellbeing 2008	Jessica Allen	Institute for Public Policy Research	UK
Public Consultation on Ageing: Research into Public attitudes Towards BBSRC and MRC-Funded Research on Ageing 2006	Ipsos MORI	BBRC and MRC	UK
The Strategy for Older People in Wales 2008-2013: Living Longer Living Better 2008		Welsh Assembly Government	Wales
Towards Age Friendly Provision of Goods & Services 2005		Equality Authority and NCAOP	ROI
Volunteering and Health: What impact does it really have?	Rachel Casiday et al, Uni of Lampeter	Volunteering England <a href="http://www.volunteering.org.uk">www.volunteering.org.uk</a>	UK
Older people: health, social and living conditions Belfast 2006		Belfast Healthy Cities	NI
Older people in modern Ireland: essays on law and policy	Eoin O'Dell (ed)	FirstLaw (publisher)	ROI

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