National Council for the Elderly

OLDER PEOPLE IN IRELAND: SOCIAL PROBLEM OR HUMAN RESOURCE?

A SUBMISSION TO THE NATIONAL ECONOMIC AND SOCIAL FORUM

PUBLICATION NO. 37
NATIONAL COUNCIL FOR THE ELDERLY

The National Council for the Elderly was established in January 1990 in succession to the National Council for the Aged which began in June, 1981. The terms of reference of the Council are:

To advise the Minister for Health on all aspects of ageing and the welfare of the elderly, either on its own initiative or at the request of the Minister, and in particular on

- measures to promote the health of the elderly,
- the implementation of the recommendations of the Report, The Years Ahead - A Policy for the Elderly,
- methods of ensuring co-ordination between public bodies at national and local level in the planning and provision of services for the elderly,
- ways of encouraging greater partnership between statutory and voluntary bodies in providing services for the elderly,
- meeting the needs of the most vulnerable elderly,
- ways of encouraging positive attitudes to life after 65 years and the process of ageing,
- ways of encouraging greater participation by elderly people in the life of the community,
- models of good practice in the care of the elderly, and
- action, based on research, required to plan and develop services for the elderly

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Foreword

It was indeed a great honour for the National Council for the Elderly to be invited by Ms. Eithne Fitzgerald, Minister of State at the Department of Finance (with special responsibility for the office of the Tánaiste and the National Development Plan), to nominate a representative of the elderly to the National Economic and Social Forum (NESF).

It has been my privilege to undertake this responsibility. I did not do so lightly because the NESF represents a new concept of participation in public affairs and aims to forge a consensus on economic and social issues, particularly in relation to tackling unemployment. It therefore provides an important opportunity to ensure that the interests of the older generations are upheld in this important forum, which brings together members of the Oireachtas, the Social Partners and representatives of other groups who traditionally have been outside the consultation process.

I am most grateful to the members of the National Council for the Elderly for their support in preparing this submission which seeks to address major economic and social policy issues affecting older people in this country, as identified in the most recent research undertaken by the Council and by others. The submission seeks not only to indicate the most pressing social issues facing the elderly in Ireland, but it also indicates how many of these may provide important opportunities for imaginative initiatives to tackle unemployment. Council members' comments and suggestions were therefore most helpful in preparing the final draft of the submission.

The submission is based on a discussion document prepared for the Council by Mr. Michael Browne with his customary thoroughness and diligence. He was ably assisted in this task by Mr. David Silke. We are most grateful to both researchers for their excellent work.

I would also like to thank the Council's Secretary, Bob Carroll, and Research Officer, Joe Larragy for liaising closely with the researchers and for providing relevant background information and comments to guide them in their work. Finally I wish to thank the Council's Projects Officer, Trish Whelan for preparing the text for publication and Céline Kinsella and Carol Waters for their secretarial assistance.

Michael White
Chairman
Introduction and Summary]

Introduction

The purpose of this discussion document is twofold:

- to summarise and analyse key research findings in respect of the elderly population\(^2\);

- to identify key policy issues arising out of the research findings and to set out recommendations where appropriate.

The document has three main sections. Section One discusses the concept of social integration and examines some of the processes which lead to the disengagement of older people and the development of negative stereotypes of the older population. A number of key principles for the promotion of more positive attitudes to older people and a greater awareness of their potential contribution to society are identified.

Section Two sets out key research findings relating to the elderly in the Republic of Ireland. It begins by examining population trends among older people and sets out some policy implications in this regard. Key research findings relating to health and social services for older people, housing, social integration, work, employment and incomes are also set out. Some conclusions are drawn from these research findings.

Section Three draws together a number of key themes in respect of older people and in respect of care services and support systems. The potential of older people to make an ongoing contribution to social and economic development is identified and some possible options for the creative involvement of older people are set out. The need for the development of community support services for older people is identified and a number of suggestions are made as to how such services could be developed and, thereby, provide employment opportunities at local community level. The issue of education and training for social care workers is considered. The possibility of devising schemes to allow older people to generate income from the ownership of their homes is also examined, as is the

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1. This submission is based on a discussion document prepared by Mr. Michael Browne and Mr. David Silke for the National Council for the Elderly. It was amended and edited by the Council's Secretariat following consideration by the Council.

2. The terms "older" and "elderly" people are used interchangeably to refer to people aged 65 years or more.
potential for greater use of modern alarm/communication systems by older people.

Summary

This submission is set out in three parts. Throughout, we are concerned to address the issues of employment creation, disadvantage, equality and social justice, which concern the NESF, with particular reference to older people.

Section One: Older People in Ireland - The Social Context

Section One sets out a critical perspective on ageing which we believe should inform deliberations of the NESF. It addresses the problem of social exclusion of older people which results in negative stereotypes about them. While it acknowledges that overt conflict between generations in Ireland is not much in evidence, it points out that older people are marginalised to a great degree, and frequently cast in a dependent role. Against these negative views, the case is put for the positive potential of older people in making a contribution to society.

- A key issue is that policies, social institutions, rules and attitudes are just as important, perhaps more important, than ageing itself in fostering 'dependency among older people in contemporary society.

- Much of our economic philosophy has contributed to the marginalisation of older people, disregarding their potential as workers, and viewing them as burdens on society. The notion of cost efficiency underpinning these views is often shallow.

- The transition to retirement frequently signals a loss of status and role. Retired people are often seen as "naturally" disengaging, and often have little choice but to accommodate and adapt to negative expectations. A shift in attitudes is required towards the valuing and utilisation of the qualities associated with age: experience, reflection, time and a different outlook on life.

- The social diversity of older people is often hidden by the homogenous stereotype of the "elderly". Older people are frequently a social resource, and there are many who could make an economic contribution if given an opportunity. The unpaid contribution of older - indeed elderly - people to voluntary activities and caring is overlooked.

- Even among those who are unable to work, or who are frail and needing care, there is potential for social integration that would benefit them, and society, by bringing the generations together and fostering greater understanding. In the future it will be all the more important to address this
as greater numbers reach very old age and greater proportions begin to live alone or experience physical dependency.

- Associated with this is a tendency to "write-off older workers. When they become unemployed, for example, it is frequently impossible for them to re-enter the labour market. Often this is tacitly accepted by governments and the main social partners.

Section Two: Main Research Findings

Section Two sets out demographic and social trends in Ireland, the policy implications of these trends, and some key findings from research on the elderly in Ireland in recent years. The National Council for the Elderly has provided the initiative and guidance for much of this research, which has had a policy orientation. Topics covered are: population trends, health and social services, housing, social integration, work and employment. In summary:

- Ireland's demographic transition, later than other developed countries, is in progress and will alter the age profile of the population.

- This will have implications both for an ageing workforce - and the potential it offers - and increasing needs for care and services among the very elderly.

- Health care and social services policy is now being redefined in terms of provision of "community care".

- Developments in line with this redefinition are set out. However, considerable progress remains to be made.

- The role of informal carers was identified in research during the 1980s. Their needs are an important focus for policy.

- The role of voluntary organisations in community care of the elderly too has been researched in some detail, providing a basis for key reforms in social policy.

- Basic housing problems - in the past one of the crucial impediments to community care - have been dramatically reduced over the past two decades. Nevertheless, there is considerable potential for meeting the special housing needs of older people, and there is employment potential here.

- There are many elderly people in institutional long-term care. The composition of this population has been shifting towards the very elderly and dependent as income and housing improvements contribute to maintaining independence among the wider elderly population. There are many issues to
consider in this context - financial aspects (arising out of the increase in private provision) and quality of life aspects.

- Research reveals Irish attitudes to older people as friendly but there are barriers to social integration and contact between generations which should be addressed: stereotypical views continue to prevail.

- Labour force participation - which in Ireland was relatively high until recent decades - is declining among older people. Among the middle-aged too there has been a dramatic fall in employment and an increase in long-term unemployment. For the latter, re-entry to the workplace is extremely difficult.

Section Two concludes that the research to date reveals a changing profile of our older population in terms of size, heterogeneity, incomes, housing and independence. Policy choices will need to be redefined in light of this. The paternalistic view of older people as relatively dependent and incapable of making a contribution must give way to a more rounded appreciation which recognises their rights and choices, their consumer power and citizenship, their views and aspirations.

Section Three: Policy Implications

In Section Three, policy implications are highlighted. These are important:

1. Most older people are relatively healthy and living independent lives.

2. The potential benefits of greater involvement of older people, both for themselves and society, are far from realisation.

3. A range of policy measures exist in work, retirement, transport, service provision and the environment which marginalise older people.

4. Home care and support services for frail elderly people are often not comprehensive enough to enable them to live in dignity and independence.

5. An over-reliance on the family may be misplaced and ultimately damaging to its real potential as a caring resource.

The document goes on, finally, to argue for specific policies, beginning with a questioning of the apparent consensus between social partners that marginalises older workers.

- The report highlights the potential to be realised and the benefits to society through mentor-type schemes, like those of the Industrial Development Authority (IDA), by applying the principle more generally, e.g., in support of
parenting, voluntary sector development, craft revival, innovation, school and trade unions.

- It calls for social policy reforms to allow flexibility in the retirement process.
- It identifies a range of employment opportunities for social care of frail older people at home and in local communities.
- The home help service in particular needs to be developed as a core service, in which personal care is a vital component.
- Support for family carers, who are the principal source of care in the community, has to be integral to this perspective.

These proposals are not merely a "shopping list" of new services or aspirational suggestions for jobs. They are part of a perspective that envisages a more enlightened, vibrant, innovative and caring community and society.

The document balances the potential contribution of active older people with the growing care requirements of the frail elderly. The latter provide opportunities for the employment of social care workers.

Developing the fabric of home care also involves a commitment to better coordination at local level, to local government reform, and devolution of responsibility from a range of central government or regional authorities to the local level.

It also has implications for training and education in the area of social care for those who will be carers of relatives and those who will be employed as formal care workers. The introduction of training courses for new types of care workers is essential to fostering high quality social care.

Inputs in gerontology should be included in management training courses and in education courses for all those involved in providing and planning services for the elderly.

The need to maintain incomes of older people in real terms is one which requires ongoing attention and careful planning, particularly as the growing numbers of older people will necessitate higher expenditure on social welfare.

The financial cost of long-term care must become an explicit focus for policy. Current arrangements were not designed to meet this growing problem.

The potential for some people to raise incomes from house mortgage and annuity schemes has been noted as has been the possibility of using additional income to help finance costs associated with maintaining independence.
Finally, the document notes that application of technology (including the provision of basic aids and appliances) to the needs and problems of older people has not to date been afforded the importance it might have. Under TIDE, the EU funded programme for the development of technological applications and products for the elderly and disabled, some progress has been made. This needs to be actively developed and applied.
SECTION ONE

Older People in Ireland: The Social Context

1.1 Introduction

1.1.1 This section sets out a number of key themes and processes in respect of the role, status and contribution of older people in society today. It poses some questions about how disengagement and dependency among older people are brought about. The need for a shift in attitudes to the role and contribution of older people in society is identified.

1.2 Social Cohesion

1.2.1 In recent years concepts such as social cohesion, combating social exclusion and promoting intergenerational solidarity have been referred to in various reports of the Commission of the European Communities and national policy documents, with a related emphasis on ensuring that economic and social progress go hand in hand. For example, the Commission of the European Communities states that social exclusion does not only mean insufficient income and/or non-participation in working life or inequality of access to housing, health and social services, but it also relates to those "who are subject to discrimination, segregation or weakening of the traditional forms of social relations" (Commission of the European Communities 1993a: 21). The challenge currently facing many western countries to respond to the crisis in youth unemployment and the consequent social exclusion of significant numbers of ageing people is a major one. Its importance, however, cannot be allowed to take from the equally important task of ensuring that older people are integrated in society in a creative and meaningful manner. "The prospect of a group of the population being 'retired', sometimes with 20 years or more ahead of them, is fraught with human, social and economic difficulties" (Commission of the European Communities 1993a: 46).

1.2.2 In addressing the issue of social integration and older people it is necessary to consider the key social, cultural and economic processes which contribute to certain stereotypes of old age, many of which tend to be somewhat negative. While there is no inevitable process of disengagement from society with the passing of years, there is a tendency to regard old age largely as a static period marked by relative inactivity and non-involvement. Indeed, it is somewhat ironic that the significant growth in formal welfare and support services for older people in recent decades has been accompanied by a certain loss of status for people in their later years. This is so despite an increased interest by older people in active retirement associations and in educational
programmes in recent years and on the promotion of concepts such as "age and opportunity" and "intergenerational solidarity". There are of course older people who are frail and in poor health and whose needs present professionals and planners with an increasing challenge to provide appropriate health and welfare services. There are many others however whose needs are no greater than those of other age groups and who have an ongoing contribution to make to social and economic progress but who are effectively excluded from the mainstream of society.

1.2.3 In considering the situation of older people in Ireland today it is necessary to adopt a value-critical perspective. Specifically, this entails asking basic questions about our attitudes to and perceptions of ageing and older people and how these are shaped and determined by our educational, economic and social institutions. To what extent, for example is the "problem of ageing" created and constructed by our attitudes and by our social and economic policies? The concept of social cohesion in its broadest sense includes the advocacy of institutional change where required to prevent marginalisation of individuals and groups. In the case of older people it is thus necessary to deal not only with their social exclusion but also, and more importantly with the causes of such exclusion.

1.3 Disengagement and Dependency

1.3.1 Townsend (1981) argues that society establishes a framework of institutions and rules which actually create dependency in old age. He suggests that decisions are being taken every day in the management of the economy and in the maintenance and development of social institutions which confer a dependent status on older people. This arises primarily, though not exclusively, through exclusion from the work force which results in lower income, more limited social relationships and an absence of affirmation which comes from working in paid employment. In a culture which values, emphasises and cherishes work an inevitably lower status is conferred on those outside the labour force. In general, people cannot choose their retirement nor can they exercise the option of staying on at work. It may also be the case that people who in later years continue in the same role as always (e.g., those working full-time in the home) tend to have some of the loss of status that comes with retirement/redundancy applied to them also.

1.3.2 The problem has been exacerbated for older people in recent decades by the growth in unemployment which results in early retirement policies, redundancy packages and improved pension schemes. In this context old age tends to be redefined to incorporate people in even younger age groups with the exclusion of older workers from the labour force becoming more socially
acceptable. Concern about youth unemployment becomes the dominant issue and older people are regarded as dispensable.

1.3.3 Added to the general low status which results from retirement, and which tends to be extended to older people who were never actually in the structured work force (e.g., women working in the home), there is the fact that the experience of retirement and disengagement also reflects "lifelong inequalities and differences produced by class, gender and ethnicity" (Phillipson 1990: 156). Some of the advantages accruing from a particular position in the work force are likely to be sustained into very old age. The position of older people obviously depends not just on their income but also on their command over other assets such as savings, property, interest on capital which they can realise as appropriate. There are of course some older people who once free from the routine of "working for a living", are able to adopt new priorities and explore alternative roles for themselves.

1.3.4 In order to understand the overall issue of older people in society and to challenge certain dominant attitudes it is necessary to look at older people, not only in terms of their adjustment to retirement and/or termination of familial responsibilities but, also, and more importantly, at other prevailing social and economic processes. In addition to the low status that arises out of displacement from the work force, and termination of family responsibility, there is the general issue of dependency which is also to some extent socially determined. For example, people who are pension-dependent are likely to experience difficulty providing out of their own resources for ongoing house maintenance, and for other items of expenditure necessary to maintain their quality of life. Older people are likely to experience difficulty getting loans from financial institutions in such circumstances. The trend towards the centralisation of many services in recent decades also creates a dependency on others particularly in rural areas where public transport is frequently non-existent and because the incidence of car ownership reduces with age. This problem is exacerbated by poor health board transport services for attendance at health clinics.

1.3.5 It is reasonable to suggest that the disengagement and dependence of older people in Ireland sometimes come about or are brought about quite prematurely. This problem of early and premature disengagement has been identified by the Commission of the European Communities as follows:

*It is unacceptable, even abhorrent, to use for workers the same concepts of "investment" and "depreciation of capital" that we use for machines...human capabilities are creative and adaptable and, therefore, constitute an invaluable resource, which does not need to be "scrapped" like the outdated machine.* (Commission of the European Communities 1993a: 28).
There is evidence to suggest that in certain cultures (e.g., Hunza and Vicabamba), where there is no concept of retirement, people remain active in farming, gardening, teaching and walking long distances to the end of their days.

1.4 Need for an Attitudinal Shift

1.4.1 In order to address these problems of dependency and disengagement it is necessary to develop an attitude in society where people are seen not as old first and people second but rather as persons who happen to be old. "It is after all a person who ages and no one is simply a biological or economic or intellectual being" (Berghorn and Schafer 1981: 18). Such a fundamental change in attitude is a prerequisite for the effective social integration of older people. As Comfort suggests:

\[ \text{No pill or regimen, known or likely, could transform the later years of life as fully as could a change in our vision of age and a militancy in attaining that change (Comfort 1977: 13).} \]

1.4.2 The attitude shift referred to would bring about a change in the situation where older people tend to be seen primarily as a "social problem" to which policy solutions must be sought. It would bring about a radically different perspective where the wealth of talent, skill and experience of people in later years would be cherished and prized. This talent and experience would be tapped and channelled into the ongoing process of social and economic development and progress. Such a dynamic would lead logically to structures and mechanisms which would involve older people in a purposeful manner. Such structures would contribute significantly to dealing with the problem of disengagement among older people. The focus would be on the potential of older people to bring stimulation and creative challenge to others as distinct from making demands on the social services. It would have the added advantage of maintaining mental agility, social assurance and a sense of purpose essential for ongoing health and well-being, which in turn would postpone the need for welfare and support services. The dynamic resulting from a greater involvement of older people in social and economic institutions and structures would build on the complementarity between young and old and would facilitate the blending of the enthusiasm and ability of the young with the reflective experience of older people.

1.5 Older People in a Climate of Competitiveness

1.5.1 While an important emphasis is given to the concept of social integration in both Commission of European Communities and Irish Government policy documents, a major thrust in such documents continues to be the need to develop conditions for growth and greater competitiveness, as evidenced in the recently
published Government Programme for Competitiveness and Work. For example, the Commission of the European Communities White Paper on Growth, Competitiveness and Employment (Commission of the European Communities 1993b) refers to the "responsibility of government and of the community to create as favourable an environment as possible for company competitiveness" (p14). This understandable emphasis and focus on competitiveness almost by definition excludes equally important social concerns such as the integration of marginalised groups and specifically the integration of older people who may be regarded as not having much to contribute in this climate of competitiveness. This is a crucial issue which must be faced if older people are to find a meaningful role in society. The experience, skills and reflective ability of older people have much to contribute to social cohesion and, thereby, to competitiveness in the broadest sense of the term. Indeed, the Commission of the European Communities suggests that older people could play a major role in dealing with the problems of youth segregation and women’s opportunities. This will not, however, occur automatically.

1.5.2 In order to address this issue, the Commission of the European Communities (Commission of the European Communities 1993a) states that the ageing of the population requires new thinking on:

the possible role of the elderly in social and economic life;

the promotion of intergenerational solidarity in various areas such as education, training and employment; and

age discrimination at work.

This requires a move away from a situation where an increasing number of older people are regarded as dependent on others and are not encouraged and facilitated (through participating in the labour force) to contribute their experience and skills. This requires an approach to work which would allow more part-time, sessional and periodic involvement of older workers.

1.5.3 While there is no strong evidence of intergenerational conflict in Ireland it may well be that there is a tacit uncritical acceptance by all age groups of certain processes which result in disengagement, lessened role status and an under-utilisation of valuable skills and experiences of older people. Here, as in many western countries, we need to develop an ethos and value system which celebrates and marks the passage of years and the achievements that go with this passage. Such celebration would strengthen the concept of citizenship for older people and promote the concept of intergenerational solidarity. It could be given expression through the arts in their various forms and, specifically, through the participation of older people themselves in a process of reflection, recognition and personal affirmation.
1.5.4 It is also necessary to develop further opportunities for creativity by older people in the areas of self-discovery and personal development. Old age should ideally be a time when people, free from pressures of work and familial responsibilities, have the opportunity to journey inwards. Educational opportunities and community arts projects should provide a context and focus for such pursuits by older people. As a society we need to encourage and support financially the educational requirements of older people for their personal and social development. These are sometimes lost sight of in the context of a major emphasis on the education of our children on the one hand and on the notion of linking education with the needs of the economy on the other hand.

1.5.5 In addressing the issue of older people in Ireland today we need to promote an understanding of society which provides for their personal, communal and social needs. We need to focus on quality as well as quantity in terms of employment, involvement and integration. This would lead to the development of a new ambience and a more amenable environment for the creative involvement of older people.

1.5.6 It is also necessary to guard against certain assumptions about older people and their families. For example, improvements in the relative income of older people may be mistakenly construed to mean that older people are well-off or affluent. We must also question whether the ongoing emphasis on community care of dependent older people may be based on an outdated model of the family. The issue of equality of access is also very pertinent in respect of older people who may be excluded from certain aspects of social life because of inadequate transport services and/or other problems of access.

1.5.7 If as a society we are to address these issues creatively we could probably usefully adopt the ancient maxim that:

\[
\text{We should know we are getting old not by the fragility of the body but by the strength and creativity of the spirit (quoted in Rushforth 1981: 124).}
\]
SECTION TWO

Main Research Findings

2.1 Introduction

2.1.1 We begin Section Two by examining the growth in the number of older people, particularly those living alone, and the policy implications of this growth. The key research findings relating to health and social services for older people, housing, social integration, work and employment and incomes are then set out. Some conclusions are drawn from these research findings.

2.2 Population Trends Among the Elderly

The 1991 Census

2.2.1 Results from the 1991 Census (Table 1) indicate that there are just over 400,000 people aged over 65 years living in Ireland. This represents 11.4 per cent of the total population and a 4.6 per cent increase since 1986. As the table shows, the main increase has been amongst those aged 75 years and over, and in particular women over this age. There are more females (57 per cent) than males (43 per cent) over retirement age living in Ireland, reflecting women's longer life expectancy.

Population Projections

2.2.2 Population projections indicate a further growth in the numbers aged over 65, and particularly of those aged 85 and over. The Central Statistics Office estimates that the numbers over 85 will increase by about 55 per cent between 1986 and 2011, from just over 25,000 in 1986 to almost 40,000 in 2011. The largest increase in that age group will be amongst women (62 per cent) from 17,400 to 28,100 (Central Statistics Office 1988). In contrast, the total population is projected to decrease by two per cent between 1986 and 2011.
Table 1. Older People in 1991 and 1986 by Age and Gender (000)

<table>
<thead>
<tr>
<th>Year</th>
<th>Gender</th>
<th>Age</th>
<th>Total 65 &amp; Over</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>60-64</td>
<td>65-69</td>
</tr>
<tr>
<td>1991</td>
<td>Male</td>
<td>65.6</td>
<td>61.0</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>69.0</td>
<td>69.8</td>
</tr>
<tr>
<td></td>
<td>Persons</td>
<td>134.6</td>
<td>130.8</td>
</tr>
<tr>
<td>1986</td>
<td>Male</td>
<td>67.2</td>
<td>61.1</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>72.8</td>
<td>68.4</td>
</tr>
<tr>
<td></td>
<td>Persons</td>
<td>140.0</td>
<td>129.5</td>
</tr>
</tbody>
</table>

Total population in 1991 = 3,525,719.
Total population in 1986 = 3,540,643.

2.2.3 It is also projected that these changes will show regional differences. Up to now, the West of the country has had the highest proportion of older people. However, it is likely that the numbers of older people living in the West will decline, both in absolute and relative terms, by the year 2006. In contrast, the proportions aged over 75 living in County Dublin are expected to more than double between 1981 and 2006, from 19,900 to 51,400 (Blackwell 1985 Appendix 1: 97-98 and Appendix 2).

2.2.4 Also of interest is the decreasing number of older people living in multi-person households (three or more persons) and the increasing number living alone (O'Shea 1993:39). The number of older people in multi-person households fell from 228,550 (73 per cent) to 202,961 (55 per cent) between 1961 and 1981. The numbers living alone increased from 32,210 (10 per cent) to 68,034 (18 per cent) in the same period. The 1991 Census found that almost a quarter (24 per cent; 96,519) now live alone and this trend is expected to continue into the future (O'Shea 1993: 39).

Policy Implications

2.2.5 These population changes will have policy implications, both for the demand for services and for the types of services which older people need. While there can be marked differences between individuals, surveys of health and disability have shown that those aged over 80 are more likely to have mobility problems, and problems in the activities of daily living, such as bathing,
dressing, moving about and eating (Abrams 1981; Martin et al. 1988). The projected expansion of the elderly population in the East of the country will also increase the demand for health and welfare services in this region.

2.2.6 The decline in average family size in Ireland, increased labour force participation among married women and increased urbanisation and geographic mobility may also have an impact on the willingness and abilities of families (and women in particular) to engage in care (Blackwell et al. 1992: 6-7). Also, the increase in the number of older people living alone may have implications for the demand for institutional care (O'Shea et al. 1991).

2.2.7 The proportion of persons in the economically active age group to persons aged 65 and over, currently 5 to 1, is projected to fall to 3 to 1 in the period up to 2036 (National Pensions Board 1993). While this will be balanced somewhat by a fall in the number of children in the 0 - 15 age group during the same period, it has considerable implications for the financing of social welfare expenditure on pensions and the financing of care, particularly continuing care of the dependent elderly.

2.3 Health and Social Services

2.3.1 This section deals with research concerning the impact of health and social services on older people. It begins by outlining health policy for this group and then examines research findings concerning the health of older people and the help they receive from others.

The Move to Community Care

2.3.2 Ireland's move to the development of community care came in the late 1960s with the publication of The Care of the Aged which recommended that "it is better, and probably much cheaper, to help the aged to live in the community than to provide for them in hospitals or other institutions" (Inter-Departmental Committee on the Care of the Aged 1968:13). The committee's recommendations were very broad and recognised the links between housing, income maintenance and community care. Proposals were formulated to try to enable as many older people as possible to live in their own homes for as long as possible.

2.3.3 Over the next 20 years there were considerable improvements in services for older people. Home helps were introduced and the public health nursing service developed. Housing was also improved through the local authority housing programme and schemes such as the Voluntary Housing Scheme, the Home Improvement Grant Scheme and the establishment of the Task Force on Special Housing Aid for the Elderly. State pensions were improved and a
number of benefits in kind such as free travel for those over 66 were introduced.

### The Years Ahead

2.3.4 In 1988, *The Years Ahead* reiterated the basic principles of the 1968 report. The 1988 policy document recommended the development of community hospitals which would offer an assessment and rehabilitation service, provide convalescence and respite care, nursing care for those who could no longer be cared for at home and information, advice and support for those caring for older people at home. Additional geriatric departments in general hospitals were called for.

2.3.5 The report also recommended better coverage and co-ordination of services for older people including the public health nursing service, the home help service, housing repair and the transportation in general. It also stressed the need to develop community care services such as physiotherapy, occupational therapy, comprehensive dental and ophthalmic services into community care. It was recommended that in each community care area, health boards should appoint a co-ordinator of services for the elderly. The committee argued that their recommendations could be financed without substantial increases in government spending by re-deploying resources to services for the elderly (Report of the Working Party on Services for the Elderly, 1988).

2.3.6 The Department of Health has recently (1994) committed itself to giving priority over the next four years to "strengthening the role of the general practitioner, the public health nurse, the home help and other primary care professionals in supporting older people and their carers who live at home" (Department of Health 1994:67).

### Health Status

2.3.7 The first comprehensive piece of Irish research to examine older people's health involved interviews with nearly two thousand people aged over 65 (Whelan and Vaughan 1982). Over 60 per cent of those interviewed reported having some long-term illness, physical disability or infirmity, and this rose to 67 per cent for those aged over 80 years. The two main groups of illness for both men and women were problems associated with the circulation system and the muscular-skeletal system.

2.3.8 A more recent study by O'Connor et al. (1988) examined dependency among old people living in their own homes with a carer available. The study estimated that somewhere in the region of 66,300 elderly people (19 per cent of older people living in households) were at least partially dependent on help and required some level of care. They also estimated that 50,800 of these people
were cared for by family members from within the home (O'Connor et al. Part I 1988).

2.3.9 Measuring dependency due to mental infirmity such as Alzheimer's Disease, the same source found that three per cent of older people being cared for at home were very highly dependent in terms of their psychological state. A further 18 per cent were highly dependent and a quarter (25.1 per cent) were medium and a fifth were low dependent (20.9 per cent). They pointed out that the emotional and physical strains of caring increased where the elderly person exhibited symptoms of dementia (O'Connor et al. Part II 1988: 69-71).

2.3.10 Further research carried out by Blackwell et al. (1992) provided information on dependency amongst those living in the community and in institutions. This study involved four geriatric hospitals (which were used as case studies), a day hospital and interviews in 250 households which contained at least one elderly person in need of care. Using a standardised Guttman scale which is based on the activities of daily living the survey found that 46 per cent of those being looked after at home were in the lowest dependency category, compared to 22 per cent of those in the institutions studied.

2.3.11 Research in the early 1970s pointed to the fact that not all of those living in institutions were highly dependent (McDevitt et al. 1975). O'Connor et al. found that 38 per cent of old people in nursing homes were self-reliant with respect to personal care, half (50 per cent) were mobile without assistance and two thirds (63 per cent) were reported to be mentally alert (O'Connor et al. 1986: 55-60). In the mid-80s it was estimated that at least one quarter of residents of long-stay hospitals and homes were admitted because of social reasons (O'Connor, S. 1987: 87). Since the early 1980s, however, the concern has been to allocate institutional places more appropriately on the basis of need. This has resulted in a rising age profile and rising levels of dependency in institutional care. In 1990 the Department of Health estimated that 11.2 per cent of the elderly in long-stay geriatric units of all kinds were admitted for social reasons.

Sources of Help

2.3.12 As mentioned above, the main thrust in public policy for older people over the last 25 years has been to try to extend their independence and keep them in the community for as long as possible. This has been for both personal and financial reasons. Older people wish to live in their own homes for as long as possible and it is cheaper for the state if they do so. The ability of older people to continue to live in their own homes can depend on the provision of care from their family and friends, from voluntary or public sources.
Family Carers

2.3.13 O'Connor et al.'s research based on 200 family carers showed that the majority were female (82 per cent), half (50 per cent) were aged between 40 and 59, and one third (34 per cent) were aged 60 or over. Half (50 per cent) of carers said that they spent between four and seven hours each day caring. (O'Connor et al. Part II 1988: 78-100). O'Connor also found that approximately a quarter (24.8 per cent) of carers living in the same household as the care recipient are aged 65 years or over, while almost one in 10 (8.5 per cent) of those cared for by someone outside the household were looked after by another elderly person (O'Connor et al. Part I 1988: 35: 43).

2.3.14 The majority of carers (87 per cent) reported that they received high levels of practical or emotional support from family, friends or neighbours, but that they lacked help in some areas. Almost three in 10 (29 per cent) said that they felt visits from the public health nurse were not frequent enough and one in five (21 per cent) felt that the visits were not long enough. It is interesting to note that home help and meals on wheels were received by only 1.5 per cent and 0.5 per cent respectively of those being cared for by co-residing carers (O'Connor et al. Part II 1988: 78-130).

2.3.15 Blackwell et al. confirm these findings (Blackwell et al. 1992). They found that the support which carers most frequently sought was direct payment for services, but they would also like more information and advice and more relief care (Blackwell et al. 1992: 213-216). The main conclusion from this study was that while institutional care costs more than community care, in some instances, for given levels of dependency, the full cost of community care was higher. The report recommended that community care should be preferred as "it is better for old people" (Blackwell et al. 1992: 205).

2.3.16 Interviews carried out with 100 carers of elderly dementia/Alzheimer's Disease sufferers found that carers' needs for respite care, practical and medical support, advice and information, financial support and counselling were not met (Ruddle et al. 1993). The report recommended that a particular service provider should be designated as a case manager who would take responsibility for the assessment of needs and the planning and delivery of services and supports. It also recommended that carers themselves should be involved in planning and decision making.

2.3.17 Research to date has therefore highlighted the important role of carers in helping older people to maintain their independence. Research has also shown that carers do not always receive enough state support, both financial and in terms of the services provided (O'Connor, S. 1987; Blackwell et al. 1992). As pointed out above, the pool of potential carers may be reduced in the future.
Policy makers must recognise the valuable contribution of carers and become more attuned to their needs if community care is to remain a viable policy.

**Voluntary Organisations**

2.3.18 Turning to the help which older people receive from voluntary organisations, Mulvihill (1993) estimated that 94,000 older people, or one quarter (24 per cent), receive help from voluntary organisations at a local level. The majority of organisations reported that they provided social activities (outing/parties) (77 per cent), or visited the elderly at home (58 per cent) or in hospital (50 per cent). Smaller proportions provided services such as meals on wheels (28 per cent), housing repairs and improvements (24 per cent) and home helps (18 per cent) (Mulvihill 1993: 98-114). *The Years Ahead* report recommended that voluntary organisations should be involved in planning services (Report of the Working Party on Services for the Elderly 1988: 171). However, Mulvihill found evidence that only a minority (11 per cent) of voluntary organisations were engaged in the planning of services with statutory authorities (Mulvihill 1993: 159).

2.3.19 Some older people retain a role in society by their involvement in voluntary work. For example, a recently published survey on charity giving and volunteering (Ruddle *et al.* 1993) found that two fifths of those aged 66-70 years and one fifth of those aged 71-80 years reported that they were involved in some form of voluntary activity. Voluntary activity was, however, higher among other age groups and the report recommended that older people should be targeted and encouraged to increase their voluntary activity.

**2.4 Housing**

2.4.1 Both the *The Care of the Aged* report (1968) and *The Years Ahead* report (1988) stressed the importance of suitable housing in enabling older people to continue to live in the community. Four in five (80 per cent) of older people in Ireland own their own homes. However, as *The Years Ahead* pointed out, we do not have a comprehensive survey of housing conditions of the elderly. The 1988 *Housing Act* obliged local authorities to make periodic assessments of housing needs with particular reference to older, homeless and disabled people. To date three assessments of housing needs have been carried out: in 1989, 1991 and 1993. Against a background of rising housing need over this period, housing need among the elderly first rose and then fell marginally between assessments. In March 1993, out of a total of 28,624 households in need, 2,191 (7.7 per cent) were headed by an elderly person. Most of these (81 per cent) were single person households (Department of the Environment: Personal Communication).
2.4.2 Power (1980) provides a good indication of the housing conditions of older people living alone in the late 1970s. The research involved interviews with almost 900 older people living alone and found large proportions without basic facilities such as hot water (59 per cent), a bath or shower (57 per cent), a kitchen sink (33 per cent), a flush toilet (32 per cent) and electricity (10 per cent). However, a crucial finding of the research was the majority of respondents (91.6 per cent) said that they were either very pleased or fairly pleased with their accommodation (Power 1980: 42). Whelan and Vaughan (1982) confirmed these findings for older people in general, and those living alone in particular. A smaller study of the housing conditions of older people in three Dublin parishes found that those in the private rented sector were more likely to have housing defects than those in other tenure groups (Carey et al. 1986: 33).

2.4.3 It is generally felt that the housing conditions of older people have improved since the early 1980s due to the development of the Task Force on Special Housing Aid for the Elderly, The Essential Repairs Scheme, the House Improvement Grant for Disabled Persons Scheme and the Voluntary Housing Scheme. A national survey of housing conditions conducted by the Department of the Environment also showed improvements in the condition of the general housing stock. However, no age breakdown of residents was provided (Finn 1992).

2.4.4 Findings from a recent survey of the over 65s conducted by the Economic and Social Research Institute on behalf of the National Council for the Elderly found that the vast majority of older people interviewed said that they were very satisfied (64.2 per cent) or fairly satisfied (29.2 per cent) with their accommodation and did not want to move or change their living arrangements (91 per cent). The survey also included an interviewer's assessment of the respondent's accommodation. Just over a half (53 per cent) of respondents' accommodation was rated as poor (12 per cent) or moderate (41 per cent), while about one third (33.2 per cent) was rated comfortable and just over one eighth (13.7 per cent) as very comfortable (Fahey and Murray 1994 forthcoming).

2.4.5 Blackwell (1989) pointed out that certain "staying put" options would work more effectively if older people are able to tap some of their capital wealth and turn it into a stream of income (Blackwell 1989: 9). Little research has been done on the potential Irish market for schemes which would release some of the capital value of older people's property to increase their income and help with house maintenance.
Sheltered Housing

2.4.6 For those who are no longer able to live at home, the policy preference is now for sheltered housing as an alternative to nursing home care (Report of the Working Party on Services for the Elderly 1988: 74). The most recent research relates to 1988 when there were 117 sheltered housing schemes in the country incorporating 3,504 units, with a further 1,692 units at the planning or tender stage (O'Connor et al. 1989: 64). O'Connor et al. considered three of the main objectives of sheltered housing as:

- to prevent institutionalisation;
- to improve the housing conditions of older people; and
- to allow independent living.

They concluded that sheltered housing was effective in improving housing conditions and partly successful at preventing institutional admission. However, they felt that its ability to allow independent living was dependent on comprehensive community care and that it was not always successful at reducing loneliness (O'Connor et al. 1989: 176-192). Other concerns which have been raised in relation to sheltered housing are that it might increase residents' dependency or reduce their level of social contact, but there is no agreement on the validity of these views. The National Council for the Elderly concluded that there was considerable scope for further development of sheltered housing in Ireland as part of a range of choices for older people (National Council for the Aged 1985: 42-51).

Nursing Homes

2.4.7 Research on the nursing home sector has examined both the quality of life of residents (O'Connor et al. 1986) and the future role of nursing homes (O'Shea et al. 1991). O'Connor's study focused on the quality of life of older people living in voluntary and private nursing homes and involved in-depth interviews with 97 residents, 22 staff and 18 relatives. The research found that most residents (almost three quarters) said that they were happy or contented. The positive features to nursing home living were that residents' day-to-day needs were being looked after, it offered security and protection and there was no need to worry about things as they were paying others to look after them. The more negative features of nursing homes related to ill health, loss of friendships and the lack of a "real home life". The research also raised the problem of lack of privacy for some residents (O'Connor et al. 1986: 92-104). This research recommended the establishment of a residents' charter which would give residents more rights, give them a greater degree of choice and
flexibility in their day-to-day living and allow them more privacy (O'Connor et al. 1986: 118-129).

2.4.8 A more recent study by O'Shea et al. (1991) argued that nursing homes should be more integrated with both public long-stay institutions and with services in the community. However, the policy emphasis should concentrate on community care. In keeping with *The Years Ahead* they argued that older people should be fully assessed before entering nursing homes and that the emphasis should be on rehabilitation and re-entry to the community rather than long-term institutional care. In keeping with this, they recommended that whatever subsidy is paid for care of elderly persons in long-stay institutions should also be available to finance a package of community care services for that person. They called for more research on measures of dependency, the costs and outcomes of care and the funding of long-term care needs. They also called for research and experimentation with locally based case managers (O'Shea et al. 1991: 164-170).

2.5 Social Integration

2.5.1 This section examines research on older people's social integration; social contact; barriers to social contact and loneliness.

**Social Integration**

2.5.2 O'Shea et al (1993: 4-5) outline how the rapid modernisation of Ireland since the early 60s has reduced both the economic and moral influence of older people. However the 1993 Eurobarometer Survey on Age and Attitudes showed that Ireland contained the highest proportion (44 per cent) of older people in the EC who said they felt more respected as they got older (Commission of the European Communities 1993c: 7). An earlier survey of attitudes of the pupils of three secondary schools found that under half (42 per cent) said they thought that older people considered younger people disrespectful or rude (Power 1987: 27). The Eurobarometer Survey also asked older people if they felt younger people were generally helpful towards older people and again Irish older people came out most positive about youth with just over four in five (81.9 per cent) agreeing (Commission of the European Communities 1993c: 12). In stark contrast, Power found that less than one in 10 (seven per cent) of the young people that he interviewed thought that older people considered younger people generous or helpful (Power 1987: 27). It is impossible to draw definitive conclusions from a comparison of these two surveys as they are based on two different methodologies. However, it does raise the point that young people may think older people have negative views of them which they do not have.
2.5.3 O'Shea et al. (1993) in their review of the research concerning the social integration of older people conclude that there is little evidence of intergenerational conflict. They stress the importance of:

- adequate pension levels;
- tackling age discrimination;
- supporting carers; and
- increasing the power and choice available to older people,

if social integration is to be enhanced.

Social Contact

2.5.4 The Eurobarometer Survey also asked older Europeans about the amounts of face-to-face contact they had with their family. Irish respondents reported above average levels of contact with family, half (50 per cent) reporting that they had face-to-face contact with their family every day. An earlier Irish study found high levels of contact with relatives, friends or neighbours, 92 per cent reported they had talked to someone in the two weekdays preceding the interview. Interestingly, this research did not find any substantial difference between the amounts of contact which older people living alone had from those living with others (Whelan and Vaughan 1982: 88-91). A recent survey of older people living alone in the Athlone region recommended the establishment of a visiting service to provide friendship and assistance to older people, particularly those with little or no other contact with family, friends or neighbours (Dully et al. 1992: 52).

Barriers to Social Contact

2.5.5 Well developed communications and transport systems are necessary to allow older people to communicate, particularly those living in rural areas or those living alone. Research to date has shown that many older people lack access to these services. Power (1980: 72) found that the majority of older people living alone (86 per cent) had no telephone. Improvements in the telephone network and the provision of free rental to elderly households has helped. Between 1983 and 1991 the number of free phone rental receipts increased from 25,000 to 78,000, of whom 90 per cent were elderly (O'Shea et al. 1993: 19). Fahey and Murray (1994 forthcoming: Ch. 7) recorded a dramatic increase in telephone ownership from under 19 per cent to over 80 per cent between 1977 and 1993. The lowest density of telephones continues to be found among elderly people living alone in urban (78 per cent) or rural (75 per
cent) areas, and in household types other than those comprising a single person or married couples only (74 per cent).

**Car Ownership as Another Aid to Communication**

2.5.6 Whelan and Vaughan (1982) reported that only 39 per cent of elderly households owned a car, compared with 59 per cent of all households. Preliminary findings from Fahey and Murray (1994 forthcoming) found that half (49.5) of older people lived in households with at least one car. Those without a car were asked if they would like or need one and under half said they did not need one (46.3 per cent) while slightly less said that they could not drive (40.9 per cent) and one in eight (12.8 per cent) said they would like a car but could not afford one. There is a lack of research on the cost of car ownership for those on a fixed pension.

2.5.7 A study by O'Mahony (1986) found that car ownership was particularly important in rural areas as access to public transport was inadequate. A coordinating body to plan and oversee transport provision was recommended as well as legal changes to provide a climate for innovative schemes such as the community bus, social car schemes, the use of school buses and post buses. A recent qualitative study which included interviews with older people living in rural areas reiterated the lack of transportation (Silke 1994).

**Loneliness**

2.5.8 Despite the high levels of social contact reported in the Eurobarometer Survey between 10 and 14 per cent of Irish respondents also reported feelings of loneliness (Commission of the European Communities 1993c: 11). Much of the Irish research on loneliness has paid special attention to those living alone. Power's study, which was restricted to those living alone, found that 43 per cent felt lonely occasionally, seven per cent frequently and seven per cent persistently (Power 1980: 101-2). Qualitative studies of older people living alone in rural and urban areas also reported problems with loneliness (Daly and O'Connor 1984; Horkan and Woods 1986). The Daly study concluded that it was those who had lived alone for a short period of time who were most likely to experience loneliness. They also found that women were more likely to express feelings of loneliness than men. Loneliness was due to a number of factors such as family situation, physical isolation and ability to adapt to living alone (Daly and O'Connor 1984: 59-62). Whelan and Whelan (1988) in their study of retired workers concluded that the quality of social contacts was more important than their quantity in understanding loneliness.
2.6 Work and Employment

2.6.1 This section reviews research relating to work and retirement. It begins by examining the labour force participation rates of older workers and then goes on to examine older peoples incomes and their attitudes to retirement.

Labour Force Participation

2.6.2 The labour force participation rate of older workers (i.e., over 60 years) in Ireland has traditionally been higher than other European countries due to the high proportion of the older population engaged in farming. The labour force participation rate of older workers has, however, reduced dramatically over the last 30 years from 50 per cent in 1960 to 16 per cent in 1990. The labour force participation rate of those in the pre-retirement age group (60-64 years) has also reduced. (O'Shea & al. 1993a).

2.6.3 Those who leave the work force in their late 50s and early 60s find it very difficult to re-enter the labour force. In March 1990 the Department of Social Welfare introduced a pre-retirement scheme for persons then aged 60 years or over who were in receipt of the long-term rate of unemployment assistance. The scheme allows those eligible to opt to retire from the labour market and receive a weekly allowance instead of unemployment assistance. The numbers on this benefit have more than doubled since its introduction. In 1990 just over 6,000 people received this benefit, which increased to 9,500 in 1991 (when the age limit was reduced to 58 years) and 15,500 in 1992 (Department of Social Welfare 1993). This pre-retirement scheme is now open to those aged 55 years and over. In 1992 there were also 17,847 persons aged 55 to 64 on the live register.

Attitudes to Older Workers

2.6.4 The Eurobarometer Survey (Commission of the European Communities 1993c) gauged the views of Europeans as to whether people in their 50s should give up work to make way for young people. Two thirds disagreed (65.6 per cent) with this statement and there was little variation by age: 61 per cent of those aged 15-24 disagreed compared with 66 per cent of those aged 55 and over. The Irish result (67.5 per cent disagreeing) was just above the European average (Commission of the European Communities 1993c: 25).

2.6.5 From the same source, very high proportions of the Irish general public said that they thought older workers were discriminated against with regard to job recruitment (74.7 per cent). Significant majorities also thought that they were discriminated against in job training (69.3 per cent) and promotion (63.3 per cent) (Commission of the European Communities 1993c: 26).
Incomes

2.6.6 There seems to be general agreement that the incomes of the elderly have improved over the last 20 years and that this has reduced the risk of poverty among this group (Commission on Social Welfare 1986; Callan et al. 1989). However, the Eurobarometer Survey did find that a significant minority of Irish older people, about one in eight (13 per cent), said that they had trouble making ends meet or that things were very difficult. Following on from this, a quarter (24.8 per cent) thought that their pension was somewhat inadequate and a further fifth (20.3 per cent) that it was very inadequate (Commission of the European Communities 1993c: 17-18). Preliminary findings from Fahey and Murray show that a little under half of those interviewed (46.6 per cent) felt they lived in a household which had some difficulty making ends meet (Fahey and Murray 1994 forthcoming).

2.6.7 Whelan and Vaughan (1982) found significant variations in the income and wealth of older people, but concluded that those living alone tended to have lower incomes and live in poorer housing conditions than other elderly people. They concluded that "effective policies to alleviate the problems of those living alone would make a substantial contribution to the overall well-being of the elderly population" (Whelan and Vaughan 1982: 113). Improvements in social welfare provisions during the 1980s for older people living alone were aimed at addressing this problem. O'Shea (1993) suggests that, for example, older people forced into retirement through ill health or redundancy were much more likely to be classified as being in poverty than people who had chosen retirement. Similarly, retirees from less advantaged socio-economic groups tended to have a higher risk of poverty.

Retirement

2.6.8 Most of our information about the reasons for retirement from the labour market in Ireland comes from a survey by Whelan and Whelan (1988). Their research suggests that retirement is no longer a phenomenon that only occurs when a person reaches 65 years of age. They found a wide dispersion around the age of 65 years with retirement for many now occurring below that age. They also found that manual workers were more likely to retire early in contrast with professional and managerial workers (Whelan and Whelan 1988: 71). They concluded that negative attitudes to work did not automatically result in a positive response to retirement. Rather, they found that enjoyment of work, where it does have an effect, has a positive influence on retirement. They also found that a major factor in the successful adjustment to retirement seemed to be the development, over a lengthy and preferably predictable pre-retirement period, of a sufficiently varied and full lifestyle.
2.7 Conclusions

Heterogeneity of Elderly Population

2.7.1 The most consistent thread running through research on older people in Ireland has been that they are a not a homogeneous group. As with any other age group in society, they show variation in income, housing standard, health and adjustment to retirement. This makes the task of the policy maker very difficult. The projected growth in the numbers living to old age will have policy implications for the services which are needed in the years ahead. The implications of this population growth must be addressed now. Research indicates that community care is not getting the practical and financial support which it needs and that this is reducing the chances which some older people have to stay living at home. The need to build services such as physiotherapy, occupational therapy, dental and ophthalmic services into community care has also been highlighted. In addition, the lack of support which carers receive may reduce intergenerational solidarity within the family. Research indicates that carers looking after older people with dementia have a particularly difficult job. Research also concluded that community care should be co-ordinated in a more effective way and that voluntary organisations are not as involved in the planning of services as they could or should be.

Extending Rights and Choices

2.7.2 Another theme to come from the research is the need to firmly establish older people's rights and extend their choices. O'Connor et al. (1986) recommended the establishment of a residents' charter for those living in nursing homes, but the concept of established rights should also be extended to those living in the community. We lack detailed and comprehensive information on the perceptions of older people as consumers of services; for example, the meals on wheels services and the public health nurse service. Other services, such as the transport service in rural areas, have been found inadequate and the need for flexible, innovative policy development has been highlighted.

Research Priorities

2.7.3 Finally, in designing further research we need to strike a balance between work which examines existing needs and structures and that which concentrates on experimentation and pilot-testing new innovations. We also need to examine more how people's subjective experience of old age relates to the various social, economic and cultural processes that impinge on their role, status and contribution to society.
SECTION THREE
Policy Implications

3.1 Introduction

3.1.1 This section draws together a number of key issues in respect of the more effective involvement of older people in society and in respect of care services and support systems for older people with particular emphasis on creating job opportunities and promoting social cohesion. Some options for involving older people in supportive and development work situations are identified. A number of suggestions are made as to how community support services for older people could be developed in the context of both developing work and training options at local community level and fostering the concept of voluntary-statutory partnership.

3.2 Key Issues

3.2.1 The research findings outlined above reflect the general picture of the role, status and needs of older people which has been presented by writers and researchers in recent years. These can be summarised broadly as follows. Firstly, the majority of older people live relatively healthy lives for the greater part of their later years with a relatively small proportion falling into the ill/dependent category. Secondly, the potential involvement of older people in society both in terms of their own well-being and in terms of the contribution they could make to general social and economic development is far from realisation. Thirdly, there are a range of social and economic policies in respect of work/retirement, transport, service provision and the environment which tend to marginalise older people. Fourth, care services in the community are often not comprehensive enough to enable frail older people to live in their own homes with maximum independence and dignity. Fifth, the ongoing emphasis on the family as the primary source of care for older people in the community may be misplaced because recent social, economic and demographic trends (including increased participation by women in the labour force and changes in household size and composition) are tending to impact seriously on the potential of the family to provide such care. Indeed, it is likely that patterns of co-residence, family relationships and kinship support networks are now less strong than in previous generations and are, therefore, less likely to be able to provide the level of care which has been taken for granted in the past and on which health and social care policies tended to be based.
Changing the Focus of Old Age

3.2.2 All of these factors both stem from and contribute to the partial presence at least of an ageist attitude in our society. This attitude tends to result in a perception of old age as a "problem" in sharp contrast to another possible perception of old age as a period of creativity and personal growth and an opportunity to make an ongoing contribution to society, "Old age remains a deviant state in a society which celebrates youth and has not yet accustomed itself to the demographic revolution" (Johnson 1990: 217). This arises in part because the values esteemed in western society tend to be broadly utilitarian with people being judged in terms of their social usefulness or productivity. People who have no obvious productive role and/or who tend to make more than normal demands on public resources tend to be marginalised in such a value system.

Older People in the Work Force

3.2.3 On the issue of labour force participation O'Shea and Larragy (1993) suggest that there is a tacit agreement between the social partners that older workers should bear a disproportionate share of the burden of unemployment in a labour surplus economy. As has been stated above (2.6.5), there is a widespread feeling in Ireland that older workers are discriminated against with regard to job promotion and training. This is partly due to the fact that the nature and pace of technological change in recent years tends to make the skills of older workers redundant or depleted in value. But it is also partly the result of a major focus on young people in regard to job creation.

Older People as Consumers

3.2.4 The tendency to concentrate on older people as a social problem results in a downplaying of a key role of older people in society as consumers of goods and services. Early and flexible retirement, coupled with the fact that people now frequently remain active into very late years, creates opportunities for the pursuit of a range of leisure interests and for longer and more frequent holiday breaks. Also, as people become more frail and dependent they obviously need to acquire additional support services (e.g., house maintenance, transport, shopping and meal preparation), aids, appliances and in some instances home help, nursing and medical care.

3.3 Older People as Mentors

3.3.1 The needs of older people and those of younger age groups are not necessarily exclusive. By involving older people in work and enterprise situations to a greater extent than is currently the case it is likely that a stronger and more inclusive development dynamic may emerge. The concept of older people working as mentors to younger, less experienced people is a very
relevant one which could be applied in business settings, in local community
development initiatives, in schools and colleges, in training and development
programmes and, very importantly, in the work of voluntary bodies.

**IDA Mentor Scheme**

3.3.2 The IDA have introduced an innovative scheme whereby retired experts
in various fields are contracted to companies for a specific period of time. The
programme which is called "Mentor: A Helping Hand for Small Business"
provides for experienced former business executives to act as part-time advisors,
helping companies to develop and implement plans and work programmes. This
type of approach would appear to have a potential for application in a number of
areas and would be particularly appropriate in the context of small locally-based
indigenous industries and services and in the development of co-operative
ventures. It would have much to offer in the context of promoting local
development and enterprise initiatives referred to below (3.10).

**Developing the "Mentor Idea"**

3.3.3 There are many other ways in which older people can contribute to the
social and economic well-being of the nation, for example:

- working with and supporting younger parents who are experiencing
difficulty in coping;

- retired public servants working with voluntary bodies (as a number
already do) to foster the concept of voluntary-statutory partnership;

- working with younger people to maintain, develop, and in some instances
to rediscover, crafts of the hands;

- working in schools in varying capacities, e.g., in pre-employment courses
or with individual students in a one-to-one support/counselling role;

- acting as trainers/tutors on community employment development
programmes;

- participating in the trade union movement (this would have the advantages
of giving older people a say in the development of social and economic
structures while also availing of their insights, skill and experience); and

- health promotion by older people for older people.

These types of involvement would serve the purposes of maximising and
building on the skills, knowledge and experience of older people while at the
same time providing an ongoing social role for them. Already there are
important and useful projects and programmes in operation in this regard, for example, the Age and Opportunity project and the Irish Association of Older People. There is also an initiative of the first European Programme for Older People establishing three networks of innovative projects, the third of which is, Solidarity Between the Generations Through Training, Education and Counselling. One Irish-based initiative in this regard is the National Social Services Board Mentors for Non-Government Organisations (NGOs) and Voluntary Organisations Project.

3.4 Flexible Retirement

3.4.1 The conventional fixed retirement age of 65 years does not reflect the situation in the labour force at present. Retirement from full-time employment is now being offered to, or is compulsory for, a growing number of workers aged over 55 and "by age 65, when a retirement pension under social insurance becomes payable, a majority of workers will already have been retired from their main occupation" (National Pensions Board 1993:133). As has been stated above, people over 55 years and in receipt of long-term unemployment assistance may now qualify for a pre-retirement allowance.

3.4.2 The case for flexible retirement has frequently been made and obviously has many merits in terms of both integrating older people and using their skills and experiences to maximum advantage. Ideally, there should be a half-way house between working and retirement/redundancy. The concept of job-sharing between older and younger people or between older people themselves is one which should be considered and explored, particularly in the statutory sector.

3.4.3 The opportunity by workers to gradually withdraw from full-time employment over a number of years should be facilitated by the option to begin to draw down pension entitlements. There would appear to be much merit in the recommendations of the National Pensions Board for:

(i) the payment of reduced social insurance pensions to those who retire before age 65 and who have access to additional income; and

(ii) the payment of increased pensions to those who defer drawing a social insurance pension for at least a year beyond age 66.

3.5 Community Care Services and Older People

Key Community Support Services

3.5.1 The key policy emphasis in caring for the elderly in recent years has been a shifting of the balance of care provision away from institutions and into the community. *The Years Ahead* (Report of the Working Party on Services for
the Elderly 1988) pointed to the main elements of care in the community and made a number of proposals in this regard. Key community care support services identified are domiciliary nursing, home help, day care centres and meals services with occupational therapy, physiotherapy, chiropody, speech therapy and social work services additional as appropriate. These community-based services can only function effectively when supported by effective hospital services in terms of assessment, treatment and rehabilitation and also by short-term and long-term residential care facilities to cater for intermittent and respite care when this cannot be provided in the community.

Core Services

3.5.2 The public health nursing service has always been regarded as a cornerstone of community care. In addition, The Years Ahead report (1988) recommended that panels of part-time nurses be drawn up at local level to provide intensive home nursing care in a more cost-effective manner than public health nurses could possibly do. It is likely that there are qualified nurses who are currently unemployed who would be available to join such panels. The National Council for the Elderly (Mulvihill 1993) recommended that other services such as the home helps, meals and day care services should be designated as core services underpinned by legislation and appropriate statutory funding. Core services were defined by the Council as "support services which are essential for elderly persons to maintain a quality of life and a level of functional autonomy which enables them to live independently in the community and, consequently, to avoid unnecessary hospitalisation or admission to long-stay institutions (Mulvihill 1993: 13). Such core services would be differentiated from other important community support services provided by voluntary bodies (e.g., social outings, clubs) for the purpose of planning and funding.

3.5.3 The development of such core services has enormous potential for (i) the improvement of the quality of life of older people, (ii) the creation of jobs through the provision of useful and necessary social services, and (iii) the development of a community dynamic which would support its dependent and frail population. The "core services" concept offers an ideal opportunity for the:

*development of social services which secure greater social equity and protect the position of those who are most vulnerable in our society (Programme for Competitiveness and Work 1994: 61).*

It also focuses on local service provision as a potential source of new employment in, for example, the areas of:

*home help for the elderly and handicapped, health care, meal preparation and housework* (Commission of European Communities 1993b: 19)
3.5.4 The Department of Health refers to the importance of equity and consistency in access to health services and points to the fact that there are a number of services for which "no eligibility criteria, or rules governing charges, are set down in legislation ... for example, community paramedical services, home helps, meals on wheels and day care centres" (Department of Health 1994: 35). The Department acknowledges the principle that "it is inequitable that a person's entitlement to a service should depend on the area in which he or she happens to live" (Department of Health 1994: 36) and undertakes to draw up national guidelines on eligibility and charges in respect of all services for which legislative provisions are currently absent.

3.6 Developing the Home Help Service

**Extent of Home Help Service**

3.6.1 The home help service has been identified as a vital and key service in supporting frail and dependent older people in the community. *The Years Ahead* report (1988) recommended that provision of home help should be expanded substantially and given a stronger statutory framework. The service should be comprehensive enough to include provision for:

- assistance with all tasks of daily living;
- an evening and weekend relief service for carers of older people;
- an emergency service at a day's notice (e.g., discharge from hospital or the sudden unavailability of a carer).

To this list can be added the need in certain circumstances for a night-sitting service (e.g., in the case of dementia sufferers). A study on the home help service (Lundström and McKeown 1994) commissioned by the National Council for the Elderly, shows that 20 per cent of respondents considered that a twilight home help service would be very useful; about 25 per cent felt that a night-sitting service would be very useful and 24 per cent felt that a weekend service would be very useful with an additional 15 per cent stating that such services would be somewhat useful.

3.6.2 Despite this strong policy endorsement it would appear that the home help service continues to operate with wide-ranging local and regional disparities in the organisation, nature and perception of the service. Larragy (1993)
considered that the estimated percentage of people receiving a home help service throughout the country (three per cent) is low when compared with the estimated numbers of elderly people receiving informal care (17 per cent). In particular, as has been indicated above, there is a very low level of home help provision for older people being cared for at home by co-residing carers. This is particularly significant when, as research shows (O'Connor et al. 1988 Part II), the heavy personal care tasks associated with highly dependent older people are usually left to the principal carer.

**Home Help Services and Family Carers**

3.6.3 It would seem appropriate that the home help service as an auxiliary support for family carers of medium and high dependency older people in the community be developed and substantially expanded. The home help service needs to be developed not just as a substitute service where family or neighbourhood care breaks down but also as a complementary service to family care. From the evidence available, the availability of relief sitting services for family carers through the home help service appears to be very limited. This is an area where there is scope for expansion and development with particular regard to older people suffering from Alzheimer's Disease or dementia. It is also important to note here that a relatively high proportion of carers are themselves older people (2.3.13).

**Home Help Service and Personal Care**

3.6.4 In recent years the provision by health boards of personal care for dependent old people has been organised in two ways. In four health board areas the care assistants operating under the direction of the public health nursing service have been developed to carry out personal caring tasks. In other health boards this personal care dimension has remained the responsibility of the home help service. It is appropriate that the public health nursing service and the home help service work in harmony in the area of personal care provision for older people and that structures and mechanisms be put in place for this purpose.
3.6.5 The home help service should be developed and extended to incorporate a significant personal care dimension. This personal care dimension should operate both for those with little or no informal care and also as a support to family carers. Appropriate training and work conditions would have to be put in place to ensure the proper functioning of such a service. Specifically, help with personal caring tasks not normally carried out by more distant relatives or by neighbours should be provided for co-residing family carers.

3.7 Developing Boarding Out as a Community Care Option

3.7.1 Boarding out is the term applied to the placement of an older person in another private household, usually with a non-relative, with the carer receiving some reward for caring for the person placed. This option of community care has been used successfully in the UK and, also, to a limited extent in Ireland. It is particularly suited to old people who can no longer live on their own but may also be used to provide relief for carers for holiday periods or to enable a carer to work outside the home on a part-time basis. Section 10 of the Health (Nursing Homes) Act, 1990 provides health boards in Ireland with the power to make and carry out an arrangement for the boarding out of older people. Under the Act there are guidelines laid down regarding the standard of the homes chosen for boarding out and for the ongoing monitoring of the quality of care provided within the boarding out household.

3.7.2 The boarding out option is one which could be further explored with the dual objective of providing alternative care options and some additional employment.

3.8 Co-ordinating Care for Older People: Liaison Workers

3.8.1 The need for an identified key person to draw together the disparate elements of the caring network and to supervise the implementation of agreed packages of care for an individual or for a group of people has come to be widely accepted in recent years. This key person has been variously referred to as a case manager, a liaison worker and a care co-ordinator. The task of such a worker is to design, manage and monitor a package of care utilising all existing resources - statutory, family, neighbourhood and voluntary - to support an older
person at home. In organising packages of care the case manager has of course to bear in mind that some dependent older people do not like the idea of a number of different people calling to their home or caring for them. It is likely that the availability of such key workers would contribute much to the quality and consistency of care for individual older people. It would ensure appropriate use of statutory services and support, to the optimum level, the natural spontaneous caring network of family and neighbours. Case managers would also help to forge stronger links between the community and institutional-based services and more meaningful co-operation between statutory and informal care providers. They would have a central role to play in the context of a more dynamic and vibrant service providing voluntary sector and in providing voluntary-statutory partnership.

3.8.2 In Ireland the role of case manager would have to be introduced in consultation with existing health board personnel with appropriate training being provided. Existing roles and responsibilities would have to be examined and some new organisational mechanisms put in place.

3.9 Training and Education of Care Workers

3.9.1 The expansion and development of community support services for older people will require a substantial input into training and education for social care workers - family, voluntary and formal. It would appear that there is already a big demand for such training. For example, O'Donovan (1993) found that there is "a high demand for accredited training amongst both formal and informal social care workers" (p 21). Currently, there are a number of such training programmes in operation:

- City and Guilds Certificate in Community Care Practice run in a number of regional colleges, FAS centres and child care institutes throughout the country;
- post leaving certificate courses in Health Science and pre-nursing currently administrated by a number of local Vocational Education Committees;
- Open University courses;
- various other courses run by health boards or educational institutions. For example, University College Galway offers a diploma course in Social Care.

Many of these courses contain some treatment of the care of older people in their syllabuses but there would appear to be a need for much more content in that regard and for new and expanded training and education programmes. The
funding of a more comprehensive programme of education and training for carers of older people should be explored, with particular reference to EU sources such as the FORCE programme.

**Social Care Training and Community Employment Projects**

3.9.2 The current policy emphasis on education and training provides the context for developing comprehensive programmes in the area of social care for older people. Flexible social welfare provision would facilitate people partaking in such courses on a part-time basis. The FAS CEDP programme currently in operation in some parts of the country provides possibilities for care and support projects with an in-built training programme as will the Community Employment Programme. However, the issue of accreditation for training received on these programmes is one which requires more thorough consideration. Some system of building up credits needs to be put in place if this training is to be developmental.

3.10 The Local Community: Focus For Development

**Focus on Local Communities**

3.10.1 The Government National Development Plan: 1994 - 1999 (1993) and the Programme for Competitiveness and Work (1994) both place much emphasis on the issue of local development and on the potential of local communities. The National Plan sets out as a key task that of:

> **empowering communities to sponsor innovative projects for training, enterprise and local development as well as enabling them to focus mainstream programmes for the unemployed in a better way in their local areas** (National Development Plan 1993: 69).

This focus on local development offers a useful opportunity for (i) involving older people in meaningful and creative work roles; (ii) developing a range of community-based quality services for older people in need of such services; and (iii) building on and further strengthening the voluntary sector contribution. However, local initiatives cannot succeed on their own without national policies and structures to back them.

**Need for New Local Administrative Structures**

3.10.2 By international standards, we in Ireland tend to have what Barrington terms "an extraordinary low level of dispersed centres where effective decision making can go on" (1992: 6). The need for reform to facilitate effective service co-ordination for the elderly at a local level has been strongly argued by Browne (1992). It is also the case that the creative and effective integration of older
people into local community development structures will also require a significant devolution of authority and responsibility with comparable levels of funding to local bodies.

**Developing Support Structures Under the CEP**

3.10.3 Despite such administrative difficulties there is potential in communities for developing other support services for older people under the Community Employment Programme. Some such support services would be:

- day care services;
- support services for people in sheltered housing schemes;
- transport services, possibly facilitated by free passes for taxis where no public transport is available or through car tax and insurance subsidies for older drivers;
- repairs, maintenance and insulation of dwellings occupied by older people;
- developing the creative arts of older people;
- craft-working;
- providing recreational and therapeutic programmes in which older people would be involved;
- developing the concept of older people as mentors as suggested in 3.2 above.

The precise nature of such programmes would depend on each local community but the list of possibilities is extensive depending on the needs and resources in each local area. Particular attention might also be given to involving older people as participants in some Community Employment Programmes with a training and development dimension appropriate to their stage of the life-cycle.

3.10.4 A useful example of a project targeted to older people is that of Energy Action which provides an insulation and draught-proofing service for houses occupied by older people. This project is supported by the Department of Social Welfare and the Department of the Environment and also by FAS under the current Community Employment Development Programme. The approach adopted in Energy Action offers a possible model for development in that it (i) provides a most useful community service for older people in a manner which conserves energy; (ii) offers an opportunity for some job creation and training; and (iii) promotes the concept of intergenerational solidarity.
3.10.5 Sheltered housing complexes (of which there are currently many throughout the country provided by both voluntary and statutory bodies) provide an ideal location for the development of support services under the auspices of the Community Employment Programme. Such support services would include, warden, home help, day care, laundry, transport, shopping and social trips.

3.11 Pension Incomes and Long-Term Care Funding

3.11.1 The availability of disposable income is a key determinant of the quality of life of older people, particularly as they become more frail and more dependent on others for support services. The Council wishes to stress the importance of adequate income maintenance for the most vulnerable groups of older people in society - those living alone, the very old elderly and women (National Council for the Aged 1984). While the income position of the elderly in general has improved in relative and absolute terms, the cost of living varies in old age in relation to circumstances and need (Fahey and Murray 1994 forthcoming). To these vulnerable groups can now be added the long-term unemployed who when they reach pension age have been dependent on social welfare payments for a number of years and are, therefore, unlikely to have any personal savings.

3.11.2 The projected increase in the elderly population referred to in 2.2 above has major implications for social welfare expenditure in respect of old age pensions. Every care needs to be taken to ensure that this expenditure is anticipated and provided for under current and future financing arrangements. In particular, the position in real terms of the most vulnerable groups of older people referred to above must be monitored on an ongoing basis. In this connection, the National Council for the Elderly has welcomed the publication of the Final Report of the National Pensions Board which provides a valuable focus for debate and reform of the system of income maintenance for retired people (National Pensions Board 1993).

3.11.3 While income levels among the elderly have improved relatively and in absolute terms in the past 15 years there has been an increasing demand for long-term care - whether at home or in institutional settings. The cost of such care is considerable and many countries have recently begun to recognise that traditional systems for funding pensions and health services were not designed to cope with the provision of funding for long-term care. In Ireland too this problem has begun to be recognised and the National Council for the Elderly recently published a report on the economics and financing of long-term care (O'Shea and Hughes 1994).
3.11.4 Financing long-term care needs to be given detailed attention over the next period. Currently, there is enormous financial pressure on many frail elderly people and their families due to the limitations of existing financing arrangements. Legislation on nursing homes which has recently come into force provides means tested subvention towards institutional care in registered private or voluntary nursing homes. The Council has pointed out the need for a more comprehensive solution to the financing of long-term care, incorporating means tested and non-means tested public funding arrangements and a supplementary role for private long-term care insurance.

3.11.5 The Council has also sought a comprehensive approach to long-term care funding in the sense of a more integrated approach to subventing or supporting, in cash or in kind, home and community care as alternatives to institutional provision.

3.11.6 It would be very short-sighted not to develop a policy for this growing need now. A clear policy on public subvention needs to be developed first if supplementary private arrangements for funding long-term care - which do not exist as yet - are to emerge. Also, a coherent policy on financing long-term care will provide a climate for the balanced emergence of home care, community care and institutional care options and services in the future. This in turn could help to provide sustainable employment.

3.12 Housing and Equity Release Schemes

3.12.1 In many countries schemes are available to realise a stream of income from a person's principal residence through equity release schemes. Such schemes are well established in the UK, where two broad types are available - the mortgage annuity scheme and the home reversion scheme. The distinction between them is that the latter involves sale of the residential property whereas the person retains ownership in the former type (Blackwell 1989). Such income as is realised in this way can enable household repairs and necessary improvements (e.g., better heating systems) to be made or the money can assist with normal living expenses. Alternatively it may in some instances be used to contribute to the cost of moving into alternative accommodation such as sheltered housing.

3.12.2 In Ireland such schemes have not become established despite the very high prevalence of house ownership among older people with relatively low incomes. There appears to be little demand for such schemes as yet. This may be due in part to the strong tradition of house ownership and the practice of passing on of family homes to the family members of the next generation. With an increase in house ownership among the adult children of today's elderly and the possible transformation of attitudes due to urbanisation, however, this may
change. The introduction of property taxation too could increase the propensity to liquidise such capital in the future.

3.12.3 On the other hand, the absence of demand may be partly due to the fact that households with a head aged 75 years or over have less wealth in the form of housing than the middle-aged (Nolan 1991) because the gross value of their homes may be less than average. Part of the problem also is that many older house owners are on incomes below the tax threshold and they cannot benefit from tax relief. It is likely that the attraction of such schemes would be improved if people not paying tax had the option of paying a lower rate on the mortgage, equivalent to the "net of tax" rate - with the bank, building society or insurance company being reimbursed by the government (Blackwell 1989).

3.12.4 Income from such schemes would give older people greater purchasing power in respect of repairs to their homes, or support services. This could result in the marketing and development on a small scale of more community-based support services, night-sitting, transport, alarm/communication, home repairs or other services - with the possibility of some extra jobs being created. Nevertheless, Blackwell has warned that the proceeds from such schemes may turn out to be quite limited. The older the person is at inception the greater the income realised. He also advises that people should consider the matter very carefully in consultation with family members before embarking on such a course of action. He favours disinterested counselling for elderly people who might be considering such options, as there have been cases where the benefits did not materialise as expected (1989).

3.12.5 It is possible that mortgage annuity schemes will not become established in the near future in Ireland because of the factors referred to above. However, it would appear to be a worthwhile option in certain instances and therefore the tax-benefit system should be reformed so as to remove any disincentives.

3.13 Private Social Care Agencies

3.13.1 The funding of long-term care for older people is a complex issue which requires careful planning. The appropriate mix between the public funding of, and individual contributions to, such long-term care requires ongoing consideration. Specifically, the question of creating a private insurance market to finance long-term care for those who wish to have less reliance on the public sector needs to be addressed. The issue is particularly relevant in the context of access to services to support frail older people in the community as distinct from providing care in nursing homes and institutions.

3.13.2 There would at present appear to be some scope, albeit limited, for private social care agencies to provide services such as nursing, night-sitting and day, weekend and holiday relief for carers in the homes of older people. The
establishment of such agencies would be aided somewhat by the availability of a more integrated approach to the financing and subvention of long-term care in the community and institutional settings (see 3.11.4 - 3.11.5). It would also be facilitated by the presence of a liaison worker/case manager who would be in a position to contract out certain services in particular circumstances. It would also be assisted by an arrangement whereby state subsidies currently accessible for nursing home care would be available to finance packages of community care.

3.14 Technology and Older People

3.14.1 The role of communications and alarm systems in supporting frail older people at home has been frequently referred to in the literature (O'Connor 1986). While improvements in telephone and alarm systems in recent years in Ireland have benefited older people like the rest of the population, the potential for applying new technology to alarm and communication systems for older people does not seem to have been exploited to its full potential. The provision of telephones for older people living alone should be an integral part of social care policy. Instant communication and alarm systems should also be installed as appropriate.

3.14.2 The application of technology to basic aids and appliances for older people would appear to be underdeveloped in Ireland. For example, there is scope for improved design in such items as chairs, eating and cooking utensils and footwear. There is also a need for better quality information on the aids and appliances which are available.

3.14.3 TIDE, the EU funded programme for the development of technological applications and products for the elderly and disabled, provides an important focus for the identification of needs and development of products for people who are impaired in terms of mobility, vision or hearing, people with learning disabilities, and elderly people with some level of dependency. Every effort should be made to develop and exploit the potential of new applications for improving the independence and quality of life of the vulnerable elderly and others.

3.15 Family Carers and Work Outside the Home

3.15.1 The availability of appropriate support and relief services for family carers, as discussed above, would give carers greater freedom of choice to pursue educational opportunities or to engage in part-time work. Employers, and particularly the statutory sector, should be encouraged to make provision for flexible and part-time work by family carers. This would obviously help to
combat some of the isolation and interference with career development often experienced by carers.

3.16 Conclusions

3.16.1 There is a broad range of attitudes, structures and policies which affect the well-being, status and health of older people in modern society. These include employment, health care, housing, public transport, income maintenance, the environment and education. If such policies are to be "user-friendly" for older people there is a need for some further fundamental and innovative thinking. While the relative incomes and housing circumstances of older people have improved in recent years and while services are being more targeted towards the needs of older people, much remains to be done in terms of integrating older people in a creative and purposeful manner. It is necessary to plan for the financing of pensions in the long-term to cater for anticipated social welfare expenditure resulting from projected increases in the older population. It is also necessary to address the issue of financing long-term care. A more dynamic and supportive approach is also required in respect of support services for frail and dependent older people and their carers. Recent policy emphasis on concepts such as local development, community employment, voluntary-statutory partnership and the promotion of social cohesion offers the appropriate context for such an approach.
References


Commission of the European Communities. *Age and Attitudes: Main Results From a Eurobarometer Survey.* European Commission. Brussels. 1993c.


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O'Donovan, O. *Education and Training for Social Care Networks,* Centre for Health Promotion Studies, University College Galway. 1993.


1. *Day Hospital Care*, April 1982
4. *Community Services for the Elderly*, September 1983
5. *Retirement Age: Fixed or Flexible* (Seminar Proceedings), October 1983
7. *Incomes of the Elderly in Ireland: And an Analysis of the State's Contribution*, May 1984
8. *Report on its Three Year Term of Office*, June 1984
10. *Housing of the Elderly in Ireland*, December 1985
11. *Institutional Care of the Elderly in Ireland*, December 1985
12. *This is Our World: Perspectives of Some Elderly People on Life in Suburban Dublin*, September 1986
14. *'Its Our Home': The Quality of Life in Private and Voluntary Nursing Homes in Ireland*, September 1986
17. *Choices in Community Care: Day Centres for the Elderly in the Eastern Health Board*, September 1987
18. *Caring for the Elderly. Part I. A Study of Carers at Home and in the Community*, June 1988
22. *The Role and Future Development of Nursing Homes in Ireland*, September 1991