
Feeling the Pinch: One Year On

Older People's Experience
of the Recession in Ireland



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Older & Bolder is an alliance of eight non-governmental organisations in the ageing sector in Ireland. The members of the alliance are: Active Retirement Ireland, Age & Opportunity, Alzheimer Society of Ireland, Carers Association, Irish Hospice Foundation, Irish Senior Citizens Parliament, Older Women's Network and Senior Help Line.

Our shared vision is of an Ireland that affirms ageing and the rights of all older people, enabling everyone to live and die with confidence and dignity as equal, respected and involved members of society.

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Foreword

In November 2009, Older & Bolder published *Feeling the Pinch, Older People's Experience of the Recession in Ireland*. Our aim was to illustrate the human face of the recession through the presentation of a series of case studies of older people living in diverse personal circumstances.

A year later, Ireland's recession has deepened and, in the lead-in to Budget 2011, cuts to the State Pension and associated supports for older people have been threatened. A majority of the current cohort of older people are reliant on the State Pension, whether contributory or non-contributory, to protect them from poverty. 84 per cent of people aged 65 – 74 are at risk of poverty before receiving social transfers, including the State Pension. In the case of people aged 75 and over, the percentage is 89 per cent. In the case of older people living alone, the risk of poverty before receipt of social transfers is a shocking 96 per cent. The Older & Bolder alliance believes that, for older people at risk of poverty, the State Pension is a vital support and must be sustained at current levels.

Older & Bolder wanted to find out how the respondents in our 2009 research study were faring in the current climate of economic and political uncertainty. Within a very tight time-frame, seven of the original respondents were available to participate in follow-up interviews with researcher, Maura Boyle. The outcome is *Feeling the Pinch: One Year On*. Through the case studies in this report we are invited into the lives of two couples and five individuals. They share with us aspects of the experience of living on a fixed income and of the concerns and choices they face as older people in providing for their core needs, such as healthcare, warmth, transport, involvement, security. Their stories enhance our understanding of older people's lives and demonstrate the necessity for adequate levels of State Pension and associated supports in later life. We recommend that you read this report in association with its companion report, *Feeling the Pinch (2009)*, which includes a detailed description of the research methodology for the overall study and a literature review.

On behalf of Older & Bolder, I would like to thank the research respondents and the authors of this insightful report, Maura Boyle and Dr. Joe Larragy, National University of Ireland Maynooth.

Tom O'Higgins

Chairman

Changes and Developments 2009-2010

Introduction

This report provides an update on a study undertaken on behalf of Older and Bolder during 2009 (Costello and O'Hare, 2009, *Feeling the Pinch*). The original case studies were based on detailed interviews with older people, with individuals in some cases and with an older couple in others. In the original report a total of eighteen case studies were included, together with a detailed outline of aims and objectives, methodology, review of literature and demographic profile of older people.

The present study was conducted within the same overall framework, context and methodology, during the month of October 2010. It is important to emphasise, however, that this study is qualitative and exploratory rather than a basis for generalisation to older people in general. Its value is in providing insights from actual lives rather than quantifying what we researchers may believe is important a priori.

This report is limited to providing follow-up interview reports based on available and willing respondents from last year. In all, of the original eighteen case studies from 2009, a total of eight older people were available and willing to be interviewed this year. In the event, one of these interviews had to be cut short and was not sufficient as a basis for a report this year. Thus, this update is limited to seven cases.

Constraints of time have prevented a more ambitious survey or the addition of new cases to the panel from 2009.

In general, each interview can be read as it stands, as it incorporates the essential background detail of the respondents from 2009, though more detailed additional context and comments can be found in the original interview report. In this year's interviews there is a special focus on developments since last year and perceptions of older people about the course of changes, both in their own lives and in the immediate world of family and the wider community and society around them.

Changes in Healthcare

Over the past two years, some important changes in health care entitlements have taken place. The most significant development was in the entitlement to Medical Cards for the over 70s from 1st January 2009. The original proposal was to revert to the means test as it applied to the over 66 age group. However, the proposal was

modified following an unprecedented protest and campaign by older people and their organisations. Instead, a new means test for the over 70s was introduced, so that anyone with a gross income threshold of €700 (individual), or €1,400 (couple) would lose the Medical Card, subject to some discretionary exceptions related to health.

A second change came from 1st October 2010, whereby Medical Card holders would no longer be entitled to free medicines but would be subject to a fee per item (of 50 cent), per person or family, up to a maximum of €10 per month or €120 per annum. Medical Card holders may need to make a claim for a refund of excess charges, as the charge is automatically collected on all prescriptions at pharmacies. While the charge may seem modest, this sets a precedent in relation to charging for medicines for medical card holders and, with the legislation in place, the charge may be increased in future by Ministerial Order.

Some of the respondents touched on these issues in their interviews. In the case of Medical Cards, what is interesting is that the effects can be surprising. For instance, an eighty-year old person without private medical insurance – either they never had it or they discontinued it on cost grounds – whose gross income is over the threshold, could lose the medical card (unless they are already ill and get one on a discretionary basis). Even with private medical insurance, the cost of medicines can exceed what is covered by the policy (see “Diane”), hence the value of the Medical Card. In other instances, a person reaching 70 years, who has income under the threshold, and is still paying for private medical insurance, could be entitled to a Medical Card.

Apart from the specific changes to Medical Card entitlements, a number of the cases show that older people are caught between the limitations of public healthcare (specifically in the context of delays in specialist referrals and hospital admission) and the cost of taking out private medical insurance. In one of the case studies (“Peter”) a man was told that he needed tests but that the delay before seeing a specialist would be nine months. However, when he said that he had private medical insurance, he was offered an appointment within one month – and this was potentially a matter of life and death. While it might at first seem a puzzle that many older people seek to have Medical Cards and pay for private medical insurance, it is only a reflection of the poorly structured system of financing and provision in place, which compares badly with healthcare systems in other countries. Therefore, there is genuine concern over

the apparent widening of the gap between private and public hospital and specialist care. Interestingly, the feedback on how people are treated once admitted to the public hospital, is positive, and there is no suggestion of being treated differently. There are concerns as to the delays in casualty and the difficulties in getting a bed, as one of the case studies also illustrates (“Jimmy”).

The cost of medical insurance is high and rising all the time. For older people, while they may gain some consolation from the regulations on community rating and open enrolment, the pressure to jettison insurance cover is considerable, and is mounting at the present time. The older old tend to have less money than those in the years following retirement, so, typically, the proportion of income spent on medical insurance is rising all the time. But they also tend to have more illnesses and healthcare needs. Someone under 55 may risk dropping out of medical insurance for a time, as the risk of illness is lower and the delay on reactivation of a policy is 26 weeks. This would be a high risk strategy for a person who is over 65, however, as the risk of illness is much greater and the lag-time before a policy can become effective after enrolment is a minimum of 2 years. Indeed, further delays are incurred if the person enrolling is already ill.

Cost of living

Healthcare is an area of considerably greater concern to older people than to younger age groups. It is, however, but one part of the costs facing older people on modest incomes, typically caught in a narrow range just above the basic pension level. As has been pointed out often (Daly 2010; McCashin 2007; Hillyard et al 2010) the risk of poverty among older people (i.e. the proportion who are living on less than 60% of average (median) income) is much more volatile than for the general population. This is due to several factors but principally that older people are mainly dependent on social welfare for their primary and main source of income support.

Without the pension, some 85% of older people would be in poverty due to the fact that the state pension level in Euros is usually less than the poverty line in Euros. For example, in 2008, when the state pension level was at a peak, the poverty line was €239.50 while the state pension was €230.30 (Daly 2010: 27). Up to 2007, the government had been raising the level of the pension to reach about 34% of gross average industrial earnings. This was a very progressive period – but there was a long period before it during which pensions lagged behind earnings. Moreover, there was

still a significant risk of poverty (11%) in 2008. Clearly, any cuts in the pension level would impact on the extent and level of poverty among pensioners.

Despite real improvements, since 2004 in (Contributory, Non-contributory and Transition) State Pensions in Ireland, it needs to be stressed that the Irish state pension system is only designed to prevent or alleviate poverty. The concept of income smoothing or income replacement (to prevent the “big drop” in income on retirement) has been an area of comparative failure over the years and Ireland is a laggard among developed countries in the design of a pension policy to address income smoothing as between working life and retirement (Hinrichs and Lynch 2010).

The Irish approach has been to use tax incentives to support private, optional uptake of pensions – whether through occupational or personal pensions. This pension regime has served a minority of better-off groups well but is of little benefit to the broader range of income earners, and a cost to the exchequer in terms of taxes foregone (Hughes 2010). Private pensions were not a success even before the recent financial collapse. Many occupational pension schemes were in difficulty due to underfunding (in particular this applies to defined benefit schemes in private companies) and poor returns on investment. But the financial crash and plummeting stock markets have flattened the value of many personal pensions and defined contribution schemes. The fact that the private pensions regime has patently failed to achieve income smoothing points to the need to shift the focus to preserving and developing the State Pension, and building on, not cutting, it.

The recession: origins and impact

The collapse of the speculative building bubble and the banking crisis triggered the recession. As Honohan (2010) acknowledged, lax regulatory policy and pro-cyclical fiscal policy contributed to the Irish crisis, which was not related to the sub-prime bubble originating in the USA. Others have pointed to the specific contribution of tax incentives to the overproduction of housing, fuelled by the banking system, which eventually led to a collapse in the building sector and brought the banks to their knees.

The fall in employment and the implosion of the housing and property market has knocked the bottom out of tax revenue. This has in turn led to a fiscal crisis of the Irish state of immense proportions and, parallel to that, a severe downturn in the labour market. The immense pressure on the state – due to falling revenue and extra costs

falling on the exchequer, is reflected in deficits in the annual budget over the last few years, and an extraordinary deficit this year due to the exceptional cost of rescuing Anglo-Irish Bank.

The growing deficit has put the state under great pressure from international investors who buy government stock, also from the EU under its rules on budgetary policy, and potentially from the IMF. The widening gap between government revenue and government expenditure has triggered a growing onslaught on social welfare, public services, pay and employment. This is the reason why the government is seeking to find savings of up to €7 billion (through tax increases and spending cuts) in the forthcoming budget, to be followed by a further series of austerity budgets up to 2014. The goal, as announced, is to bring deficits back into line with EU guidelines in the shortest possible time. Despite the mantra that “there is no alternative”, there is growing concern about the downside risk of implementing deep spending cuts, as they could threaten economic growth and ultimately make the revenue problem worse (TASC 2010).

The older people included in the case studies are making ends meet but are faced with dilemmas. All would be concerned if their State Pensions were cut.

Older people are more concerned about health matters, heating, mobility and access to services than other age groups. The issue of paying for private medical insurance was mentioned already. In addition, the case studies reveal the difficult choices between maintaining or insulating the house or replacing the (typically old) car. Some rely very heavily on their car, as they have limited mobility and need it for shopping, or support services and retirement groups, or they are in rural areas. For some, the car is necessary even to get to bus terminals or train stations, where free travel passes can be used. Others are confronted by the choice between the increased maintenance of an old car and borrowing to pay for a new one, assuming they can get a loan. Most car users commented on the increased cost of petrol and of oil for central heating.

In some cases the recession has had a direct effect on the (grown-up) children of respondents. While the justifications heard for cutting pensions sometimes refer to “discretionary income” as distinct from essential money for necessities, it is interesting is how older people included in this report have utilised such “discretionary income” to support relatives in need, or charities. Often, older people will invite families for dinner as a way of supporting them. In effect, older people can become effective conduits for redistribution. Not a great deal is known

about the extent of this but there are instances from the case studies that suggest it is important.

Apart from the State Pension, which is the bedrock of support for older people in Ireland, the household benefits package including free units of electricity or gas, telephone rental, and free TV licences plays a part in supporting basic living standards. The free travel pass is very valuable to some respondents, even if it has limited scope in rural areas. What is striking is how older people “add value” to their travel pass. In one case, a respondent uses it to make a train journey to a very elderly relative, living alone in another town, every month or six weeks. In another case a respondent’s wife uses the pass to go to Dublin regularly to attend meetings of a charitable organisation in which she volunteers; clearly, it is not all about holiday outings but an enabler for many to make an active contribution. Like discretionary income, supports, like the free travel pass, enable older people to become participants in a chain of reciprocity. Older people in Ireland today, while they may live separately from their children, play an active role in their families in a variety of capacities. They babysit, and help out when a son or daughter is in financial difficulty, and are carers of ill or incapacitated older spouses.

Policy, politics and cutbacks

Most of the interviewees spoke with an understated tone, reflecting on different facets of their life and the challenges they were facing – whether related to day to day matters, their own health, a relative needing care, involvement with the local voluntary group or retirement association. When the subject of cuts to pensions came up, or the loss of Christmas bonus or other entitlements, many of the older people became angry, as much at the sense of a double standard as at the actuality of the loss suffered so far. Some were very angry about the bankers, or senior government personnel, who were responsible for the stewardship of the state and the financial system and who, while happy to call for cuts in public spending, were themselves in receipt of handsome salaries, bonuses, expenses and perks.

While, from the interviews, there is a real sense of people who are giving and idealistic, public-spirited and concerned for others, there is also a terrible sense of bewilderment in the face of the crisis and anger at those who let it happen. There is a dread of cutbacks in public spending and a sense of regret that, whatever the politicians do now may have little impact. As one respondent said, “I think it’s a case of shutting the stable door after the horse has bolted”.

Case Studies



Case Study 1: Barbara

Barbara is now 68 years old and continues to live alone in the home she shared with her husband, who died when she was in her early 50's. She lives in a large town in the east of the country. She owns her home, where she has lived since about 1960. It is set in a housing estate just outside the town.

She has four grown-up children, two who live nearby and two who live abroad. Since last year, when all her children were married, one son has gone through a separation and was also made redundant. She has two siblings living in a nearby town.

Barbara lives independently on the State Contributory Pension, which is her sole source of income. Apart from arthritis which is now under control, Barbara is healthy and mobile. She qualifies for a Medical Card but maintains private medical insurance. However, she is unsure if she can afford this into the future.

"I've continued with the VHI this year...There's a big question mark over that because it's almost a thousand euro and I pay that monthly, and it's a lot of money and...that may have to go by the wayside...I'm a year older now and if I did need to go to hospital...the VHI would probably hurry it up a little bit."

Barbara is facing difficult choices on other fronts too. Although she owns a car, it is more than 10 years old, and the maintenance costs are high now, but the replacement costs are also high. She would qualify for a loan, but even with the Government Scrappage Scheme, the repayments would put her under enormous pressure. She relies on the car a lot, for shopping and for social contact, in particular to get to a Third Age club ten miles outside the town, which she attends four days a week and where she does voluntary work, e.g. on the Senior Help Line. Barbara does not have regular contact with her children or siblings and the neighbourhood in which she lives has changed a lot over the years with a declining sense of community. While Barbara looks out for her elderly neighbours, she speaks of a sense of isolation, especially at weekends. It is through her connection to the Third Age club that she keeps very engaged. Most of her social contact and friendships are in the context of the club.

She has been able to take short holidays, like a trip to Wales, the cost of which was tightly negotiated by Third Age and another group with which she is involved. She thoroughly enjoyed this and spoke enthusiastically about the scenery and accommodation. Barbara does not drink or smoke or eat out. She has also gotten

special value tickets to the theatre with friends and again, she really enjoyed these outings. She doesn't entertain at home any more...

"I don't do it....It's not like when you had a family in the house, you would have all the condiments and all that. I don't have these things anymore. I have the bare essentials, so that if I did have somebody in, it's hard work."

Besides the car, Barbara is concerned with maintenance costs on her house. At present, she is concerned about the replacement of her back patio door, which is in the living room that she normally uses. Barbara is very frugal in relation to heat generally, buying coal where it's cheapest, burning branches and clippings from the garden, heating only one room with an open fire and the occasional use of a small electric heater.

During the cold snap in December/January last winter, Barbara had a burst pipe and also had to replace her shower due to related damage. She was unable to claim on her house insurance for the cost because only a "handy man" and not a qualified plumber was available in the emergency situation, and so she was ineligible for insurance cover.

"I need a new patio door, which is a big expense, because that is single-glazed, and I need a double glazed one...What I would have really needed that time (last winter) was all of the house heated all day, because it is a small house, and it is insulated, but I couldn't afford to keep the oil on like that...And, again, it is a bit nerve wracking. What do I get first: do I look after the car or do I look after the patio door?"

In terms of house maintenance, Barbara says she is afraid to get a quote for getting the outside of her house painted. Normally she would have done the window-sills and around the door herself but says that now, she just could not face it.

Barbara has developed a range of coping strategies to live within her means, although she cannot afford to put money aside as savings. Living alone, she finds that it is best to shop each day to avoid buying food that could go to waste. Again the car has a central role in this, allowing her to shop around for the best value. When her arthritis was acting up, it would have been impossible for her to walk to

her nearest shop. Due to declining energy, she finds it more difficult to shop every day and does not make as much use of the freezer as she used to do, and she sometimes makes do with a sandwich, even though she admits that this isn't good for her health. Barbara avails of the low cost dinner in the Third Age club on the days she attends. She is also doing a "Cooking for One" course and hopes to make better use of the freezer again.

Other expenses include the home monitor which costs her €80 per annum. She had to buy a new TV this year to replace an obsolete one. She has just the 4 Irish channels as she cannot afford satellite TV. She would love to have a computer, but cannot afford it, nor could she afford the broadband. However, she has begun to make use of computers at the local library to send emails. She is very praising of the library service which allows people access to local and national papers, DVD's and books for a nominal membership fee.

In the last year she has seen the loss of the Christmas Bonus payment and has an agreement with her family that nobody buys presents for each other. She has also seen the loss of her bin tag allowance, but she uses her bin so frugally that she is using old bin tags still.

Regarding the 2011 budget, Barbara's concerns include the introduction of water charges and taxes on residential property.

**"Any little thing like that would knock me off the edge altogether...
I'm living precariously as it is."**

Apart from the budget, she also fears an increase in medical insurance. When asked about how a reduction in the State Pension would affect her, she replied:

"I'm definitely out on the road with my placard!"

Referring to the withdrawal of the medical card from the over-70's, she added:

"Definitely, we'd be protesting again."

Case Study 2: Philip and Bernadette

Philip and Bernadette are a married couple living in a medium sized town in the midlands. Both are Irish by birth, but spent most of their lives in Britain. Philip is now 72 and Bernadette is 74. They returned to live in Ireland twelve years ago. At that point, they sold their house in Britain and bought one in the town in which they now live. They have two adult sons, both of whom live with their families in England.

Philip receives a basic UK State Pension and Bernadette receives an Irish Non-Contributory Pension. Bernadette is in an advanced stage of Alzheimer's disease, so Philip also gets a Carer's Allowance. They also have the Household Package of benefits, which includes an ESB & telephone allowance and a free television license. They both have Free Travel Passes. Because of Bernadette's state of health, she has a Medical Card. Philip himself was eligible for the Medical Card since turning 70.

Philip and Bernadette's return to Ireland was prompted by Bernadette being diagnosed with advanced Alzheimer's disease. Philip asked for Bernadette to be prescribed the drug "Aricept" (which helps the processes of memory, thinking, and reasoning). However, it was not the policy in the UK to prescribe this drug to anybody other than to those in the early stages of Alzheimer's, at that time. Philip heard the drug was available in Ireland.

"So, I thought "That's it – we're off!"...So, we came over (to this town) because Bernadette was born and reared here. Two of Bernadette's sisters live (nearby)...First thing, we went to the Doc and he said "I've no problems with it...she's got Alzheimer's but we'll have a test done by the local psychiatrist." The lady (psychiatrist) said "She's very far down the road. I don't think the drugs will do her any good, but they won't do her any harm." And I thought "That's what I wanted!" So we got the drugs from day one."

However, in July 2010, Bernadette had a fall and fractured a vertebra in her neck. A scan picked it up and Bernadette's neck was immediately put in a hard collar first and then a softer collar. When Bernadette was due to be discharged from hospital, the consultant suggested that she needed a nursing home where she would be looked after professionally. Philip describes his reaction:

"I didn't like this and neither did my sons...and so I made enquiries in the hospital...I rang the HSE myself and spoke to one of the nurses and she said "We can look after Bernadette totally. We will

move her home, provide you with a hospital bed, a hoist, home-help 3 times a day, morning, noon and evening, comprising 2 ladies each time. After I had confirmation from the HSE of the support...I said to the doctor "What is it a nursing home could offer and provide that I ,who have looked after her for 12 years, couldn't provide? And he said "Nothing! In fact, you would be better to look after her, in my opinion." It's brilliant!...I don't have any pull with the HSE, it just came, moved in like an army exercise, brilliant really!"

Philip & Bernadette continue to utilise an Alzheimer's respite care facility every second Saturday and Philip attends the support group for Carers, which he finds great.

"We had a lady in doing reflexology... She was very good....She then started to ask "And what about the person you are looking after? Can you tell us about him or her?" And she went around and people love to talk. She went round the whole table and everybody said "God, she was great!" because they were all talking about themselves and the person they were looking after."

His two sons, although they don't live in Ireland, are very supportive emotionally. Philip finds that he is able to talk with them and discuss things with them. They were both to visit since Bernadette's accident recently. Bernadette's sister is also very supportive particularly recently and has brought meals around to them. Philip and Bernadette's neighbours are very supportive and show that support in all sorts of ways, like bringing around apple pies and carrot cakes.

When Philip and Bernadette sold their house in England and bought their house in Ireland, it left them with a "nest egg" which Philip has put by. That nest egg has not been adversely affected by the fall in the investment markets. He says he could cope with a cut in welfare benefits because of this. Bernadette lost her Christmas Bonus, but that had no major effect on their lives.

Bernadette's physical health, apart from her accident, is very good, but Philip has had health problems in recent times and is waiting to have medical tests carried out. While the latter worries him, he prefers not to dwell on it.

Philip tends to drive to avoid wasting time, although most of his needs are within walking distance. He manages to get in a swim once a week because a neighbour has scheduled to take care of Bernadette for a couple of hours each week. He keeps an aquarium and an outside pond with fish, as a hobby. Bernadette doesn't like the outdoor pond.

When asked about his quality of life, Philip unhesitatingly replies "Wonderful, really great!" When it is put to him that he is coping with a lot, he says:

"People say to me "Oh, you're great" and all this kind of stuff, I say "Well, not really, anybody would do this, bearing in mind when we got married, we signed a contract "for better, for worse, for richer, for poorer... 'til death do us part" and you accept that, fine! When you look at what I've got, I have everything I could want really. Everything is fine – it's great! We've got (the sports park), we can go for a walk round there. We used to come here (to the hotel) on a Thursday night, Bernadette and I. There was music and we used to have a drink, which was great, and then we'd stagger off home... No, everything is just the same way."

Case Study 3: Jimmy

'Jimmy' is now 68, living with his wife Mary (70), in a large town in the South-East. They own their own home, which is an old house where they have lived for the forty-five years since they got married. Their home is a few minute's walk away from the centre of town. They have three grown up daughters, one of whom lives next door and the other two who are settled within the area. As Jimmy describes it "We're a very close family, Thank God!"

Jimmy has a very active life still. He pursues his interest in music in local musical groups. His wife Mary is heavily involved in the Society of St. Vincent de Paul, and Jimmy is also a member and involved. His children are also active in a voluntary capacity in the community.

"The five of us are very much involved in the community....We get an awful lot from the community, but we give a lot back too."

Jimmy had a very varied career. He left school at 14 and got a job in the company in which his father worked, worked in the music business for some time and eventually established a retail business with his wife. Latterly, he worked in a charitable organisation. Currently he has a State Contributory Pension and his wife Mary has a Spouse's Pension. Between them, they have a current combined income of about €400 per week. Mary was hit by the "marriage bar" which meant that she had to cease work in 1965 and ceased paying social insurance – which is still a matter of regret for them. Jimmy worries particularly about Mary's social welfare cover.

"I was thinking if I was gone, I suppose...Well, she'd probably get the Widow's Pension then and that would go up to €200 and something. What would she do if anything happened to me?"

The most significant change in their circumstances since last year has been that Mary, having turned 70, now qualifies them both for a Medical Card. Had the original 2010 Budget decision on means testing over 70's stood, they would not have qualified. This has made a major difference to them, as both of them have had health issues in recent times.

"By having the Medical Card...the strain of getting something again in the near future, having to pay out €60 for a doctor, plus maybe €100 for ointment and tablets...obviously a bad worry for us, that has been removed...but having said that, who's to know what's going to happen in the budget."

At a more immediate level, Jimmy is concerned about the cost of running and maintaining their car.

"My car is ten years old now. It's going well and as long as it keeps going....I wouldn't like to think that I wouldn't have a car. I like the independence. I use it for meetings and various things like that.... and I'd hate to think that would go on me. It would be another kind of concern."

Faced with costs mounting, and having a fixed income, Jimmy has had to dip into his savings.

"Now, I worked very hard and I have a little bit of savings, thank God...It's like everything else now...it's dwindling because I don't have enough to top it up as such, you know. So that's the worry, that my few savings will be eroded. What happens to us? I'm thinking about nursing homes and things like that and that is a worry that has to be met."

In relation to health cutbacks and the public hospital system, which they rely on, Jimmy feels fortunate with their experience to date. However, when Mary was in hospital recently, she did experience three days on a hospital trolley.

In relation to heating, Jimmy talks about the importance of keeping their home warm, particularly for Mary.

"My wife is on so much medication that she feels cold all the time... Last year,...there was a couple of months...we found the ESB was running very high with us because of us needing heat."

Jimmy was fortunate in having his savings in the Credit Union rather than in stocks and shares when the recession hit and is very conscious of how others have been affected by the crisis:

"My heart goes out to people who invested in a pension fund or things like that...and they're retiring now and they were expecting €300 or €400 a week or maybe €500 and now they're lucky to have €50 or €60 to come out of it."

The withdrawal of the Christmas Bonus affected Jimmy and Mary in that they could have bought nicer presents for their children and grand-children, and they could have got something nice for themselves after Christmas, but that didn't happen. Jimmy sees an injustice in cutting social welfare bonus payments and feels angry about massive bonuses and pensions that continue to be paid out to politicians, the banks and big investors.

"I could get very angry about that, when you look at the wastage that's happening around and see the pensions of these politicians...and they're telling us that we have too much on the Old Age Pension...I think that's dreadful. We're supposed to be a Christian country and to treat old people like that – it's absolutely disgraceful."

Jimmy's anger extends to how the banks and big investors have been protected by the government, after years of speculative gain.

"Now they want to be guaranteed.....they don't want to lose their investment. It would look bad for the country. Let them off, that's what I say!"

All in all, over the last year Jimmy has grown more concerned about their own finances and the overall economic state of the country.

"The negatives would be "What's going to happen to us and what's going to happen to us as a country....I worry in the sense that, like, thank God we're doing all right now, but God bless us, what happens if there's an emergency."

Case Study 4: Diane

Diane is an 81 year old woman who lives alone in a semi-detached house in a Dublin city suburb. Her husband died 20 years ago, but Diane is glad that she continued to remain in their home. She had considered buying an apartment when her husband died but says that she is very comfortable in the area.

"I've lived here 43 years and a lot of my neighbours have been here over 20 years, so we look out for each other...If my car didn't move for a couple of days someone would...make a phone call."

Diane and her husband did not have children and she has no close family living near her. However, Diane lives a busy life. She is involved with her local Active Retirement Association and does several hours voluntary work a week for The Alzheimer's Association. She has a fairly tight network of friends. She likes reading and music and occasionally goes to the Concert Hall or to see local opera events. She is also involved with a local gardening group. She likes to travel to England once a year, to see her brothers. She makes a point of going out every day, even if it is just to the local shop. Despite this level of engagement, Diane says

"I do at times feel (isolated), yes, particularly when it's coming into the winter when it's dark at four o'clock. And in the last couple of years, I am not going out so much at night-time...I was going to bed early and resting myself."

Diane's source of income is the Widow's Contributory State Pension and an Occupational Pension. She has recently had correspondence regarding her Occupational Pension informing her that that is now frozen at the existing rate. She lost some of her savings with the recession.

"One or two small investments, they took a tumble (in) the Irish Life thing, lost about €10,000. I didn't think it was coming, to get the money out and put it under the mattress!"

More significantly, Diane lost her Medical Card because her income was just over the limit for her to qualify for it under the new "Over 70's" means test. This has been a big loss to her, because she has a number of medical conditions including arthritis, high blood pressure and a "bad back" and is on medication. She has private health insurance, the premium of which, she believes, goes up every year and which doesn't cover her medicine bill.

"I'm at a stage in life when I do have a fair amount of medication."

It's over €120 a month. And I even had to pay for my 'flu jab, although that was administration, but it has to be paid."

In the last year, Diane had a hip replacement operation. Barbara describes the logistics of having serious surgery without family support.

"A friend took me (to the hospital) and I got a taxi home and (then) a taxi down to the nursing home....If I had support from anyone, I could have come home, but I was on crutches, barely able to get up and down the stairs and I (needed) help getting dressed and washing...Because I was living alone, I had to have a fair amount of mobility. I had to pay (for the nursing home) over and above the VHI and that was the better part of €1,000."

When Diane was leaving hospital, she was told that a Community Physiotherapist would visit her "to check her over". She was out of hospital six weeks before anyone called. Diane believes that the delay in seeing the Physiotherapist was due to understaffing.

Diane also lost the Christmas Bonus last year.

"It possibly affected other people more but you know, over the years, you got to depend on that...The Christmas Bonus was coming in. You could shoot up your heating. Now last year was an exceptional year and the bills were very high."

Having lost a lot of her savings, her Medical Card and her Christmas Bonus, Diane has taken stock of her situation. She is glad that her house has been well maintained over the years and that she had a shower fitted a number of years ago. She had the phone alarm system fitted 10 years ago also. However, she worries about rising costs and rising outgoings.

"I know I can get by, but the house needs to be maintained and if there is any big job, it's a case of, well, what can I do without? It will be a long time before my house gets decorated. I won't be having new curtains and the carpets will not be replaced. The car will not be replaced and, living up here, public transport is few and far between. The car is very important to me. It is six years old but petrol is going up now and you have to think about it and plan your journey...I'm not using the car near as much."

Diane increasingly depends on her car. She finds it difficult to walk very far. She can no longer carry things because of her arthritis. So, while there is a little grocery shop and a pharmacy very near her, for any bigger shop she needs to drive to the shopping centre and so, she needs a car to get to her Post Office and her bank. She also needs to drive to her doctor's surgery, or to go to her local library.

Diane feels that age has taken its toll and she gets tired very quickly. She needs support with everyday maintenance of her home. Having an end house with a side garden, she needs to pay someone for help with the gardening. She also has to pay someone to do the cleaning and someone to do the windows inside and out.

She tries to keep her house warm

"I think that (turning off the heat) would be a false economy, because if the house gets cold...the old limbs start aching...Maybe you'd turn it down a bit, maybe you'd go to bed earlier and put on the electric blanket...draw the curtains much earlier...I would think twice before I use the oven...and if I had to...I turn down the heat in the house."

Diane blames the bankers and the politicians for this crisis. The banks were too ready to push credit on young people and to give 110% mortgages while the politicians should have seen the crisis coming, she believes. She feels betrayed:

"Oh, I really feel we've been led up the garden path...We are the people that worked. We put this country on its feet, and we're the people that are being hit every which way. And these other fellows are getting off scot-free"

About her quality of life, Diane considers herself very fortunate, but when asked about what would improve her quality of life, she says

"Certainty about the future. At the moment, we don't know what we can spend, what we dare spend. What's coming down the road in the way of taxes? When your earning capacity and ability is finished and you have a fixed income and you've reached a stage where your medical expenses could be very high, it niggles."

Case Study 5: David and May

David is 73 years old and lives with his wife May (71) in a medium sized, rural town in the north-east of Ireland. They have six adult children and now have eighteen grand-children and are looking forward to the birth of their nineteenth before Christmas.

David and May owned and ran a farm until 4 years ago, at which time they swapped houses with one of their sons, who now runs the farm. They now own their bungalow which is set on a large site, just minutes off the town centre, in a location which offers them privacy also. They both love being walking distance from all the local facilities such as shops, church and a medical centre. As May puts it “All your necessities can be got in this town”. They also have “great neighbours” living close-by and they and their neighbours “watch out for each other”. They say that they learned from David’s mother who lived in a rural area, and that once she was no longer able to drive, spent 10 years in a Nursing Home.

Both are in receipt of a Contributory State Pension as well as a part-British pension, which David says they rely on quite a lot. They have what they describe as a small savings fund. However, they “got rightly stung” by the fall in share prices. Luckily, they didn’t put all their “nest-egg” into the one place. They try not to touch this fund but find themselves dipping into it occasionally. They are in receipt of the Household Package of Benefits, have Free Travel Passes and the Medical Card. Both are on medication for high blood-pressure but describe themselves as very healthy. Their children, a number of whom live locally, are highly supportive. May says

“We’re lucky. If anything’s wrong with us, we can call on any one of them. And that goes for money too...They’d never see us stuck for anything.”

However, all of their children have been affected by the recession. They have all taken drops in income, with one son having taken a 25% drop in an attempt to keep the company he works for afloat. They haven’t needed to help him out financially as yet, but “if push came to shove” they would have no hesitation in doing so. Another son who lives in England who was self-employed found himself out of work for a long time in the last year and David and May helped him out financially. He now has a “fair job”.

The Christmas Bonus made for life being that little bit more comfortable, but losing it, with such a large family meant that their 18 grand-children got an awful lot less. David and May feel that they managed reasonably well without it.

Having had a farm most of their lives, they find the regularity of their pension income gives them a quality of life which they never experienced in their working lives.

"A farm, it's so up and down. I had grown up on a farm too. It was always "we'll manage, we'll manage, we'll make do", but you were always worried about the bill coming in...We were pulling our hair out in the '80's. The children were all in school at the time, some of them in college...We'd a farm and we'd animals...and (animal) meal bills. It was a nightmare. But that's just because of the stage of life we were at. I think we've got security now that we never had before...Now, every Friday's pay-day! Plus the fact that I, (May), get my pension. It is just so important that women get their own money."

David and May are not without money worries of their own. May sums up their financial situation:

"We're pensioners, let's face it! We can't be earning what we were used to....We're fine except for big things, when it would come to a big cost."

Having Travel Passes has made them question their need for a car. They are in a dilemma as regards holding onto it. While their Free Travel Passes allows them to take the Bus to Dublin and to travel from there to other parts of the country, (May goes to see a 96 year old aunt, who has "nobody else", in the south of the country), it does not allow them to see relatives who live out of reach of the public transport routes. Using the Travel Pass means getting a bus to Dublin first and then taking a bus or train to wherever they want to travel. On the other hand, local trips are difficult too, without a car. They agree that having a car in a country area is essential, but their car is 10 years old and its upkeep, tax, insurance and fuel makes it's retention expensive, but to buy a "younger" car would put them under a great deal of financial pressure. A local rural transport scheme failed due to low up-take. David and May have not arrived at a resolution of their quandary with regard to the retention of their car.

“Like, we’ve just had the outside of the house painted, which we’ve put off for at least 5 years...and you know, its left us pretty well (broke).”

Their 14 year old oven has stopped working very recently. David is going to try to fix it before they consider buying a new one.

“But it could be a capital expenditure; we’ll have to dip in a bit (to our “nest-egg”)!”

They find the Medical Card makes a huge difference to them, because of how expensive it would otherwise be to visit their GP. However, a very big bone of contention between David and May is their continued membership of their private health insurance cover. While May doesn’t see what great benefit the €1,400 annual premium gives them, David has reservations. He had an orthopaedic procedure carried out in the last couple of years and while he was waiting just a month to have it done, he met a man in hospital who had been waiting for two years to have the same procedure carried out. They have also observed similar differences amongst their friends. But both of them see that to drop their membership would be an irreversible decision. As May puts it:

“Well, I just don’t think you could even think that (you could get back in). If you duck out, that’s it....but I mean, if it keeps going up and up, where are we going to finish, and for what?”

David and May are very active in their local Active Retirement Club and most of their friends are within that group. They describe the Club as “absolutely marvellous” and that they couldn’t live without it. The group organises trips away at group rates to other Irish localities, where their free travel can be utilised. David and May find it a novelty, after the years on the farm, when one had to stay, to now be able to go away together. They see this group as offering support to older people who have been widowed, who may otherwise be shy about socialising. The Club provides for a range of craft-work such as cross-stitching, quilting, as well as activities such as boules, art and tai chi. David has identified what he sees as a gap in the activities and make-up of the group and is planning to start a “Men’s Shed”.

He explains:

“Women will talk face-to-face, but men will only talk shoulder to shoulder, when they’re leaning up against a bar or working (alongside one another). It’s more of a workplace for people to do hobbies like wood-work, welding, gardening and fishing.”

May goes on to say:

“In rural areas there’s an awful lot of men living alone....who have great difficulty getting out to socialise. It’s just trying to find an interest that will maybe get some of them out of their houses.... that they realise they don’t have to come for a drink, to socialise.”

David would like to see a more equitable pension scheme in place, one where everyone subscribes and where everyone can have the expectation of an equitable size pension. He would also like to see people who are in their fifty’s gaining from the experience of retired people like himself, learning by the experience of those who have gone before them.

“I reckon that everybody should pay into one pension fund; no private pension funds. Everyone would have to pay, maybe pay more than they do now and the government would guarantee to pay a pension of 50% of the average industrial wage. It would cover everyone, - civil servants, teachers, the lot.”

David and May are both angry at the actors they feel have brought about the current economic conditions. In answer to a question regarding the fairness of cuts, May replies:

“No, there’s a lot of people out there that should be in jail, and they’re getting away with it and that really makes me cross....the bankers and a lot of developers...”

David adds:

“And county councils! What has gone on in this country has been horrific. And if it didn’t happen, we would all be on the pig’s back now. We wouldn’t have a recession.”

Both David and May have observed a marked difference in circumstances when one of a couple die. As Mary puts it:

"The big thing would be when one of the two dies...Their income is just halved but the running costs of their home are still the same...I must say, that would worry me too."

When asked about their quality of life, both David and May laugh and David replies "It's brilliant actually!" and May says "I think it's grand, I really do." Asked what would improve their quality of life, May explains:

"Confidence in knowing where you stand; confidence in the future of the country; confidence in knowing that we will keep our Medical Card and that our pension would remain more or less as it is.... whichever one of us is left, life could be very tough. "

Case Study 6: Conor

'Conor' is 70 years old. Originally from Dublin, he has lived for most of his adult life in a small town in the country with his wife Deirdre. He retired eleven years ago. Both he and Deirdre are members of the Active Retirement Association. Conor is also involved in the local St. Vincent de Paul, the local Lion's Club and a local drama group. He has done some consultancy work since he has retired but that is now quite rare.

Conor has an occupational pension while Deirdre draws the State Contributory Pension. They fully own their own home, a bungalow set on a large site. Conor, due to his work, had to live in a country area and feels that where they live is ideal for access to his native Dublin, where he still has family. Conor and Deirdre have three grown children, a daughter who now lives in Dublin, a son who lives close by and another son within the area. They now have a grand-child also. They have friends through the Active Retirement Association and they have what Conor calls "good neighbours".

Since "Feeling the Pinch" last year, Conor has had two major changes in his circumstances. Firstly, he and Deirdre qualified for the Medical Card. Their combined income was within the threshold. Secondly, they also qualified for the "Household Package", which substantially reduces their ESB and telephone bills and pays for their TV licence.

Both Conor and Deirdre suffer from arthritis and Conor says that his smoking has caught up with him (although he has reduced his smoking significantly), and they both have had scans and X-rays during the year. However, Conor feels much more secure now.

"Absolutely, it is a reduction in costs which is important... because we're both of the same age and we'll probably be doing more "doctoring" now than we used to,...at €50 a shot...we feel better off."

Deirdre adds

"I'm charmed not to have to pay that (€120) a month for my medication. I was always conscious of that, when that week came around, so it's marvellous."

Conor continues to pay their private health insurance however, although it is “very expensive, but they will continue to pay for it as long as they can. As he puts it:

“I suppose...in the event that either of us were hospitalised, then it would be a big issue. (Without it) we would be relying on “public” and....we all hear about the waiting lists.”

On the downside, Conor has had to pay the Income Levy on his pension. Also, Deirdre lost her Christmas Bonus, but Conor said that although it was terrific to have it, they hadn't had to forego anything for the want of it. Of the introduction of the 50 cent fee on prescriptions, Conor is wary:

“I actually paid it for the first time the day before yesterday. Well, it's not a serious amount, but I suppose and I suspect that it's the thin end of the wedge. It's not going to get smaller!”

The lump sum which he received on his retirement has not brought in any income. He invested in stocks and shares.

“It has had “its ups and downs” but it is still there...It's near enough the same value as when it went in. I haven't had to touch it yet. I always kind of regard it as nursing home money...It's more likely to go up rather than down and everything is a gamble of some description.”

Of the main effects of the recession on him, Conor feels that like everyone else, he and Deirdre have become less “flathulach”, more price conscious and more thrifty. Conor is somewhat concerned about the rising costs of fuel and petrol. However, Conor is getting the back windows of their house double-glazed to lower their heating bills. He has checked out about getting a grant for this work, but there is none available.

“We have an oil-fired central heating system but we tend to limit that and because we're always here in this room in the evenings, we light an open fire over there, but coal has gone up substantially too.”

The other rising cost that Conor is concerned about is the cost of running their car, the cost of petrol, tax and insurance. However, he points out their continued need to have a car.

“(The town we live in) has very limited public transport and in the cut-backs it has been reduced further. The hospital which serves this area, to access it, you need a car...The nearest big town for shopping,

you need a car to get there also...I love going up on the train (to Dublin) but you need a car to get to (the station). The Travel Pass... we appreciate it big-time but it's of limited use."

Despite these worries, Conor feels that having gotten the medical card and the "Household Package", their various losses have been countered.

Two of Conor's grown-up children have experienced a period of redundancy since the recession. Conor and Deirdre didn't help them out by cash, but they were very conscious of their straitened circumstances during that time and had helped them out "in kind". They would have them to dinner frequently and try to relieve them any time they got the opportunity. Happily, both are now back earning; one has opened his own business and the other has found work much nearer to home.

As Conor sees it, there are two broad types of pensioner, those who have occupational or salary related pensions and those who have to rely on the State Pension.

"I suppose there are two kinds of pensioners...ones who have an occupational type..as in my own case and those that have to rely on the state. For those that have to rely on the State Pension...life is very tough...I know from people that I know that, a simple thing, a breakdown of a cooker or a washing machine...is major because the cost of fixing or getting anyone to look at those kind of things, is horrendous. I definitely feel that we are among the luckier people, in terms of our health and the income we have, and the fact that our house is paid for. Our family is reared...I feel we've been cushioned. We're not typical, we're very lucky."

Conor is very conscious that they are amongst the privileged, as he sees it. He is hopeful that the government will keep their hands off pensions in the coming budget. When asked would he protest with other less well off older people were that not to be the case, he immediately replies that he would. Of the last march by older people in response to the means-testing of for medical cards the over-70's, he says:

"Well, I think it took the politicians by surprise anyhow! I think they didn't realise there was any unity among older people at all. They were surprised at the extent of the unity that was there."

Case Study 7: Peter

Peter is a 75 year old single man living in the centre of a large rural town in the south of the country. He lives in a terraced house that he shares with his younger brother. Peter continues to work as a community centre administrator, from which many local voluntary social services are provided. Peter has been a member of the Society of St. Vincent de Paul since he was in his 20's and is involved in a local theatre group. He is very involved with a range of activities in relation to older people and spends much of his time working on older people's issues.

Peter lives a very busy life and although he works hard, he says that it keeps him motivated and he finds it tremendously rewarding. He does not go out at night very often and is quite content to stay in and sit by the fire and read. He has a sister who lives in a nearby town, who visits every week and she and her children are enormously supportive of Peter and his brother.

Peter has a Contributory Pension and a small occupational pension, as well as earning a little from his work in the community centre. He also lost savings in the recession.

"I would have something in the (bank)...You knew that...they were gone really. They were worthless. And it happened to many older people...Our generation were told to provide for their future and people were putting by something for their future...for what's called "the rainy day."

Peter suffers from a number of conditions, including high blood pressure and arthritis. He has foregone other possible earnings to retain his Medical Card, which he greatly values. However, he also retains private health insurance.

The value of the latter was sharply brought home to him in the past year when he developed symptoms that were indicative of a very serious illness. Having been referred to his regional hospital by his GP, Peter waited for an appointment. As months passed, Peter's sister and other family members were also worried and advised him to contact the hospital.

Upon ringing he was informed that it would be a further nine months before he could be seen.

"I said, I may not be alive by then and she said that's the best she could do. So, I then said to her "By the way, I'm in the VHI. Is there

anything you can do for me?" And she said "Hold on now for a minute!" and I got an appointment within a month...Then I was diagnosed properly after scans and biopsies and I went for the treatment (radiotherapy)."

Peter believes he would be dead now, were it not for his VHI. While the Medical Card is very useful for going to his GP and getting his medications, when it came to seeing a consultant, the Medical Card was not adequate, he says. Peter feels angry about what he calls "the two-tiered system" of healthcare in Ireland.

"Once you're into the system, you're grand....But other than that, it's a terrible disaster...It makes you feel as if you were left out on the margins...You're in the older bracket...you can expect something like that (condition)."

Peter recently paid the new 50 cent fee on his prescribed blood-pressure medication. He is sceptical about this introduction...

"We're wise enough and old enough now (to know) that when it's established, it's so easy to put it up to €1 and then €1.50."

Although Peter does not have a car, his central location means that he is able to walk to most of the places to which he needs to go. While he has a Travel Pass, he uses it only for trips to Dublin. As he puts it:

"I get around a lot and if I'm needing transport, there's people very good to me."

However, Peter finds that it is increasingly unsafe to walk home alone at night.

"I've heard of three people who were attacked there on the street... not far from where I live...I mentioned it to (another) committee man so some members come up with me at night time when I'm walking home."

Peter is quite concerned at the possibility of the local hospital being wound down. As he sees it,

"We're always looking for centres of excellence and I know that... we're a small country, (but) I think we're just stating what we feel is essential...I read, and we're told, that a stroke needs to be

attended to...within the first half or three-quarters of an hour before permanent damage could be done...If people in the south (of the county) get a stroke or a heart attack...It could certainly be an hour and a half or two hours to get to (the regional) hospital...That's a major worry for young and old."

Peter lives quite a frugal life. He doesn't have a car and there's just the one TV in the house. He and his brother don't dine out.

"You have to pay for your clothes...I don't buy a whole lot, an item or two at a time...and if you want a good pair of shoes. All these things mount up today, and they're only basics. If you have to get a new fridge or something like that, you've got to find the money for all these things...and we're not talking about going out and living in the lap of luxury."

He has an open fire-place and a back-boiler system of heating. His main concern is home-heating as he considers heat vitally important, especially with regard to his arthritis. He would love to avail of the grant scheme to insulate his house better, but since it doesn't have cavity walls, that would involve plaster-boarding and plastering the inside of the house. Asked if he could afford to do this he says "Well, I suppose we could reach for it alright, but you'd have to plan for that."

Peter expects further cuts in the forthcoming budget, either in the money entitlement, in the utilities "Household Package" or in the Travel Pass. Asked what he would do in that instance, he says.

"We'd just have to take it like we did the Christmas Bonus (cut). You just climb back and try to bear with it."

Peter feels betrayed by the politicians, the regulators, and the banks. He is adamant that the ordinary public did not cause this financial crisis, and yet it is the "ordinary punter" like "you and me" and perhaps generations to come, who will have to pay for it.

"Older people have taken the pain. We were born in the 30's and came up through the war. A lot didn't get or pursue further education...They went out and got a job and reared their families. So they sacrificed a lot in order to see their families come on and now they're taking the pain again with all these bits of cuts and maybe more in the pipeline."

However, Peter would hate to see a wedge driven between young and old. He wants younger people to understand that they will, in time, be the beneficiaries of the voice of older people being expressed and heard. He would like older people to be seen as contributors, not as a burden, whose voluntary contribution to society, if stopped, would bring this country to a halt.

“Support older people and keep them active and alive and worthwhile in your community for as long as possible. People think we cannot make a difference and I think we can. Even one voice can make a difference.”

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