

Improving the Lives of Older People on the Island of Ireland

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**THIS IS NO COUNTRY FOR OLD MEN? OLDER
PEOPLE IN THE REPUBLIC OF IRELAND**

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Introduction

Doctors, health boards, nurses, home helps, and grey organisations such as Age Action in the Republic, aim to enhance the lives of older people. They do it in different ways and sometimes with little cognisance of each other's work. Despite the fact that two organisations (the Irish Senior Citizens' Parliament and Age Action) are part of the Voluntary and Community Pillar in national partnerships, and therefore have (tiny) influence in negotiating with government on national agreements, ageing is low on the political agenda.

Rarely do senior politicians initiate, or even enter debates, on matters affecting seniors. Discussion usually revolves around the increase in the old age pension, and whether it is above or below inflation.

The Republic is relatively prosperous, enjoying annual growth rates in the late 1990s of 8-11% per year, and even this year GDP growth will be 3.4%. Our problem is a weak infrastructure, and in the rush to deal with this social and health spending can fall behind. While there have been significant jumps in such expenditure, this is from a low base. In 1999 the Republic's social services expenditure was 14.5% of GDP compared to 27.5% for the EU as a whole.

This low social and health spending particularly affects the old. Cutbacks or static budgets for various community and domiciliary care services bite hard, as calls to Age Action highlight. Legislation is unkind to older people, although that is changing, and over 65s are excluded from participation in number of areas.

Housing is often inappropriate, and long-stay care of varying quantity and quality. This is not to gainsay the successes – only to highlight that provision for older people is often unfocused, inconsistent, and under funded.

How many older people are there in the Republic of Ireland? As Dr Garret FitzGerald has pointed out in *50+* magazine, there is no demographic time bomb, but there is an opportunity to plan for the next 50 years – it is estimated that in 2050 about 24% of citizens will be 65+, compared to 11.1% in 2002. We are also living longer, with life expectancy for men expected to rise from 74 to 79.4 and for women from 79 to 84. The percentage of those 80+ will rise from 23% of the total old population to 27%. But life expectancy in the Republic is lower at 65 than in any of the other (15) EU members, and in terms of 'health-life' expectancy (expectancy of a healthy older age) it is second from the bottom of a table of 23 developed countries worldwide.

All of which raises major issues of poverty, discrimination, accommodation, health, employment, long-stay care and pension provision.

Poverty

Older people are at considerable risk of poverty. 'Consistent' poverty has fallen in the Republic: in 2000 about 5.5% of adults were in this category, but the rate for people aged 65 and over was 6.6 per cent. However when we use a 'relative' poverty measure (those who have less than 60 per cent of the median income), the vulnerability of older people becomes more stark.

Whereas in 1997 just over 24% of the elderly had less than the median income, just three years later 43.3% were in this category. Older females are particularly vulnerable. A Central Statistics Office household budget survey for 1999-2000 has also shown that 38% of pensioners live in the lowest 20% of households in income terms. Five years earlier the figure was 30%.

Discrimination

Discrimination against older people has been "widespread", according to the Equality Authority. The Employment Equality Act 1998, for example, has age as a ground on which discrimination is forbidden in the workplace, but ironically those over 65 are not covered by the Act, a situation which is to be amended, partly to take account of the Government decision that most new entrants to the Public Service can work beyond the normal retirement age of 65. This should end, for example, the foolishness of excluding over 65s from state temporary tour/heritage guide jobs.

Such attitudes percolate, too, into the health arena, where women over 64 are refused participation in Breast Check screening. We are told that when the programme goes state-wide, consideration will be given to including older women. Dr Eamon O'Shea of National University of Ireland Galway has spoken of how many projects and services promoting healthy ageing are subject to the negative influence of ageism.

More generally, older people have difficulties getting car insurance, and travel insurance has become a constant issue, with even the state-owned VHI charging 179 Euro for annual travel insurance for over 65s but 49 Euro for everyone else.

When we are old?

To identify what is available for older people, it might be useful to mark at what point they come to be recognised as a particular category. For many it is at 66 when eligibility for the old age pension (167 Euro) begins. Virtually free telephone rental and an allowance for calls, free travel by public transport, and a free television licence follows, and at 70 everyone gets a medical card entitling the holder to free GP and hospital services. Older people will often come to particular attention as 'older' people if they are taken to a hospital accident and emergency department and are then channelled towards the geriatricians.

In many areas meals-on-wheels, or lunches in day centres, will be available to older people through local voluntary groups, financed by the health boards, which also provide home help services. There are official grants for home improvements, essential repairs, security devices and pendant alarms.

Who Provides?

The Department of Health and Children has the lead role in services for older people, with a Minister of State being given oversight of these issues. Unfortunately old age can, therefore, be seen primarily as a medical problem, colouring the attitudes of all. It is against that background that Positive Ageing Week was initiated by Age Action Ireland and why Positive Ageing has been particularly stressed by all voluntary agencies.

Main organisations

Age and Opportunity celebrates older age with its state-wide Bealtaine festival each May, and with its "Go for Life" programme. Positive Ageing is the fuel which drives the **Irish Senior Citizens Parliament** to highlight the views of older people, and it galvanises the **Federation of Active Retirement Associations** in its work to ensure that older people have exciting and worthwhile retirements. **Age Action** is involved in campaigning, research, Third Age learning, carer support, and information services. **The Senior Helpline**, based in Summerhill, Co Meath, allows older people a friendly listening post.

The **Carers Association** and **Caring for Carers** concentrate on caring issues (although not exclusively involving older people) and the **Alzheimer's Society** provides a wide range of services for people with the disease and their families.

The **National Council on Ageing and Older People**, a Government-appointed body, has produced many valuable reports and advises the Minister of State.

Housing

Government policy has always been that older people should be facilitated to stay in their own homes as long as they wish. Many older people own their own homes: the Republic has the highest rate of home ownership in the EU. For older people the percentage is about 87%, with 6.6% in local authority housing and under 3% renting private accommodation.

However, as David Stratton has pointed out, the downside of this high ownership is that older people's houses tend to be built longer, have fewer facilities and need greater maintenance.

His research shows that neighbours, location, garden, familiarity and design are the factors most liked by older people about their houses. Comfort was not a big issue. Maintenance, garden, design, and location were the factors least liked. Surprisingly personal security was low as an issue.

A Working Party on Services for the Elderly recommended in 1988 that the Government should explore with financial institutions ways in which elderly people could be encouraged to make greater use of their homes as a financial asset. Such schemes are now on the market, and have met with a varying response following warnings about diluting one's main asset for cash. However while housing quality has improved and older people have recorded increasing satisfaction with their housing, there has been insufficient flexibility in housing older people.

Possible Changes: 1. Streamline repair and maintenance provisions for older people's houses (at present a range of agencies – health boards, local authorities and the Department of Community, Rural and Gaeltacht Affairs – are all involved in this). 2. More sheltered housing. 3. Flexibility, with tax incentives, to allow older people to trade down to more suitable, perhaps sheltered, accommodation. 4. Encourage the construction of houses designed to suit all generations.

Caring

There are few more fraught issues than caring, with an estimated nearly 150,000 people giving *unpaid* help for someone with a disability or health problem. Many of them are middle-aged women in rural areas. Of these, the number providing care for 43 hours or more a week is over 40,000. Nearly 85,000 are caring for one to 14 hours a week. Two-thirds of carers are women, with one in ten women aged 40-50 reported to be a carer. Caring for Carers, in a submission to the Oireachtas Joint Committee on Social and Family Affairs in September 2003, said the vast majority of carers are looking after frail older people. Carers believed their main need was for respite care in the home, and day care services.

Despite huge expenditures – 115 Euro million last year on nursing home subventions alone – increases in carers' payments, and the use of home helps, the State is floundering in its efforts to meet the requirements of frail old people. Carers can be eligible for Carers Allowance, which is means-tested, and Carers Benefit, which is insurance-based, and recipients of both are entitled to a respite care grant.

Figures from the Eastern Regional Health Authority's three health boards serving the Greater Dublin region indicate that community care services are patchy and under-resourced, with little hope of improvement. For example, the Northern Area Health Board says that services under the headings Home Help, Home First and Home Care packages are likely to remain at the same level this year as in 2003.

While 11.3 million Euro was spent in 2003 on home help services in the South Western Area Health Board, increases this year will be paltry as the board will be sharing not much more than one million Euro extra for the service together with the two other health boards. The picture is about the same in the East Coast Area Health Board.

Possible Changes: Few would argue with a Comhairle report which calls for the development of Home Support Care Packages, more personal support for carers and their families, and additional income support for carers who look after a highly dependent persons. Criteria for respite care needs to be more transparent and applied systematically to cater for ongoing caring and crises. If carers can take regular breaks, fewer people will have to resort to institutional care. If carers got more financial support – for example if the means test on the Carers Allowance was dropped – institutional care might be in less demand.

Nursing Homes

The cost, utilisation, and the difficulty of finding a suitable nursing home are major controversies. The Republic's five per cent rate of long-stay care for older people is lower than in many European countries. Despite constant stories that acute hospital beds are being 'blocked' by older people, nursing home interests (Federation of Irish Nursing Homes and Irish Nursing Homes Organisation) repeatedly report they have empty beds, and that there is accommodation for many patients who could be released from acute hospitals. In the Eastern Regional Health Authority alone, it is said that 550 patients are inappropriately placed in hospitals, patients who could be in residential care except for a deficiency of subsidies.

The total cost of subsidies to nursing home patients has risen to 115 million Euro from about five million Euro in 1993, but even with this increase there are few people who can afford to pay 450-1,000 Euro and more weekly. There is a huge gap between these fees and the largest available subsidy of 196 Euro (for maximum dependency). Rarely are 'enhanced subsidies' given.

There are about 26,300 long-stay beds in the Republic (over half in the private sector) and it is estimated that 30,000 will be needed in seven years. Private nursing homes are planning to build another 2,000 places, and the Government is committed to providing 800 extended care/community nursing unit places per year over seven years.

Whoever creates the beds, however – and there has been little debate on the right mix between public and private beds – the financing and standard of nursing home care will be continuing problems. Both the Mercer report, *Study to Examine the Future Financing of Long-term Care in Ireland*, and the *Review of the Nursing Home Subvention Scheme* (Eamon O'Shea), raise a number of matters, some of which could be part-solutions.

Possible changes: 1. A limit of three months on public funding for all long-stay care costs, with private insurance being required to cover longer stays. 2. Recoupment of costs by deductions on assets posthumously collected. 3. A significant jump in the state financing of home care. 4. Increases in pay-related social insurance to provide for each individual's long-term care. 5. More emphasis on quality of care: why should public long-stay care units not be subject to *independent* inspection? It is not so long ago since health boards illegally withheld patients' pocket money. 6. Better co-ordination between community care, nursing home and acute hospital services (the Slán Abhaile programme in the Royal Hospital Donnybrook in Dublin, and Home First in Beaumont Hospital in Dublin are good examples of this).

Employment

The Government decision that new entrants to the public service can work beyond 65 has perhaps been fuelled more by pension funding problems than the rights of old people, but it is a welcome chink in the 65 retirement-fetish. Of course not everyone wants to be in paid employment until 65, and in one sample (carried out by Tony Fahey and Helen Russell) more than two-thirds retired before 65, although this retirement was often unplanned. Those who do remain working tend to be the self-employed and farmers. One's lifestyle should, of course, be a matter of choice, and it is reassuring that retirement can be regarded as a positive state, it being found that "the retired are generally satisfied, though those who want paid work are somewhat less positive than those who do not want paid work".

Anna Murphy in Forfás has reported that 25% of over 55s not in full-time employment were interested in paid jobs. However they did not want to be hit heavily by tax, and they wanted flexible working arrangements.

Unfortunately many jobs for older people are in the often-poorly paid service sector. Older people also continue to report ageist attitudes from employers, and not only in the private sector. Civil servants have succeeded in legal cases where it has been proved they were passed over for promotion because of their age.

An on-line recruiter, *Monster.ie*, found that 37% of Irish respondents felt that age was obviously a factor in considering people for jobs. A further 40% said it made a bit of a difference. (France and the UK had the highest number of workers who felt age was obviously an issue in recruitment. The Republic's figures were more in line with Scandinavia).

A factor compounding the risk of unemployment for older people is the declining tendency to participate in education and training with increasing age. This is illustrated in a 1997 OECD International Adult Literacy Survey which showed a participation rate of just over 9% for 55-64 year olds.

Possible Changes: The National Economic and Social Forum report last year, *Labour Market Issues for Older Workers*, indicated that the majority of companies do not have structures or practices to cope with an ageing workforce. It is from here, perhaps, that the main thrust could come for improving the penetration of older people in employment. IBEC and the Chambers of Commerce have recently highlighted the skills and experience offered by this group, and it is encouraging that the proportion of people aged 50 to 69 years in employment has risen since the mid 1990s, reversing a long-term downward trend. (*Ageing and Labour Market Participation*. The Equality Authority 2004). Part-time work, tax incentives, flexible hours, training opportunities and fluid pension arrangements would make the labour market a happier place for older people.

Pensions

Pensions are becoming a defining issue as people grapple with reports that their cover might be insufficient. The Government has been encouraging people to take up pensions, the aim being that 70% of the workforce would have an occupational pension compared to the current 50%. The Pensions Board has been promoting Private Retirement Savings Schemes which have the virtue of being portable and carrying tax concessions. However take-up has been small, although it has been described by Anne Maher of the board as encouraging. She has suggested that the Government might have to make occupational pensions compulsory.

The debate has been complicated by the increasing use by companies of Defined Contribution schemes, rather than Defined Benefit schemes (in the former all a person can be certain of is the amount s/he puts in, whereas in the latter a person will receive a set percentage of salary). However even the current majority (67%) who have Defined Benefit schemes are under pressure. It has emerged that the Electricity Supply Board, for example, is facing a 500 million Euro or so shortfall in its scheme and that workers may have to raise their contributions. Mercer, a human resources company, is also proposing that the "high solvency" requirements for funds be amended (these measure whether pension funds, if wound up, would have sufficient assets to meet liabilities).

Possible Changes: 1. Sophisticated publicity to get across the message that, if 20/30-year-olds want to retain half salary on retirement, they will need to

invest 15 per cent of their income in a pension. 2. Encourage Special Savings Incentive Accounts savers to transfer their savings into pensions when this scheme ends in three to four years. 3. Drop the stricture that employer contributions to PRSAs are benefit-in-kind. 4. Offer larger pensions to (state and private) employees who delay retirement beyond age 65-66.

North and South: how can we help each other

Possibilities:

1. An all-island centre/institute which would involve research, policy and practice. This would bring the main interest groups together from each jurisdiction.
2. A 'centre of excellence' in the North and in the South, each of which would strive to integrate research, policy and service provision. They would be multi-disciplinary and multi-sectoral, and would provide education and training for older people.
3. A first priority should be immediate efforts to encourage co-operation between NGOs both between the two jurisdictions and within them.

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