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Towards a society for all ages
As Chairperson of the National Council on Ageing and Older People, it gives me great pleasure to present the Proceedings from the Conference, Towards a Society for All Ages.

The Conference took place on 28 and 29 November 2000 in Dublin. It was opened by Dr Tom Moffatt TD, Minister of State at the Department of Health and Children with special responsibility for older people and the closing address was given by Mr Dermot Ahern TD, Minister for Social, Community and Family Affairs. I would like to express my appreciation to both Ministers for their addresses to the Conference and to each of the speakers for presenting such excellent papers. I would also like to thank the Conference participants for their contribution. The Conference attracted almost 250 delegates from across the statutory, voluntary and private sectors.

The Conference provided the opportunity for delegates to explore issues relating to social inclusion of older Irish people, issues such as income, housing and health which have great impact on the quality of life of older people. It also afforded the opportunity to examine progress towards a society for all ages at the European level as well as in Ireland in relation to equality legislation, the National Anti-Poverty Strategy and pensions policy.

Dr Michael Loftus
Chairperson, National Council on Ageing and Older People
Introduction to the conference proceedings

Yvonne McGivern

The conference proceedings is divided into three sections:

- **Section One**: Aspects of life and well-being among older people in Ireland
- **Section Two**: Progress towards a society for all ages
- **Section Three**: Philosophical framework and principles for public policy.

Section One contains papers highlighting the situation of older people in Ireland today in terms of income and poverty, housing, living standards and health, access to health and social care, work and education.

Following the opening address by Dr Tom Moffatt TD, Minister of State at the Department of Health and Children with special responsibility for older people, the section begins with Richard Layte’s paper on poverty and deprivation. Layte discusses the levels of poverty among older Irish people and questions whether the current targets on social welfare payments are enough to prevent a rise in levels of consistent poverty. He also questions whether special treatment of older people in terms of social welfare payments is justified, an issue that is discussed in Eamon O’Shea’s and Brendan Kennelly’s paper in Section Three.

Tony Fahey examines another aspect of well-being in his paper on housing and its impact on the quality of life of older people. He concludes that suitable housing is one of the most important factors in achieving quality of life in older age and recommends that more be done to ensure that people have a choice in housing in older age.

In a joint paper Tony Fahey and Richard Layte explore the link between living standards and ill health. They discuss the implications of ill health for older people in terms of their quality of life and examine the policy implications for provision of health and social care. They argue that if older people are to receive maximum benefit, health policy should reach down the age-range and take account of those who would hope to be old one day as well as those who are already in that situation.

Janet Convery looks in more detail at health and social care provision in terms of what is needed to make it a socially inclusive system. She identifies several factors that prevent older people receiving the care they need, including entitlement, dependence on family care and the predominance of the medical model of care. She argues that much remains to be done to achieve a care system that ensures that affordable and acceptable services are available to all older people who need them. The need for consultation with older people themselves about what they want from health and social care is explored by Rebecca Garavan. She sets out the findings from a recent study of older people’s health care experiences and preferences and recommends how to promote consultation with older people.
In the final paper in this section, Ita Mangan discusses some of the issues that older people face in accessing work and education. She points out the importance of ensuring that older people’s right to work and right to a pension are separate and discrete rights, rights that can co-exist without bringing about a situation where older people’s right to work is seen as compensation for the loss or reduction of pensions.

Section Two examines progress towards a society for all ages. The first paper in this section is by Christine Marking who assesses the contribution of the European Union (EU) in establishing a society for all ages. She notes that, although it is the member states that hold the real power in policy-making in this area, the EU itself has begun to address issues of concern to its older citizens. However, she points out that much of this activity emphasises the problems created by an ageing society rather than emphasising the resource that is older people.

Niall Crowley examines the current developments in Ireland of the equality legislation and the work of the Equality Authority and how both will help create a society of all ages. He concludes that there is much to be done to promote equality and eradicate ageism in Irish society. He suggests a number of ways of tackling this, including mainstreaming, targeting and participation.

Hugh Frazer details in his paper the opportunity now available under the review of the National Anti-Poverty Strategy (NAPS) to strengthen NAPS in relation to older people at risk of poverty. He suggests that organisations representing older people should give high priority to participating in NAPS working groups and in the consultations they organise. He lists a number of areas in which policies and programmes are needed, including income adequacy, employment, education, housing and health.

Mary Hutch addresses one aspect of income adequacy in her paper on pension policy. She outlines recent reforms to the pensions policy aimed at helping to maintain established living standards in older age.

Section Two ends with a paper by Peter Cassells, further emphasising the need for representation and participation previously mentioned by Christine Marking, Niall Crowley and Hugh Frazer in order that older people can influence decisions and policies that affect their lives. He stresses the importance of participation in this decision-making and policy process, and emphasises the need for organisations that represent all older people.

Section Three contains a paper by Eamon O’Shea and Brendan Kennelly which invites us to reflect on what our response should be to the issues faced by older people and to the specific issues raised in the other papers in this volume. To help us with this task they define what is meant by equity and equality and go on to set out two economic/philosophical frameworks, ‘Market Liberalism’ and ‘Democratic Equality’, to help us reflect on various policy choices. They argue that thinking in this way will help us envisage the type of society we want in the future.
Chairperson’s address

Dr Michael Loftus
Chairperson, National Council on Ageing and Older People

The title of this conference, *Towards a Society for All Ages*, is adopted from the theme of 1999’s International Year of Older Persons. The aim of the conference is to examine how Irish society is responding to the particular needs of older people and how successful it is in enabling older people to participate as equals in it.

In the Montreal Declaration (1999), the International Federation on Ageing, to which the National Council on Ageing and Older People belongs, called on the United Nations to urge its member states to adopt a National Plan on Ageing. The Declaration spelled out how National Plans on Ageing might promote the social inclusion of older people.

In keeping with the Declaration, and Ireland’s own National Development Plan and the Programme for Prosperity and Fairness, the National Council on Ageing and Older People has recommended to Government that a comprehensive policy for the social inclusion of older people be developed and implemented.


This remains the Council’s position. It is particularly concerned that:

- a consumer orientation is adopted in the planning and evaluation of health and welfare services for older people
- a care/case management approach is introduced
- core services which assist older people to maintain an optimum level of independence at home in their community should be available to them of right.

The Council hopes that this conference will provide an opportunity to further its recommendations for both a national strategy for the social inclusion of all older people and an updated strategy for health and welfare services for older people.
Opening address

Dr Tom Moffatt TD
Minister of State at the Department of Health and Children with Special Responsibility for Older People

Introduction

I would like to thank Dr Michael Loftus and the National Council on Ageing and Older People for giving me the opportunity to open this conference on the social inclusion of older people in Ireland. I would like to commend the Council on its choice of subject. It is an important topic and one with which I have become very familiar in my three and a half years as Minister with responsibility for older people.

The conference programme immediately brings to mind the issues at the heart of the agenda on social inclusion of older people:

- poverty and deprivation
- income standards
- health services
- housing
- access to employment
- access to education, training and information technology
- equity
- prevention of exclusion and promotion of inclusion.

Towards a society for all ages

The title of the conference, Towards a Society for All Ages, encompasses very well the ideal of a fully inclusive society where all citizens, irrespective of age, can enjoy a fulfilling life.

The term ‘older people’ covers a vast range of individuals, each shaped by a unique life experience, each with aspirations and needs, just like other members of society. The growth of older people as a proportion of the population represents both challenges and opportunities. As people reach older age, they are entitled to expect the necessary support to live with dignity and independence. We must meet the challenge to provide adequate incomes for older people and adequate care where it is needed. We must enable all older people – whether living independently or in a care setting – to
participate to the greatest extent possible in decisions that affect them and in all facets of life that contribute to well-being.

Older people are not just recipients of care – they are also a resource. They contribute in a voluntary capacity in all sectors, by caring for members of their families, by undertaking voluntary work with charitable organisations and in business through initiatives such as the Social Mentor Scheme.

It is increasingly recognised that the education system should play a key role in the continuing integration in society of adults of all ages. The recently published White Paper on adult education, Learning for Life, recognises that lifelong learning is the governing principle of Irish education policy. The Paper marks the Government’s commitment to broadening access to adult education by people of all ages and levels of educational attainment.

Access to computers and information technology (IT) is taken for granted by many, but older people are at risk of being excluded from opportunities offered by new technology. Broadening access to IT training is something that the White Paper, Learning for Life, will seek to address through a national IT programme.

Older people themselves are now increasingly demanding equal treatment, not charity. Their voices, articulated by groups such as the Irish Senior Citizens’ Parliament, are a welcome addition to the public debate on issues such as pension entitlements and provision of health care. It is only right that older people should seek to be empowered and to influence decision-making in all areas of policy and practice that affect them.

Conclusion

The Government acknowledges the contribution that older people in Ireland have made in building and strengthening the economy. It is fully committed to improving all aspects of the lives of older people by focusing not only on health matters but also on all the other issues that affect the well-being of older people.

Conferences such as this can communicate a powerful message that older age should be a time of participation and empowerment. This is a key lesson for society to learn if we are to make the most of opportunities presented by the growth in numbers of older people in our population. For we all have the same essential needs, young or old, and, as well as having our basic needs taken care of, we all need to have a sense of control over our lives and to find ways of continuing to grow in meaningful and fulfilling ways.

I am certain that the conference will be an enjoyable and informative one for all of you. The outcome of your deliberations will be of interest to me as Minister with responsibility for older people. I expect that many thought provoking ideas will result as a consequence of the research presented by the many expert guest speakers. I look forward to receiving the results. Thank you very much.
Section

Aspects of life and well-being among older people in Ireland
Poverty and deprivation among older Irish people

Richard Layte
Research Officer, Economic and Social Research Institute

Introduction

In the last seven years the Republic of Ireland has experienced unprecedented growth, yet amid the confidence that this brings many still have a nagging feeling that not all groups have shared equally in this growth and that for some, their standard of living may actually have been eroded. Among the elderly for instance, the above average growth in incomes during the 1970s and 1980s has been replaced by rates that lag behind those of other social groups and particularly those in employment in the 1990s. In this paper we assess the effect that such developments have had on levels of poverty among the elderly, but in doing so we cannot help returning to the vexed question of how exactly we measure poverty.

Though the definition of poverty is always problematic, many now accept that it refers to exclusion from a lifestyle that is generally seen as acceptable in the society in question because of a lack of resources. The standard yardstick upon which this threshold is measured is income, that is, poverty is measured indirectly as some fraction of mean or median income. The EU Commission or Eurostat has adopted this relative income poverty line approach in a number of studies of poverty in the European Union1 and has yielded a great deal of valuable work. However, it has also been strongly criticised, particularly by Ringen (1987), on the grounds that low income is quite unreliable as an indicator of poverty as it fails to identify households experiencing distinctive levels of deprivation.

In this paper, we tackle these problems head on when examining the living standards of older people in Ireland by examining levels of poverty among the elderly using both relative income poverty lines and deprivation indices derived from research using nationally representative data from 1997 and 1998. Unfortunately, given space limitations, we cannot examine in detail the important issue of non-cash benefits received by the elderly, or the implications of wealth and asset holdings for levels of poverty among the elderly.

Findings

Incomes of older Irish people tend to be derived from a narrow range of sources, e.g. social welfare pensions and occupational pensions. Accordingly, the degree of variability among elderly people is small with four fifths living on under £200 in 1998. The disparity between contributory and non-contributory pensions and the fact that the latter tend to be claimed by women means that women’s incomes tend also to be lower than men’s. This situation is exacerbated among rural women, over 80 per cent of whom live on less than £100 per week.

This limited range of income levels and sources means that, since social welfare pensions have risen far slower than employment incomes in particular, the relative position of elderly households in the income distribution has slipped dramatically. The proportion of elderly households under half the average income has more than tripled from 12 per cent in 1994 to 42 per cent in 1998.

However, the use of relative income line measures of poverty is problematic in a period of unprecedented income growth such as at present when increases in real incomes across all groups can be translated into increasing poverty if some group incomes have increased less than the average. Thus, although the incomes of those relying on social welfare pensions have increased over 25 per cent in real terms since 1987, this increase is much lower than that among other groups. In the long run, higher average incomes may lead to a change in basic lifestyle expectations and if so, such inequalities between the incomes of older Irish people and the average will be worrying, but in the short term we may simply be getting an inflated picture of poverty levels.

Combining such measures with direct measures of lifestyle (as in the National Anti-Poverty Strategy measure) increases the validity of the measure as those in poverty need to be lacking items generally seen as necessary and also having relatively low levels of resources. When we use this ‘consistent’ measure we get a very different picture with elderly households having lower levels of poverty than non-elderly, though levels are increasing at the 50 per cent combined income/deprivation line. Such increases are fuelled by the increasing relative income poverty that is one component of the measure and this is likely to rise further if current income growth patterns are maintained.

The wide divergence between income poverty and NAPS poverty in the case of the elderly reflects the distinctively weak link between current cash income and material deprivation among older people. While current cash income is an imperfect indication of living standards among many social groups, the correlation between the two is particularly weak among older people – the elderly in general have higher living standards than their modest incomes would lead one to expect.

There are many reasons why the link between current cash incomes and the risk of material deprivation is weak among older people. Firstly, most elderly people benefit from a range of ‘free schemes’ (state-provided benefits in kind) which are not available to the rest of the population (free travel, free electricity, free telephone allowance, etc.) and which are generally omitted in calculations of older people’s current incomes. Some of these benefits are unevenly distributed among the target population (particularly in the case of free travel, which is of little value to those, such as rural dwellers, who have limited access to public transport), but generally they are progressive in being directed at the less well off. If valued in cash terms, they would add on average about 13 per cent to the incomes of older people and would significantly improve their income position relative to the rest of the population.

Secondly, many elderly people have accumulated significant resources which help sustain their living standards and reduce their expenditure requirements (e.g. most own their homes outright and do not have rent or mortgage payments to make; many have accumulated household durables which are sufficient for their needs). High medical card coverage among the elderly population should be recognised as a further source of the weak linkage between income and living standards among older people.
Though the elderly are less poor than narrow income data would suggest, there are subgroups in the elderly population whose incomes are particularly low compared to the rest. By far the highest risk category in this regard are those on Non-Contributory Widows Pension, though the absolute size of this group is small. Those on Non-Contributory Old Age Pension and Contributory Widows Pension also have elevated risk of income poverty, and since the absolute numbers in these categories are large, they account for the largest portion of the income-poor elderly.

Women are over-represented among those in the income categories just mentioned, and rural women are particularly over-represented. Income poverty among older people is thus feminised to a considerable degree and is especially prevalent among rural elderly women. This in part reflects low rates of female participation in insurable employment in the past and the non-participation of the self-employed – of which farmers account for a large portion – in the social insurance system until recently.

While certain categories of the elderly population are clearly at higher risk of income poverty than others, the significance of this pattern has to be interpreted in the light of the weak link between low incomes and material deprivation among the elderly which has been noted above. Even those elderly people with a distinctively elevated risk of income poverty (compared to the general run of older people) do not consistently show a correspondingly elevated risk of material deprivation, indicating that the intervening factors mentioned earlier are active in their case also. This is not to say that low incomes are unimportant as an indicator of disadvantage and hence a concern for anti-poverty policy, but that cash incomes are less crucial as a means of alleviating elderly deprivation than is the case for other sectors of the population.

What implications do these findings have for social welfare and incomes policy in Ireland in future years?

Policy implications

Present Government policy on income maintenance among older people is centred on the commitment negotiated as part of the present programme for Government to raise the old age pension to £100 per week by the year 2002. Subsequently, this commitment has been updated to a £100 minimum social welfare pension by 2002 (Action Programme for the Millennium, November 1999). This commitment arises in the context of a consensus which has emerged since the late 1980s that future income provision for older people should rest on a two-pillar system (for the most recent and most complete articulation of this consensus, see Pensions Board 1998 and Mary Hutch’s paper in this volume).

The first pillar consists of social welfare pensions, the function of which is to provide what the Pensions Board refers to as the ‘minimum retirement income guarantee’. This is intended to apply to the vast majority of older people, but not all of them. There are and may continue to be some older people who are outside the social insurance system while at the same time have sufficient means not to qualify for social assistance pensions (and therefore to have incomes from their own resources which keep them above the floor income).

The second pillar consists of voluntary occupational or other private pensions that can be thought of as top-ups to social welfare pensions that individuals may choose to secure for themselves during
their working lives. These are financed as part of the individual’s remuneration package in pre-retirement employment, or through personal purchase of a private pension plan during the person’s working life. It is now an accepted principle of policy that as many people as possible should be encouraged to make such second pillar provision for themselves and thus improve the ratio between post-retirement and pre-retirement income for future generations of older people.

In this context, the commitment to a £100 per week social welfare pension for older people relates to the minimum retirement income guarantee that the Government has committed itself to achieving by the year 2002.

**Is the target adequate?**

Although the £100 minimum pension by 2002 will help improve the position of the elderly in real terms since it will outpace inflation at its current rate, it will still fall short of the income poverty line set using half average household incomes and be less than the Pension Board’s adequacy benchmark of 34 per cent of average industrial earnings in that year. 2

The former benchmark is also rising more quickly than industrial earnings to which pensions will be indexed. Thus, although in the short term we may expect real increases in the standard of living of pensioners and possibly falling deprivation scores on the basic index (as pensions outpace inflation), the incomes of the elderly may still fall increasingly behind those of the employed population. If, as one would expect, expectations about acceptable lifestyles change in the medium term we could see levels of consistent poverty increasing by substantial amounts.

**The role of non-cash benefits**

A further complication to be kept in mind is the role of non-cash benefits provided by the ‘free schemes’ available to the elderly (free travel, free television licence, etc). These amount to a large social welfare expenditure programme, which cost £109 million in 1997 (excluding the cost of medical card coverage). If averaged out over the recipient elderly population, they would add about 13 per cent to their cash incomes (the inclusion of an imputed value for medical card coverage would add further to those incomes).

Discussion of adequate levels of pension provision for older people to date has not taken account of these non-cash benefits. The £100 per week old age pension target for 2002 has been set without reference to them. This distorts discussion to some extent, since those benefits have a real and very large cost and may be presumed to have a correspondingly large impact on elderly living standards. Though this has not been explicitly stated, the presumption at present must be that the old age pension target for 2002 (lower bound, as mentioned above) is £100 per week plus free schemes, with lower payment pensions enjoying free scheme add-ons of a similar scale.

**Consistency in social welfare payments**

The Pensions Board has argued that the Government target for old age pensions is too low and has recommended considerably larger increases over the next three to eight years. Other commentators, however, have queried the basis on which the elderly should be singled out for special treatment in

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1 In fact, if we again assume a 6.5 per cent rate of growth (half that of 1997–1998) in household incomes from the 1998 figure (£187.23), a £100 minimum pension in the 2000 budget would still be over £6 short of half average household incomes and £11 short of 34 per cent of average industrial earnings (assuming 4.5 per cent growth from 1998). If we assume the same growth in household incomes as between 1997–1998 (13 per cent), the £100 pension is £19 under half average household incomes.
Government targets for social welfare increases. Though the details of these queries vary, the common thread is a concern that special treatment for the elderly may breach the principle of consistency in social welfare provision. This principle, as enunciated by the Commission on Social Welfare, lays down that, as far as possible, equivalent needs and circumstances should be dealt with in the same fashion in the social welfare system (Commission on Social Welfare 1986).

References


Housing, social interaction and participation among older Irish people

Tony Fahey
Senior Research Officer, Economic and Social Research Institute

Introduction

This paper examines the impact of housing on the quality of life of older Irish people. The purpose is to highlight first, the critical influence which housing often exerts on older people’s well-being and, secondly, the diversity of ways in which that influence can work. Dwellings provide shelter and comfort, but they also locate their occupants in relation to relatives, neighbours and services; they are often valuable assets; they are usually the main form of wealth which older people own, and they can be important in family dynamics because of their potential as bequests to heirs. All these dimensions together, rather than any in isolation, have to be kept in mind in thinking of the significance of housing for older people and of the way policy-makers should approach that issue in the effort to promote the well-being of the elderly.

An illustration

In order to illustrate these themes in a concrete way, I will present a comparison between two imaginary older people, whom I will call Mary and Amanda. These are fictitious cases, but they have been depicted to represent common situations in the older population and to highlight how central housing can be to those situations.

The circumstances in which Mary and Amanda live are similar in many respects. They are both seventy years old; they are both widows living alone, and both have as their source of income the Contributory Widow’s Pension of £92 per week. Both husbands died seven years ago; Mary’s husband had worked for the county council, Amanda’s was a joiner. However, although similar in these aspects of their lives, Mary and Amanda differ in other important respects and their housing has a major impact on how these differences affect their present and future circumstances.

Mary’s circumstances

First of all, let’s look at Mary’s circumstances. She lives in a rural area, three or four miles out of town. The house, which she owns outright, is a Land Commission house built in the 1930s. It does not have central heating and the windows and doors need to be replaced. Mary has no children and no family living nearby. She has good neighbours but is reluctant to rely on them for help. Her health is beginning to fail – she suffers chronic illness (high blood pressure), her eyesight is worsening and, as a result of arthritis, her mobility is becoming impaired. She has a car which she uses to travel in and out of town to shop, socialise and access the services she needs; there is no easily accessible public transport. But the car, which is essential for her to function, is becoming a concern. The cost of keeping it going is a severe drain on her modest income and she is steadily becoming physically...
less capable of driving it. Though she has always enjoyed living in the countryside, she is now facing a situation where the location of the house so far from town is becoming a liability – and this is over and above the problems there are with heating and the physical fabric of the house.

**Amanda’s circumstances**

Amanda lives in town in a house she owns outright, a house built by the local authority in the 1950s. The house is small, is in good condition and is very well located. She has four children: a daughter lives in a house in Amanda’s back garden; a son also lives locally. She enjoys very good health and has a very active social life. Amanda does not have a car – she has no need of one as she lives within walking distance of the services she needs, she has easy access to public transport and she has family nearby. All in all, her circumstances are good, and she can look to the future with the expectation of a secure and fulfilling old age.

**Quality of life indicators**

If we were to score the circumstances in which Mary and Amanda live in terms of quality of life indicators, it is clear that Amanda comes out ahead, as Table 1 below shows (here plus and minus signs are used to indicate positive and negative situations on the indicators). Although both women have the same income – the Contributory Widow’s Pension of £92 per week – it is clear that income alone is not a good indicator of their quality of life.

**Health, living standards, family and social participation**

On the first indicator, health, Amanda scores well, Mary does not. Mary is in a transition phase: her health and mobility were formerly good but now are beginning to decline. She is becoming one of what is commonly referred to as ‘the vulnerable elderly’. In terms of living standards, Amanda, although not well off, is much better off than Mary: she has fewer outgoings from her £92 per week pension with no car to run or maintain and a centrally heated house that does not require repair work, and she eats at least once a week with her daughter. In terms of family networks, Amanda is better served with close family living nearby; Mary’s closest relatives live too far away to take any part in her day to day life. Mary’s mobility also impacts on her level of social participation. Without the car, and with her life partner gone, she will not be able to take part in social activities to the same extent as in the past.

**Table 1  Scores on quality of life indicators**

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<tr>
<th>Health</th>
<th>Mary</th>
<th>Amanda</th>
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<tbody>
<tr>
<td>Living standards</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>Family</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>Social participation</td>
<td>+ → -</td>
<td>+ +</td>
</tr>
<tr>
<td>Housing</td>
<td>-</td>
<td>+</td>
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</tbody>
</table>
And finally, there is housing. Housing, in its various aspects, is a crucial difference between the two women’s situations. Let’s look in more detail at housing and how it affects the quality of life of Mary and Amanda in particular and older people in general.

**Housing**

There are several aspects of housing to consider:

- the dwelling – the quality of the building itself
- the location
- the house as an asset or form of wealth
  - as a source of income
  - as a bequest.

The dwelling

Firstly, the dwelling itself. Table 2 below shows that housing standards for older people have improved steadily over the years.

**Table 2  Housing standards for older people**

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<th>1977 %</th>
<th>1993 %</th>
<th>1998 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indoor toilet</td>
<td>67</td>
<td>94</td>
<td>94.5</td>
</tr>
<tr>
<td>Telephone</td>
<td>19</td>
<td>81</td>
<td>91</td>
</tr>
<tr>
<td>Very satisfied with accommodation</td>
<td>56</td>
<td>64</td>
<td>N/A</td>
</tr>
<tr>
<td>Very dissatisfied with accommodation</td>
<td>5.1</td>
<td>1.9</td>
<td>N/A</td>
</tr>
<tr>
<td>Would not like to move house</td>
<td>87</td>
<td>91</td>
<td>N/A</td>
</tr>
</tbody>
</table>

In 1977 two thirds of older people lived in a house with an indoor toilet; by 1998 almost 95 per cent had this facility. Only one in five (19 per cent) in 1977 had a telephone; in 1998 nine out of ten (91 per cent) had one. In terms of satisfaction with their accommodation, just over half (56 per cent) of those interviewed in 1977 said they were satisfied compared to almost two thirds (64 per cent) in 1993. The proportion dissatisfied has dropped in the same period from just over 5 per cent to less than 2 per cent. (We do not have data for 1998 on this.) The vast majority of older people do not want to move house and the proportion who say this has increased slightly, from 87 per cent in 1977 to 91 per cent in 1993.

As Richard Layte mentions elsewhere in this volume, housing disadvantage or deprivation is more common among older people than among younger people. Table 3 below shows the proportion of older people who have some problem with their dwelling.
### Table 3 Problems with dwellings

<table>
<thead>
<tr>
<th>Problem</th>
<th>% of households headed by a person 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate heating</td>
<td>7.8</td>
</tr>
<tr>
<td>Damp walls, floors etc</td>
<td>11.5</td>
</tr>
<tr>
<td>Rotten windows and doors</td>
<td>8.3</td>
</tr>
<tr>
<td>Leaking roof</td>
<td>4.5</td>
</tr>
</tbody>
</table>

When local authorities are assessing the material suitability of the dwelling for the person who lives in it, these are the criteria they use. If we look at the houses in which Mary and Amanda live we see that although they are well built and have all the basic facilities, Mary’s house could be judged materially unsuitable for her needs. It does not have central heating so it is not a good house in which to be old; it is in need of repair – the windows and doors are rotten. Amanda's house has none of these problems.

**Location**

The way in which location of the house manifests itself as a problem for older people is in the distance from services. Poor transport and the mobility of the older person exacerbate this. As we saw earlier, Mary’s house is in the country. Although she once preferred this location, because of her current circumstances and her changing needs, it is no longer suitable. Her car is the only viable transport option and it is now a problem for her, both in terms of its cost and in her ability to use it. For Amanda, still fully mobile, the location of her house in town, within easy reach of services and public transport, is still entirely suitable for her needs.

**Housing as wealth**

The final aspect is housing as wealth and this is one way in which Mary’s and Amanda’s housing circumstances similar: in the current market both houses are worth a very large amount of money and so are substantial assets and have potential either as a source of income (if liquidated in some way) or as a bequest. This is a situation in which many older Irish people find themselves. Data collected in 1997 shows that 80 per cent of older people are living in a home that they own outright and almost another 10 per cent have a very small mortgage outstanding.

However, although from a distance this puts many older people in what would appear to be a favourable financial position, it creates two paradoxes. One is that older people may be asset rich (through ownership of their homes) while at the same time being income poor: the high value of their homes in practice does nothing to improve their incomes. The second is that they may be housing rich and housing poor at the same time: they may own a house which has a high market value but which at the same time may have defects which cause them to have an inadequate standard of housing – for example, as in the Mary’s case above, it may be poorly heated, have problems of damp or rot and be located far from necessary services.

These paradoxes pose important questions for policy on older people and housing. How can housing assets be used to supplement the incomes of older people? And how can those housing assets be used to ensure that they have a good standard of housing that is materially suited to their needs and circumstances?
These are serious questions that affect the quality of life of many older Irish people, but little has been done to address them in Ireland to date. They highlight the rigidity of the housing system as far as older people are concerned. This rigidity means that although housing is one of the major resources available to older people, little scope exists for them to maximise the benefits of those resources by changing their housing circumstances as their needs change in their declining years.

**Solutions**

What are the solutions for those older people who are living in houses no longer suitable for them and for whatever reason are unable or unwilling to move house? Most solutions attempted to date tend to be short term: providing, through social or voluntary services, access to transport, a home help service, day care, for example, or the repair and maintenance of the dwelling. Many of these services already exist and provide important supports to older people, though, as Janet Convery’s paper shows they are generally under-provided. However, even if present provision in these areas was to be greatly improved, there are limitations to what social and voluntary services can provide. There are issues of practicality and the cost to the Exchequer, for example. In relation to repair and maintenance of privately owned properties by local authorities, there are issues of intergenerational equity and inheritance saving.

Apart from publicly provided social services, many families deal adequately with these issues by means of informal arrangements among themselves. There is scope to enhance family solutions by creating greater awareness of their potential and by encouraging families to be creative in how they deal with the needs of older relatives. For example, in Mary’s imaginary case described above, it might help her situation if she were to sign the house over to a relative now, while retaining full rights of occupancy and use of the dwelling for the rest of her life, in return for which the relative would immediately make an agreed list of improvements to the dwelling (e.g. by putting in central heating and making good any defects in the fabric of the building) and undertake to maintain it on a regular basis.

Market solutions might include:

- the provision of suitable housing in towns, which allow older people to trade sideways, or down
- equity releases schemes to free up capital tied up in the property
- clawback schemes – where local authorities renovate a property but can reclaim some or all of the cost of doing so if the owner dies within a certain time period and the house is passed on to the next generation

**Conclusions**

Housing is a critical factor in the quality of life of older people. Many older Irish people are in a paradoxical situation on two counts: they are housing poor and housing rich at the same time – many live in houses that are no longer suitable for their needs but which are worth a substantial amount of money; and so they may be income poor but they are asset rich. We must find solutions to the problem of releasing the resources tied up in housing in a way that is effective, flexible and, above all, gives older people real choice in changing their housing circumstances and improving the quality of their lives.
Living standards and health of older people

Richard Layte and Tony Fahey
Economic and Social Research Institute

Introduction

Although life expectancy has steadily increased in Ireland and other western industrial nations since the beginning of this century, it is still unclear whether these added years are accompanied by increased chronic illness and disability.\(^3\) Epidemiological research tends to suggest that this may be so, but morbidity is notoriously difficult to measure and no consensus has as yet emerged (Markides, 1993; Crimmins et al, 1994). Yet the onset of chronic illness and the transition into dependency are two of the most important role transitions and key determinants of quality of life in old age (Fahey and Murray, 1994; Bowling et al, 1997).

Given this, this paper seeks to establish the general level of physical health of the elderly population in Ireland and compare this to the population in general. Poor physical health can impact on psychological well-being, thus this paper also examines levels of psychological distress among older Irish people and whether this is heightened by poor physical health. Work has also shown that material living standards can impact on psychological health, so we also examine the impact of income poverty and resource deprivation on psychological health.

Measures of physical morbidity

Health measurement is a notoriously difficult area (Bowling, 1991). In this paper we use several subjective health measures collected as part of the Living in Ireland Survey (1997). Questions on this survey ask the respondent to rate their health ‘in general’ on a scale from ‘very bad’ through ‘fair’ to ‘very good’,\(^4\) whether they had a chronic or long-standing illness and to what degree this hampered their daily activities or restricted their mobility; also whether they had cut down on their usual activities because of physical or mental/emotional health problems during the two weeks prior to the survey.

These subjective health measures are complimented by questions that ask about use of medical services including visits to hospital, general practitioners, medical specialists, dentists and opticians in the last year. These allow us to more closely examine the relationship between income and use of medical services.

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\(^3\) However, life expectancy at age 65 in Ireland in 1990 ranked lowest among twenty-three OECD countries for both men and women (WHO, World Health Statistics Annual 1992) and remained static for most of the twentieth century.

\(^4\) This has been used in a large number of surveys and has been shown to be a very reliable, though simple, measure of general health status (Cuny and Parry, 1991) and of risk of death (Kazis et al, 1989).
The General Health Questionnaire (or GHQ), a short, self-administered survey designed to detect minor psychiatric disorders, was adapted for use in the Living in Ireland Survey (see Table 1 below). It is made up of a list of twelve question items that ask respondents about their present mental and emotional condition ‘over the last few weeks’ in comparison to their normal condition.

In the general population, the proportions stating that they are closest to the most negative answer are usually very small, but substantial proportions can choose one of the negative categories. For instance, although only 3.7 per cent of respondents stated that they had ‘been thinking of themselves as a worthless person’ rather more, or much more than usual, almost 20 per cent report being constantly under strain rather more, or much more than usual.

Table 1  The General Health Questionnaire (GHQ)

<table>
<thead>
<tr>
<th>Question</th>
<th>Response set 1</th>
<th>Response set 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Been able to concentrate on whatever you’re doing?</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2  Lost much sleep over worry?</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3  Felt you were playing a useful part in things?</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>4  Felt capable of making decisions about things?</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>5  Felt constantly under strain?</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>6  Felt that you couldn’t overcome your difficulties?</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>7  Been able to enjoy your normal day to day activities?</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>8  Been able to face up to your problems?</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>9  Been feeling unhappy and depressed?</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>10 Been losing confidence in yourself?</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>11 Been thinking of yourself as a worthless person?</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>12 Been feeling reasonably happy, all things considered?</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

To construct a measure from these questions to use in analysis, we collapsed the four possible responses to each question into two categories which reflect whether the person is feeling ‘as normal’
or experiencing distress above that they would normally feel. By assigning a value of one to choices indicating an abnormal situation we can produce a twelve point scale upon which to compare particular groups by summing scores across the questions. In almost all studies of general populations, the majority of respondents will score zero on this scale, although a sizeable minority will score between one and three. On the other hand a small proportion should usually score over eight.

Findings

The physical health status of the elderly
As expected from previous research, we found large increases in the levels of chronic illness among older age groups. Around 44 per cent of elderly people had a chronic physical or mental condition. Compared to younger age groups, this high level of chronic illness seemed to hamper their daily activities and almost half of those experiencing a chronic condition had mobility problems to one degree or another.

This level of health problems would suggest that the quality of life of the elderly is affected quite severely. As well as impacting on mobility and routine activities, chronic illness also decreased the perceived health status of elderly people to a greater degree than among younger respondents, suggesting that the onset of chronic illness among the elderly is an important transition.

The psychological health status of the elderly
We also found that women are more likely to have higher levels of distress than are men. We also noted a definite age progression in distress levels. It seems that chronic illness among the elderly affected them in a different manner from younger groups and this explained the disparity. Decreased mobility seemed to be a particular problem among elderly people with a chronic illness compared to younger groups, as did the impact of chronic illness on their daily activities. One particular reason for this is that the chronic illnesses of the elderly were more likely to be of the musculo-skeletal or circulatory system whereas among younger respondents, skin diseases or emotional problems were more common. Although serious, the latter would affect mobility less severely.

Psychological health, poverty and resource deprivation
In terms of the impact of income poverty and deprivation on psychological distress, we found that those over 65 who were in 60 per cent income poverty had almost one and a half times the risk of suffering psychiatric disturbance. Those in basic deprivation had well over twice the risk. However, in combination with a chronic illness (itself an outcome of deprivation), income poverty and deprivation led to almost eight times the risk of psychiatric disturbance compared to an elderly person with none of these characteristics. Almost 45 per cent of those aged over 65 have a chronic illness, thus this has a very significant impact on the elderly population. A quarter (25 per cent) of the elderly population have a chronic illness in combination with income poverty, and this leads to four and a half times the risk of developing a of psychiatric disorder compared to an elderly person with neither of these characteristics.
Policy implications for health and social care services

It has been long and widely accepted that adequate health and social care services are essential to older people’s well-being. It has also often been pointed out that social inequalities in access to health and social care services and in health itself run parallel to other inequalities. In particular, those who have low levels of material well-being are also likely to have worse physical health and psychological well-being and to have to rely on less than fully adequate public health services.

The detailed implications of this situation for health and social care policy for older people have been explored at length elsewhere, not least by National Council on Ageing and Older People (1997). It is not the place here to review those implications again. However, a number of key points can be made in the context of anti-poverty policy, and these are as follows:

- in considering the overall nature of poverty, the health dimension (which includes both health itself and the services provided to sustain health and cure illness) is of particular importance to older people, since the risk of ill health rises sharply in old age. At the same time, the health dimension of poverty is not simply a concern for older people, since the links between poverty and poor health accumulate in a long-term and reciprocal fashion over the life-course. Poverty at younger ages (even in childhood) increases the risk of early onset of ill health and of premature death; ill health at younger ages increases the risk of poverty (for example, through restriction of labour market activity). A poverty-ill health linkage may in some cases arise solely in old age, but more typically it is likely to be the culmination of processes that originated well in advance of old age.

- given the importance of health and social care services for elderly people, improvements in those services, especially in the publicly funded sector, should be accorded an importance parallel to improvements in income maintenance in anti-poverty policy for older people.

- a general high standard of provision in health and social care services is an essential interest of older people. It is also important that a proper balance be struck between development of the high-technology, hospital based and institutional end of the care system on the one hand and the community based, low-technology, time-intensive end of the care system on the other. Since the 1960s, growth in the health services system has tended to concentrate on the former, whilst the development of the latter has been much slower. Thus, for example, whatever shortcomings may be present in the hospital care system, they would appear to be less extreme than the shortcomings in such things as the home help service, outpatient transport, day care, other domiciliary services and information provision. Likewise, developments in the private nursing home sector in the last ten years have greatly outstripped developments in home based supports for older people (National Council on Ageing and Older People, 1997). The result is that although health policy frequently enunciates the principle of ‘ageing in place,’7 the necessary services to achieve that have been slow to develop and have tended to be overshadowed by developments in the field of institutionalised care. It is important for older people’s well-being that a better balance be achieved in these areas in the future.

In the case of elderly health, as in the case of elderly housing, it is easy to adopt a policy focus which is too narrowly concentrated on the elderly themselves and neglects the broader context which links the elderly with the rest of the population. This is most obviously so in connection with

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7 ‘Ageing in place’ refers to the practice of enabling where possible older people to live in their own homes as they enter physical decline.
mortality. The most disadvantaged elderly people from a health point of view, it could be said, are comprised of those now-missing elderly people who have died prematurely, either in the early years of old age or before they arrived at old age. The risk of being in that category is strongly linked to poverty and social disadvantage.

All surviving elderly people, therefore, could be considered at a certain advantage from the health point of view since they have escaped the mortality that has befallen a share of their contemporaries. They may well also have an advantage from a poverty point of view, since the most impoverished of their peers are likely to be over-represented among those who succumbed to early death. These are well known and, in some respects inescapable, facts of life, but they do have the implication that both health policy and anti-poverty policy for the elderly should be placed in a life-course context.

In the long run, if the elderly are to receive maximum benefit, health policy should reach down the age range and take account of those who would hope to be old one day as well as those who are already in that situation.

References


Social inclusion of older people in the health and social services in Ireland

Janet Convery
Lecturer, Social Studies Department, Trinity College, Dublin

Introduction

This paper examines issues surrounding the social inclusion of older people in health and social services provision in Ireland. The research on which it is based is drawn from a study conducted in six countries across the European Union (EU).6

Social inclusion is usually defined in terms of employment and income but our research (Blackman et al, 2001) shows that the organisation and delivery of health and social care services can create barriers to the social inclusion of older people, resulting in marginalisation, discrimination and dependence.

Barriers to social inclusion in the Irish system

In this paper, I examine some of the factors that act as barriers to social inclusion for older people in Ireland. These include lack of entitlement, over-dependence on family care, predominance of the medical model of care and problems with access to services.

Entitlement to services

In Ireland, one’s legal entitlement to health and social services is limited to entitlement to a public hospital bed, but even this basic right is compromised in the current context of staff shortages, reduced bed numbers and increasing health care costs. There is evidence of a particularly serious problem in gaining access to long stay or ‘continuing care beds’ so, while older people may be entitled to a publicly funded hospital bed they may find it difficult to get one.

Where you live may play a part in this as some health boards have more long stay beds than others. For example, the North Western Board in Donegal has enough public beds for older people to have a choice between public units and private nursing homes, should the need arise for residential care. In the Eastern Regional Health Authority, however, there is an extreme shortage of public beds and older people do not have a choice and, indeed, may find it difficult to access residential care of any kind.

Primary health care

In Ireland, there is no universal entitlement to free primary health care. Entitlement to free primary health care is determined by eligibility for the medical card, which is established by means testing. However, about 75 per cent of those over the age of 65 qualified for the medical card until recently. Following changes introduced in the last budget, all people aged 70 and over will automatically qualify for the medical card. The medical card entitles the holder to free General Practitioner (GP)

The research findings have been published by Palgrave (2001).
services as well as to other services, although there may be problems in accessing services even with
the medical card.

**Private nursing home subvention**

All older people in Ireland are entitled, by statute, to apply for the private nursing home subvention grant but eligibility is subject to an assessment of dependency and a means test which takes into account income and assets. Current eligibility criteria combined with high nursing home costs make it difficult for many older people in need of care to access it in the private nursing home sector, even with subvention.

**Social care services**

Social care services are those services that assist older people to carry out activities of daily living. As such they are essential to maintaining independence, to facilitating participation and to allowing older people dignity. In Ireland there is no statutory entitlement to either assessment of social care needs or financial assistance to pay for social care services. The development and allocation of social care services is discretionary. This means that health boards are not obliged to provide them and older people have no right to expect them, even when they have been assessed as being in need of them.

The current system, whereby older people are entitled to apply for financial assistance towards the cost of nursing home care but not for non-institutional care, results in a bias towards institutional care, in spite of health policy favouring home care and community care for older people. This bias in favour of residential care is clearly a barrier to social inclusion of older people.

**Dependence on family care**

In Ireland, there is no legal obligation on adult children to care for their parents in old age. However, the evidence shows that the overwhelming majority of older people in need of social care receive it from their families or from individual family members. Community care of older people consists mainly of family care, and the system still operates on the assumption that family carers will continue to provide much of the care of older people with little or no state support. There are few support services for carers and financial support to carers is very limited. Family circumstances are often taken into account when older persons’ eligibility for services in the voluntary sector is being assessed. In the extreme case the presence of a family carer may preclude the older person from receiving a service. In other cases, the family may be expected to contribute to the cost of care services with payment adjusted accordingly.

While family care may promote social inclusion, in many cases being cared for by family members does not equal social inclusion. Many older people prefer not to be dependent upon their families. Some family members, even though they want to, may be incapable of giving adequate care. Some have responsibilities that make it impossible for them to provide adequate care. Others may be unwilling but do it because there is no alternative. Some have poor health or inadequate personal resources with which to act as a carer. A significant number of carers are older persons themselves, spouses or siblings of the dependent older person. The cost of caring may be immense for these older carers, not only in financial terms but also in terms of the deterioration of their own physical and/or psychological health.
Family care can be a positive thing for older people and their carers but only when:

- it is the choice of the carer and the older person
- there is adequate support for carers
- there are alternative care services for the older person should they choose not to be dependent upon family members for care.

**Dominance of the medical model of care**

In Ireland, health needs have been defined in mainly medical terms with emphasis on diagnosis and treatment of illness rather than on rehabilitation and activation of older people. Hospital and medical services have, up to now, taken the lion’s share of available resources. Social services receive only a small proportion of total health spending and service provision remains at a very low level (Giarchi, 1995; Convery, 1998).

In the shadow of medically oriented services, social models of care have failed to develop. For example, residential care is almost exclusively confined to nursing models of care, and nursing models of care tend to treat residents as passive recipients of services and do little to facilitate activity or participation.

In the area of sheltered or supported accommodation, Ireland has been very unimaginative. There is little available on the care spectrum between the two extremes: living at home and receiving few or no support services and full-time residential care on a nursing model.

**Access to services**

Older people’s ability to access services is an obvious measure of social inclusiveness in the health and social service system. In Ireland, the evidence points strongly to the fact that older people have very uneven access to services. Below are some of the barriers that older people experience in accessing social care services.

**Lack of co-ordination of services at all levels**

The division of services between different health board programmes and different sectors in the ‘mixed economy of care’ in Ireland has led to fragmentation of services, poor communication between providers and sectors and uneven distribution of services. Up until recently there have been no mechanisms for co-ordinating the work of different agencies and no frameworks within which to carry out joint assessment of need, joint service planning or development at area or regional level. This has inhibited the development of adequate services to support older people at home and in the community.

The lack of co-ordination between the health boards and local authorities to meet the needs of older people merits special mention because it is a major weakness in the present system. Older people’s health and welfare needs cannot be assessed without consideration of their accommodation needs. Up to now, there have been no policy frameworks or mechanisms by which local authorities and health boards can work together to develop policy and plan services.
Most health boards are currently reorganising in order to co-ordinate services for different client groups more effectively. For example, the Eastern Regional Health Authority (ERHA) now has a Manager of Services for Older Persons in each Community Care area with a brief to liaise with service providers to co-ordinate services. These developments are most welcome.

**Discretionary allocation of services/prioritisation of need**
The fact that social care services are provided on a discretionary rather than a statutory basis creates problems for providers as well as service users. Some of these include:

- lack of service planning and development because of low level of funding from health boards
- inconsistencies in allocation of services to people with the same level of need because of lack or absence of standardised application forms
- lack of sensitivity to certain areas of need (for example, social circumstances) and inconsistencies in treatment because of weaknesses in assessment procedures
- stigmatisation of services (for example, home help) because of lack of universal entitlement to services.

**Low coverage of services**
By any standards, we are starting from a very low support service base in Ireland. There are gaps, mostly due to budget constraints and staff shortages, in the availability of many services including:

- public health nursing
- specialist services, for example, dementia services
- day care
- respite beds
- night sitting services
- home help
- meals services
- laundry services
- chiropody.

**Variation in social care service provision within and between health boards**
An Irish older person’s access to services depends very much on his or her address. Some areas or regions are much better served than others are. People in isolated rural areas are often the most disadvantaged but even urban dwellers suffer from unequal treatment across health board areas.
Transport
Lack of access to transport prevents older people from getting the services they need to maintain independence and engage in social activity. Even though people over 65 are entitled to free public transport, many cannot use it, either because it is not available where they live, or because they are restricted by their limited mobility. Those who must travel during peak times to attend clinic or hospital appointments are disadvantaged by the restriction of free travel to off peak hours only.

Charges for services
There is evidence that some medical card holders, although entitled to free services, are making ‘topping up’ payments to GPs. This raises concerns about those who are unable to top up and may not be able to access adequate services as a result.

There are also gross inequities between charges levied to public patients in long stay beds and those in private nursing homes. Differences in the means test for public beds and for the private nursing home subvention gives a significant advantage to public patients, other things being equal. Public patients are allowed to keep one-fifth of their income on entering public long stay care yet those in private nursing homes must, typically, use all of their income to meet the cost of care.

Professional attitudes/expectations: ageism
Attitudes that assume that all older people are sick and frail, that they are all the same, that they cannot benefit from some services/therapies, that they are not interested in social interaction with other groups are manifest in the Irish system. Such ageist assumptions limit and, in some cases, deny older people’s access to services, including social work, psychology and rehabilitation services, which could help them function to their maximum potential. This is a significant barrier to social exclusion.

Information
Lack of information about services is another barrier to access to social care services, which could enhance functioning and promote social inclusion. Some statutory agencies are developing more ‘user friendly’ literature in a shift to a consumerist approach to services. Consultation with older people is being undertaken in all of the health boards to improve older people’s involvement in planning and evaluation of services. Hopefully, this will improve older people’s access to information.

Standards and quality of care

The development of standards of care is necessary to ensure equal treatment of those needing health and social care services. Until recently, there has been little systematic collection of data in the health and social services. As a result, it has been impossible to evaluate the quality of service provision, let alone guarantee minimum standards of care for older people. The development of service plans in the health boards, the introduction of formal contracts between the statutory sector and service providers in the private and voluntary sectors as well as the involvement of consumers in service evaluation, should help improve standards of service.

References


Consultation with older people on their health and social service needs and preferences

Rebecca Garavan, Rachel Winder, Hannah McGee
Health Services Research Centre, Royal College of Surgeons Ireland

Introduction

The aim of this paper is to present the key findings from a survey of older people’s use of and preference for health and social services. The survey was conducted in the spring of 2000 by the Health Services Research Centre of the Royal College of Surgeons in Ireland. It was jointly commissioned by the National Council on Ageing and Older People, the Western Health Board and the Eastern Regional Health Authority.

The key objectives of the study were to:

- document the experiences of older people with health and social services
- assess their preferences on key care issues
- make recommendations about how to promote consumer consultation.

The survey was conducted in two health board areas: the Eastern Regional Health Authority, covering the greater Dublin area, and the Western Health Board area covering counties Galway, Roscommon and Mayo, a more rural, less populated area, with a less developed infrastructure. We interviewed a random sample of 937 people aged 65 years or more who live in the community. This represents a response rate of 67 per cent, similar to other studies in this field. Interviews were conducted face to face in the respondents’ homes. In order to reduce any bias in the selection, those who were too unwell to answer our questions directly were interviewed using a proxy respondent.

We developed the survey questionnaire in consultation with health and social services professionals and with older people themselves, using focus groups and in-depth interviews. The questionnaire included the following topics:

- living situation and home facilities
- general physical and mental health
- independence in daily activities
- social contact and support
Key findings

Current circumstances
Our sample ranges in age from 65 years to 99 years, with an average age of 75. Just over half (54 per cent) are women. We found that one in ten (10 per cent) have not retired from work. Four out of ten (41 per cent) are widowed. Just over a quarter of the total sample live alone, most of them (70 per cent) are women. About two thirds (65 per cent) are medical card holders.

A small proportion (3 per cent) currently lacks some basic home facilities, such as a hot water supply, an indoor flush toilet or a bath or shower. A similar proportion (4 per cent) does not have a telephone. One in eight (12 per cent) expressed an interest in having their home adapted to better suit their circumstances, for example, the installation of a downstairs toilet.

Health
The vast majority (86 per cent) told us that they have one or more underlying illnesses or conditions. A fifth (20 per cent) said that they have at least one condition that causes extreme disruption to their daily lives. Just over a third (35 per cent) said that they had experienced pain in the week before we interviewed them.

In terms of mental health, most (77 per cent) have high levels of morale but a minority shows anxiety (4 per cent) or depression (2 per cent). Women are more likely to report this than men are. Our findings show that depression is associated with chronic illness and reduced physical mobility.

Independence and social support
Although most respondents (77 per cent) said they are independent, a significant minority (14 per cent) reported major difficulties with their daily activities. This appears to be related to age – those aged 80 and over are more likely to report difficulties than are younger respondents. About a fifth of the total sample (21 per cent) told us that they receive a high level of assistance from others.

The tasks that most found difficult are housework, shopping, personal care and managing one’s own affairs and daily plans, for example, paying bills and remembering appointments.

Most (85 per cent) told us that they receive high levels of support. However, one in eight (13 per cent) said they spend ten to fourteen hours alone each day (during daylight hours). About one in ten (10 per cent) of the total sample said they are bothered by loneliness fairly or very often. A similar proportion (9 per cent) is unable to attend events outside their home.

Use of services
Almost all respondents (93 per cent) visited their General Practitioner (GP) in the twelve months up to the survey. And almost all of them (96 per cent) are satisfied with the care they receive from the GP. In fact, a large proportion of the sample (69 per cent) has been registered with the same GP for
ten years or more. A small number (4 per cent) said that cost and transport problems stop them visiting their GP.

In terms of use of hospital services in the last twelve months up to the survey, we found that about one in eight (13 per cent) used Accident and Emergency (A&E); about one in six (16 per cent) had a scheduled in-patient admission, and one in four (24 per cent) had been to an out-patient appointment. Most of those who used these services were satisfied with them, although satisfaction among those attending A&E was slightly less common.

We also asked about use of day services (defined as a medical service) and day centres (defined as a social service). Five per cent told us that in the year up to the survey they had attended a day hospital or day care unit at least once. Two per cent told us that they had used a day centre. Four per cent of those who had not used a day centre said that they would like to use this service.

Of fifteen other health and social services available, the most commonly used include chiropody, optical services and public health nurse – one in seven (15 per cent) had used at least one of these services. Only one in twelve (8 per cent) used dental services and only one in twenty (5 per cent) used the home help provision. In fact, for seven out of the fifteen services available, including hearing services, the social worker service and personal care assistance, more people said they did not use the service but would like to than actually used the service.

One of the most common reasons for not using a service is the stigma or embarrassment attached to doing so. Just under a third (29 per cent) of our sample said that they find it ‘highly embarrassing’ to use meals-on-wheels and almost one in five (19 per cent) feel the same way about using the home help service. Other perceived barriers include getting access to information: one in seven (14 per cent) said they find this difficult or very difficult. Transportation is often or almost always a problem for about one in twelve people (8 per cent).

**Long–term care**

A quarter of our sample (25 per cent) said they are concerned at the possible need for long-term care but most of them (76 per cent) said that they have never discussed their preferences for long-term care with anyone. Most of them (85 per cent) feel that their wishes would be honoured, although some are not sure (14 per cent) and a few (2 per cent) feel that their wishes would not be honoured.

We asked our survey respondents about the acceptability of some long–term care options:

- remaining at home with:
  - no health board support
  - respite care services
  - full health board support services
- moving to a family member’s home with:
  - no health board support
  - respite care services
  - a ‘granny flat’
• moving to other accommodation:
  • sheltered housing
  • boarding out
  • residential care

• moving to a nursing home:
  • state run
  • private.

**Remaining at home**
The majority said that they found it acceptable to remain in their own home, either with no health board support (78 per cent) or with the health board providing some respite care (87 per cent). Only half the sample (52 per cent) said that they would find the third option – remaining at home with full health board support, including meals-on-wheels, personal care assistance, public health nursing care – acceptable.

**Moving to a family member’s home**
The most acceptable option in moving to a family member’s home was to move into a ‘granny flat’. Four out of ten respondents (40 per cent) said they found this acceptable. Only one in four (24 per cent) said it would be acceptable to move in with no health board support, and a slightly larger number (26 per cent) said it would be acceptable with respite services provided by the health board.

**Moving to other accommodation**
Similar proportions found the sheltered housing and residential care options acceptable. However, the proportion finding these options, and the boarding out option in particular, as unacceptable is worth noting. Over three quarters of the sample (77 per cent) said the boarding out option was unacceptable; six out of ten (61 per cent) were of the same opinion about residential care and sheltered housing (58 per cent).

**Moving to a nursing home**
One in four (25 per cent) said that moving to a state run nursing home was acceptable; slightly more favoured a private nursing home (34 per cent).

**Recommendations: listening to older people**
We asked those who took part in our survey if they felt that their views are sufficiently taken into account by health and social services professionals. Most of them (80 per cent) said that they are, most of the time, or almost always.

As I mentioned above, one of the objectives of this study was to make recommendations about consultation with older people. To do this, it is first of all worth looking at the wider theoretical framework of consultation.

There are two main models of consumer participation: the consumerist model and the democratic model.
Consumerist model of participation

The consumerist model is the one most often used in Ireland. It has the following key features:

- it is service centred
- consumers are encouraged to provide feedback or contribute ideas through various forms of consultation
- governing bodies decide how or if information will be used.

Democratic model of participation

In contrast, the key features of this model are that:

- it is consumer centred
- consumers are directly involved in the decision-making and planning
- governing bodies shift some of their power to the consumer.

It is our opinion that the democratic model is the type of model that Ireland needs to move towards.

Guidelines for promoting consumer consultation

So how do we move towards this democratic model of consumer participation? Here is our recommended approach:

- develop a formal strategy in order to make initiatives more visible and to underline the importance and commitment to the issue
- involve consumers by asking them what they want and how they want to participate
- provide access for consumers—physical access to services as well as access to planning and policy-making
- provide consumers with resources and support, including skill building and technical and financial support
- consult at the individual level, the group level and the organisational level
- consult all relevant stakeholders
- demonstrate that the information gathered will be used
- ensure that consultation is part of an on-going process.
This study was the first step in this process. A full report of the findings will be published by the National Council on Ageing and Older People.
Older people’s access to work, education, training and information technology: issues for policy

Ita Mangan
Barrister and Consultant

Introduction

There are social, physical and organisational barriers to older people accessing work, education, training and information technology (IT). There are also self-imposed barriers, some of which result from the attitudes of society to older people and some of which are due to older peoples’ view of themselves. The aim of this paper is to examine some of these barriers and to set out the issues that arise for policy in this area.

The right to work

In terms of older people and access to work it is worth emphasising three fundamental points:

- the right to work
- the right to pensions (both state and occupational)
- the co-existence of these rights.

Unless we ensure that the right to work and the right to pensions are separate and discrete rights, which can exist together, we are in danger of bringing about a situation where older people’s right to work will be seen as compensation for the loss or reduction of pensions.

Currently this issue is being addressed purely in terms of the needs of the labour market; I believe that it should be seen in context of the rights of older people. The needs of the economy cannot be allowed to erode hard-won entitlements to pensions and other income maintenance arrangements. There must not be a cost in benefits foregone in return for active participation in the labour market.

Access to work

There are many obstacles to older people remaining in or returning to work. Among the obstacles are:

- the existence of a statutory retirement age in some employment and a mandatory retirement age in almost all
pension arrangements that are unfavourable if people go back to work with their former employer

restrictions on people who are receiving the Pre-Retirement Allowance and the Retirement Pension

inflexible working arrangements

inadequate skills and the availability of suitable training.

**Age and employment**

More time is now spent outside paid employment than in it. Some commentators have referred to this as the ‘age employment paradox’. Life expectancy has increased by about ten years since the 1950s yet labour force participation by older workers (those aged 60 to 64 years) has fallen from 80 per cent to 30 per cent.

This could be seen as a success story – people no longer need to work all their lives and can enjoy long years of retirement. But it could also be seen in terms of the exclusion of older people from the labour market and their consequent exclusion from other aspects of society. How it is seen is largely dependent on the individual’s attitude to work. For some, it is a burden that should be cast off as quickly as possible; for others, it is a central feature of their lives. There is also the vast range of views in between.

It is not biology that determines the link between chronological age and life-course development, it is society. Retirement age limits and old age pensions are relatively new developments. The general occupational retirement age (65) has been broadly aligned with the social welfare pension age. The pension age was set at 70 when life expectancy was actually below that age. It was reduced at a time when life expectancy had substantially improved.

The dividing line between being ‘old’ and ‘not old’ is not rigid and is likely to give rise to considerable dispute in individual cases. However, the dividing line between life phases tends to be rigid – for example, between working life and retirement. The assumption that pension age equals old age may no longer be valid but it underlies the current social and economic policies.

**Right to pensions**

The link between pensions and retirement was originally seen as removing the burden of work from older people. For those who regard work as a burden, this remains a valid consideration. But there is no necessary link between pensions and retirement. It is possible to have pensions available and to remove the exclusion from the labour market.

There are upper age limits for contributing to both social welfare and occupational pensions. People above these age limits who continue to work cannot contribute. This could be changed without much difficulty. It would have the effect of treating older people at work in the same way as their younger colleagues; it would benefit the social welfare and occupational pensions systems, and it might encourage some older people to remain in work.
Mandatory retirement

As the world of work relies less and less on physical strength and more and more on knowledge, it seems extraordinary that older people are excluded from that world. Compulsory retirement means that older people are removed from the possibility of earning their living and forced into living in accordance with the stereotypical image of dependence.

In times of high unemployment, early retirement was used as a solution. This solution, however, clearly favoured one generation over another. Now that there is a labour shortage, older workers are being encouraged to return to the workforce. Older workers should have the right to be in the workforce but this should be a right that is sustained through good and bad economic times. In order to respect the rights of older workers, it is necessary to remove the concept of early retirement as a labour market mechanism.

Employment equality legislation

Another major barrier to older people accessing work is the employment equality legislation, which applies up to age 65. In effect, this has introduced an institutionalised form of discrimination against older people. However, this legislation allows for positive action on behalf of people over the age of 50. This gives rise to the unusual situation in which all sorts of positive action can be taken on behalf of those in the 50 to 65 age group but does not protect those aged 66 and older.

Furthermore, the Redundancy Payments Act and the Unfair Dismissals Act also exclude those aged 66 and older. So an older person still at work or returning to work can be actively discriminated against under what is otherwise relatively liberal and forward looking legislation. This is something that needs to be addressed.

Active ageing

The European Union Employment Guidelines for 2000 state that ‘it is important to develop a policy for active ageing, encompassing appropriate measures such as maintaining working capacity, lifelong learning and other flexible working arrangements, so that older workers are able to remain and participate actively in working life’. Ireland’s National Employment Action Plan 2000 does not include any references to or plans for encouraging older workers to remain in or return to the workforce. However, the second report of the Expert Group on Future Skills Needs recommends that ‘employers should actively seek to recruit those over the age of 55 and those in this age group should be encouraged to take up employment’.

For some people, work is their life and there is some evidence to suggest that there is a significant likelihood that work centred people do not live long past mandatory retirement. For such people, an active ageing strategy clearly requires the removal of mandatory retirement ages and the opportunity to continue to work past normal retirement age. For others, retirement is a liberation that provides an opportunity to do other things. For such people, an adequate income in retirement is a major priority. Whatever the individual person’s view of retirement, it cannot be enjoyed without an adequate income.
Inflexible working arrangements

One of the major barriers to increased involvement of older people in the labour market is the inflexible nature of working arrangements. It may be that the demand for labour will result in the easing of the structural rigidity of the labour market. This has happened to some extent in areas where there are severe labour shortages – for example, in nursing. However, there does seem to be considerable reluctance among employers to countenance changes in working arrangements unless they are forced to do so by economic considerations.

Skills and training

Inadequate or unsuitable skills constitute another barrier to older people at work. Older people have a strong case for the allocation of significant education and training resources to them.

Issues we should address here include:

- a quota system for access to FAS training and to employer provided training
- special access for women in order to redress past discrimination
- IT access and training
- measures to ensure that age is not used inappropriately in recruitment and training.

Education and lifelong learning

Lifelong learning is usually seen in the context of maintaining or creating a skilled labour force. It clearly has a very important role in this but it also has a much wider role social, educational and human role. In the Partnership for Prosperity and Fairness (PPF), a substantial section is devoted to the concept but there is no mention of older people and how they might benefit or, indeed, contribute to the development of a culture of lifelong learning.

The White Paper on Adult Education, *Learning for Life*, defines adult education as learning being undertaken by adults who have concluded initial education or training. This seems to exclude those who have never benefited from education. Education levels of older people in Ireland are considerably lower than in other OECD countries. The finding in the recent Sinnott case, that the State’s obligation to provide primary education does not have an upper age limit, is worth noting. This precise point is being appealed to the Supreme Court.

IT Access for All

The Information Society Commission has put forward proposals to facilitate IT access for everyone. Although older people should be among the first to benefit it is unclear how the general principle of access is to be translated into practice. Most documents about *IT Access for All* do refer to the need to get older people involved but they are generally short on specifics. It should be relatively easy for classes to be organised by, for example, Vocational Education Colleges (VECs), or to
provide IT training for older people in care settings. However, there is little evidence at present of any widespread effort to involve older people in IT training.

**Conclusion**

Society should be organised to meet the needs of all people and should enable all people to participate. If a ‘life view’ is taken of all services, there should be education and training available to all ages, working arrangements that suit all families, and income maintenance arrangements that are flexible enough to meet all requirements.
Section

Progress towards a society for all ages
Introduction

This paper examines progress towards a Europe for all ages. The European Union’s (EU) legal competence is very limited in the social domain: the principle of subsidiary is evident in this field. The Treaty of Rome, the constitution of the EU, has a clear emphasis on economic issues; the main aim in 1957 was the creation of a European Economic Community. Social issues have had only marginal status, and within that older people are a relatively new and very minor consideration. Initiatives in the social area mainly focus on working conditions and paid employment.

At Eurolink Age we believe that the EU should take account of the large proportion of its citizens who are outside the workplace (50 per cent) as well as the large proportion of its population (a third) which is over 50 years of age. One of the objectives of the EU, as set out in the Treaty of Rome, is the ‘improvement of living and working conditions of all its citizens’. If this is one of the principles then older people are included and should be included.

An overview of policies relating to older people

It is only in the last ten years that the EU has acknowledged the existence of older people. Table 1 shows the initiatives undertaken.
<table>
<thead>
<tr>
<th>Year</th>
<th>Initiative</th>
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<tbody>
<tr>
<td>1984</td>
<td>Allocation for measures involving older people included in budget</td>
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<tr>
<td></td>
<td>Directive on equal treatment for men and women in social security schemes with direct implications for pensions</td>
</tr>
<tr>
<td>1989</td>
<td>Recommendations for the introduction of a Seniors’ Pass – a travel and concessions card for older people</td>
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<tr>
<td></td>
<td>Social Charter adopted with two articles on older people:</td>
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<tr>
<td></td>
<td>• every worker must, at the time of retirement, be able to enjoy resources affording him or her a decent standard of living</td>
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<tr>
<td></td>
<td>• every person who has reached retirement age but who is not entitled to a pension or who does not have other means of subsistence must be entitled to sufficient resources and to medical and social assistance specifically suited to his needs</td>
</tr>
<tr>
<td>1990</td>
<td>Communication on the Elderly outlining its first action programme</td>
</tr>
<tr>
<td>1993</td>
<td>European Year of Older People and Solidarity between the Generations</td>
</tr>
<tr>
<td>1997</td>
<td>Treaty of Amsterdam: inclusion of anti-discrimination article including discrimination based on age</td>
</tr>
<tr>
<td>1999</td>
<td>Communication on Ageing, entitled Towards a Society for All Ages</td>
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</table>

**1990 Communication on the Elderly**
Although limited in scope, the 1990 Communication on the Elderly marked the first official acknowledgement of the relevance of older people to the EU political agenda. It aimed to stimulate and support the exchange of information and ideas and to promote co-operation between Member States on issues of older people and ageing. It ran from 1991 to 1993 and ended in the European Year of Older People and Solidarity between the Generations, which saw a number of developments, such as a Declaration of Principles on Older People, issued by the Council of Ministers, and several European Parliament initiatives and reports.
Since then nothing has happened. A proposal for a second action programme remained blocked. The Commission lost its court case over whether it had the right to finance such a programme. This has lead to serious problems in obtaining funding for any initiative in the area of older people and ageing.

The UN International Year of Older Persons in 1999 helped during this period. At Eurolink Age we campaigned hard for an initiative from the EU Commission to mark this year and our efforts were rewarded with the publication in 1999 of the Communication on Ageing, entitled 'Towards a Society for All Ages'.

Towards a Society for All Ages

This Communication reaffirms the importance of older people’s issues for the EU political agenda. It offers a provocative analysis of the implications and consequences of the ageing of society. It proposes strategies for appropriate policy responses in four main areas:

- **the age structure of the labour market**: one of the conclusions is that the practice of early retirement needs to be reviewed, while access to life-long learning needs to be improved

- **the structure and financing of social protection and pensions**: solutions to the problem of financing social protection should be sought in the development of policies that stimulate job creation. The financial basis for social protection needs to be strengthened. Pension systems need to be reformed to render them less vulnerable to demographic change

- **the organisation and financing of health and care services**: new care services and structures need to be developed because of the increasing number of dependent older people and decreasing family care potential

- **inter-generational differences and heterogeneity**: policies need to respond to a wide range of needs and situations.

At Eurolink Age we welcomed the Communication but expressed our misgivings about the strong focus on paid employment.

The idea of ‘active ageing’ was one of the key ideas in the Communication. According to the Commission, older people need to continue to be active to contribute to their surroundings and to society. We firmly believe that the choice of the individual should be guaranteed. ‘Active ageing’ must not become another generalised idea about older people that does not respect the considerably more complicated reality.

We also noted the tension between, on the one hand, the desire not to treat our ageing society as a problem but to stress the resource and wealth of experience represented by older people, and on the other, the economic pressures that arise as a result of that same ageing society.

The Communication recognises that the increasing proportion of older people in our society has implications for a wide range of policies. However, we are disappointed that it does not propose measures to guarantee or promote the mainstreaming of older people’s interests so that they are taken into account in the formulation of those policies. Mainstreaming of older people’s issues would, we believe, bring a society for all ages a lot closer.
In this section we look briefly at how the *Communication on Ageing* fits into the wider picture of social policy initiatives at EU level.

In the summer of 2000, following the Lisbon Summit, the EU Commission issued a Communication outlining its objectives for the next five years in relation to social policy. This Social Policy Agenda was adopted in December 2000. It consists of a number of strands covering:

- employment
- social protection
- social inclusion
- equal opportunities
- anti-discrimination and fundamental rights.

If we look at the agenda as a whole, our main source of discontent lies yet again with the fact that the agenda focuses on paid employment – very little attention is paid to other areas of society. It is our opinion that a cohesive society for all ages does not consist of work alone.

**Employment**

Among the annual employment guidelines included in the Social Policy Agenda are the following:

- a guideline devoted entirely to ‘active ageing’ and older workers
- a guideline relating to anti-discrimination measures, including discrimination on the grounds of age
- a guideline addressing the need to promote lifelong learning.

**Social protection**

In the area of social protection the following actions have been taken or recommended:

- although member states are largely responsible for social protection, the Commission would like to see more co-operation between states and recommends the creation of a Social Protection Committee to facilitate this
- a Communication on future social protection, with particular reference to pensions, was published
- an agenda for modernisation of social protection systems is to be developed
- education and training systems are to be adapted to accommodate the demands of the knowledge society and the need for improved levels of quality employment – these need to be tailored to target groups, including older people
the different systems of social protection need to be adapted so that they better contribute to an active welfare state, ensuring that it pays to work. And because of the ageing of the population, their future sustainability should be secured.

**Social inclusion**  
The following objectives on social inclusion were included:

- the need to mainstream social inclusion was recognised
- targets to eradicate poverty were agreed by the Council at the end of 2000
- specific priorities for various specific target groups, including older people, will be developed.

**Equal opportunities**  
The priorities in this area will be to launch the new action programme on gender equality.

**Anti-discrimination and fundamental rights**  
A package of anti-discrimination measures has been drawn up and will be adopted by the end of 2000.

**Areas of dissatisfaction with the Agenda**

There are a number of areas in which we are dissatisfied. Although we welcome the Commission’s initiative on social inclusion, the terminology used is unclear. Social inclusion, social exclusion and poverty are used in an inconsistent way, which makes it difficult to know which issues will be included. The way in which social inclusion or exclusion is defined will determine the targets (as well as the target groups) and the content of this initiative. We would like to see the broadest possible interpretation of social inclusion so that issues relating to participation, integration and access are addressed. If the Commission intends to only address issues in relation to poverty, this would be too limited.

In terms of equal opportunities, we notice that the programme does not mention older women or family carers. It specifically addresses issues in relation to reconciling work and family life but the focus is on childcare. Eurolink Age would like the Commission to specifically recognise eldercare as an increasingly important element in this policy debate.

In terms of anti-discrimination, Eurolink Age has campaigned vigorously to change specific elements of the package, notably to have removed a clause in the Employment Directive that states that ‘the establishment of age limits that are appropriate and necessary to pursue legitimate labour market objectives’ can be justified. We have campaigned to ensure that the anti-discrimination programme pays special attention to age discrimination. The European Parliament supported our position but unfortunately, the Council of Ministers did not.

**Conclusions**

Through these initiatives, we can see that the EU has increased its efforts to create a more social Europe, while respecting the principle of subsidiarity. It has recognised the changing age structure of society and acknowledges the need to accommodate this in many of its initiatives. However, it sees
mostly the negative side of the ageing of society – problems in relation to the labour market,
problems associated with the rising costs and sustainability of social security and pensions systems,
problems with the financing and structure of health and care systems. The positive aspect is missing
– the view of older people as a resource and the concern about the well-being of older people are not in evidence. Also, there is a clear emphasis in most of the EU’s social initiatives on the well-being of the working part of the population.

It is evident also that strong representation at EU level is important for groups such as ours – you need to make your voice heard. Given the intentions of the Commission to involve NGOs more this would seem an opportunity for a stronger and more united voice from the older people’s sector. This is a reason for Eurolink Age to play a major role in the creation of the new Europe’s Older People’s Platform, AGE.

Lastly, and very importantly, it is vital to recognise the role of the individual member states. It is too easy to blame a lack of positive action on the EU; after all, the EU consists of fifteen individual Member States that hold the real power in this domain. It is Member States that decide on social policy development – and this is forgotten too often when people criticise the EU. In order to realise our ideals, we need to address the Member States. Only they can allow the EU as a whole to make progress in this matter.
Promoting the inclusion of older people: an Equality Authority perspective

Niall Crowley
Chief Executive, The Equality Authority

Introduction

This paper presents the Equality Authority’s perspective on promoting the social inclusion of older Irish people.

The mandate of the Equality Authority covers both the eradication of discrimination and the promotion of equality. It allows us to tackle some of the barriers to a society for all ages and contribute to a vision of a different society. It is a mandate that requires us to do this not only in relation to older people but also across the nine grounds of age, gender, marital status, family status, disability, sexual orientation, race, religion and membership of the Traveller community.

The Equality Authority is committed to an integrated approach to this agenda where possible, seeking strategies that bring forward all nine grounds simultaneously. As such older people must be a dimension in all our work.

We also recognise the need to focus at times on specific grounds, to ensure the visibility of a particular ground within this integrated approach and to pursue needs and aspirations specific to the particular grounds. For this reason we have convened an advisory committee on the equality agenda for older people.8

Legislation

Recent legislation (Employment Equality Act 1998, Equal Status Act 2000) establishes important rights for older people. The effective implementation of this legislation requires considerable effort on the part of all who seek a society for all ages.

The Employment Equality Act seeks to address discrimination in the workplace. This builds on previous legislation, which was enforced on gender and marital status grounds, and expands it to nine grounds including age. There is a limitation to the age ground in that it only extends to 65 and this has been a focus for dissatisfaction in the advisory committee.

The Equal Status Act seeks to address discrimination in the provision of goods, services, facilities, accommodation and education, and within registered clubs. This legislation brings the equality focus outside the workplace, opening up a whole new arena of rights. This is a crucial development since people’s experience of discrimination was never confined to the workplace.

The advisory committee will consider a range of dimensions of the equality agenda including work, training, education, health, participation, income and legal status.
In supporting the effective implementation of this legislation the Equality Authority has prepared materials designed to support individuals who might experience discrimination; organisations that have obligations under the legislation, and organisations that provide channels of communication to, and that could give support to, those who are covered under the nine grounds.

We are keen to build on this work by supporting community advocacy. For example, by helping those in community organisations to become advocates for the legislation within their communities, helping them provide support to members of their communities seeking to vindicate their rights and helping them act as liaison between their community and the Equality Authority.

We realise that this could be a demanding relationship we seek with local organisations of older people. But we believe that the benefits in terms of effective rights for older people makes it an attractive proposition.

Ageism

Rights for older people are the basic starting point in addressing and removing what is an all-pervasive ageism. As a society, institutionally and individually, chronological age has been enshrined as a determinant of capacity and of social and economic roles. The outcome is a society for some ages rather than a society for all ages.

There is an almost casual common sense that blinds us to the discrimination experienced. This is an attitude that we must change. Job advertisements – now illegal and being rigorously addressed by the Equality Authority – overtly rule out over 30’s, over 40’s and so on. Yet there is no outcry. Imagine a similar practice stating no women need apply, for example. This, rightly, would not be tolerated and yet we have for too long, as a society, tolerated this situation for older people.

There is a growing focus on older people in policy circles at European Union and national levels. Although this is a positive development, the purpose and rhetoric used is deeply problematic. The rhetoric often defines older people as a burden; the purpose often posed as older people solving society’s problems, in terms of labour shortages, for example. We need a focus that defines older people as a resource and seeks to solve the problems of older people.

Ageism is reflected in a range of different ways in institutional practice, including practices of:

- exclusion: upper age limits set as a barrier to participation
- segregation: older people channeled without choice into separate provision
- neglect: inadequate provision made for older people
- inappropriateness: design and provision reflect a singular youth culture rather than specific needs and aspirations of older people; negative stereotypes of older people shape decision-making
Addressing such practices will help change attitudes and relationships that marginalise older people and replace them with relationships of equality and mutual interdependence across the generations.

Tackling ageism at the institutional and individual levels also requires change at another level, a change in those older people who have internalised the negative stereotypes. This can prevent older people demanding participation politically, socially, culturally or economically in society. It can contribute to an invisibility for older people and to misdefining problems and solutions. These are issues that older people’s organisations have been addressing for some time but which still need to be a focus for attention.

A wider framework for action

Establishing rights will of itself not undo the prevalence of ageism or build a society that is truly for all ages. Rights need to be driven and promoted. We hope that the Equality Authority will fulfil this role. A framework for action needs to embrace the elements of mainstreaming, targeting and participation.

Mainstreaming

Mainstreaming needs to be a focus for policy and service provision. Policy needs to be ‘age proofed’ – this means that decision-making needs to take account of the impact of that decision on older people.

Age proofing must go beyond a defensive contribution, ensuring no discrimination on the basis of age, to a creative contribution, seeking to ensure benefit to older people. If age proofing is to realise this creative contribution it must involve some theory of difference that helps capture any specificity in relation to older people. This could usefully encompass:

- experience where older people might be different in terms of their experience of ageism or in terms of the diversity of their experience over time
- situation where older people might be different in terms of restricted access to education, of limited income or in terms of the outcomes of ageism or in terms of physiological decline or age related illnesses
- identity where older people might be different in terms of self-perception or perception by others or in terms of being repositories of experience and knowledge.

This sort of framework could usefully be developed in a form to assist policy makers take account of needs and aspirations specific to older people. This is required in the making of all policies so as to ensure they make their contribution to building a society for all ages. However, it is important to stress that:

- older people themselves need to be authors of any final framework
- any framework must allow for change as difference is never static and once treated as static it can descend into stereotype
Mainstreaming at the level of policy, built on this approach, will require a commitment from institutions to contribute to outcomes for older people. Such commitment would best be expressed in practical objectives and targets. It will also require a capacity to assess the impact of policy decisions. Such impact assessment would need to take account of difference, ensure that there is no discrimination and secure a contribution to objectives established and targets set. Mainstreaming will also require that outcomes from policy-making be monitored.

Mainstreaming at the level of service provision flows from mainstreaming at the policy level. It requires that older people have real choices about the services they wish to access, that services are designed to provide benefit and to be accessible and that clear and adequate channels of communication are set up to inform older people of the services available.

Mainstreaming is only gradually receiving attention – and only in the public sector, not in the private sector. The Department of Justice, Equality and Law Reform is convening a working group under the Programme for Prosperity and Fairness to pilot equality proofing initiatives. These are the seeds from which we must grow this mainstreaming approach – an approach that should be the key influence on changing the way we do business as a society so that we can be a society for all ages.

Targeting
A mainstreaming approach does not preclude the necessity to target resources to older people in order to promote inclusion. Targeting, in terms of a redistribution of resources to older people, is important, especially since older people tend not to have the same breadth of potential sources of income as younger people.

Targeting in terms of positive action is important. Positive action is allowed under the Employment Equality Act to help integrate older workers, those between the ages of 50 and 65 years, into the workplace. Positive action is allowed under the Equal Status Act to address specific needs of older people. In this context targeted initiatives can be developed to:

- address a past history of ageism and related discrimination
- meet the needs that are specific to older people
- take action to ensure that mainstream provision realises outcomes for older people.

With this type of agenda targeting and mainstreaming can be seen to be complementary and mutually reinforcing.

Participation
Participation by older people is needed if mainstreaming and targeting are to succeed. Such an approach makes demands on local, regional and national organisations of older people. Often the resources available to organisations of older people are limited to the area of service provision.
Resources are needed to assist in organisation building, agenda setting, capacity building, research and negotiation strategies.

Participation must also focus on social partnership. Organisations of older people have opened up a presence at this level, particularly within the National Economic and Social Forum. However, this could do with a further evolution. From the Equality Authority perspective this needs to take account of the nine grounds under the equality legislation. An adequate and appropriate presence is required across all nine grounds so that the full diversity of our society can have a voice in these deliberations.

**Conclusion**

The construction of a society for all ages poses significant challenges. It requires a radical transformation if it is to reflect the needs and aspirations of all older people, secure a sense of ownership by older people and engage older people, not just in its operation, but in the definition of how it should operate.

Rights, institutions to drive forward those rights, mainstreaming, targeting and participation provide a framework within which we can address ageism and begin to establish a society for all ages. In using such a framework it is important that we take account of the diversity among older people. It is only on this basis that we can ensure inclusion for all older people.

But we need to go beyond these principles to the practicalities. To do this requires the solidarity and involvement of all sectors in Irish society. This solidarity is growing and the Equality Authority plans to contribute to it.
The National Anti-Poverty Strategy and older people

Hugh Frazer,
Director, Combat Poverty Agency

Introduction

This paper sets out to show that the National Anti-Poverty Strategy (NAPS) provides the best hope of ending poverty and social exclusion amongst older people. It aims to do five things:

- describe what the NAPS is and why it is important
- look at what the NAPS says about older people
- identify some of the changes brought about by the NAPS
- stress the current opportunity to strengthen the NAPS in relation to older people
- suggest an agenda for the NAPS in relation to older people into the future.

The National Anti-Poverty Strategy

Since April 1997 successive Governments in Ireland have been committed to implementing a National Anti-Poverty Strategy (NAPS). The key aims of the Strategy are to ensure that issues of poverty and social exclusion are mainstreamed at the heart of national policy-making and that there is a more integrated and co-ordinated approach.

The key features of the Strategy since it was launched in 1997 have been:

- **An agreed definition:** 'People are living in poverty if their income and resources (material, cultural and social) are so inadequate as to preclude them from having a standard of living which is regarded as acceptable by Irish society generally. As a result of inadequate income and resources people may be excluded and marginalised from participating in activities which are considered the norm for other people in society'\(^9\)

- **A shared analysis:** the NAPS is underpinned by an analysis which points to very unequal access to resources and opportunities (for example, the labour market, the education system, the tax/welfare system and the system of public services) as being the key factor in the production and perpetuation of poverty

- **Agreed principles:** The NAPS is underpinned by a number of principles:
  - ensuring equal access and participation for all

\(^9\)The key element to note here is that poverty is seen as relative, as multidimensional (i.e. encompassing economic, social and cultural dimensions) and about exclusion and marginalisation.
guaranteeing the rights of minorities especially through anti-discrimination measures

the reduction of inequalities and, in particular, addressing the gender dimensions of poverty

the development of the partnership approach building on national and local partnership processes

actively involving the community and voluntary sector

couraging self-reliance through respecting individual dignity and promoting empowerment and

engaging in appropriate consultative processes, especially with users of services

**Ten year timescale:** the NAPS recognises that the eradication of poverty requires a sustained and long-term strategy, in order to address deep-seated structural inequalities

**Key areas for intervention:** five key areas were identified as priorities for action in the first phase of the NAPS:¹⁰

- educational disadvantage
- unemployment, particularly long-term unemployment
- income adequacy
- disadvantaged urban areas
- rural poverty.

**Clear targets:** when the NAPS was launched the Government set a global target for the reduction of poverty, "reducing the numbers of those who are "consistently poor" from nine to fifteen per cent to five to ten per cent"¹¹ over the ten years of the Strategy as well as setting specific targets in relation to educational disadvantage and unemployment.

**Institutional arrangements:** a number of institutional arrangements (a cabinet committee chaired by the Taoiseach, an Inter-Departmental Policy Committee, liaison officers in each department and a NAPS Unit in the Department of Social, Community and Family Affairs) are in place to oversee the implementation of the Strategy, to ensure that there is a co-ordinated cross-departmental and multi-dimensional approach and to ensure that addressing poverty and social exclusion is a key concern of all government departments and agencies

**Strategy statements:** all Government departments are expected to address the question of poverty in the development of their statements of strategy and to produce annual progress

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¹⁰ In the current review process two additional core areas (housing/accommodation and health) and a number of cross-cutting themes (e.g. child poverty, women's poverty and older people) have been added.

¹¹ The government announced a revised global target to reduce consistent poverty to below 5 per cent by 2004 and also revised the unemployment target in 1999.
reports to the Inter-Departmental Policy Committee (IDPC) setting out progress achieved over the previous year in relation to the Strategy. This is to be extended in due course to state agencies and local and regional bodies

- **Poverty proofing**: a system of poverty proofing in relation to spending plans set out in the budget and to the allocation of EU Structural Funds was approved by the Government and implemented on a pilot basis in Government departments. This is currently being reviewed and is also due to be rolled out in due course to health boards and local authorities.

### NAPS and older people

During the development of the NAPS a decision was made to concentrate on the core themes of income inadequacy, unemployment, educational disadvantage, urban poverty and rural poverty rather than on specific target groups. As a result, the amount said about specific target groups, including older people was fairly limited. However, the NAPS does address a number of issues that could benefit older people living in poverty. Examples include:

- achieving the minimum adequate income targets set by the Commission on Social Welfare in 1986
- programmes to address literacy and numeracy difficulties
- the development of the Money Advice and Budgeting Service
- a review of the free fuel scheme with a view to its further development and the addressing of other aspects of fuel poverty
- initiatives to address problems of multiple disadvantage in some urban communities
- rural development initiatives to address the lack of services and decline of marginalised rural communities.

### Impact of the NAPS on older people

It is probably reasonable to conclude, as does the Combat Poverty Agency’s recent assessment, *Planning for a More Inclusive Society: An Initial Assessment of the National Anti-Poverty Strategy*, that the existence of the NAPS and, in particular, poverty proofing of policies has improved the climate for anti-poverty policy-making. It has increased awareness of poverty and the need to prioritise spending to address issues of poverty and social exclusion.

The 1999/2000 Annual Report of the IDPC notes a number of important developments in relation to older people. These include pension increases and changes to future pension provision, increases in Respite Care Grants and Carers Benefit Schemes and the extension of the Free Schemes for travel, electricity/gas, telephone rental and TV license.

There are a number of other developments highlighted that undoubtedly will benefit elderly people living in poverty. These include the Working Group on Social Inclusion in Rural Areas established by the Department of Agriculture, Fisheries and Rural Development. However, perhaps of more general
significance is the report’s acknowledgement that ‘the increasing proportion of older people will be a priority issue which will need to be addressed in the coming years’.

**Strengthening NAPS re older people**

There is currently a very real need and opportunity to significantly strengthen and integrate policies and programmes to combat and prevent poverty amongst older people. There are a number of reasons for this.

**Review of the NAPS**

The Government has instigated a review of the NAPS, confirmed in the Programme for Prosperity and Fairness (PPF). A process is currently underway which involves updating it, reviewing the underlying methodology, reviewing and revising existing targets and considering possible new ones under the themes of child poverty, women’s poverty, health, housing/accommodation and older people. This specific mention of older people is important and a real opportunity for all the organisations representing the interests of older people to put forward a comprehensive programme for older people at risk of poverty.

The key mechanism for reviewing and updating the NAPS is the establishment, under the Inter-Departmental Policy Committee (IDPC), of working groups involving relevant departments, agencies and social partners. These cover the original themes of employment/unemployment, educational disadvantage, urban and rural poverty as well as a PPF working group on benchmarking and income adequacy. In addition and especially importantly for older people, new working groups on housing/accommodation and health have been established. The position of the elderly is a cross-cutting theme that is to be considered by all the working groups.

**Data on poverty**

Evidence from research conducted in 1999 by The Economic and Social Research Institute (ESRI) for the National Council on Ageing and Older People (NCAOP) highlight the relatively high risk of poverty and deprivation being faced by older people. This creates a strong reason for more attention being given to older people in the context of the NAPS.

**Increasing numbers**

It is projected that the numbers who are 60 or over will increase by 67 per cent between 1995 and 2025 and by 2011 there will be a 66 per cent increase in those who are 80 or over.

**Resource buoyancy**

The combination of ten years of a falling dependency ratio coupled with very rapid economic growth means that resources are and will be available on a scale hitherto undreamed of and this creates a unique opportunity to put in place policies and programmes that will ensure that old age is not accompanied by poverty and marginalisation.

**Demographic change and changing support and care networks**

As the age profile of the population changes and as levels of employment and female participation in the labour force increase, many of those who in the past were the main carers in our society will no longer be able to be so. This, together with the increased numbers of older people, means that we need to plan now for new forms of caring and support that will facilitate independence and choice. Failure to do so could result in increased marginalisation and isolation for many older people.
Given the unique opportunity that now exists to strengthen the NAPS in relation to older people I would suggest that organisations representing older people should give high priority to participating in the various NAPS working groups and the consultations that they will organise as part of the current review.

All of you at this conference are more expert than I am on the needs of older people. You are thus better placed to suggest what policies and programmes are needed both to prevent and to alleviate poverty amongst older people. However, to stimulate your thinking I list below some of the areas that you might consider pursuing in the context of the NAPS review:

- **income adequacy**
  - establishing what is an adequate state pension and ensuring that it is benchmarked against industrial earnings or disposable income and those increases are paid from 1 January each year
  - ensuring qualified adult allowance is an adequate proportion of the basic pension (say 70–80 per cent) or that individualisation of payments is introduced
  - establishing what is an adequate basic payment for carers and ensuring that it is benchmarked against industrial earnings or disposable income
  - ensuring that there is adequate support for low income carers to cover costs of care such as heating, special dietary needs, technical and medical aids and appliances, home adaptations or prolonged medical treatment
  - provision of an adequate Respite Care Grant
  - ensuring that tax changes reduce income inequalities and favour older people and carers on low incomes.

- **employment/unemployment**
  - putting in place measures to retain more older people in the labour force until retirement age
  - assisting older people through measures such as training, tax allowances, retention of benefits, enforcement of equality legislation to return to work.
  - considering the introduction of a flexible retirement age (say between 60 and 70) and allowing older people to gain additional credited contributions for weeks worked if currently lacking the number required for a full pension.

- **education**
  - prioritising adult/continuing education opportunities for older people who have had least access to education in the past
targeting initiatives in relation to literacy and numeracy at older people

educating young people about supporting and caring for older people

involving older people in home-school-community initiatives to address educational disadvantage

disadvantaged urban and rural communities

ensuring that the integrated economic, social and cultural development plans being developed by the City and County Development Boards give a high priority to excluded and marginalised older people

ensuring that there is an extension of support for integrated services projects with a high priority being given to the vulnerable older person

extending free travel to older people in communities lacking adequate public transport through a system of vouchers and through social economy support for community transport schemes

enhancing the security of isolated older people and those living on their own through measures like enhanced community policing, neighbourhood watch and access to telephone services

developing cultural and arts provision for older people and additional funding to arts organisations to involve and work with excluded and marginalised older people

increasing the representation of older people at risk of poverty in both national and local policy for and in the planning and delivery of services

involving and supporting active older people in voluntary and social economy projects aimed at improving the quality of life in disadvantaged communities and providing enhanced community care and support for older people.

housing/accommodation

studying the changing accommodation needs of older people and supporting the development of a range of accommodation from home through to nursing homes

improving the combination of suitable accommodation and support services that will enhance the independence and quality of life for vulnerable older people

increasing the range and volume of social housing available to older people at risk

investigating the extension of remortgaging and buy-back schemes for older people on low incomes.
health

- ensuring that low income older people are not faced by an inadequate and two tier health service and long waiting lists

- expanding community care services and especially home help services

- providing more support for informal or family carers

- ensuring adequate co-ordination of services for carers within each health board region and adequate support for the voluntary sector in each health care area

- improving support services for family carers such as adequate respite care, day centres, information and training

- maintaining and extending health promotion and active lifestyles education for older people

- refurbishing and/or replacing long–stay hospitals

- enhancing access to technical aids and assistive technologies for carers and people with disabilities.

targets

- recommending appropriate target(s) for the NAPS in relation to older people in poverty that captures both basic deprivation and the ability to participate in normal social, cultural and recreational activities

- suggesting indicators that would measure progress towards achieving the overall target in relation to older people.

Conclusion

Dr Martin Luther King in his Nobel Prize acceptance speech (December 12, 1964) said: 'I have the audacity to believe that people everywhere can have three meals a day for their bodies, education and culture for their minds and dignity and freedom for their spirits'.

That is certainly an aspiration that we should share for older people in the Ireland of the twenty-first century. The National Anti-Poverty Strategy is perhaps the best hope of ensuring that we achieve it.


Pensions policy: maintaining established living standards in older age

Mary Hutch
The Pensions Board

Introduction

The issue of adequate and comprehensive pension cover has been under consideration in Ireland for over twenty years. The debate is set against an international background in which many countries are reforming or reviewing their pension systems. The main reason for this is the so-called demographic ‘time bomb’ and the fact that many systems are facing severe financing difficulties. However, while similar problems could arise in Ireland, the timing is much different from that in other countries.

According to a 1995 survey, commissioned by the then Department of Social Welfare and the Pensions Board and conducted by the Economic and Social Research Institute, less than half the workforce had supplementary pension cover.

The National Pensions Policy Initiative

Against this background the National Pensions Policy Initiative (NPPI) was launched in October 1996 and was incorporated by Partnership 2000 in early 1997. The overall objective of NPPI was to facilitate debate on how to develop the national pensions system and to make recommendations for actions needed to achieve this.

The aim is to have a national pension system that allows all residents in the State to acquire sufficient income to maintain their standard of living on reaching retirement, in long-term incapacity and, in the case of dependants, on the death of the income provider. At a minimum, the national pensions system should ensure that any citizen who has no other income receives a State pension sufficient to maintain a basic standard of living.

In a report to the Minister for Social, Community and Family Affairs, entitled Securing Retirement Income, the Pensions Board sets out its assessment of the current situation, a strategy for future development and proposals and recommendations to give effect to this strategy.

Several issues shaped the development of the strategy:

- the capacity of any new policy to improve the extent and adequacy of existing coverage whilst taking into account the impact of cost to employers and the Exchequer

- the evolution of the population and its age structure

An Expert Group convened by the Central Statistics Office prepared a set of projections of the Irish population and labour force covering the period 1996 – 2026. The findings show that the elderly dependency ratio will decline slightly between 1991 and 2006 and then rise rapidly.
economic trends and the growth of output and of employment

findings of a 1997 Actuarial Review of Social Welfare Pensions showing that:

- the proportion of those over 65 relative to those of working age will initially reduce slightly and then increase steadily to the end of the projection period (1996 – 2056)

- if pensions were indexed to prices, spending on the Social Welfare pension system would fall relative to GNP from 4.8 per cent in 1996 to 2.6 per cent in 2056

- if pensions were indexed to wages, spending on the Social Welfare pension system would rise relative to GNP from 4.8 per cent in 1996 to 8.0 per cent in 2056

- if the Exchequer subvention to the Social Welfare pension system were frozen at 5 per cent of total contributions, contribution rates would have to increase by 19 per cent if pensions were indexed to prices, or by 227 per cent if pensions were linked to wages.

The Board concluded that Ireland alone has the opportunity to prepare for a high level of elderly dependency over a period of relatively low dependency. The opportunity presented by this demographic situation will be even greater if buoyant economic performance is sustained.

The favourable position in Ireland emerges clearly from international comparison. This reflects three principal facts. First, that there is no basis for alarm about an imminent financing shortfall in any area of pension provision. Second, that the demographic situation in Ireland is expected to evolve more favourably than that in other countries during the early decades of this century. And third, Ireland has a well-developed funded occupational pension scheme sector.

However, if Ireland were to allow real pension benefits to drift up over time to the higher levels obtaining in other European countries, we would be faced with sustainability issues. This was one of the reasons why the National Pensions Policy Initiative was needed.

Reform strategy

The underlying goal of the NPPI is to ensure adequate provision for retirement income for all. The policy issues that need to be addressed in determining the best strategy for pensions development are of three distinct types:

- firstly, there is the poverty issue. It is a commonly shared aspiration appropriate to the scope of this objective that sufficient resources should be available for elderly and retired people to allow them retire in dignity. This means transferring resources to those who cannot afford to provide for themselves and to those who reach old age without making adequate provision

- secondly, there is the problem that, without active policies encouraging them to save for retirement, many people are imprudent, shortsighted or reluctant to do so. Thus they reach old age without the resources they need. As a consequence they can suffer a sharp drop in living standards. They need to be encouraged to save more and be helped in doing so. There are also people who have adequate resources to live out their lives in the style they wish without having
recourse to formal pension provision. Therefore it is important that initiatives should be clearly focused on those whose retirement income will not be sufficient to sustain an adequate standard of living.

- thirdly, there are macro-economic, public finance and national savings objectives to be borne in mind. Growth and future national prosperity, including social development and cohesion, depend on capital to generate the national resources needed for future social spending. This means that public finances need to be managed in a way that facilitates saving, investment and sustainable economic growth.

**Proposals for pension reform**

The main proposals of the Pension Board report are based on the distinct but inter-related roles of the Social Welfare or ‘First Pillar’ provision and the supplementary or ‘Second Pillar’ provision. The Report proposes:

- a target rate for Social Welfare pensions to provide a minimum income guarantee and avoid poverty

- making substantial efforts to preserve the real level of pensions

- a funding mechanism for the supplementary scheme that can exploit the advantages of the current favourable demographic position and establishes a basis for avoiding sustainability issues

- a number of innovations to allow the potential of an established voluntary supplementary scheme to be developed and extended.

The Board believes that in assessing the adequacy of income in retirement a benchmark of 50 per cent of gross pre-retirement income should be used. The First Pillar should ensure adequacy of income for the lower paid. The level that the Pensions Board is recommending would meet its target for income after retirement for 30 per cent of the lowest paid employees in the private sector.

Targets are set for the quality and extent of pension coverage. In particular, it is considered that comprehensive achievement of an adequate income over a lifetime for all involves an ultimate goal of 70 per cent of the total workforce over the age of 30 making or having supplementary pension provision. This is an ambitious target but, as a result of the measures proposed, the potential for the Second Pillar to play a more important role in the future should be realised.

The proposals set out in the report are governed by the need to balance the likely ability of the reforms to achieve what is being sought with the costs of the reforms and the practical constraints involved. However, the Pensions Board recognises that if the proposals do not prove sufficient further steps, including mandatory contributions, should be considered.

**Implementation**

The Government has accepted most of these proposals and progress is being made on their implementation. The Pensions Bill is to be published in early 2001. This Bill will implement various
changes recommended in the Pensions Board report together with some other improvements and protections which have been recently discussed for private pensions.

**Conclusion**

Prior to the National Pensions Policy Initiative and the broad acceptance of its recommendations by the Irish Government, there was no firm policy on the future direction of Irish pension provision. This led to uncertainty on the part of employers and individuals as to what role they should play and whether the future direction was to focus on State or private provision system.

The position is now clear. Adequate provision for retirement income in the future will require both improvements to the basic Social Welfare pension and development of the private pension provision system. This latter development will need to be backed up by robust institutional arrangements to build confidence in supplementary schemes as well as an information drive to convince people of the need to make sufficient retirement savings. If this does not prove sufficient, further steps, including mandatory contributions, will be considered in the context of a progress review to be undertaken after five years.
Partnership and representation for older people

Peter Cassells
General Secretary, Irish Congress of Trade Unions

Introduction

The aim of this paper is to highlight the importance of partnership and representation for older people. Senior citizens, like other groups in society, need to have access to political decision-making in order to advance their interests. This is important if their concerns and well-being are to be taken into account when policies are being formulated.

Levels of decision-making

First of all, we need to appreciate the various levels of decision-making that older people need to access in order to affect the decisions and policy making which impact on the quality of their lives.

The obvious levels include Social Partnership at national level and at the level of Health Boards, Local Authorities, Vocational Education Committees and Area Partnerships. Partnership and representation are also required at the official level within Government departments and other State agencies.

Social Partnership at national level, which was responsible for the negotiation of the Programme for Prosperity and Fairness (PPF), includes the Government, Trade Unions (Irish Congress of Trade Unions or ICTU), employer organisations, farmer organisations and social and community organisations.

It is worth noting that the social and community organisations that are recognised as Social Partners include the Conference of Religious of Ireland (CORI), National Women’s Council of Ireland (NWCI), National Youth Council of Ireland (NYCI), Society of Saint Vincent de Paul, Protestant Aid and The Community Platform. The Platform is made up of twenty-two organisations including one organisation representing older people but older people do not have recognition in their own right.

The need for organisation

The inclusion of older people as a Social Partner is something that I believe is desirable, but if this recognition is given it must be for all older people regardless of their present status. Older people are not a homogeneous group and if Social Partnership is to have any meaning it must be that the interests of all older people are represented.

To achieve this requires organisation and I am heartened by the fact that in 1996, with the support of the ICTU, the Irish Senior Citizens Parliament (ISCP) was founded. The ISCP now has two hundred organisations in affiliation, representative of a wide range of senior citizens interests, and I note from its recent Budget Submission it was universal in its approach to representing their needs.
It is through such an organisation that I believe Social Partnership may be granted. However, even if it is granted, and even if all interests are represented, to make an impact it requires resources, not only in terms of finance but also in terms of personnel.

**Conclusion**

Structures need to be developed to enable older people to express their opinions on day-to-day issues, to help them have input to the development of policies which affect them, as well as to allow them to use their skills and ideas for the future development of the country.

Partnership and representation require a commitment to co-operation and an overall interest in the work carried out within Social Partnership so that working with other Social Partners not only enhances the interests of older people but also that of the whole community.
Section

Philosophical frameworks and principles for public policy
Introduction

This conference has focused our attention on the question of social inclusion of older people in Ireland. Other papers in this volume have discussed this in terms of some of the most important dimensions of well-being, such as the level of poverty, health status, housing and deprivation.

For some people the next step is obvious. These are all problems that should be solved. They are 'bad' things and society owes a duty to everyone who might be poor or deprived or in bad health to care for them and to eliminate their problem.

For others the next step is equally obvious. It is to do nothing. They argue that, while it is unfortunate that these outcomes arise, it is an inevitable result of a dynamic, market-oriented economy. Changing these outcomes will interfere with the efficient operation of the economy and so will cause more harm than good. In addition, these outcomes are not necessarily society’s problem. A state has a duty to correct market failures that arise because of externalities, public goods or information problems. Beyond that, individuals and families have a responsibility to provide adequate health care, income, housing and so on, for themselves.

These are clearly caricatures of what are important and extremely complex philosophical/economic theories. The point is to provide a rationale for this paper when we invite the reader to reflect on what our response should be to the other papers in this volume. We mean our response as citizens rather than as individuals, though as hinted already one possible response as a citizen is to say these are individual problems.

Definitions

Firstly, some remarks about equity, older people, and public policy. David Friedman (1993) has neatly captured the difference between equity and egalitarianism (or equality). Equity means getting what you are entitled to; egalitarianism is one possible basis for judging what people are entitled to, but not the only one. For example, one reason for giving me £10 might be that everybody else is getting £10; another reason might be that I gave you £10 yesterday and you promised to repay me today. The terms equity and equality are therefore different, equity is defined in terms of fairness, equality as the ‘state of being equal’.

The distinction between equity and equality is important for public policy. There are things we might like all people to have in equal measure, such as a basic income; there are other things we might
like some people to have more than others because of their circumstances, such as a rural transport system for older people. The problem is making the judgement on fairness. Who should do it and how? What is it about the circumstances of some people that makes their situation unfair and therefore deserving of special attention? This is the most difficult part of public policy-making and the part that requires a philosophical compass to guide us through the decision-making process.

It is much easier to characterise what equity is than to agree on a particular approach to equity. Amartya Sen observed that all theories of social arrangements (or justice) demand equality of something. That something will vary from one writer to the next but it does in part refute the idea that all talk about equality is meaningless.

An essential point about theories of justice is that they are ‘essentially contestable’, by which we mean that ‘there are competing conceptions of justice, all of which have respectable arguments in their favour’ (Williams, 1997: 120). Our aim in this paper is not to convince you that there is one theory of justice that would give us a clear and correct guide to policy decisions; rather it is to encourage you to reflect on some policy issues with the aid of different theories.

Why should we think in terms of equity and equality for older people as a group? In what ways do older people constitute a group (other than the tautological one of age)? In what sense can we say that age is a philosophically relevant variable?

The first thing to note is that this group is continually changing. The second is that most people will be a member of this group at some time. This is banal but critical because it means that it might be equitable to treat older people differently from younger people if we all have the same likelihood of proceeding from being young to being old (Daniels, 1989). The third feature is that at any time members of this group consist of different age cohorts and so the group of those who are ‘elderly’ will always be a diverse one. For example, today’s group of older people consists of people who retired twenty years ago when the economy was performing badly as well as those who have experienced a more favourable labour market before they retired.

The population of ‘older people’ referred to in public policy documents is therefore not a homogenous one and public policy should be capable of discriminating between differences in older populations. Older people bring to old age all the advantages and disadvantages built up over the course of their lives. What is of most interest is what additional burdens are placed upon them directly as a result of old age. A difficult question arises as to whether public policy should be concerned with differences that stem from the poor judgement of individuals over the course of their lives. Should more concern be shown to people who, for reasons of contingency or bad luck, find themselves in a precarious position? It is not possible to address such questions without considering some moral dilemmas.

Turning briefly to the other term in our title – public policy – the question might be posed, ‘Why bother with theories of justice at all; why not just do something’ about the different issues raised at the conference? Our first response is that every policy change is implicitly based on some notion of what makes a society good (or better). Why, for example, do most economists in Ireland (and elsewhere) think that competitive markets are the best way of organising the production and distribution of most goods and services? Because they think they contribute to more efficient outcomes and their idea of what a good society is places a large weight on efficiency. Secondly, we
think that existing policies can be examined to reveal what theories of social arrangements are implicitly 'in power'. Democracy may be an imperfect way of revealing preferences on public policy but even so we can discern something about values and preferences from consistent policies. A third issue is the changing demographic context within which policy towards the elderly must be formulated. Sometimes this is exaggerated in terms of its impact on the economy and on society. Fears about ageing populations and unsustainable dependency burdens have been used to justify calls for reform of pension policy and health care coverage for older people.

Well-Being in Ireland

This section focuses on five dimensions of well-being that we regard as important: income, work, mortality and health, need and social care, and social integration. We will briefly outline the salient facts to which a theory of social arrangement might be expected to contribute to each of these.

Income
The recent report from the National Council on Ageing and Older People (NCAOP) on poverty and deprivation (see also Richard Layte’s paper in this volume) documents the nature and extent of poverty among older people. Focusing on income implies that we are interested in the resources that different people have. Some categories of older people, such as very old women, are likely to face more serious levels of deprivation than others. One of the most influential social theories in recent years argues that we should focus on the ‘beings and doings’ that constitute an individual’s life. Income is important in allowing people to reach their full potential at all stages of the life-cycle. In many respects, older people ‘need’ more income in order to maximise their various functionings (Sen, 1992: 85). An older person has a much harder time leading a healthy life, achieving mobility and taking part in the community, for example. On the other hand, the need for income to fund mortgage repayments and finance education and child rearing declines as people age.

Work
The income earning possibilities of older people are significantly different from other adults. Rates for labour force participation among older age groups have generally been lower than those of younger age groups. In the recent past, measures aimed at removing older males from the labour market, such as the Pre-Retirement Allowance Scheme, reflected the long-term priority given to tackling youth unemployment and reducing the official figures on unemployment. There was tacit consensus among both employers and unions that early retirement was one way of dealing with the labour surplus problem of the time. Age discrimination is also likely to be a factor in reducing the potential pool of older workers in the labour market. Even allowing for increased labour force participation rates since 1996, older workers are still being treated as a reserve pool of labour, as a last resort solution to the current labour shortage.

Mortality and health
It is possible to argue that prior to income and employment the issue of survival should be addressed. Not everyone becomes an older person. However, in the context of policy regarding older people, the question is whether the risk of premature death is randomly distributed across individuals. Numerous studies have documented what is called the ‘socio-economic gradient’ (Daniels et al, 1999). On this gradient, each increment up the socio-economic hierarchy is associated with improved health outcomes over the rung below. There is a significant social class gradient to years of potential life lost (YPLL) in Ireland (O’Shea, forthcoming). The chances of reaching old age are
higher for some socio-economic groups than for others. In terms of policy, most people would consider prevention of premature death as an important goal; in terms of social and economic loss, this goal is the prevention of death before its natural time so that the individual can contribute maximally to society. There is also evidence to suggest that a similar gradient exists regarding health status.

**Need and social care**

A fourth dimension of well-being concerns the relationship between need and social care. Currently, funding arrangements for social care have the effect of skewing demand for long-term care for older people in the direction of the residential option. There are also different financial implications associated with public and private residential care. Out-of-pocket expenses are higher in private care than in public care even with maximum subvention. While access to long-term care services in this country is largely on the basis of need rather than an ability to pay, the problem is that public beds are not always available, which means that some older people have to be admitted to private subvented beds. Given geographical differences in public bed provision the potential for horizontal inequity with respect to charges may be higher in some regions than others.

A similar equity problem exists with respect to resources for community care in Ireland. There are differences across and within regions in the availability of both statutory and non-statutory services. Evidence suggests that access to public health nursing, home helps, paramedical services, day care, respite care and day hospitals is limited and variable within and among health boards (O’Connor, 1987; Blackwell et al, 1992; O’Shea, 2000). As a result, quality of care for older people is better in some areas than others. The current system of financing long-term care continues to support an unbalanced provision of services across the regions, thereby making location an important variable in determining the range of community care services available to older people.

**Social integration**

The fifth dimension of well-being is civic participation, not just political participation but also access to activities such as information sources, cultural activities and media outlets. The problem for older people is that role opportunities have not kept pace with ageing. Older people are too often seen as a group for whom things need to be done, not people who do things for themselves or others. They are portrayed as a burden on society; reference is often made to the demographic time bomb ticking ever louder as more people reach the age of sixty-five. The term burden is especially used to highlight the economic implications of ageing populations, including the cost of pensions and health care. In contrast, children are rarely referred to as a burden, presumably because their most productive years are yet to come they can be seen as an investment for the future, rather than as a drain on resources. This dichotomy is understandable because of the way the economy has replaced society as the reference point for progress in our lives. If all we think about is material progress and economic growth then productivity can only be defined in one way, in terms of the contribution we make to economic development. This is unfortunate, and wrong, because within this framework once a person’s working life is over they become invisible, as if their contribution to society is finished, which for most people is untrue.

In summary, it is clear that integration and exclusion are unevenly distributed among older people in this country. This makes it all the more important to separate the various strands of ageing to identify what makes ageing populations interesting from a policy perspective. If the within–group differences are greater than between–group differences, which may well be the case, then it is
important that public policy can discriminate between just interventions and unjust interventions. For this to happen, the philosophical basis for intervention must be clearly articulated. This is not the case at present.

**Theories of distributive justice**

In choosing which theories to analyse we wanted two that would strongly contrast with each other and also contrast with the current direction of public policy in Ireland. We have been ‘liberal’ in lumping theories together that are different from each other in important respects. The exercise is not to provide a comprehensive review of all available theories but to find theories that will help us reflect on various policy choices. The two we have chosen are ‘market liberalism’ and ‘democratic equality’.

**Market liberalism**

There are several other names for this theory, such as neo-liberalism, neo-classical economics or limited government. Those associated with it include Friedrich Hayek, Milton Friedman, Richard Epstein, Robert Nozick and James Buchanan. It is based on strong versions of individualism. For example, it argues that consumer sovereignty should be respected as much as possible, that individuals are the best judges of their own welfare (or well-being) and that they have every right to spend their money as they see fit. Market liberals tend to have a strong belief in individual rationality: people can anticipate their own futures better than others, such as the Government. Outside the economic sphere, market liberals tend to be strong proponents of equality in areas such as political, legal and civil rights. In the economic sphere, market liberals tend to oppose redistribution for two reasons. One is that they argue that each person has the right to enjoy the fruits of his/her labour; the other is that they are wary of disincentive effects of transfer programmes.

How would market liberals think about the various dimensions of well-being outlined in the previous section? As mentioned already, many market liberals agree that there should be a minimum income. They argue, however, that this should be financed from a proportional tax rather than a progressive tax. Apart from a basic minimum income, market liberals would argue against other publicly mandated pensions. For example, the current Government has decided to set aside 1 per cent of GNP to fund pensions in the future; market liberals are likely to argue that individuals are best able to judge how much income they should set aside for their retirement.

Regarding work, market liberals tend to be opposed to age discrimination measures, indeed any discrimination laws, arguing that laws that increase the cost of hiring an older person make it less likely that an older person will be hired. They are also likely to disagree with the need for compulsory retirement at 65 or any other age on the basis that individual preferences on the time to retire should be respected.

Regarding social class differences in mortality, market liberals are likely to respond in a number of ways. First of all, if social class is such a significant indicator of life chances then the best thing to do is to make social class as open and dynamic as possible. A market economy facilitates this because it rewards people on the basis of their initiative rather than their class position. Secondly, any attempt to reverse or correct differences in mortality rates should be carefully scrutinised in case they interfere with the efficient operation of the economy. Thirdly, they might claim that mortality differences are in large part due to individual choices about consumption and lifestyle and that individuals should be permitted to make whatever decisions they wish on these matters.
With respect to health care and social care, market liberals will claim that, whatever about financing, these will be most efficiently provided by the private sector. They will point to long waiting lists as symptoms of the inefficiencies inevitable when services are made available by the public sector.

**Democratic equality**

Democratic equality theorists are a diverse group and not all of what follows apply to each of the writers mentioned. The most prominent writers under this heading include John Rawls and Amartya Sen. Norman Daniels (1988, 1989) applies this theory to questions of resource allocation for the elderly.

Democratic equality starts with the assumption (or presumption) that everyone is of equal value and so should be treated the same. It guarantees all law-abiding citizens effective access to the social conditions of their freedom at all times (Anderson, 1999). It justifies the distribution required to secure this guarantee by appealing to the obligations of citizens in a democratic state. Anderson recognises the need to identify particular goods within the space of equality that are of special egalitarian concern. One possibility would be to focus on what John Rawls calls primary goods, goods that everyone is presumed to want, for example, liberty, powers, opportunities, income and wealth, and the social bases of self-respect.

There is a strong emphasis on equality of opportunity in the Rawlsian approach to democratic equality theory. Daniels argues that every citizen has a contingent claim on the resources needed to preserve normal functioning, as a way of protecting fair equality of opportunity. For example, health care can keep us functioning as close to normal as possible, thereby ensuring that everyone has as much opportunity as possible to live a normal life. Thus, health status is treated as a determinant of the range of opportunities open to individuals.

Daniels (1989) also addresses the question of how income and health care should fairly be distributed to different age groups. He pointed out that if everyone is treated the same as they go through life then it is not unfair if, at any moment in time, some people are receiving less income than others are. Since individual needs vary at different stages of our lives, people would prefer to be treated differently at different ages. Instead of thinking about health expenditures being allocated to older people rather than younger people, Daniels asks us to think about passing through the health care system as we grow older. The system transfers resources from stages of our lives in which we have relatively little need to stages in which our need is greater.

A second approach to democratic equality theory would be to follow Amartya Sen and argue that the correct space for thinking about equality is capability (Sen, 1993). Functionings are the different states of being and doing that people value. Some are elementary and universally desired, such as being in good health or being adequately nourished. Others may be more complex, such as achieving self-respect or taking part in the life of a community. A person’s capabilities refer to the different functionings that are possible to him/her. There are important differences between this capability approach and the primary goods approach. For our purposes, the fact that both theories develop comprehensive theories of citizenship is more important than the differences between them.

It is worth thinking about what democratic theory might imply for health policy. A leading health economist, Alan Williams, has developed what is known as the ‘fair innings’ theory of health expenditure (Williams, 1997). The basic point of this theory is that everyone is entitled to some normal span of health. In this sense, it is grounded in egalitarian theories such as the capability
theory discussed earlier. While initially the ‘fair innings’ theory was expressed in the quantity of years that a person might be expected to live, Williams has since argued that it needs to embrace quality-adjusted life expectancy. He argues that a lifetime of poor quality health entitles people to special considerations in the current allocation of health care, even if their life expectancy is normal. The fair innings theory recognizes that there are social determinants of health.

**Democratic inequality**

We use the term ‘democratic inequality’ to refer to the theory of equity that is implicit in current policy practice in Ireland. How would we characterise that in equity terms? One approach would be to refer to the dimensions we mentioned above. The evidence suggests that, although there are positive signs of change, some older people are not fully integrated into the social and economic life of either national or local communities. These older people have yet to achieve full citizenry and deserve specially designed programmes to combat these exclusions. But this does not apply to all because integration and exclusion are unevenly distributed among older people in this country.

Can we give this current practice a philosophical underpinning? In welfare state analysis, Ireland is regarded as a member of the Anglo-Saxon group of welfare states. These are residual welfare states that combine universal schemes and extensive means-tested assistance. The welfare state is a compensator of last resort; need is the principle on which the state intervenes on a discretionary basis. O Riain and O’Connell (2000) argue that the ‘pay-related’ or two-tiered welfare state has allowed a floor of social citizenship rights to be maintained. This ensures that those classes disadvantaged in the market are taken care of at a basic level of provision. The second tier means that middle and high income groups are free to supplement the basic level of provision by relying on their own resources and on tax expenditures.

**Where do we go from here?**

One question that we have not mentioned so far is how to elicit preferences for different policies. There are difficult trade-offs to be made and it is clear that citizens should be invited to reflect on these trade-offs. A good deal of work has been done in the area of priority setting in health care. Recent research (Cookson and Dolan, 1999) using a novel approach (qualitative with a small group of people, allowing discussion and reflection rather than survey research) found that in choosing between different patients in need of health care, individuals tended to rely on a number of principles including the rule of rescue (those in immediate need should be giving some priority); maximisation of health (those who stand to benefit the most from intervention should get priority), and a version of the fair innings theory (those who have experienced deprivation in their lives should get priority). This study is important for a number of reasons: it shows that in the area of health care there is unlikely to be a consensus on a single principle to guide resource allocation and values regarding these issues are only revealed by individuals after reflection.

Thinking about equity allows us to reflect on the type of society we want in the future. We have tried in this paper to outline three different conceptions of what citizenship means for older people:

- to regard people as autonomous individuals who can be relied upon to make appropriate provision for their own lives
- to regard citizenship as implying a strong level of community and equality between people
to muddle along as we are doing now, dealing with older people on the basis of a rationed contingency model of provision.

Before we can say more on the choices that now face us, we need to explore further the dimensions of age that make it a philosophically interesting variable. However, there is a clear age gradient at work in a number of different areas, especially in the labour market, the health care system and the field of social care. Age also seems to matter in social integration and civic participation, areas so far relatively unexplored. Finally, there is the most basic of all injustices, the failure of so many people to reach old age at all.

References


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Closing address

**Dermot Ahern, TD**  
Minister for Social, Community and Family Affairs

I would like to thank the National Council on Ageing and Older People for inviting me to close what has been a very successful conference. I was very impressed with the comprehensive programme, which illustrates the Council’s commitment to tackling all aspects of its wide ranging brief.

Much has been said in recent years about the contribution made by older people in Ireland to our current economic prosperity. I believe that we must use this prosperity to develop a just, equal and mutually beneficial society. We must ensure that sustainable development reaches all sectors of our population.

Since this Government came into office in 1997 it has introduced a number of Social Welfare measures, particularly in relation to pensions, free schemes and medical card eligibility, which represent significant steps in building an inclusive society.

The welfare of older people remains at the top of the Government’s agenda. The Partnership for Prosperity and Fairness contains a commitment to examine a new target for improving the living standards of older people in Ireland. I believe that we should set an objective of abolishing poverty for older people over the coming five to ten years – the present economic climate gives us the means to do this.

Once again, I thank the Council for giving me the opportunity to share some thoughts with you as the conference draws to a close. I would like to finish by wishing the Council continued success in its endeavours.
Appendix

Speakers’ biographies
The speakers

**Peter Cassells**

Peter Cassells joined the Irish Congress of Trade Unions in 1973. He has been General Secretary since 1989. He is Chairman of FORFAS, the policy and advisory board for industrial development in Ireland, and a member of the National Economic and Social Council in Ireland. He is a former member of Ireland’s Information Society Commission and of the European Union Competitiveness Advisory Group.

**Janet Convery**

Janet Convery was a social worker with Community Care services in Wicklow for fourteen years and has lectured in Social Studies at University of Dublin, Trinity College. She is currently a manager of services for older persons in Wicklow with the East Coast Area Health Board. She has carried out research on day care, mental health services for older people, social exclusion of older people and, most recently, on the private nursing home subvention system in Ireland. She is a member of the National Council on Ageing and Older People and a member of the Minister’s Working Group on Elder Abuse.

**Niall Crowley**

Niall Crowley became Chief Executive of the Equality Authority when it was established in October 1999. He was formerly a director of Pavee Point, a non-governmental organisation that aims to improve the quality of life of Irish Travellers. He has a wide-ranging involvement within the community sector and has a long-standing record of work with Structural Fund issues. He was involved with the creation of the Community Platform of Partnership 2000. Between 1993 and 1997 he was a member of the National Economic and Social Forum.

**Tony Fahey**

Dr Tony Fahey is a Senior Research Officer in the Economic and Social Research Institute in Dublin. He is a sociologist by training and has published extensively on a range of topics, particularly the family, demography, the elderly, housing and various aspects of social policy. In addition to his part in the study *Income, Deprivation and Well-being among Older Irish People*, which was published last year, he has carried out a number of research projects for the National Council on Ageing and Older People. The first, *Health and Autonomy among the over 65s in Ireland* (1994, was co-authored with Peter Murray; the second, *Health and Social Care Implications of Population Ageing in Ireland*, was published in 1995.

**Hugh Frazer**

Hugh Frazer has been director of the Combat Poverty Agency since 1987. Before joining Combat Poverty he worked in Northern Ireland where he was, in 1979, the founding Chief Executive of the
Northern Ireland Voluntary Trust. He was previously an editor of Northern Ireland’s social issues magazine, *Scope*, and a youth and community worker. He has written and lectured extensively on issues of social policy, community development, community relations and the role of the community and voluntary sector and of charitable foundations in society. He has been an adviser to the Irish Government, the European Commission and the Council of Europe on issues of poverty and social exclusion.

**Rebecca Garavan**

Rebecca Garavan is a research psychologist and is currently project co-ordinator at the Health Services Research Centre in the Department of Psychology at the Royal College of Surgeons in Dublin. As well as her work on older people, she is working on what will be the first study on sexual abuse and violence in Ireland. Prior to joining the College of Surgeons she was senior research associate in a spinal cord injury centre at the Medical College of Wisconsin. She has recently been awarded a grant by the National Council on Ageing and Older People for a project, which she will coordinate, on care management in health and social services for older people.

**Mary Hutch**

Mary Hutch is Head of Information and Training in the Pensions Board. She is a member of the steering group for the IAPF Trustee Forum. She is a solicitor, a member of the Association of Pension Lawyers in Ireland and a former President, now a Fellow, of the Irish Institute of Pension Managers. She was previously a Trustee Consultant with Pension and Investment Consultants (now Mercer).

**Brendan Kennelly**

Brendan Kennelly is a lecturer in economics at the National University of Ireland, Galway. He studied economics at University College Cork and the University of Maryland. His research interests are welfare economics, social policy, cultural economics and local development. He has published articles and contributed to books in these areas. His current research interests include applying theories of well-being and justice to health policy and policy relating to older people. He is involved in a European project comparing and analysing developments in the welfare state.

**Richard Layte**

Richard Layte is an economic sociologist at the Economic and Social Research Institute in Dublin. His main area of interest is in the interaction between individuals, households and the labour market and the impact that this has on poverty, deprivation and health. He has published internationally on subjects of unemployment, health measurement and poverty and deprivation and contributes to the monitoring of the National Anti-Poverty Strategy. Richard Layte co-authored along with Tony Fahey and Christopher T. Whelan *Income, Deprivation and Well-being Among Older Irish People* published by the National Council on Ageing and Older People in 1999.
Christine Marking

Christine Marking is a clinical psychologist. She specialised in psycho-gerontology and social gerontology and worked for several years in a nursing home in the Netherlands where she was involved in assessment and treatment of patients on psycho-geriatric wards and the set-up of support groups for carers. She has worked in market research and as a consultant on ageing to the European Commission in Brussels where, amongst other things, she was responsible for setting up Europe-wide networks on two projects – one on housing and care and one on the positive contribution of older people to society. She is currently director of Eurolink Age, a European network of organisations of and for older people that represents their interests in the European Union, where she has worked since 1992.

Yvonne McGivern (editor)

Yvonne McGivern is a research consultant, specialising in consumer and social research. Current projects include a study of the experiences of hearing aid users to be published in Which? magazine in June 2001, and a global study of entrepreneurship in the private, public and voluntary sectors to be published in April by the Policy and Public Affairs division of Accenture. She also designs and runs courses in research methods. She has taught at Queen’s University, Belfast and currently lectures in qualitative research on the MSc in Applied Social Research at Trinity College, Dublin. She is currently writing a book entitled *The Practice of Market and Social Research* that will be published in 2002.

Eamon O’Shea

Eamon O’Shea is a lecturer in economics at the National University of Ireland, Galway. He studied economics at University College Dublin, the University of York and the University of Leicester. His research interests include health economics, the economics of ageing and the economics of the welfare state. His work in these areas has been published in several journals. He has also published a number of reports and policy documents in Ireland, mainly in the fields of ageing and disability. Current research projects include an analysis of the applicability of willingness-to-pay methodologies for health care priority setting, a review of public subventions of nursing homes in Ireland and a study of mortality differences by socio-economic group in Ireland. He is currently writing a book entitled *Growing Old in Ireland: An Economic and Social Analysis*. 