



Ageing and Disability

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Data



- **323,707 people with disabilities (8%)**
- **136,696 >65 years**
- **Incidence of disability increases with age**
- **65 year old 9 times more likely to develop disability than person aged 15-24**
- **Multiple disabilities**
- **Of disabled people aged 65 years or over two thirds experience multiple disabilities**

Disability in Ireland

Total	136,696
Blindness, deafness or severe vision or hearing impairment	41,415
Condition that limits one or more basic physical activities	90,985
Difficulty in learning, remembering or concentrating	41,528
Difficulty in dressing, bathing, getting around inside home	52,985
Difficulty in going outside home	73,556
Difficulty in working at a job or business	77,795

Other Estimates

- **149,000 carers (CSO)**
- **97,500 households contain carer of older person either within or without (ESRI/O'Shea)**
- **89,000 older people require care in the community (Fahey and Murray)**
- **31,000 require high or continuous care (Mercer)**
- **13,000 of these estimated to be in highest dependency category (O'Shea)**
- **20,000 in long-stay care – some of whom are low dependent**

Theories of Ageing

- **Few theories on ageing with a disability, rather separate theories of ageing and disability**
- **Influences of biological ageing, psychological ageing and sociological ageing**
- **Disengagement theory- withdrawal**
- **Continuity theory- role adaptation- psychological but influenced by social and physical environment**

Critical Theories of Ageing

- **Relationship between ageing and social forces**
- **Political economy of ageing emphasises social construction of age**
- **Influence of power, structures and processes**
- **Feminist models have pointed to predominance of the male experience/understanding in existing theories- point to dual discrimination- age and gender**

Theoretical Underpinnings of Social Model Within Disability

- Nagi's functional limitation model- incorporated socially defined roles
- Enabling-disabling process models- absence of alignment between capabilities of impaired individual and their physical, social and environmental worlds
- Hahn's minority group model of disability- social attitudes informed and sanctioned dependency

Social Model of Disability

- **Social model focuses on events and circumstances external to the person**
- **Disability is function of interaction between person and his/her social world**
- **Impairment need not equate to dependency**
- **Contrast to the medical model, where focus is on the individual, loss is internalised and problems are endogenised**

Disability Movement

- **Part of civil rights movement in USA**
- **First CIL in 1972 in California**
- **Focus on power, control, autonomy**
- **Equal status and equal rights**
- **End to social oppression**
- **Americans with Disability Act 1990**

National Disability Strategy

- **NDA pivotal significance in Ireland in the development of more social model**
- **Disability Act 2005**
- **Multi-annual investment programme**
- **Sectoral plans for holistic comprehensive services**
- **Social conceptualisation of independence and dependence**

Rights Based Approach

- **Establish legal rights in health, education and welfare**
- **Full citizenship**
- **Right to assessment, services statement and services**
- **Right to redress**
- **Dissatisfaction remains that current legislation is not fully rights based**
- **Assessment, but resources do not automatically follow- rather budget constraints model**

Ageing-Disability Interface

- **Weak cross-over**
- **Medical models and administrative models predominates in ageing**
- **Social model not as well developed as in disability sector**
- **Weak empowerment, little choice for older people**
- **Resistance among older people to identify with disability cultures and identities**

Why Weak Interaction

- **Many older people do not suffer disability – identification problem**
- **Disability in older age natural- no need to politicise**
- **May be good reason to medicalise age – pain etc**
- **Disability movement traditionally focused on younger people**
- **Emphasis on work, unemployment and education**
- **Ageism**

Ageism

- **Ageism exacerbates the potential for exclusion that disability presents**
- **Rationing through delay rather than denial of services**
- **One of key features of being older with disability in Ireland is waiting**
- **Older people wait for community-based services and appointments that never come**

Final Thoughts

- **Disability is experienced personally so services should be person-centred and offer real choice**
- **Disability and dependence are not the same**
- **Independence and dependence are largely subjective concepts**
- **Social conditions, social structures and social relationships all matter for age and disability**
- **Convergence will enhance capabilities model**