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# Feeling the Pinch

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Older People's Experience  
of the Recession in Ireland

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November 2009

# Contents

<b>Foreword</b>	
<b>Researchers' Acknowledgements</b>	<b>3</b>
<b>1. Introduction</b>	<b>5</b>
1.1 Aims & Objectives	
1.2 Methodology	
1.3 Report Outline	
<b>2. Review of Literature</b>	<b>11</b>
<b>3. Demographic Profile of Older People in Ireland</b>	<b>19</b>
<b>4. Eighteen Case Studies</b>	<b>25</b>
<b>5. Discussion: A Thematic Overview</b>	<b>67</b>
<b>6. Conclusion and Recommendations</b>	<b>75</b>
<b>Bibliography</b>	<b>79</b>
Appendix A <b>Consent Form</b>	<b>84</b>
Appendix B <b>Information Sheet</b>	<b>85</b>
Appendix C <b>Social Welfare Payments for Older People</b>	<b>88</b>

# Foreword

Older & Bolder is a national alliance of seven non-governmental organisations that aims to champion the rights of older people and to combat ageism. The members of the alliance are: Active Retirement Ireland, Age & Opportunity, The Alzheimer Society of Ireland, Carers' Association, The Irish Hospice Foundation, Irish Senior Citizens Parliament and the Senior Help Line. Older & Bolder's member organisations are rooted in, and working for and with older people across the country. Separately and collectively, they reflect many of the interests and contributions of older people in all their diversity.

The members of the alliance are committed to placing older people at the centre of our work and to ensuring that older people's voices, needs and preferences are highlighted in our campaign activities. In June 2009 Older & Bolder completed a series of eight regional consultation meetings with older people to elicit their collective views on issues and priorities for the National Positive Ageing Strategy. The consultation process took place against the backdrop of a deepening national and international economic crisis.

Members were aware that older people, and particularly vulnerable groups of older people, had been adversely affected by the crisis. Issues of relevance included : the withdrawal of the over-70s universal entitlement to a Medical Card; the suspension of the Christmas bonus; suspension of grant scheme for socially monitored alarms for older people; cuts in frontline health and social care services; fear and insecurity in the face of proposed Social Welfare cuts in the upcoming December budget; and the long-term implications of servicing national debt resulting in opportunity lost for social investment in public pensions, long-term care and primary health care provision.

Ireland's economic crisis has a human face. This research study was commissioned by Older & Bolder to complement the findings of our consultation process and to illuminate older people's lived experience of the recession. We hope that you will read this report of the study in association with two companion reports, which we published recently, **A Bounty not a Burden! Submission on the National Positive Ageing Strategy**, and **What Does Positive Ageing Mean to Older People, Summary of Feedback from Consultation Meetings with Older People**.

On behalf of the alliance, I would like to thank the authors, Elizabeth Costello and Stephen O'Hare for their professionalism in the conduct and completion of this study. I would also like to acknowledge the contribution of Maureen Kavanagh, CEO, Active Retirement Ireland, who originally proposed the research study to Older & Bolder.

**Tom O'Higgins**  
Chairman

# Researchers' Acknowledgements

The researchers would like to acknowledge the valuable contribution made by Older & Bolder and its member organisations in assisting us with securing respondents for interview. In particular, we would like to thank Patricia Conboy, Director and Mary Cleary, Administrator of Older & Bolder. We would also like to thank the representatives of those organisations who assisted in identifying potential respondents. Finally, we would like to express our sincere and heartfelt gratitude to all of the older people who gave so generously and so willingly of their time and experience without which this research would not be possible.

*Go raibh míle maith agaibh!*

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*“With my pension, I should have been made established. But because I took sick in my last three years before retiring, I wasn’t entitled to the pension. I only come out now with a very tiny pension: €170 a fortnight. ... All because I was sick for the last three years. I was penalised.”*

\_\_\_\_\_ Jane, 67 years old

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1.

# Introduction



The past two years have been, and continue to be, a time of economic crisis. Older and Bolder commissioned this research study to ascertain how older people are being affected by the recession. Many cutbacks and service reductions have taken place over the past year. They include the withdrawal of universal entitlement to the over-70s Medical Card, cuts in frontline health and social care services, and the suspension of the Scheme of Community Support for Older People and of the Programme of Grants for Community and Voluntary Organisations. This report is concerned with showing the human face of the downturn as experienced by older people. While the majority of older people remain fit active and well, many do suffer from ill-health and disability. Some older people live in poverty and/or social isolation. A particular focus of this study is, therefore, to highlight how these more vulnerable older people have fared, and expect to continue to fare, throughout Ireland's financial crisis.

# 1.1 Aims and Objectives

## **The aims of the study are:**

1. To provide a succinct profile of the older population in Ireland
2. to outline key dimensions of the current socio-economic and financial situation, identifying trends and developments of specific relevance to older people
3. to provide factual and accurate socio-economic data about individual older people in diverse living situations
4. to identify issues affecting them in the context of the current downturn and
5. to analyse the wider implications of these issues with a view to informing public thinking and policy in the Irish setting.

## **To achieve this, the study sets out a number of objectives:**

- ⇒ to outline the circumstances of the individuals in the sample e.g. family, health status;
- ⇒ to describe their lifestyles, including family responsibilities, access to income, involvement in social and cultural activities
- ⇒ to explore (a) whether and (b) how their lives/lifestyles/quality of life have been affected by socio-economic and/or financial trends and developments in the Irish setting since September 2008
- ⇒ to elicit the key issues as perceived by the research participants
- ⇒ to consider the effects of those issues from the perspective of the older people concerned
- ⇒ to identify patterns in the issues emerging e.g. income, access to public services, opportunities for participation in community and social life, relevance to relative and consistent poverty measures
- ⇒ to analyse and highlight the implications of the research findings for policy and practice regarding older people in the Irish setting.



## 1.2 Methodology: A Case Study Approach

Older people are not a homogeneous group. It was therefore essential that our sampling approach facilitated at least some of this diversity to be captured. In particular, efforts were made to include the experiences of older people from some of the more vulnerable sections of society. For these reasons, the case study approach was employed, which has been noted for its flexibility and rigour (Baxter and Jack, 2008). This method prioritises the relevance of context in seeking to explore and understand a particular phenomenon (Baxter and Jack, 2008, Yin 2003). It is also appropriate for those studies whose focus is to answer ‘how’ and ‘why’ questions (Yin, 2003). Case studies are strongly narrative, from data collection through to analysis. The narrative approach is ideal for studies wishing to capture the complexities and contradiction of individuals’ lived experiences.

### *An Information-orientated Sampling Approach*

Information-oriented sampling is a strategy for the selection of cases which maximizes ‘the utility of information from small samples and single cases. Cases are selected on the basis of expectations about their information content’<sup>1</sup> (Flyvbjerg, 2006: 230). Within this approach, Flyvbjerg presents four approaches, one of which is ‘maximum variation cases’. This approach is appropriate to those studies aiming to ‘obtain information about the significance of various circumstances for case process and outcome’ (Flyvbjerg, 2006: 230). This was the method used in the study.

Further to consultation with Older and Bolder members, a list of criteria was devised to guide the selection of interviewees (see Appendix A). Member organisations of Older and Bolder played a key role as gatekeepers in the recruitment of interviewees. In line with the information-oriented sampling approach, a ‘working list’ of potential interviewees was devised, to which all potential interviewees were added. This enabled the researchers to ensure a high level of representation among case studies. As a result, the study captures the wide diversity of the older population, in terms of age band, gender, socio-economic status, health status, family circumstances, living situation, roles in families and community and needs in terms of health and social care supports.

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1 Flyvbjerg, B., 2006. “Five Misunderstandings About Case-Study Research” *Qualitative Inquiry*. Vol 12, No. 2.

A summary of how method was used to secure the aims of the research is presented below.

Aim	Method
To provide a succinct profile of the older population in Ireland.	Literature review, which includes secondary analysis of Census 2006 and other relevant sources.
To outline key dimensions of the current socio-economic and financial situation, identifying trends and developments of specific relevance to older people.	Literature review, which includes an overview of changes to current policy and service planning due to the economic downturn.
To provide factual and accurate socio-economic data about individual older people in diverse living situations.	Conduct, analysis and write-up of qualitative case studies of 18 individual older people, which aim to capture the lived realities of older people.
To identify issues affecting them in the context of the current downturn	Within the qualitative case studies, exploration of the human face of the recession as experienced by a diverse sample of older people;  thematic content analysis of unifying themes across individual case studies.
To analyse the wider implications of these issues with a view to informing public thinking and policy in the Irish setting.	Final analysis of the primary data against findings from the literature review, with a view to identifying recommendations arising from the research.

### *Ethics*

**Particular areas of ethical concern here include:**

- ⇒ Vulnerability of participants
- ⇒ Anonymity and confidentiality
- ⇒ Informed consent

In order to ensure that the highest ethical standards are adhered to, this study follows the guidelines set out in the Research Ethical Guidelines of the Social Research Association (SRA) and the Sociological Association of Ireland (SAI). Key principles include the avoidance of undue intrusion, obtaining informed consent, the voluntary nature of participation protecting the interests of respondents, enabling participation and confidentiality. All potential interviewees are given an information sheet regarding the research, before their involvement (see Appendix B). Each participant signs a consent form in advance of the interview (see Appendix A). This specifies the voluntary nature of their participation, at all stages of the research, and provides a guarantee of confidentiality and anonymity.

## 1.3 Report Outline

Section 2 presents the findings from the review of literature. Section 3 provides a brief demographic profile of the older population in Ireland. In Section 4, 18 case studies conducted with older people are presented in detail. Section 5 presents a thematic analysis of the case studies and is followed by the conclusions and recommendations set out in Section 6. Documentation and the consent form relating to the study are presented in the appendices.

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*“And what does frighten me, I have to be quite honest about it, what petrifies me, is if they drop the pensions, like what will we do then? And they’re talking about reducing pensions.”*

\_\_\_\_\_ Jimmy, 67 years old

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## 2.

# Review of the Literature

There is a small but growing body of research on the impact of a 'recession' or severe economic downturn on the welfare of older people. Evidence suggests that older people can be adversely affected in a myriad of ways. It also highlights that the poorest and most vulnerable subgroups within the older population are at an increased risk of experiencing such negative outcomes.

This section presents a summary of these findings. Some of the studies reviewed here were conducted during and after periods of economic crisis other than the one we now find ourselves in, such as the Swedish recession of the 1990s. As we are concerned with the widest spectrum of outcomes, the results of this review are presented under subheadings derived from the findings of the EU study of life satisfaction of older people (Ferring et al, 2004).

This study identified the following five components that affected older people's life satisfaction:

- ⇒ Material security
- ⇒ Physical health and functional status
- ⇒ Self-resources
- ⇒ Social support resources
- ⇒ Life activity

A keyword search was conducted of the terms 'older people', 'recession' 'economic downturn', 'financial crisis', 'wellbeing' and 'economic security'. Search engines included AgeInfo, IBSS, Social Sciences Citation Index (SSCI) and JSTOR. Grey literature, most of which was published within the voluntary sector, was also accessed via the internet.

## 2.1 Material Security: Older People's Income and the Recession

Loss of income is the most immediate and significant way in which a recession adversely impacts on the welfare of older people (Tchernina and Tchernin, Sundtros and Tortosa, 1999). This manifests itself through reductions in state pensions and benefits, loss of private pensions and loss of savings and investments.

Prior to the onset of the recession, older people were already considered to be at a higher risk of poverty. It is estimated that without social welfare, 85 per cent of older people would be living in poverty (CSO, 2007). Accordingly, general reductions in the cost of living since the onset of the recession are welcome. The CSO Consumer Price Index for October 2008 shows an overall annual decrease of 6.6 per cent or 2.4 per cent when Mortgage Interest, which rarely affects older people, is excluded. However, there are some exceptions to this trend with important items showing recent increases; the cost of health increased by 3 per cent in the year to October 2009; in the same period house insurance rose by 16.8 per cent, health insurance by 20.7 per cent and car insurance by 14.3 per cent.

In the UK, while overall inflation has been shown to have decreased over the past 18 months (Age Concern, 2009), data on inflation rates for pensioners in the UK, particularly those reliant on the state pension, shows the converse to be true. Figures for the first quarter of 2009 have shown a year-on-year rise of 6.8 per cent for single pensioners and 5.2 per cent for pensioner couples (ONS, cited in Help the Aged, 2008, p.4.). This is due to the fact that the basic items which form the bulk of older people's spending are still relatively expensive (ibid).

The recent, dramatic falls in the stock market have had a significant impact on individuals' investments, as well as on pension funds (House of Commons, 2009). This affects current pensions, as well as those coming up to retirement (ibid.), the older people of the near future.

As one commentator noted,

**“Many people who are due to retire in the next few years will have seen the value of their pensions investments fall significantly, as much as 30 to 40%, meaning that the income they will receive from their investment will be significantly lower than they expected. This will affect them for the rest of their retired lives”** (National Federation of Royal Mail and BT Pensions, cited in House of Commons 2009, p. 62).

In the UK, the value of pension funds has had an average decline of 25 per cent to date (Age Concern, 2009). There is evidence that particular subgroups of older people are especially vulnerable to this problem. Research conducted in Sweden found a high level of income inequality among older people during their recession of the early 1990s (Gustafsson et al, 2008). This study analysed the economic wellbeing of Swedes aged 65 years and older from 1999 to 1998, a period characterised by a deep recession, followed by buoyant growth. In a series of interventions in this period, pensions were cut and their full price indexation abandoned. Despite this, the study showed that pensioners fared better than the working age population. However it also found poverty among older Swedes increased in absolute terms. Moreover from 1998 until 2004, real income among the working age population rose faster than the income of older people, leading to an increase in relative poverty among older Swedes, i.e. defined as having an income less than 60 per cent of the median.

Gustafsson et al concluded that the limited resources of many older Swedes put them close to a social poverty line. It also found that income inequality among older Swedes grew, leading to an increasing gap between better-off and worse-off older people. By 2004 the income of the fifth quintile had increased by 33 per cent since 1991, while that of the first quintile was only eight per cent higher. Overall, the wellbeing of well-off pensioners was not affected by the recession, whereas the average income of the worst-off declined and did not begin to increase again until the end of the decade. A substantial number of older people were found to have difficulty making ends meet. This subgroup could not afford to pay for services and could not access privately-paid health-care and home or institutional-care services.

The authors argued that while arguments for public provision and particularly for the public funding of services for these older people remain strong, it raised as a policy issue the fact that other older people who live in better economic conditions than most of the population, and where services were available, were able to afford and use private health-care services.

Two surveys conducted in the UK provide evidence of some of the more tangible consequences of the recession on older people's income. A *Mature Times* survey (2009) showed evidence of a direct negative impact of the recession on older people's income.<sup>2</sup> It found that 77 per cent of older people have had to cut back on spending, 55 per cent have made changes to savings, 25 per cent needed to help their children financially and 51 per cent were spending less on food. Research conducted by Age Concern and Help the Age (2008) found that 42 per cent were struggling to afford essential items, 22 per cent were cutting back on food, 42 per cent were cutting back on socialising, 41 per cent were cutting back on electricity and 38 per cent were cutting back on gas. 36 per cent of older people sometimes stay or even live in just one room of their home in winter, in order to stay warm.

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2 Silk, J., 2009, *Mature Times Survey: The Recession and You*. Downloaded from [http://www.mature-marketing.co.uk/cms/e107\\_files/downloads/report.pdf](http://www.mature-marketing.co.uk/cms/e107_files/downloads/report.pdf) on 1st July 2009.

## 2.2 Physical Health and Resources: Access to Health Services

A cross-sectional survey of older people conducted in 2006 in Ireland had many positive findings (Whelan, 2009). For example, it found that despite an objectively recorded deterioration in physical function and an increase in disability, self-rated general health remained reasonably stable. This suggested that older people in Ireland manage to adapt to their circumstances as their physical function declines.

However, the same study also identified a substantial, vulnerable minority of older people with a moderate/severe disability living in the community who function without receiving any assistance from the health service. Levels of such service provision in Ireland have been found to be low compared to other countries (Whelan et al, 2009). Data from the CSO and the SLÁN survey also point to a large population of older people living with ill-health. According to the CSO, older people represent 35 per cent of those with a disability, a figure rising to 59 per cent for those aged 85 years and over. Regarding ill health, the SLÁN survey shows that a high percentage of older people reported a limitation of their daily activity due to long term illness. 92 per cent of older people were found to visit their GP at least once in a 12 month period, and that almost 20 per cent of those aged 70-79 years had at least one overnight inpatient visit in the same period.

Whelan et al's study (2009) provided strong evidence for the need to roll out the Rural Transport Initiative (RTI) and smoke alarm schemes on a national basis, and to increase the numbers of community therapists and access to home help for older people. Similarly, regarding home help, a study of the effects of rationing provision in Spain and Sweden (Sundstros and Tortosa, 1999) found an increasing trade-off between equity and efficiency criteria in both countries; as politicians put more emphasis on efficiency, problems with equity arose. The authors warned that if taken too far, new restrictions were likely to undermine the viability, efficiency and legitimacy of 'what might otherwise be an extremely flexible and innovative programme of old-age care'.

In Sweden it was also found that, due to the high level of income heterogeneity among older people, a substantial proportion of poorer older people had limited ability to access private healthcare, for example, as well as home or institutional care. A more extreme example is the economic collapse in Russia in the late 1980s. In this context, older people found themselves wholly reliant on assets and savings to pay for any medical expenses. This meant that those without such assets were left entirely without medical cover, while those who did found themselves having to choose between paying for medical costs and paying for basic requirements, such as food and heating. Payment for medical costs was the second most frequently cited problem among respondents, all of whom were aged 65 and over.

Reduced access to healthcare not only negatively impacts on the health problems of older people; it can also be the cause of mental health problems. A meta-analysis of fourteen community-based studies on depression in later life contributed to a total sample of 22,570 respondents aged 65 years and over in one study (Braam et al, 2004). It found that the association that has already been identified between disability and depressive symptoms is modified by national health care and mental health care availability, national economic circumstances. Indicators used of these factors were health care expenditure and gross



domestic product. The higher the GDP and health care expenditure, the lower the relationship between disability and depression among older people. Suggested explanatory factors included primary health care organisation and availability, financial resources for older people and their caregivers, availability and acceptance of care for mental disorders, as well as a sense of optimism in a more prosperous environment.

## 2.3 Self-resources: Survival Strategies Adopted by Older People

Some studies revealed that many older people adopt adaptive strategies in order to survive during a recession. For example, in a survey of older people conducted by Age Concern this year, 91 per cent of people over the age of 50 said they budget carefully and spend within their means. Of the sample, 70 per cent of those aged 50 and over reported using trusted money-savings strategies they had used in previous economic down turns. According to the survey 54 per cent bought food at reduced prices, 71 per cent reused leftover food and 29 per cent grew their own vegetables. In addition, half of those surveyed (50 per cent) chose to sew or mend their clothes before replacing them. The vast majority (91 per cent) indicated that they budgeted carefully and spent only within their means with 87 per cent choosing to cook from scratch.<sup>3</sup> Fifty per cent sew or mend items for themselves or others, and 29 per cent grow their own vegetables.

However, while such strategies are to be admired, research has also shown both in this recession and in others, older people have often been forced to use a range of tactics to survive, which often put their welfare at risk. For example, in the Age Concern survey, one fifth of people aged over 60 years were purposefully skipping meals in order to save money, with two fifths struggling to afford basic provisions. Many respondents reported resorting to extreme measures in order to make ends meet, often putting their health at risk in the process.

This is also a theme of Tchernina and Tchernin's study, in which older Russian people were found to suffer multiple deprivations in their efforts to survive. Coping mechanisms here were most commonly based on informal social networks and diverse income-coping mechanisms, including barter in the 'grey' and 'black' economies. It also found that many pensioners found themselves increasingly reliant on their ability to raise income through their labour and the exchange of goods. They found the level of time devoted to such activities was increasing sharply, with negative health consequences. This study concluded that the current economic system and the inadequacies of the existing system of social protection perpetuated such distinctive coping strategies.

There is some evidence from the UK that older people could benefit from financial education. Many older people have lower access to the internet than the rest of the population, yet this is playing an increasingly important role regarding price comparison and access to discounted offers. Debt among older people in the UK has been shown to be on the increase; it has been found that one quarter of the older population there are approaching state pension age with outstanding credit commitments (Age Concern, 2009:39). The same study found that credit

<sup>3</sup> Help The Aged, 2009, "Older People Skip Meals to Save Money – Press Release", downloaded from [http://www.helptheaged.org.uk/en-gb/Campaigns/News/Archive/news\\_moneyinpocket\\_150409.htm](http://www.helptheaged.org.uk/en-gb/Campaigns/News/Archive/news_moneyinpocket_150409.htm) on 1st July 2009.

users in their late 50s and early 60s owed on average four times as much in 2005 as their counterparts did in 1995. It also showed that once older people reach retirement, they are far less likely to seek financial advice, resorting instead to the money-saving strategies outlined above.

## 2.4 Social Support Resources: How the Recession Impacts on This

### **The Family, Recession and Elder Abuse**

A survey of social services in England found a worrying relationship between the economic downturn and the incidence of elder abuse. Overall it found that older and disabled people are at greater risk of physical, sexual, financial or emotional abuse because of the recession, with 20 per cent of adult social services receiving more referrals regarding this issue.<sup>4</sup>

In addition, 27 per cent had seen a reduction in income from residential and nursing care contributions.<sup>5</sup> Seventeen per cent had seen a reduction in supply due to independent care home closures. No study to date in Ireland has explored this specific relationship. However, a report published in April 2009 revealed that more than 1,840 cases of alleged elder abuse were referred to the health services last year in Ireland, double that of 2007. Twenty six per cent of cases comprised psychological abuse, 19 per cent involved neglect, 16 per cent related to financial matters and 12 per cent involved physical abuse. In most cases, the abuser was the closest relation to the victim, such as a son, daughter, partner or spouse (HSE, 2009).

### **The Community as a Social Support Resource**

Many older people are highly reliant on the existence of small, local economies, such as grocery shops and pharmacies. This is in large part due to the relatively high levels of disability and health problems among the older population, making longer distance shopping journeys less feasible on a frequent basis. The quality and accessibility of local shops can have an important impact on the nutritional content of older people's diet (Kelly and Parker, 2005). Local businesses also provide a valuable social outlet for older people, and a sense of community. If the recession leads to the closure of smaller shops and other businesses, this will have a negative impact on older people's sense of social connectivity. More importantly, it may affect their ability to access food and other essential items. This issue is of particular pertinence in rural areas, where the majority of older people live.

The incidence of crime, including scams and frauds, increased during a recession (Age Concern, 2009). Research in the UK shows that older people there see crime as one of the major political issues they wish to see addressed (*ibid.*). The same study found that older people are more likely than other groups to believe crime rates are rising.

Regarding fraud, a UK survey found that 70 per cent of older people are the targets of telephone or mail scams every month (cited in Age Concern, 2009). Moreover, 38 per cent said they were not confident in their ability to spot bogus offers. One quarter said that, if they received a phone call offering a free holiday, they would not end the call immediately.

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4 Downloaded from the Guardian newspaper on 1st July, 2009: <http://www.guardian.co.uk/society/2009/apr/22/social-care-older-people>

5 <http://www.adss.org.uk/images/stories/Bill%20Hodson%20SS09.pdf>

Another study found that older people who are targeted by such scams are likely to lose nearly twice as much per scam as other victims (cited in Age Concern, 2009).

### *Older People and Social Isolation*

Older people in Ireland face an increased risk of social isolation (Treacy et al, 2005). A study into the perceptions of health and social services among older Irish people in 2006 (HeSSOP II), found that 28 per cent of those sampled were living alone, and of these 73 per cent were widowed while 24 per cent were single.<sup>6</sup> Of those living alone, 70 per cent were female and just over a quarter were aged 80 and over. More than half of those living alone were women aged over 70 while single men made up just 10 per cent. A further 23 per cent experienced limitations to every day independence due to mobility (Garavan et al, 2001). Older people who live alone and especially those with health and mobility issues, those requiring interventions or carer support and those prone to mental health issues including loneliness or depression are heavily dependent on existing social and community support services.

## 2.5 Life Activities

This category relates to both productive and leisure time activities (Ferring et al, 2004). Productive activities include voluntary activities, home maintenance and housekeeping, paid work, as well as providing assistance to others. Research has shown that older people make an important, and often under-recognised, contribution to the provision of voluntary services. One study conducted within a deprived community in England found that older people, especially women, make up a significant proportion of those volunteers providing social services for disadvantaged groups (Hardill and Baines). It found that this work was often undertaken as an expression of care and support to others, and that it had a beneficial impact on the welfare of older volunteers. During a recession, people of pre-retirement age are more likely to become involved in voluntary work; this is related to unemployment figures and the desire of many to remain active, even in the absence of income. This raises the importance of maintaining older people's level of involvement in the voluntary sector during such changes.

A recent Irish study explored the contribution of older people's retirement groups to individual wellbeing and that of the community (Walsh and O'Shea, 2008). It identified a substantial contribution, both to members' wellbeing and community competence and cohesion. The study explored the strong potential of this model to support community-based living in older age.

Leisure time activities include sports, hobbies, outdoor activities, social events, including attendance to/involvement in cultural activities (Ferring et al, 2004). Many poorer older people are reliant on voluntary organisations to facilitate their experience of leisure time activities, such as day centres. There is evidence that the recession threatens the continuation of such organisations; data from Irish based charities published in April of this year found that in some cases donations to charitable organisations were down by 50 per cent.<sup>7</sup>

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<sup>6</sup> O'Hanlon, McGee, et al *Health and Social Services for Older People II* Dublin, NCAOP

<sup>7</sup> Fundingpoint.ie, 2009, Funding to Enable Ireland Charity Shops down by 50%, <http://www.fundingpoint.ie/news/donations-enable-ireland-charity-shops-down-50> -Accessed 18 Sep

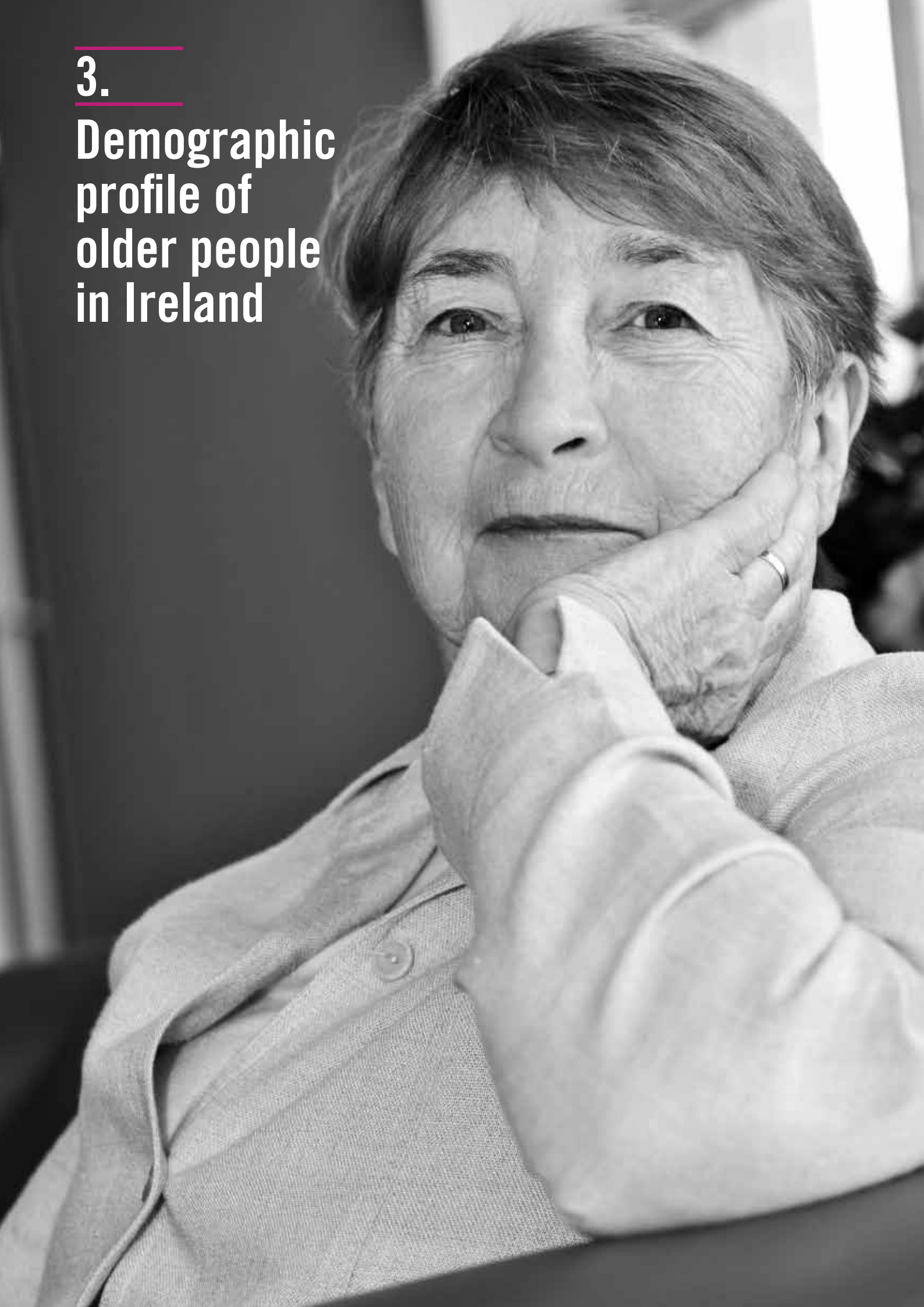
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*“Who’s been hit hardest?  
Poorer people. Poorer  
people and older people.  
It’s not surprising but it  
is disappointing. I’m very  
annoyed, We worked so our  
children wouldn’t have to  
go through what we went  
through and they’ve just  
thrown it all way.”*

\_\_\_\_\_ Ann, 65 years old

3.

**Demographic  
profile of  
older people  
in Ireland**



## 3.1 Population

The number of older people in Ireland continues to increase steadily prompting many new opportunities and some challenges for communities and policy makers. In 2006, the number of people aged over 65 years was estimated to be approximately 468,000, representing 11.0 per cent of the total population.<sup>8</sup> This figure is up markedly on the 2002 estimate of 436,000 and assuming this upward trend continues, older people will likely number half a million in 2010.

Although significant the proportion of people aged over 65 remains the lowest in the EU 27 where the average population of older people is 17 per cent.<sup>9</sup> In contrast, the number of older people in Ireland is set to rise considerably over the next decade, with population projections estimating the number of older people will increase from 436,000 in 2002 to between 698,000 and 728,000 depending on mortality rates and net migration.<sup>10</sup>

It is also estimated that the *old age dependency ratio* (i.e. the population aged 65 and over as a proportion of the 15-64 age group) may increase from 16 per cent in 2006 to 25 per cent in 2026 for Ireland, and from 25 per cent to 37 per cent for the EU as a whole.<sup>11</sup>

## 3.2 Life Expectancy

Life expectancy continues to improve in Ireland but remains only slightly above the EU 27 average and well below the current OECD average. At birth girls can expect to live to 81.6 years while boys are significantly lower at 76.8. Life expectancy at 65 shows a narrowing of the age gap from 4.8 years to 3.2 years with women expected to reach 84.8 years while men should reach 81.6. There has also been a significant narrowing of the gap between the death rates for men and women aged 65 and over, with the male rate coming more into line with the female rate. The male rate decreased from 77 per thousand in 1980 to 51 in 2005. The corresponding female rates were 60 and 44.<sup>12</sup>

### *Pensions*

Precise data on the number of older people who are solely reliant on the State Pension are not currently available. However, according to the CSO, there has been a considerable shift from State Non-Contributory Pensions to State Contributory Pensions during the Celtic Tiger years. In 1996, 58 per cent of State Pensions were contributory while in 2005 this figure had risen to 72 per cent.<sup>13</sup>

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8 Central Statistics Office, 2007 Ageing in Ireland Dublin, CSO

9 *ibid*

10 Connell P and Pringle D, 2004 Population Ageing in Ireland – Projections 2002-2021, NCAOP, Dublin

11 CSO 2007 Ageing in Ireland CSO, Dublin

12 CSO Life Expectancy in Ireland, CSO, Dublin

13 CSO 2007 Ageing in Ireland CSO, Dublin

### 3.3 At Risk of Poverty<sup>14</sup>

In 2007, the EU wide Survey on Income and Living Conditions (EU SILC) conducted by the CSO found an overall increase in the at-risk of poverty rate among older people.<sup>15</sup> The survey found that, for people aged over 65, the at-risk rate increased from 13.6 per cent in 2006 to 16.6 per cent in 2007. For single / widowed older people who are living in households with no children under 18 the rate increased by approximately a quarter (from 19.3 per cent in 2006 to 24.3 in 2007). Although related to the period prior to the onset of the recession, these figures demonstrate a reversal of the trend from 2004 to 2005 when the rate of relative poverty dropped from 27 per cent to just over 20 per cent in a year.

### 3.4 Consistent Poverty

EU SILC identified shifting trends in consistent poverty among older people. In general, people aged over 65 were at lower risk of consistent poverty than either children or people of working age.<sup>16</sup> From 2006 to 2007 the rate of consistent poverty for older people fell from 2.2 per cent to 2.0 percent. However, for single / widowed older people who are living in households with no children under 18, the rate is significantly higher, the rate of consistent poverty increased from 3.4 per cent to 4.1 per cent between 2006 and 2007.

### 3.5 Distribution of older people across income deciles

The following table illustrates the distribution of older people across weekly income deciles for Ireland compared to both children and people of working age. Older people are less likely than both adults of working age and children to be in the lowest decile. However, while children and people of working age are split more or less consistently across the deciles, older people are far more likely to be in the lower deciles. In fact, half (49.8%) of all older people in the state occupy the lowest three deciles compared to a third (32.8%) of children and a quarter (25.3 %) of people of working age (See Table 3.1).

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14 At-risk-of-poverty rate refers to share of persons with an e? income below 60 per cent of the national median income.

15 CSO 2008, Survey on Income and Living Standards in Ireland, Dublin, Stationary Office

16 Ibid

**Table 3.1 Distribution of population across income deciles (%)<sup>17</sup>**

Weekly income threshold €	<199	<241	<279	<322	<380	<441	<517	<607	<773	>773
0-17	12.6	10.1	10.1	12.5	10.4	10.6	9.1	9.0	8.1	7.6
18-64	9.5	8.2	7.6	8.8	10.1	10.1	10.5	11.2	11.7	12.2
65+	6.5	20.0	23.3	10.4	8.5	8.0	9.3	6.0	4.7	3.3

## 3.6 Disability

The most recent figures on the number of older people with a disability ran at 30 per cent in 2006 compared to 9 per cent for the population as a whole. As expected, the proportion of older people with a disability increases with age. At present, 19 per cent of older people from the 65-69 age group have a disability, rising steadily to 59 per cent for those aged 85 years and over.<sup>18</sup>

## 3.7 Living Alone

The number of people aged 65 years and over living alone in Ireland was estimated to be approximately 121,000 in 2006. This represents 29 per cent of the total number of private households with at least one person aged over 65. Women are almost twice as likely as men to live alone with figures suggesting as many as 79,000 women over 65 living alone compared to 42,000 men. Women over 65 were also far more likely to live alone as a percentage of the total number of older women in private households at 34 per cent compared to 22 per cent of older men.<sup>19</sup>

<sup>17</sup> Ibid

<sup>18</sup> CSO 2008, Disability in Ireland Report

<sup>19</sup> Central Statistics Office, 2007, Census 2006, CSO, Dublin [http://www.cso.ie/census/census2006results/volume\\_3/entire\\_volume\\_3.pdf](http://www.cso.ie/census/census2006results/volume_3/entire_volume_3.pdf)



## 3.8 Employment

Older men in Ireland have a higher than average employment rate of 14 per cent, compared to the EU average of 7 per cent. The difference for women was less marked (4 per cent compared to EU rate of 3 per cent). Men and women in this age group were engaged in quite different sectors of the economy. In 2006, 49 per cent of men aged 65 and over who were employed were engaged in the agriculture, forestry and fishing sector compared to 13 per cent of women. In contrast the proportion of women at work aged 65 and over employed in the health sector was 23 per cent compared to only 2 per cent of men.<sup>20</sup>

*“Not much I can do about it, so I just keep going. I try to worry about things I can change.”*

\_\_\_\_\_ David, 72 years old

<sup>20</sup> CSO 2007 Ageing in Ireland, CSO, Dublin

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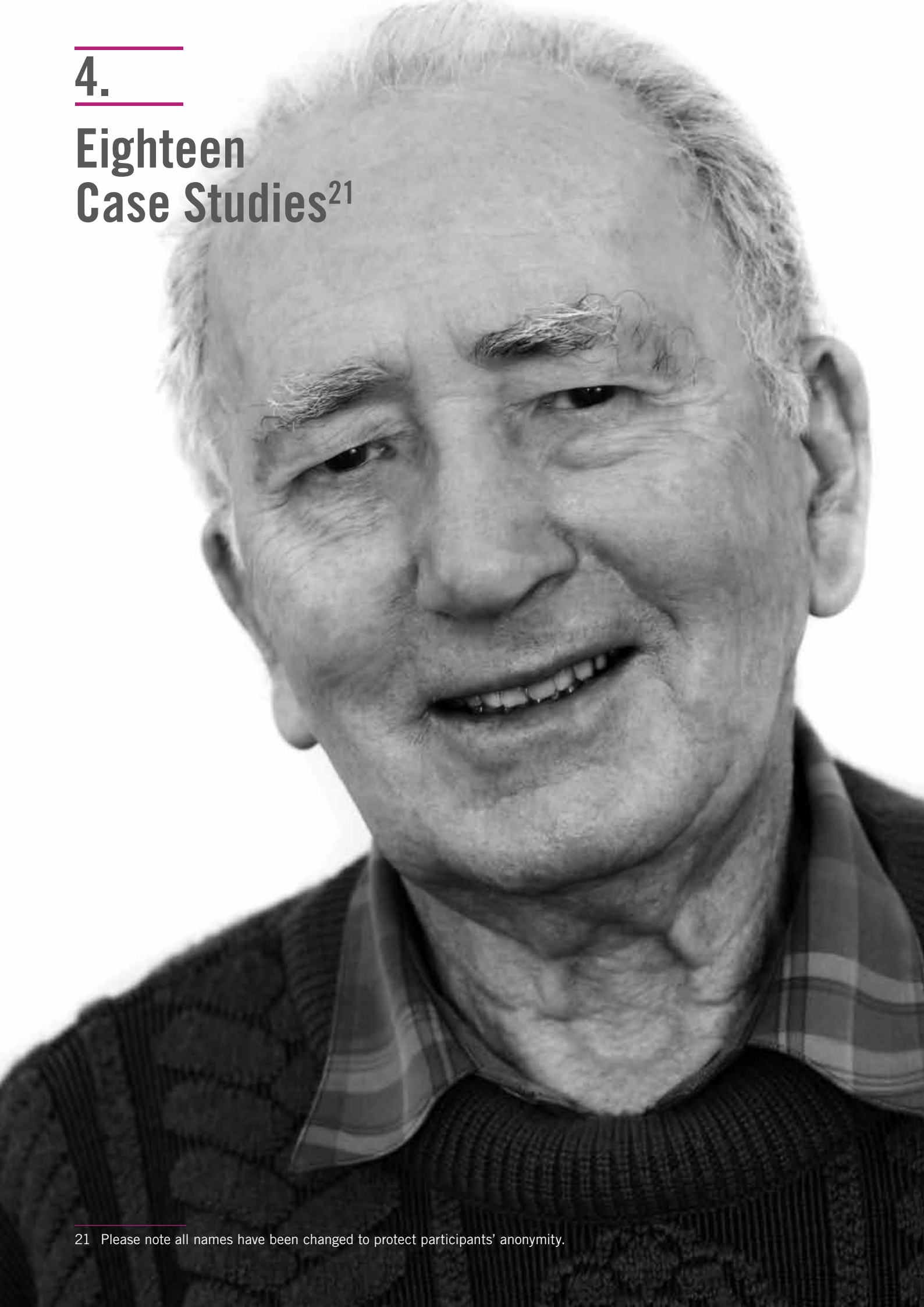
***“I have to go to the specialists two or three times a year, and that’s €150. I’ve to pay that. And that’s heavy. It means I have to save for two or three weeks. ... I need all the help I can get.”***

\_\_\_\_\_ Terry, 83 years old

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4.

## **Eighteen Case Studies<sup>21</sup>**



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<sup>21</sup> Please note all names have been changed to protect participants' anonymity.

# Case Study 1: Jane

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Jane is 67 years old and lives with her husband Paul (69 years) in a house on a busy artery road in Dublin city. Eleven years ago, Jane and her husband exchanged their 'very tiny' mortgage on a house in a different locality for the 'very big' mortgage they continue to pay for their current home; there are over three years outstanding on this mortgage. Jane receives a very small contributory pension, while Paul is reliant on the State Pension. Two of her five children, and their families, live in the same area.

Jane worked for 35 years, firstly as a cleaner and in later years as the supervisor of 43 cleaners in the same company. When the decision to upgrade their home was made, she was in her fifties and in good health, as was her husband. The decision reflected a sense of confidence and achievement, brought about by having worked all of her adult life and having secured a good pension for herself:

“I wanted to achieve something. And this is what I tried to achieve. I went from a very tiny mortgage to big mortgage. ... Things were great then. But then you don't know what's going to happen.”

During her last three years of employment, Jane suffered from chronic arthritis. Prior to this, her husband was diagnosed with cancer. For Jane, these events marked the beginning of their continuing misfortune:

“And all of a sudden then, everything collapsed around me. My husband took sick first. Then I got a thing called Polymyalgia Temporal Arthritis... even though I continued working with it – I had to because I was the only bread earner.”

Jane's arthritis made it more difficult for her to conduct her work and made it necessary to take sick leave on a frequent basis. She was eventually forced to retire early, and as a result, Jane lost her entitlement to her full pension, into which she had been paying since she commenced working, and was left with the very small pension of €170.00 per fortnight. In Jane's view, she was penalised by her employers for becoming ill:

“With my pension, I should have been made established. But because I took sick in my last three years before retiring, I wasn't entitled to the pension. I only come out now with a very tiny pension: €170 a fortnight. ... All because I was sick for the last three years. I was penalised.”

Jane described her life as a constant struggle against debt. With their very limited income, she and her husband pay a mortgage of €1,100.00 per month. She described a range of cost cutting strategies that revealed an extremely tight budget:

“If the children say to me, there are teabags in the Spar for a euro that are as good [as other ones], I would go down there. The milk now is €1.29 at the moment down there. So I'd go down there. Where it's 1.49 in Lidl and Tesco's. ... You have to be [very conscious of the prices] now. You have to shop around. Or somebody might tell you such and such is cheaper, so you go there.”

All her meat was bought at a factory, to cut down on costs, and clothes had become an unaffordable luxury:

“Oh they’re gone amiss now. You might get something for your birthday. What I have there does me. Rather than when I was working, you’d treat yourself every now and again. But no, not now. You just do with what you have.”

Similarly, use of her car had become something to be justified only by an emergency:

“I get the bus. I have a car but I wouldn’t be able to afford to put the petrol in it. It’s lying there. It’s a ’98. I just leave it there for emergencies.”

The recession has already had a negative effect on this already difficult situation. Firstly, she described the anxiety she and her husband experienced, regarding the proposed removal of the medical card for those aged over 70 years:

“Well we were panicking. We were really panicking. ... We were worried. I was worried because I’m on a lot of medication as well. But he’s more serious than me. ... Yeah, we were panicking. And we were stuck to that news every day.”

Thankfully, due to their high mortgage, Jane and Paul have retained their eligibility for the medical card. This is hugely important to their financial survival, as prior to receiving it, Jane reported paying over €90.00 per month for her medication. The removal of the Christmas Bonus, on the other hand, will have a very tangible impact; Jane reported being very worried over how she would pay for gifts for her grandchildren and other seasonal expenses this year.

In addition, Jane shared her concern regarding her children’s financial security. Two of her children, in particular, are struggling to stay out of debt:

“They all bought in the boom time. Well I tell you what they done in the boom time – remortgaged, one of them. And that’s an awful strain. ... Her husband’s a taxi driver. Working all hours to survive. ... So she was sorry that he went into that. It’s a big strain on everyone.”

Jane concluded that, as a result of all of these factors, ‘my quality of life is now nil.’ She felt her husband had an equally poor quality of life. In considering this, she commented on the absence of pleasure in both their lives, caused in no small part by their inability to afford anything beyond the essentials:

“He doesn’t go out. The farthest he would go would be to the hospital. ... He doesn’t drink or smoke and I don’t drink or smoke. ... So no, there’s really no pleasure.”

Jane has been a member of Friends of the Elderly for the past one and a half years. She is an active member, often helping out in their day centre on Wednesday afternoons and selling raffle tickets to raise funds for the organisation. This works means that she comes into contact with older people in even more vulnerable situations than the one she finds herself in, many of whom live in extreme social isolation:

“I help with the raffle tickets. I help them with their cups of teas. I help them in and out of the toilets. ... [I’m] nearly volunteering, even though I’m only a member. Plus I find, while you’re selling your raffle tickets, you’re also going around chatting to people that would not see anyone from one end of the week to another. ... There’s some of them very old. Their family does not come near them. ... They do not see their families. ... I sit and chat to them. And the stories that you hear are unbelievable. Really, ... one of them had eleven children and not one of them come near her. That’s very sad.”

This altruistic work comprised one of the very few sources of enjoyment in Jane’s life:

“And you know what, they get great enjoyment out of it. And I ask them can they sing or can they dance. They have a little sing-song down there ... I enjoy it also. Because it doesn’t cost you any money to go out to it. It’s an afternoon out.”

*“while you’re selling your raffle tickets, you’re also going around chatting to people that would not see anyone from one end of the week to another”*

## Case Study 2: Terry

Terry is 83 years old and lives with his wife Mary, 79 years old, in a terraced house in a suburban area in Dublin. Having worked as a freelance salesperson up to the age of 65, he retired on the state pension. He and Mary have three sons, two of whom live in America and one who lives in Dublin. He has five grandchildren. They are visited by their son and his family living in Dublin at least twice a month. They own their own home.

Terry has suffered from ill-health for the last ten years of his life and over that period has had a number of operations. In relating this history, he expressed an awareness and acceptance of his own mortality:

“I have had four or five operations over the past few years and with the help of God I survived them all. I am obviously not wanted up there yet. I survived them all. But one of these days I’ll go into hospital, and I’ll say, ‘this is it.’ You never know [when]. At 83 you don’t have much time left.”

Problems with his back and knees mean that Terry can no longer walk and is reliant on his wife to drive him when he needs to leave the house. He does this every week to attend a local day centre; besides this, Terry acknowledged that his main pastime was watching television. These problems are compounded by chronic asthma. Yet despite his limited mobility, Terry felt generally satisfied with his quality of life.

Terry’s health problems have meant that, over recent years, he has had a high level of contact with the health service. Recently, he and his wife have had to relinquish their private health insurance, because they could no longer afford it.

While he praised the care provided by healthcare professionals, he nonetheless noticed the adverse impact of budget cuts on the delivery of healthcare:

“[I] can see the impact of the cuts. And I think it’s absolutely ridiculous. Because I think the medical teams in there are great. Irrespective of cuts, they do a great job. The only thing is, you can’t say I need somebody now. You don’t get them then. Two minutes becomes five. But apart from that, they’re absolutely marvellous. ... Some of them, if they leave, they’re not replaced. And if you look at the way money is spent, used and abused, they’re cutting in the wrong places.”

Terry now worries that that government will remove his right to the medical card system. As things are, he finds himself on occasion paying privately for specialist care for his arthritis, a practice he can scarcely afford to maintain:

“I have to go to the specialists two or three times a year, and that’s €150. I’ve to pay that. And that’s heavy. It means I have to save for two or three weeks. ... I need all the help I can get.”

In addition to such expenses, Terry and Mary also struggle to pay other, less direct, costs that have arisen from their health problems. For example, they now employ a cleaner to come to their home once a fortnight, which is as much as they can afford. They have recently begun to pay for gardening services at the same level. Terry has recently applied for home help support but is not confident he will receive it:

“A lady comes in to clean the house every fortnight. That’s provided by us. The garden is done as well. Somebody does the garden. Because Kathleen used to do it but she’s not able for it. I’ve applied for some kind of help. Whether I get it or not is another thing.”

The Christmas Bonus was a valued support, whose absence would be felt in future years:

“Well that affects me. That affects me. When you have to buy things at Christmas for certain people – it was a help.”

If Terry had to face a significant expenditure, such as nursing home fees, he readily acknowledged that, ‘I couldn’t afford it.’ He also spoke of the fact that, due to his age and life expectancy, he did not have the benefit of hoping to live through the various cutbacks that are being made. In this regard, Terry shared a strong sense of anger and disappointment with the way in which the government have dealt with the recession to date:

“But the sad thing about this is that they won’t change. If they put five per cent on this or that, it’ll stay on, certainly in my lifetime. And all these things, it leaves a lot to be desired. ... They don’t do it for the people, they do it for themselves.”

*“And if you look at the way money is spent, used and abused, they’re cutting in the wrong places.”*



## Case Study 3: Barbara

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Barbara is 67 years old and lives alone in a large town. Her husband died ten years ago. Though she has had many temporary jobs throughout her working life, she never started a pension in any one of them. She stopped working for a period of many years when she had her three children, only returning to work when her husband died. For these reasons, Barbara's sole source of income is the State Pension. Barbara fully owns her own home. She has three children, all of whom are married and two of whom have children. Two of her children live in the US; one recently moved there as a consequence of the recession.

Barbara has lived in the same house for the past 41 years. She spoke of the strong sense of community that used to exist on that street when she first moved there. She feels that this had all but disappeared, as old families have moved away and the surrounding district has become more built up:

“I don't feel there are any neighbours as such anymore ... [Y]ou don't see people anymore. ... I wouldn't interact with anyone on the road now. Oh it is [a loss]. And you sometimes think, have I done something wrong?”

A strong network of friends in the town where she lives, as well as the presence of a brother and sister there, protects her from social isolation.

Barbara's sole source of income is the State Pension. Throughout the interview, it emerged that Barbara managed to survive on this small income only through the use of a range of ingenious survival strategies. For example, she cuts branches from the trees of her own garden and dries them out in her shed, which she then uses to supplement her wood supply over the winter months. She also travels to buy her coal, rather than have it delivered:

“Now that I'm not working, I go to Kilcock and I buy the coal and briquettes, because they're much cheaper than buying them from the guy who delivers them. Now but you see, if you haven't got a car and you're not mobile you can't do that.”

During the winter, she only heats one room of the house, a sitting room, through an open fire. She also uses an electric heater, as she receives free electricity. Barbara shops frugally and carefully, only buying fresh produce when she knows she will consume all of it. She described how she 'doesn't bother with clothes'; new clothing was regarded as a luxury that had long been discarded.

Barbara acknowledged that, living on such a tight income, the loss of the Christmas Bonus will affect her ability to make ends meet this year. Already, the charge on refuse collection has been a cause for concern. Yet again, she described a capacity for extreme frugality, in order to surmount this additional expense:

“I'm very economical. The bin doesn't go out every week. It doesn't go out every month. It goes out when it's full. The only problem is, you've to be so careful wrapping up things, food and things like that. Then I have a recycling bin as well. But you know, when you've peelings and things like that going in, it can be a bit messy. But it still doesn't go out. I only put it out occasionally. ... I've some of my stickers left over from last year ... That's how economic I would be.”

She and her friends ensured they enjoyed an active social life they could afford by watching out for free or cheap events. For example, she described how a theatre in a nearby town sold tickets for €5.00 for events that were not sold out. She and her friends often availed of such offers:

“And then, I take advantage of everything that’s going for nothing. For instance, last night I was in Castletown House. And there was a talk given ... there was the scriptwriter and the film maker ... It was fabulous. Absolutely fabulous. Now the only thing you had to do was apply for a ticket, which I did.”

One of Barbara’s biggest expenses was her car, which she described as a luxury, albeit a very important one. Even its use was carefully monitored and planned, so as to keep costs at a bare minimum. Due to the fact that Barbara suffered from chronic and sometimes severe arthritis, the car was essential to her independence and her ability to socialise.

Despite living on such a low income, Barbara managed to maintain private health insurance. This costs her €900.00 per annum. She was not sure how long she could keep doing this but its existence is of serious importance to her peace of mind. She described her previous negative experience of waiting lists in the public health service, regarding treatment for arthritis, against her experience of an extremely efficient health service within the private sector:

“I’d hate to lose it. ... When my feet were bad, I was waiting years and years for a diagnosis. And I went in to see a specialist privately, a rheumatologist, and I had to pay her of course, and I think it was 80 or 90 euro that time, she immediately took me into the Bons Secours. ... It wasn’t that I had to go on a list. ... She’d everything arranged for me before I went in ... I was taken to Beaumont by taxi because they’d to do one scan there. I had all sorts of scans done while I was in.”

Her private health insurance reduces her anxiety over health problems and needs that may arise in the future. However, its cost, on such a tight income, places strong pressure on her ability to make ends meet:

“So far this year, I haven’t gone hungry because of it. So I said I’d see how long I can go with it.”

Barbara did regret her inability to renovate the furnishings of her home. More seriously, besides some savings of a small sum, she had no capacity to deal with any serious structural problems that may arise. But Barbara insisted that because she had ‘never had money in her life,’ that this psychologically equipped her with an ability to endure such uncertainty:

“Do you see, I never had money. I never had any money to spare in my life. So I’ve always been economical. ... I’d be appalled and amazed at the way people spend money. You know? Buying clothes, just for the sake of buying clothes.”

“I was never competitive as regards what the neighbours had. That never bothered me in my life. So it’s hardly going to start bothering me now. I suppose I’m fortunate in that respect. ... I either have it or I don’t.”

Barbara shared her strong sense of frustration over the Government's handling of the recession. In particular, she expressed a sense of anger over the fact that the most vulnerable in society are paying for the consequences of the bank's failures, while 'no heads are rolling' among the most powerful and influential, those she felt were responsible for the downturn in the first place.

*“I don't feel there are any neighbours as such anymore ... [Y]ou don't see people anymore. ... I wouldn't interact with anyone on the road now. Oh it is [a loss]. And you sometimes think, have I done something wrong?”*

## Case Study 4: Maureen

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'Maureen' is a 72 year old woman who has recently become widowed following the death of her husband last year. Maureen lives in quite a rural location in the North East area of the country approximately 4 kilometres from the nearest village, among a small roadside grouping of detached houses. Her own home is itself attached to the former family home which is now occupied by Maureen's daughter and her family. The sense of security that is provided from living next door to her daughter is, Maureen describes, invaluable and this stands in sharp contrast to her life experience of raising a large family in very isolated area of the countryside. There is also the added bonus of having a family member available for transport into the local village, a journey that Maureen would be unable to walk, chiefly due to no pedestrian right of way but in part due to a little less mobility. However, Maureen is far from housebound or indeed dependent on family for lifts and more usually relies on the excellent transport provided by the local older people's organisation. Given how active Maureen is in her commitment to community and voluntary work, the availability of such transport is crucial.

Overall, Maureen does not feel that she has been adversely affected by the recession to date although she admits that it has been difficult to adjust to a single income now that her husband is gone. Prior to his retirement, Maureen's husband had enjoyed permanent employment in the private sector. Following his death last year, Maureen, formally drawing the State Pension, gained entitlement to the Contributory Widows pension, which she says "gave me a little bit more, well not much, but at least it's something, you know". In addition to the pension Maureen and her husband managed to put some money into savings as a nest egg which, she notices is "dwindling, dwindling, dwindling," as time goes on. Maureen is also entitled to the Medical Card and the Fuel Allowance, the former having rarely been used given Maureen's good health to date while the latter playing an important role in helping to heat the home in winter.

Maureen feels that the pension entitlements for older people in Ireland are quite good, particularly in comparison to the UK but qualifies that by stressing the role that older people have played in developing Ireland's economy over the past few decades.

"Like, I think, in fairness, I think older people were treated pretty good, like, you know? Compared to England and places like that...but then why not because it was the older people who put their back to the wheel, you know, and got it, got the country going, you know? ...and I hope and pray to God that that's not going to change now...in this eh, this thing we're going through at the minute."

However, Maureen is expecting that there will be cuts in the forthcoming budget, compounding the cuts already made to the Christmas Bonus and feels that her own position could become quite precarious as a result. Indeed, Maureen is expecting that the loss of the Christmas Bonus itself will impact on her in a number of different ways; economically, socially and chiefly, within her own family. As a result of the loss, Maureen has had to actively lower expectations regarding Christmas:

“Personally, I looked forward to it [Christmas Bonus], because, I’ll tell you why, they [local older peoples’ organisation] used to send the bus with us off to Blanchardstown Shopping Centre, and we used to get our bonus and we were able to buy our little extras for Christmas, you know, your tin of biscuits or your box of chocolates or whatever. [Also] your little presents for your grandchildren, wouldn’t be much now but some little thing that you’d be able to hand them on Christmas morning...Well I’ve had to tell them all there will be none of that this year. No way!”

Maureen accepts that there is currently a huge bill for social welfare in Ireland but feels that mismanagement of the economy and particularly in relation to social welfare entitlements has contributed to the current difficulty. However, Maureen feels that given their long standing experience of hard economic conditions in times gone past, older people and herself in particular, are better placed to cope with the present and expected future cutbacks. Her own strategy will be to reduce any little luxuries she has, including holidays and outings with older peoples’ organisations. In the long run however, Maureen feels that such personal strategies will be to the greater detriment of older people and the economy as a whole as it will reduce older people’s independence and increase their dependency on medical and other social services. Being active, Maureen feels, ensures that she remains healthy, independent, is not a burden on her family and promotes her own considerable sense of community and well being.

“You know, the doctors surgery would be the last place you’d see us [active older people] because we’re always on the go and we’re kept busy and happy and, you know...if we can’t have that, at the end of the day...the time will come when we won’t be able to go and then we’ll become a real burden on them.”

*“the time will come when we won’t be able to go and then we’ll become a real burden on them.”*

## Case Study 5: Eamon

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'Eamon' is an 82 year old male who was born and spent his working life in a non-EU country. For the past number of years, Eamon and his wife have lived in a private dwelling located within the boundaries of a large village approximately 10 miles from a large rural town in the South East of the country. Following his retirement and having lived for many years in his country of birth with his wife and children, who have since grown up, Eamon settled in Ireland with his wife. Although retired, Eamon remains a very active figure, pursuing both personal academic interests and a substantial number of voluntary community activities in relation to older people. This involvement is realised at both local and national level and is spread across a number of different issues and areas of interest for older people.

Eamon feels strongly that, given the current economic climate, some of the entitlements that older people now have, may be subject to revision or withdrawal in the near future. This he feels would cause a real problem for older people, particularly vulnerable older people. Eamon has his own car but, due to health reasons, leaves driving to his wife. For other travel arrangements, Eamon happily avails of local public transport. Although it hasn't yet occurred, Eamon feels that any potential loss of travel entitlements is a considerable worry for older people.

*“Another fear we have is, having had a go at the Medical Card, they might begin to have a go at the bus pass”*

Eamon describes his financial position as adequate but not “over adequate.” Both he and his wife are in receipt of a mixture of State and private pensions, with the private aspect stemming from their work in Eamon's former country of residence. Although Eamon feels that they have not at present been adversely affected by the recession, with the private pensions maintaining their value, they are nevertheless fearful of a proposed five per cent cut in the State Pension that they have heard about. Eamon also notes that while the State Pension could be termed somewhat adequate, it is, in its value, subject to severe inflationary pressures, particularly in relation to supermarket prices. While prices are down, things seem relatively ok, but should prices increase as they had done in previous years, then a reduced pension, which has a tendency to be more static than prices would be more difficult to live on.

*“Prices, they're tending to say now prices are going down, but prior to this, over a year ago, prices were very much going up..... and yet pensions were pretty static at a fixed sum. So we were suffering a bit then. We're glad to see now that you get into Dunnes and they're half price this and half price that. OK. It's a little bit of a relief, I would agree, for the general staple things that you need. But we are fearful of that”*

Eamon is very conscious of the current economic downturn, the impact on the economy of both national and global market conditions, the need to stabilise the banking system and the need to reduce public expenditure. It is against this understanding that Eamon feels that older people must be prepared to stand up and fight for entitlements that they might gain and particularly any they may lose. He believes that older people in general are not being treated fairly in the current circumstances and that perhaps they are to a degree, a soft target particularly in relation to the changes in the Medical Card system. Eamon feels that other benefits may also be targeted such as the Fuel Allowance Scheme. He feels that many older people are being treated poorly either by changes to Benefits or by the constant speculation surrounding more changes.

“Well I believe that, eh, percentage wise, I’m talking over half, they are being treated very, very, eh, what’s the word, not casually but, eh... cruelly.”

Indeed, such cuts Eamon believes, tend to disadvantage older people more acutely than other groups, though again he admits that presently he and his wife have not been affected to any great degree. However, Eamon is aware of many people in his locality who contend with more difficult personal economic circumstances and who will be adversely affected by any cuts to social welfare entitlements.

“The impact of that [a cut to Fuel Allowance] is that you can’t warm your house and, if you can’t warm your house, you’re far more likely to be involved with your flu’s and your pneumonias and this and that, and hypothermia, if you like, if it gets cold enough. ...Lots of working people.... have an advantage in a sense. They hop on a bus and go to work where the place has got to be warm. At school the place has got to be warm. But for the older people, they are at home day and night and if they’ve not got enough to heat the house... well that could shorten life, not immediately but progressively.”

*“Another fear we have is, having had a go at the Medical Card, they might begin to have a go at the bus pass”*

## Case Study 6: Jimmy

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'Jimmy' is a 67 year old married man who lives in a privately owned house near the centre of a large rural town in the South East. Jimmy has three grown up children, none of whom live in the family home anymore. Jimmy has lived in this part of the town all of his life and is happy there. Although having spent many years in the self employed retail sector, Jimmy has had a number of different careers. Critically, it was Jimmy's most recent career move, three years working for a high profile charitable organisation, upon closing his retail business, that qualified Jimmy for a Contributory State Pension even though he had worked for over 50 years, albeit mostly as a self employed person. Both Jimmy and his wife are now retired with his wife qualifying for the Spouses Pension which, added to his own, amounts to just under €400 per week for Jimmy and his wife. Jimmy feels that, had they had more information when they were younger in relation to his wife's social insurance credit stamps, particularly in light of his time in self-employment, they would have been entitled to a little more now.

“{My wife] gave up work in 1965 when we got married because that's what you had to do.... nobody ever told us that she should have kept going with credit stamps or all that type of stuff. There's not enough information out there really...for this particular situation we had. She's only getting three quarters of a pension now...if I get a rise, she'll only get three quarters of that rise... that annoys me now.”

Jimmy has his own transport and is a regular driver though he doesn't like driving long distance as he is prone to tiredness that would impair driving. In that regard Jimmy has cause to use public transport to reach Dublin but, given his central location in the town, has no need of the Rural Transport Initiative operating there.

Jimmy would be worried that cuts to services like the Rural Transport Initiative would have a deep impact on the community and he is frustrated that it appears possible to put money into the banking sector while little money can be found for services. However, it is in contemplating cuts to the pension, that Jimmy expresses deep fear:

“And what does frighten me, I have to be quite honest about it, what petrifies me, is if they drop the pensions, like what will we do then? And they're talking about reducing pensions.”

Jimmy is very involved in his lifetime interest of music and is still active in the area. He is in good health and qualifies for the Medical Card. Jimmy also volunteers in local charitable organisations working with people in need following his retirement from a similar position two years ago.

As is evident, Jimmy is quite worried about the recession and feels that he has been adversely affected by the loss of the Christmas Bonus.

“it will have an impact at Christmas, it will have an impact. It has to.”

Indeed, Jimmy feels that he and his wife will find it difficult to cope with any further cuts to the old age pension but is equally worried by the potential impact of some of the recommendations from the recent McCarthy report on expenditure and the report by the Commission on Taxation.



It is also evident that Jimmy is unsure which of the proposals that he has heard about in the media, if adopted, will apply to him and what the resulting impact will be.

“They’re saying that, people in my position, if they bring on water rates and they bring on property tax, it’ll be linked to whatever your tax base is. Maybe, but if it’s not, what happens? You may as well be gone...”

As an example, Jimmy believes that if further cuts were made he may be forced to give up his personal mode of transport. Both he and his wife would be very dependent on the car.

“I’ve to tax me car. I know you might say you don’t need a car, but I do need my car and whether you’re involved in activities or not, after 51 years, I think I’m entitled to a car...up to now I could afford it, but what’s going to happen next year if they bring all this stuff in?”

The long term impact of the recession on his immediate family is also a concern for Jimmy. In that regard, he does not see that the current economic circumstances that the country now finds itself in will be short term or limited to those currently of working age or in retirement.

I dread to think what it’s going to be like in another twenty or thirty years, what my grandson is going to grow up into, what world he’s going to come into, you know?”

Jimmy feels that the value of his property has dropped considerably and cannot see why this should have been the case. He is angry at banks and developers, those he views as responsible for the current financial crisis.

“Well, there’s two ways you can do it, I think. You can kind of say, ‘nothing is going to happen and I don’t care’. To me, that’s wrong. You’ve got to worry about it, you’ve got to try to make plans maybe you’ll have to this, you’ll have to do that, you’ll have to do the other thing.’ But against that, what do you do? I couldn’t see myself [getting violent], but I could see myself out marching, protesting...”

Jimmy is also pragmatic about what impact the recession is having and in particular, what the potential impact of further cuts in his income would mean. It is very likely that any of the luxuries Jimmy enjoys, and he cites the example of a daily newspaper, would have to be cut back. While Jimmy doesn’t take extravagant holidays and continues to run a 9 year old car, he feels that if he was unable to even modestly enjoy his retirement, he would question the merits of even trying in your working life.

“I buy a newspaper every day, I love reading. Obviously, you’d cut down on your newspapers. You’d deprive yourself of something...I think getting 200 odd Euros a week, after spending 50 years giving good money to the government. And I’m not talking about going on holidays, or getting big fancy cars, I’ve a zero-zero [registration] car and I don’t see meself changing it, I’ll be quite honest with you. If, if you cant enjoy that after fifty years, Jesus, what’s it all about. What is it all about? You know? What do you do? I don’t know.

## Case Study 7: Bridie

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'Bridie' is an 85 year old widow who lives alone in a two storey house, the former family home, attached to a farm about one mile outside a small rural village in the South East of the Country. She has been widowed for more than 10 years. One of Bridie's children, who runs the farm, lives with his wife and children in the neighbouring house, about 30 yards from Bridie's own house. Both houses are situated in a small country lane and are not served by any public transport facilities. No other houses are visibly close. Bridie has an active disposition but admits that her mobility is quite limited and that she is not able to walk too far unaided.

Although she likes the area very much, Bridie also feels quite isolated where she lives and says that many of the older people whom she knew in the area when she was younger have passed on and been replaced by younger families.

*"They're all new young people, and they're all working, I see very little of them, I don't even know their names. I mightn't see them, believe it or not, for years."*

Bridie also points out that running the farm is an extremely busy undertaking for her children and leaves them little time outside of work for other activities.

Bridie enjoys taking part in activities at the local Active Retirement group which she used to attend on a weekly basis but can visit less frequently now both due to costs and to transport issues. Bridie often depends on lifts from a friend who lives nearby and is still driving. However, she is conscious that this friend is also retired, a widow and lives only on her pension income. Bridie feels that running the car and thus providing lifts is an added expenditure for her friend and not one that Bridie is keen to exploit. The fact that her friend would incur this expense and yet not take any remuneration causes Bridie some considerable anxiety. In addition, Bridie is not able to afford to arrange for transportation such as taxis so the issue of cost has a double edge in this case, both for herself and for her friend.

*"Well,[friend] is a widow, she is on her pension, I can't expect her to come and fetch me and she wouldn't take money for petrol."*

Bridie also looks forward to the Friday outing to the large neighbouring town where she can shop, meet friends and socialise. Every Friday, Bridie is picked up from her house by a bus provided under the local Rural Transport Initiative (RTI) and brought to town where she can spend three hours at her leisure. It is a critical aspect of the journey that the bus drives down the laneway, particularly on wet days, to Bridie's front door which enables her to avail of the service. Without the RTI service, Bridie would not have the ability to meet with friends, whom she sees only on the outings or to attend to her weekly shopping. For Bridie, the loss of the bus would be devastating and something that she does not wish to contemplate. Without the RTI Bridie feels she would be almost completely cut off and isolated.

*"I live for that [RTI]. I get everything ready on Thursday for Friday. Get my pension book ready, and to collect my tablets, and anything like that from the chemist. And she drops me off in the [village]. The bus stops. Just go in there and come out and she picks me up the other side. And I'm sure of that."*

**Interviewer: “That that’s always going to be there?”**

“Yes, while I’m here [laughs]. And eh, then into town, and then do my shopping and everything, you know, have something to eat in town and bring you home about half past two. It is you know, really, really something wonderful and I’m depending then on nobody, you know. I’m independent for once. You know...that’s what it means to me.”

Bridie feels that the house she lives in now is in many ways too big for her needs. Of particular concern is the heating. Presently, a storage heater is installed in the kitchen, which is the main room of occupancy for Bridie but is quite large and difficult to keep warm, especially in winter.

“[House] is far too big to keep, so hard to heat this house. I got in that blessed storage heater which I’m sorry I got in.”

**“Interviewer: Why do you say that?”**

“Because they eat up the electricity! My bill will be up in the eighties, touching ninety [euro] for two months, where as [friends] bill, well she’d only have a few Euros to pay. ...she lives in a smaller house, you see?”

Asked whether there was anything that might help to improve her quality of life, Bridie again referred to the heating situation and to the Fuel Allowance, which, in a bad winter, may not be adequate for her needs and if cut, would cause a real difficulty.

“They could give us a little extra for the heating. Now *that* I worry about, especially if it’s a bad winter for the heating. Those heaters, they tell me, are very heavy on the electricity....and on a very cold day it doesn’t throw out much heat...very deceiving.”

Bridie’s only source of income is the Non Contributory Pension which she collects with the help of the Rural Transport Initiative. Her income is sensitive to changes to prices for everyday items and Bridie feels that advice such as “shop around” is not always helpful or indeed possible for many older people. It is also evident that her choice of grocery store does not include the cheaper outlets such as Aldi and Lidl and she has, on some occasions, taken steps to increase the shelf life of goods such as milk, by watering it down, to save money.

**Interviewer: “Have you noticed the prices of things increasing?”**

Bridie: “Oh, good Lord, bread, of course! Everything. Of course everything has gone up. They tell us ‘well, shop around’, how can we shop around, old people. You know, ‘go to Aldi’, or those stores. You have to go to the nearest to you and take what’s there.”

**Interviewer: “And what’s the nearest to you?”**

Bridie: Well, the nearest now would be [village] Centra. But sure that’s, I discovered that I was paying, I think, 20 cents more. Don’t know was it sugar or margarine, something I got, even milk. I was telling that to my son. I’m sure it was, em, 30 cent he charged me more. I thought to myself ‘ I’m not going to go there again, you bet I wont.’ I’ll water down the milk. Yeah, I have done, my dear...to go down there and pay 30 cent more per litre? You must be joking.”

Bridie did not appear to be aware that the Christmas Bonus had been withdrawn as part of changes to the social welfare and expressed grave reservation as to the impact that such a move would have. Bridie also felt that it would be extremely difficult to absorb further cuts in welfare and that this would involve cutting back on essential items.

Bridie: “I couldn’t eat as much, or buy as much groceries. What could I cut back on?”

**Interviewer: “So you’re accounting for every penny now?”**

Bridie: “Well you bet I am, dear!”

*“I’ll water down the milk. Yeah, I have done, my dear... to go down there and pay 30 cent more per litre? You must be joking.”*

## Case Study 8: Colin and Catherine

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'Colin' is 70 and 'Catherine' is 68 years old, both are retired and living in private accommodation in a small rural town in the South East of the country. The town is located near to a larger commercial town. The couple moved there after retirement and are originally from Dublin. The couple's children and grandchildren are regular visitors but do not live in the area. The house itself is situated among a small cul de sac of houses approx 2-3 kilometres from the town. There are a number of other one-off houses and a large housing estate close by but no regular public transport services. The couple are active in the area and have strong links in the community, participating in active retirement activities. The couple do not drive due to ill health and do not now own a car. They consider themselves completely dependent on public transport, but this requires a considerable walk to the access point.

"If you live in the village, the bus service is great there. It's every hour, you know, There are fourteen buses there now...but if we had to walk into it, it's that long walk again. ...no bus comes down here. They [council] took off the one bus there."

The couple also find that the public pathways are very poorly maintained in the area and that this presents a hazard for walking. The couple are not confident that this will improve in the current economic climate.

The couple are very dependent on the RTI bus operating in the area which enables them to do weekly grocery shopping, to socialise and to have access to the large rural town nearby. The service also relieves the need to carry groceries long distances, which would be necessary without the service but which the couple have less capacity to do now.

Colin: "That's what we do on a Friday you see? The bus. That's why it's great with the bus. We go down on that and we budget out what we can for the whole week, and that's it. That's how you get it. You bring it home and you have your food for the week."

Catherine: "It'd be great to have it twice a week."

The respondents are entitled to the Medical Card and health is an issue for the couple, in particular for one member who is unable to work or be as active as before. The couple must be careful in relation to health and noted with unease the difficulties presented by the recent pharmacists' dispute regarding dispensing of medication under the HSE Drugs Scheme. Access to the pharmacist is again dependent on access to the bus service.

"That thing about the chemists?...you know, That would affect us now. We'd have had to go into [Large town] to get our medication. Because the chemists down in the village, that's where I get my medication, he'd prescribe it for three months for you, but it would have meant we'd have had to go into Boots now, in town because that's the only place that was doing it."

Colin and Catherine survive entirely on their Non Contributory State Pensions for their income. The couple feel that any changes to the social welfare will make it difficult to manage. They already feel that the loss of the Christmas Bonus will make things more difficult at Christmas. The bonus enabled them to buy extra fuel in what is a busy period in the household but, as a result of the cuts, such provisions will be less likely.

“Well, I have to say it was great, the Christmas Bonus. You miss it, you really do miss it, you know, because it was good because you got in extra coal or whatever you had to get, or oil.”

The couple feel that politicians are not as vulnerable to cuts as the average person and as a result are somewhat removed from the reality of their impact. They are keen to cite what they see as a level of hypocrisy by TDs, particularly, they feel, in light of the recent issue concerning TDs expenses. The respondents describe themselves as struggling at present. Neither respondent drink nor smoke and they have had to cut back on shopping items in the last 12 months as a result of the recession. However, the couple describe themselves as cautious in relation to money, rarely shopping at local convenience stores, preferring to shop at value stores such as Lidl or Aldi. This is possible only with the assistance of the RTI bus.

“Only for Lidl and Aldi there, you’d be gone, you know?...everything is so cheap there.”

The respondents feel that any further cuts in the pension would be ‘terrible’ as their pension income accounts for all of their day to day expenditure needs.

Colin: You have to cut down you know,...the few bob you get off them [State] is just for food

Catherine: ...and whatever bills you’ve to pay then you know?

The couple also feel that the period of time covered by the Fuel Allowance is not sufficient given that it does not start until October but it can be cold in September.

The couple feel that the answers to the difficulties of the recession will be found in broad cuts in waste in public expenditure such as expenses. Personally the couple feel that health is the most important aspect of their life and feel that they are happy and have a good quality of life. However, less income has curbed the couple’s ability to socialise and engage in the community. They feel that any necessary cuts can and should be absorbed by people in the workforce who can afford to make a greater contribution.

*“the few bob you  
get off them [State]  
is just for food”*

## Case Study 9: Margaret

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'Margaret' is an 85 year old woman who has been living alone since the death of her husband 7 years ago. Her house is situated in a small gated sheltered accommodation facility for older people managed by Dublin City Council. Both Margaret and her husband were moved to sheltered accommodation following experiences of anti social behaviour in their area. Family, particularly her daughters, are frequent visitors and live close by. Margaret likes living in sheltered accommodation and feels safe and secure in her own home. There is a caretaker/warden who provides services for the facility and the gardens are well tended. There is also an area for laundry and a communal room where residents can make tea and meet with other residents for a chat.

Margaret is entitled to a Medical Card and the Non Contributory Widow's Pension. This represents her only income. Margaret also says that, barring a particular complaint with her hip, she is in very good health. She describes herself as a very active person who always liked to socialise with friends and family particularly at weekends. Indeed, up to April this year, Margaret would go out two evenings a week to venues catering specifically for older people. Over the past 12 months however, Margaret has seen her mobility deteriorate and her ability to socialise is just one aspect of her life that has changed radically as a result.

Two years ago Margaret began to notice a pain in her hip and sought medical advice from her GP. At the time, no action was taken to rectify the problem and the situation continued to deteriorate. Margaret was unhappy at the response from doctors and sought other opinions on the matter.

"I kept pushing it, you know? The doctors weren't taking me seriously but it was getting more and more painful and, eh, I knew they'd have to do something about it."

In December 2008, Margaret went in to hospital for tests and a scan revealed that there was indeed a problem with her hip.

"They told me that I'd need an operation, that I'd definitely need an operation and they put me on that scheme, that if you don't get it done in three months, you know that scheme? If the hospital, won't do it, can't do it within three months, that the State will send you anywhere for it, you could be sent out of the country for it."

**Interviewer: Oh, the National Treatment Purchase Fund?"**

"Yeah, you know. You know that scheme? So they said three months."

Three months from the date of her hospital appointment, around March 2009, no date had been set for her operation. Margaret's daughter began to call the hospital to inquire as to when a date might be set. After making a series of calls, Margaret's daughter was informed that the National Treatment Purchase Fund scheme was 'so oversubscribed' that the waiting time had now been extended to six months and that they should keep ringing to put pressure on the system.

"The lady said to [daughter], ring up and keep ringing."

After the six months elapsed, there was still no sign of a date for the operation. Margaret was now using morphine patches for the pain and was becoming house bound.

“I couldn’t go out for my two nights a week, I couldn’t go to the shops, I couldn’t go out of the house. I couldn’t even get to the hairdressers to get my hair done and anyone that knows me knows that’s a big thing for me.”

Eventually, after extended calls and pressure from family members on the health services, Margaret was sent to a specialist clinic where an ultrasound and x-ray revealed a serious deficiency in her hip.

“The consultant said, ‘I have never seen anything like this before.’ My hip was gone completely.”

Margaret also said that, since her visit, she is very nervous about moving or putting any weight on the hip.

“I’m afraid to move now because every time I move I can hear my bones snapping.”

After her visit to the specialist clinic, a date for her operation was finally set, some 10 months after her initial hospital appointment. In the meantime, doctors have increased the strength of the morphine patches to help combat the pain.

Margaret feels annoyed that it has taken so long to be seen to and feels that the current circumstances, particularly in relation to understaffing in the hospitals, has contributed to the delay. Margaret also feels that older people can be pushed to the back of the queue simply as a consequence of being old.

“Why do I think it took so long? Because I think when you’re over a certain age, first of all I think they’re probably way understaffed and don’t have the staff to cope and there’s far too many people looking for the service, but apart from that there’s an attitude of ‘Well, they’re over eighty, you have to think about what you’re putting them through, do you know, is it too much for them’...I think, you know, if you’re old, you’re the back of the waiting list.”

Asked whether the length of time that she had to wait, particularly regarding the change from three months to six months waiting time, was the result of the recession, Margaret was unsure but felt that it may have been a contributing factor.

“My gut feeling would be that, it was probably always going to be six months, it was probably always six months”

**Interviewer: “Do you think the previous 12 months - the downturn would have had any impact on that?”**

“Well it would have had to have, it would have had to have because the funding of everything got cut, it would have had to have impacted on it. But I mean, who’s going to tell you that?”



## Case Study 10: Anne

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'Anne' has been married for 45 years and is living with her husband in suburban Dublin. Both Anne and her husband turned 65 this year. Anne's husband took early retirement from a semi state company a number of years ago and now works full time as a taxi driver five days a week. Anne works up to 20 hours per week in her own one-to-one client based service, more than half of which is done on a no fee voluntary basis. Anne also cares for her mother two days a week, a responsibility shared with her sisters. Anne's mother is 89 years old and suffering from progressive cognitive impairment. For the past 18 months Anne's mother has needed full time care during waking hours. The couple would describe themselves as financially stable, active and 'always on the go'. They have three children, two of whom are married and five grandchildren.

Anne has noticed some sharp changes in her life since the onset of the recession. Towards the end of 2008, Anne's son in law was made redundant and was unable to secure any work for four months. This put a considerable strain on her daughter's family finances as Anne's daughter had chosen to stay at home with the children. While Anne's son-in-law was out of work, it was agreed that Anne's daughter would attempt to secure work and Anne offered to mind the children during the week, adding to her already busy schedule.

"I thought that if I minded the children, at least [daughter] and [son-in-law] could each find part time work. It would take the pressure off them."

Anne's son-in-law finally secured full time employment in March and Anne has not needed to look after the children. However, in July of this year, Anne's youngest son, who is 34, was made redundant as a direct result of cuts in government expenditure and was forced to move back into the family home pending further employment opportunities. This has changed the dynamic of the family home and Anne has noticed the effect on her son of losing his job.

"He's certainly unhappy with the way it's turned out. It's very frustrating for him...You could be very annoyed with the way things have turned out, very annoyed."

The prospect of her son losing his job has been compounded by the fact that her husband has experienced a decline in his own work.

"There's no work for taxi drivers anymore. Nothing. It's impossible to make a living at it. I've told [husband] that he should think about retiring next year. He's very frustrated with it [taxi car].... there's been loads of trouble with it too and that's more money"

Anne feels that the recession has had a very acute impact on the services that are available for people, particularly in relation to her mother. At present, Anne and her sisters take turns looking after her mother, with each of the four daughters doing one to two days per week and one weekend a month. Anne is worried that as time goes on, her mother may need full time care and, though they are resisting it, a care home.

“We asked the district nurse if we had to get a carer would they be available and she said if it had been last year then maybe but not this year. I’d be worried now about that. Mammy wouldn’t like a carer but there may come a time when it gets too much for her, and us...there comes a point when you’re asking yourself ‘is this about what my mother needs or about what I want for her?’”

Anne also feels that the opportunity for her and her husband to retire proper will depend on whether her mother needs nursing home care in the future.

“You look at the nursing homes now, that Fair Deal. My mother won’t benefit from that. She rents her apartment. If she needed a nursing home, we’d probably have to pay for it. That’d be hard on a pension.”

Anne also questioned the merits of the Fair Deal nursing home programme. The Fair Deal aims to recoup the cost of nursing home care from a patient’s estate after their death. five per cent of the value of the home can be taken for up to three years to cover the cost of the nursing home. Anne feels that this is likely to be increased given the fall in value of homes in Ireland.

“It’s five per cent now. But five per cent now is not five per cent two years ago.

**Interviewer: “What do you mean?”**

House prices have fallen, you know, so five percent is not worth as much.... I don’t want to leave my house to the State, to take five per cent. I want to leave my house to my children. That’s what I worked for. That’s what my husband worked for.”

Anne is quite angry at what she sees as the mismanagement of the economy by those in charge. She doesn’t see that the recession is likely to end anytime soon and feels that older people and poorer people are going to be the ones hit hardest.

“Who’s been hit hardest? Poorer people. Poorer people and older people. It’s not surprising but it is disappointing. I’m very annoyed, We worked so our children wouldn’t have to go through what we went through and they’ve just thrown it all way.”

*“five per cent now  
is not five per cent  
two years ago”*

# Case Study 11: Conor

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'Conor' is 69 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 ten years ago. A member of the Active Retirement Association, he has since then found himself highly involved in various voluntary and community organisations, including the St Vincent de Paul and a local drama group. Conor has an occupational pension while his wife draws the State Pension. They fully own their own home.

Conor described life as 'much more personal' in a small community such as the one in which he now lives, and this he sees as a good attribute. He noted, 'You're not left to rot away by any means. If people know you're retired, you're fingered for everything!'

Conor and Deirdre's income has been adversely affected by the recession in three ways. Firstly, the income levy introduced this year has reduced his contributory pension by €65.00 per month. Secondly, Deirdre has lost her Christmas Bonus, which was described as 'nice for the little extras at Christmas.' Thirdly, Conor put a lump sum retirement payment into equity shares. Over the past year, these savings have been reduced in value by 25 per cent. This 'nest egg' was put aside for costs arising from serious health problems in the future, such as long term hospital stay or nursing home fees.

Conor felt that the first two factors could be absorbed without having a significant impact on their quality of life:

"I haven't had to cut back on anything yet. If it was to be reduced by ten per cent in the next budget, okay, I would probably spend a bit less on entertainment or whatever. ... But at the same time, I'd survive. Do you know what I mean? My quality of life would not be seriously affected. But it depends. Obviously, if there are charges and all sorts of things going to come in ... they'd be added factors. They'd put on a little bit of pressure, but we'd survive alright."

Later he noted, 'We're lucky. ... We have pretty good health and then I have a pension which is adequate, you know, I find, on a month to month basis.' But this ability to survive on a month to month basis offered limited comfort in the face of concerns regarding their future health care needs. The reduction in the value of their savings, or 'nursing home money' had more serious consequences here, that has been a cause of not inconsiderable concern for Conor and his wife. Currently he enjoys good health. Deirdre suffers from arthritis but besides this is also in good health. However, he shared an awareness of the increased risk of ill-health as they grew older, and an associated concern over their ability to pay for this, in light of this reduction in their savings:

"If anything serious happened, such as nursing home or long term hospitalization were to arise, you know, I'd feel the pinch big time with the loss of that fund. ... I don't know how soon I'm going to need to call on that fund. Or how long it's going to take those things to recover. But it's just that if anything serious happened in the short term, I'd be caught short, you know."

The fact that they both have private health insurance has had an important impact on his peace of mind in this regard; however, he also spoke of how increases in rates was potentially an issue of concern in the future.

Conor and his wife also worry about their children. One son lost his job as an engineer due to the recession, and has since then worked in a self-employed capacity in car repairs. His income is unstable and his future is insecure. Another son, who is married with one child, has also been made redundant. His wife has a chronic health problem that has prevented her from working over the past year. They have a mortgage which began two years ago. Again, he spoke of anxiety over their future welfare. This anxiety was contextualised by his view that this recession offered even fewer opportunities to people of working age than previous financial crises:

“The big difference between that recession and this one is that [then] you could emigrate and get work. Now, England and America and so on, they’re just as bad as we are. ... There’s no outlet.”

Despite all of this, Conor described the quality of life enjoyed by himself and his wife in very positive terms. By watching their expenditure and making sure their monthly balance does not ‘get too close to the red,’ they make sure to enjoy a good social life, involving attendance at many cultural events, while being careful not to over-spend:

“[Quality of life] is a thing that’s relative. Other people might think it’s very boring and humdrum, but we’re quite happy with it. There’s nothing lavish about it. We rarely eat out. But then that means we can have exactly what we like when we like. And the other thing is, we’re able to go to Dublin and enjoy the National Concert Hall or plays.”

Through his charitable work, Conor had developed a high level of awareness of the needs of more vulnerable older people living in rural settings. He spoke of issues such as social isolation and the importance of the Rural Transport Initiative in addressing this, fear of crime and the role of personal safety alarms. Regarding the latter, he noted that some older people ‘wouldn’t be able to continue to live where they live without them.’

Conor articulated a distinction between those vulnerable older people who are in need of health and social care, and those older people who are fit and healthy. In his view, the second category represent an untapped support resource for the first group. He spoke about the potential value of informal networking and local knowledge shared by older people. This was perceived to be all the more relevant in the context of the paucity of existing state services, and the threats to reduce same:

“One way of looking at older people is that there are those who are vulnerable because they have some degree of dependency. And then there are those who are lucky enough to be still independent. You know? To have all their faculties and reasonable good health and everything. And I think it’s come to the stage where groups like Active Retirement and so on may well have to start networking in the sense of helping ourselves. ... The existing state services, if indeed they can continue – there’s so much talk about cutbacks, they mightn’t be there any longer – they have to be supplemented in some way. It seems to me that one of the only practical ways is for fitter older people to start networking in that area. ... We are dispersed about the community in such a way that we would know a hell of a lot about our community.”

## Case Study 12: David

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David is 72 years old and lives with his wife May in a medium sized, rural town in the north east of Ireland. He has a large family, comprising five children and sixteen grandchildren. Prior to his retirement, which happened at age 69, David worked as a farmer; his son now runs the farm he worked on. On retiring, he moved with his wife to a new home in the town centre. Both he and his wife are in receipt of a Contributory State Pension and also has what he describes as a small savings fund.

It is David's view that the town he lives in has been negatively affected by the recent economic boom, due to large scale development in the absence of proper infrastructure or planning:

*“It has trebled in size in the past ten years. It's lost a bit of its character and we're trying to get it back again. [It was] because of massive development in the area, without any infrastructure.”*

Despite this, David spoke positively of his place of residence, describing it as a friendly, active community. He and his wife drive and enjoy a high level of independence in their lives. He himself is very involved in the local Active Retirement Community. In addition, he recently initiated a Cancer Transport Fund, with the aim of providing support for cancer patients to facilitate their access to both local and Dublin based hospitals. Much of his day to day life is taken up with organising such fundraising activities.

David's income has been marginally affected by the recession. For example, his 'small nest egg', is currently in the form of investment and has been adversely affected by the recession. This sum was saved over many years to cover any unexpected expenses, such as house repairs or medical expenses. In addition to this, he and his wife will lose their Christmas Bonus.

David displayed a cheerful stoicism in the face of these losses. He stated that so far, their impact on his day-to-day spending and quality of life was very low. Later in the interview, however, he was to acknowledge that he and his wife did not take a holiday this year. Having taken one the previous year, this was felt to be a sensible restriction. He also noted that losses such as the Christmas bonus would most likely affect his capacity to socialise. No sense of hardship was indicated regarding either of these losses. At one point, he explained with a characteristic good humour that because as a farmer, his income was relatively low, he was used to living on a low income.

David did not enjoy any financial protection against any major expense that might arise in the future, such as health or nursing care costs. So far this has not been the cause of any major concern; however, David admitted that, 'I would worry if there was any big capital expenditure coming down the line.'

His relative life satisfaction was clearly related to the fact that both he and his wife enjoy good health. However, perhaps the strongest reason to emerge for David's positive interpretation of the impact of the recession on him and his wife was the strong presence of family in his life, and the awareness of the support that lay there. Four of their children and their families live in their town or the surrounding district. This allows him the benefit of a strong family network, with regular and frequent contact with both his children and grandchildren. In this regard, he noted,

“I have a big family and I’m sure they’ll not see us stuck, and as May says, they’ll bury us in style.”

David also drew considerable resilience from the fact that he survived economic crises in the past. In his own words, ‘We’ve all been through something similar and all came out again.’ This experience led to a very accepting, tolerant philosophy that David held towards life in general, as much as to the recession:

“Not much I can do about it, so I just keep going. I try to worry about things I can change.”

Despite this, David was very aware of how more vulnerable groups of older people could be very negatively affected by the recession. In particular, he shared his concern regarding older people living alone in rural areas, with health problems. The Rural Transport Initiative was in operation in his county, but in a very limited capacity. Access to hospitals for those without a car, or the ability to drive, posed a clear problem. He noted that people in such a situation would be completely reliant on friends or family members to drive them. He described those ‘invisible older people’ living in very isolated settings, who do not access organisations such as the Active Retirement Association and who may or may not have such support networks. In David’s view, he is one of the lucky older people who have only been marginally affected by the recession.

David emerged as someone who is not as financially secure as he may wish, with his income, and by extension his social expenditure, having been adversely affected by the recession. However, his wellbeing and overall quality of life seemed to have emerged, up to this point at least, relatively unscathed. Three factors have served as important buffers in this regard: the strong level of family interconnectedness, a tolerant and stoical attitude devised in part from having survived economic hardship in the past, and finally an awareness of, and desire to help, older people in more vulnerable circumstances than his own. When asked what were the most important things in his life, he responded,

‘Family is basically the most important thing, keeping it all together and other than that, trying to give something back to the community’.

*“Family is basically the most important thing, keeping it all together”*

## Case Study 13: Philip and Bernadette

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Philip and Bernadette are a married couple living in a medium sized town in the midlands. Having spent most of their working lives in England, they returned to Ireland nine years ago. Their two sons and their families live in England. Both Philip and Bernadette receive the non-contributory state pension. They own their own home.

Philip and Bernadette's return to Ireland was directly related to Bernadette being diagnosed with Alzheimer's disease. Bernadette's consultant in England refused to prescribe a certain medication under the NHS, feeling that the disease was too far advanced for the drug to be of benefit. Learning that it would be provided under the Medical Card system in Ireland, they moved here. Philip is certain that the medication successfully slowed the progression of the disease in Bernadette. Now, however, Bernadette is in the most advanced stage of Alzheimer's disease. She rarely speaks and does not show comprehension of words spoken to her, cannot care for herself and sometimes has trouble moving independently. Philip spoke of the rare occasions of 'complete lucidity' in Bernadette; these were a source of happiness to him:

“Occasionally she says maybe one or two words. And those words are priceless when she does. I was putting her to bed last night and I said, ‘have you been a good girl today?’ And she smiled and she said, ‘yes!’. And I said [to myself], ‘Oh, brilliant.’ ... It comes and goes in seconds. ... It comes in moments.”

During the interview, it emerged that Philip and Bernadette felt that their standard of living had not yet been negatively affected by the recession. In addition to their State Pensions, they had some savings and both their sons were financially secure. However, it also became clear that, due to Bernadette's dementia, they were highly reliant on certain health and social services, in order to avoid social isolation. As Philip pointed out, Bernadette could not be left alone:

“When I'm in the front room, Bernadette can unlock the back door and leg it. And she did that four weeks ago. And it was a really, really wet day. And she went out without a jacket”

A day centre for people with Alzheimer's disease provided one of their most important sources of respite and support. This was available Saturdays, on a fortnightly basis. This gives Philip the chance to meet other carers, and to go swimming. Without it, he said, ‘I would really feel cut off. And I mean, what you're really looking for is not alternative Saturdays but every Saturday.’

At least as significant was the local Alzheimer's Society support group, which they both attended every month. Philip found great relief in meeting other carers like himself:

“We have a lot of people in similar situations. And we talk, chat, have a cup of coffee and it's wonderful. We don't cure anybody or anything like that. But people go away much happier. They have somebody to talk to, they know they're not alone.”

He admitted that he was highly reliant on the support group as a source of social engagement and support. Life without it would be a much lonelier one:

*“You would miss it so much, because you don’t normally meet a great number of people. It’s great. Because it’s surprising how few opportunities to talk to other people there are.”*

Philip and Bernadette avail of home help, which provides them with one hour of support per week. The Alzheimer’s Society also provide he and Bernadette with weekly visits from a respite nurse. Again, he spoke highly of this support and of his high level of dependence on it, in that it facilitated his engagement with the outside world.

Philip and Bernadette have a small amount of savings. Recently, some of this money was spent on installing a ramp into the house in place of two steps that used to be there; this became necessary as Bernadette found it increasingly difficult to ascend the steps. No grant aid was received for this. Philip was informed that he could apply for one but found the process too unwieldy. Concerned that it would take months before the grant came through, he decided to pay himself in order to have the problem resolved sooner.

Overall, Philip felt that he and Bernadette had a good quality of life and were satisfied with their income, feeling that it had not yet been adversely affected by the recession. However, their reliance on the health and social services they received was equally clear. Without the support received through services such as the Day Centre and the Alzheimer’s Society, Philip and Bernadette would be very socially isolated, and their quality of life would be much poorer.

*“it’s surprising how few opportunities to talk to other people there are”*



## Case Study 14: Diane

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Diane is 80 years old, widowed and lives alone in a Dublin city suburb. She spoke very positively about the area in which she lives. While none of her family live in Ireland, she is on personal terms with many of the families living on her street and feels safe and secure. She also has a strong network of friends. Diane's main source of income is the Widow's Contributory State Pension.

A local newsagent and pharmacy mean that essential items can be purchased without making a trip by car to the nearest supermarket, a factor she feels is very important regarding older people's welfare. She described these amenities as, 'the very important shops around the corner,' going on to note:

"In this area, there are a lot of us in the sixty plus age bracket. Some of the husbands have died and the wives don't drive. So there's a great reliance on the local shops, especially the pharmacy."

Diane lives an extremely active and independent life. She is involved in a voluntary capacity with the Alzheimer's Society (her late husband died of Alzheimer's disease). She has also been a member of the local Active Retirement Association for nineteen years. She described her quality of life in very positive terms:

"I'm very fortunate. It's very good. I have no family of my own here. I'm very fortunate, I'm in a good neighbourhood, it's very friendly, and I have a lot of friends. So I don't need to be lonely. I'm able to get around. I do have my car. So my quality of life is a lot better than other people. And I have no complaints that way."

Diane suffers from arthritis and high blood pressure but besides those complaints is in relatively good health. She has not yet availed of any community services, with the exception of physiotherapy for a broken ankle. However, Diane described 'an apprehension over what is coming down the line.' In particular, she expressed concern that if a health problem arose, making it necessary for her to go into nursing home care, the impact of the recession on her own income and capital would mean she was no longer able to afford this:

"When you get to my age, if I have to sell up and go into a nursing home, is there going to be enough money? Because of the value of property [decreasing] and the drop in savings and not being able to save as much as I did. I know prices are being slashed quite a bit on various items."

Diane shared her sense of frustration regarding the Government's handling of the recession, and her view that those who are responsible for its severity here in Ireland are not being held accountable:

"It was greed and mismanagement. They're okay. They have their jobs secure. I know so many people who put their lump sums into bank shares. ... And they have lost that money now. I've lost some myself. And they're getting away with it. There is no honour."

She felt that those who will be hit hardest by the recession over future years are people like herself, on a limited income. For example, the Christmas Bonus, she said, “was the Christmas presents and the Christmas dinner.’ ‘I don’t trust them’, she concluded. ‘ I don’t have any faith in them at all.”

“So many have worked so hard for poor wages, to get this country on its feet. And they were there in the black times. And now they have to deal with this, when they’ve worked hard, at a time when they should be sitting, enjoying their lives. ... Look at how they thank you.”

*“So many have worked so hard for poor wages, to get this country on its feet. And they were there in the black times. And now they have to deal with this”*

## Case Study 15: Eimear

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'Eimear' and her husband 'Bill' are both 80 years of age and live in the family home, a terraced house, in a large suburb of Dublin. They have lived in the house for more than 50 years now and Eimear "could not imagine life anywhere else". Although Eimear does not believe that such a label would apply to her own family, she recognises that the area in which they live can be described as disadvantaged.

*This place has a mix, you know? It has a mix. It has good and bad...and ugly!*

Eimear has four daughters, thirteen grandchildren and one great grandchild, all of whom she sees on a regular basis, describing her family as "extremely close." Both Eimear and Bill are in receipt of the Contributory State Pension and Eimear feels that they are coping quite well financially.

Eimear's husband Bill has been retired since 1991 having left work due to ill health and has since developed a number of progressive conditions that are affecting both his sight and hearing. This is a constant source of irritation for Bill, as his ability to engage in activities previously taken for granted such as watching television or going out to socialise has been impaired. Eimear is also retired but, having always worked as a volunteer, continues to volunteer three hours a week for an organisation supporting older people. Eimear also suffers from a number of health issues but is quick to point out that neither she nor Bill will be slowing down because of it. In fact, Eimear feels fit and active.

*"Looking at me I look grand [laughs] but I've high blood pressure, high cholesterol, rheumatism, or eh, arthritis, and eh, I have osteoporosis, you know, brittle bones. So I've a load of things....but eh, it's not stopping me. I'm grand...I never feel sick anyway."*

However, both Eimear and Bill require a large number of medications on a daily or monthly basis and it is only through qualifying for the medical card that they can afford them. Eimear feels strongly that without the Medical Card both she and her husband would struggle to pay for more than the consultation fee with the doctor, let alone the number of tablets they require. She also expressed a deep fear of losing the Medical Card and was clearly uneasy regarding the Medical Card issue which arose last year.

*"I have to take four or five tablets a day and things like that, and then I have to take one thing a month for me bones..."*

**Interviewer: "...And do the tablets come in on the Medical Card?"**

*"Yes, that's what I say, because if they take the Medical Card off us, and I think all the elderly people were very upset that time, that they were thinking of doing that, you know? Because em, like I mean, it's ok if you'd only one thing to pay or whatever, maybe the doctors fee, but with the tablets? Sure they could cost the earth"*

Having recently been granted their respective rises in their pension, upon turning 80, both Eimear and Bill are entitled to €240 each per week. Eimear describes this income as just about adequate but also stresses that it doesn't go very far once bills and groceries are taken into account. Eimear has also feels that the price of groceries in supermarkets has risen in the last year and this is having an impact on her finances.

“Well, you see, in the supermarkets, everything has gone up...they're talking about things coming down, but I don't really see that. I mean I wouldn't be buying that much, you know.”

**Interviewer” But you've noticed that prices have increased?”**

“I have noticed a lot of things.”

Eimear is also keen to point out if anything has become cheaper it is generally down to a reduction in quality of the items in question as opposed to a simple price cut on her regular items. Eimear feels that this is impacting on her ability to source the goods that she would normally have bought on a weekly basis.

“And there was stuff I used to buy that I needed and they're gone from the shelves, you know, for whatever reason. Maybe things are cheaper but they would be inferior, really...you wouldn't be happy with the [quality].”

In addition, Bill is becoming increasingly housebound, Eimear has had to take on the role of 'agent' to collect his pension. As a result, Eimear has learned that she may be entitled to a (half-rate) Carer's Allowance given Bill's health which has been progressively deteriorating for the previous seven years. Eimear is in the process of applying for this and thinks she may be entitled to an extra 100 euro per week. This, she feels, would make a big difference to both of them.

**Interviewer: “Would it [Carer's Allowance] make a big difference?”**

“Oh for goodness sake, yes! Well you could be relaxed. You could buy something that you want, you know?”

However, Eimear is pragmatic about this and about issues such as the loss of the Christmas bonus or any potential cut to social welfare. She feels that there are “people who are obviously worse off” than they are and she is content with her current standard of living. Eimear believes that the recession is hitting poorer older people and younger people with a large number of dependent children.

Eimear believes that one significant impact of the recession is an increase in the number of unemployed young people hanging around the estate. This, she believes, has become a problem in the area. Security in general is an issue that concerns Eimear and she cites an attempted burglary on her home last year. This has had the affect of heightening her sense of awareness of people hanging around or engaging in anti social behaviour.

“Do you know what I’d be afraid of? Going out at night. They might know that my husband was gone out. They’d be hanging around, you know, with one of the lads here. The chap himself is a lovely lad, but there’s a gang that stands around. and eh, when Bill would be gone...I’d be afraid to go out then because they would know the house would be idle, empty you know?”

The difficulty is exacerbated for Eimear by what she views as a lack of visible police presence in the area, something that Eimear believes will not improve in the near future given the current economic conditions.

“See we don’t have enough police. Well, I don’t think there’s police enough in any area..you used to know and they’d be standing over at the shops. And rightly so. You need them lads and whatever, because they’re a presence. You see when you go over then [to the shops] the fellas would be high on drugs maybe and they don’t give a damn, you know?”

**Interviewer “So that’s a worry?”**

“It is a worry, yeah....and I don’t know how it’s going to improve with the recession. We’re short of police around here for years.”

*“Well, you see, in the supermarkets, everything has gone up....they’re talking about things coming down, but I don’t really see that”*

# Case Study 16: Helen

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'Helen' is an 85 year old widow woman living alone in a small one storey house in a city in the west of Ireland. Her house is situated on a suburban council estate, an area of the city that Helen has lived in for 55 years. Helen's son, though a frequent visitor lives in the east of the country, while her daughters live with their families abroad. Helen used to visit her son in his home on a regular basis but does not like spending the night away from her own home now. Helen has lived in her current one storey house for 14 years after chronic asthma and the onset of a heart condition left her unable to use stairs. This is compounded by difficulty with mobility and Helen uses a walking aid in the house and a wheelchair when out and about. Helen's poor mobility is caused by deterioration in her hips since her previous operations for hip replacements. Helen also suffers from osteoporosis and her hips have continued to deteriorate over time. Helen does not feel that her health would withstand another operation to re-correct the deterioration.

"My two hips are gone. I had them done years ago and t'was a new life to me. But they're gone now and with my heart and asthma they said I could die on the table, so I wouldn't take the chance of getting them done again.

Helen is heavily dependent on the local Family Resource Centre(FRC) which provides a Meals on Wheels service four days a week, transport to and from the centre, transport for weekly shopping and outings and transport to the hospital if required. The FRC has a bus that it uses to transport older people, and while not always available, they use a bus fitted with a wheelchair lift. When not available, Helen must use taxis if she needs to go to the hospital. Although she is entitled to claim back the taxi fare from the HSE, Helen finds that this process can take a long time and is too cumbersome.

"I've to go in to the hospital a lot alright, and eh, you've to pay for the taxis in and out and things like that."

**Interviewer: "So you have to pay for that yourself?"**

"Well, I'm able to go to the health board and claim it but, it takes such a long time and things like that"

Helen has been using local older person clubs since she was 60 and later the FRC when it was established. Helen is keen to point out how reliant she is on the FRC and how valuable the service is to her. The FRC provides her with an opportunity to socialise and to get out of the house which she would otherwise be unable to do unaided. As a weekly outing, Helen is brought to the nearest supermarket to do her shopping with the FRC able to assign a companion to assist her.

"I get very good help now in it [FRC]. They take me shopping on a Friday as well, from the resource centre."

**Interviewer: "Right, and is that into town?"**

"No I like Dunnes. I suppose I shouldn't be going but I like to go myself with it, but I couldn't go on my own, like that, so [FRC Coordinator] gave me somebody to go with...it's the only bit of outing that I have, except for the crafts and the club"

Helen also has a Home Help who comes in for two hours a day, five days a week. The Home Help has been coming to Helen for 14 years and, as Helen describes, “is like a daughter” to her. While Helen had a bad ulcer on her leg, she could avail of a nurse to change and dress the ulcer. Once the ulcer was healed, the nurse stopped coming but Helen still required creams and bandages to be changed and dressed to prevent the return. With extra time assigned, the Home Help was able to perform this task.

“So they got the, em, the lady in charge of the home help, em, she gave her an extra half hour for her to do them. To take them off and put them on again in the morning.”

Helen survives on the Widow’s Contributory Old Age pension, approx €240 per week. From that, she must pay €30 a week to rent her council house. Although she is entitled to free electricity she must pay for the gas herself. Some help is provided for that with the Fuel Allowance. Helen also feels that the price of household goods has gone up in the past year though with the meals provided through the FRC she does not require as many groceries as before. However, Helen points out that as a person living on her own, it is difficult to buy smaller portions of items and as a result, it is harder to keep used items from going off.

“The only thing is, living on your own, tis very hard to get small portions of this, that you’ve to get big...you’ve to keep and keep them if they last.”

When thinking about older people and the impact of potential cuts to social welfare payments Helen points out that older people do not have any recourse to supplement their income even if they wanted to.

“Well, there’s nothing they can do really, is there? I mean, they can’t go to work or there’s no jobs there at all. Sure the work isn’t there for the young people.”

When asked if there was anything that could improve her quality of life at the moment, Helen stressed the importance of maintaining the services provided by the FRC. This is evident not only in the services provided but the opportunities for social contact provided by the activities and older persons club.

“The only thing is eh, if anything happened to the Resource Centre we’d be finished.”

**Interviewer: “So you depend on it?”**

“Oh we do we do, sure they’re all very good up there. Very good they are. All the workers up there and everything. The dinners and everything.

**Interviewer: “And if that was gone?”**

“Well I’d have nothing. I’d be looking at the four walls here.”

# Case Study 17: Emily

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'Emily' is a 65 year old woman living alone in a suburb of Dublin. Emily has been retired for many years due to an acute medical episode that occurred almost 20 years ago. Although Emily made a good recovery it took six years to recover. As a result, Emily was left with impaired mobility and is not able to walk very far unassisted and has diminished strength in her arms. After her long recovery Emily was unable to work and has survived on the State Disability Allowance. She is also entitled to her rent, Fuel Allowance, electricity and TV license. Emily feels that these entitlements are essential in helping her to manage on a day to day basis on such a diminished income.

“So I find them great help, because you wouldn't, you just wouldn't survive, what with all the extras.”

However, there are some services to which Emily is not entitled, such as chiropody which she needs on a regular basis and this can cause an economic hardship when required.

“What I'm finding is, chiropody, now I can't get that. That was 55 Euros. I was buying my shoes from the chiropodist, I'd need an appointment for that.

**Interviewer: Were they a special type of shoe**

“Yes they are a special shoe. At the moment I'm wearing a flat shoe...but I have no strength in this leg, I was inclined to go over on that leg so that keeps me banjaxed...but they were €130 so I couldn't afford them.”

Emily is conscious of what money is coming into and out of the household and must balance her budget accordingly. This is not easy to with added expenses such as the special shoes and often she must do without. Particular jobs that Emily is unable to do because of her limited mobility requires her to pay someone to come and take care of them

“I get someone in to do the windows and clear out the garden and that, not a big job but every little jobs costs, you know.”

Emily feels that she won't be affected by the loss of the Christmas Bonus as much as friends of hers who have grandchildren. Emily would normally have used the bonus to buy special clothing such as larger sized jackets that she needs from time to time. However, she does not engage in much larger expenditure than normal at Christmas time as she is living alone.

Emily feels that the Fuel Allowance has not been sufficient given the recent weather patterns in Ireland, particularly last year when it was often cold in the summer time. She notes that the Fuel Allowance only runs from October to April and that this is not always adequate. She also feels the Fuel Allowance may be insufficient to cover the cost of heating particularly with the recent prices in fuel.

“My last bill was €67. That was for two months you know. And the one previous top that was well over a hundred. And you're coming in to the winter months now and the bill will be €190.



**Interviewer: “And does the Fuel Allowance cover the whole thing or is it a contribution?”**

“Well it’s 23 euros and something, I haven’t got the docket to hand, it’s €23 something. It goes a good part of it but, this year, I find I’ve had to hand out more money than I normally would have, that would have went on other things.

Emily feels that the wealthier members of society should be contributing more to help Ireland out of the recession in terms of taxation and she expressed annoyance at how things have gone. Emily also feels sure that more severe cuts are coming down the line and that she will find it far more difficult to manage on the income that she has, particularly if the government target some of the extra entitlements that are not included in the Social Welfare payment such as electricity, Fuel Allowance or TV license.

“Well, I don’t know what they’re going to do, they’re going to cut social welfare, or tax us like that, or take the extras that we get in like the Allowance or the TV license or the [electricity] units that we get...we’ll I don’t know if they’ll take it but they’ll tax it. I don’t know if they’re going to take it away. But it seems certain and there is...a certain amount of money that you (need to) live on.”

However, Emily feels that older people are not looking for any significant increase and, given their means, would be able to weather the current economic downturn as long as no further cuts are forthcoming.

“If we were left alone, even for a couple of years we’d probably survive.”

*“this year, I find I’ve had to hand out more money than I normally would have, that would have went on other things”*

# Case Study 18: Peter

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Peter is a 74 year old single man living in the heart of a large rural town in the south of the country. Peter lives in a terraced house that he shares with his brother. Peter is still working and is active in the local community, helping to administer a Day Centre for older people run by a local community organisation. He is also involved in many other aspects of local voluntary work and spends much of his time working on local older people's issues. Peter's work takes up a lot of his free time and he feels that he doesn't have a great deal of time for leisure activities. In fact, Peter feels he could probably do with relaxing a little bit more given his age and health. However, Peter derives great personal satisfaction from working in the community.

Peter does not drive and is grateful for the exercise he receives from walking, which he does on a daily basis, to and from various activities. When he needs to travel Peter relies on public transport. Although there is an Rural Transport Initiative (RTI) service operating within the local area, Peter rarely has cause to use it given his location in the centre of town. That said, Peter believes that the RTI is a vital service for older people in the locality and feels that, if it was reduced or withdrawn, it would have a very negative impact on the community. He also believes that there would be public anger if such a move was made.

“It is very popular, and people are worried in case it is withdrawn or restricted in any way.”

**Interview: “And what do you think would be the impact if that was withdrawn?”**

“Oh I think there would be an outcry. I'd say there would.”

Peter feels strongly that it is older people that have been hit hardest during the recent economic down turn and he believes that they may be seen as a soft touch where cuts need to be made. He was particularly concerned with the recent changes to the medical card.

Older people, I think eh, have taken a couple of hits, more so than any other group that I can think of. Like..., first of all, you had the Medical card cut back last October and I went up to the protest outside the Dail on it. Now people might think that judges and all these others had it, but I think people over 70 at the time, well, one of the great things about it was that it was a prevention measure, and it was saving the state a lot down through the years...and I think for the sake of a miserly few pounds, well.”

Peter outlined how he was personally affected by the changes to Medical Card entitlement. Peter has a number of medical issues that require the attention of health services personnel and there is also a need for medication. Changes in the qualifying criteria for the Medical Card meant that Peter had to cut back on the money that he was earning (through his work in the Day Centre) in order to continue to qualify for cover. In this way, the changes to the Medical Card entitlement has had a direct impact on Peter's own financial security as his earnings would not have covered the necessary services and medication that he requires.

“it affected me myself and I've cut back on whatever money I was getting, eh, as well, in order to fall in line with it.”

Peter qualifies for the State Pension and is also in receipt of a small additional pension entitlement from his former employer. This income is supplemented by his current work but there is a high degree of taxation involved and, as stated, this income has recently been reduced. Given the complicated nature of Peter's medical condition which, without constant treatment, would be potentially life threatening, Peter believes it would be 'impossible' for him to cover the costs involved without the Medical Card.

Peter feels that older people are generally better placed to cope with the recession given their experience of tough times in the past.

*"A lot of us grew up in times that were hard. I was born in the 1930's. And eh, so we've seen eh, after the wars and all, we've seen the ration books and we grew up with no electricity in the house, we had a town gas here, and outside toilets, and it's not so long ago. And I'm not saying that younger people can't [cope], but I think that there are different types of pressures today...I think older people by and large are able to cope."*

Peter feels however, that it is when older people lose their spouse or partners that they can feel a greater pressure. As well as the financial change Peter feels that older people can often be forgotten about, adding to the sense of loneliness and isolation that they feel.

*"I think when they lose their partners and that, they can be very isolated and after the time of a funeral and that, maybe a week, I think people can forget about them."*

***"Older people, I think eh, have taken a couple of hits, more so than any other group that I can think of"***

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*“They could give us a little extra for the heating. Now that I worry about, especially if it’s a bad winter for the heating. Those heaters, they tell me, are very heavy on the electricity....and on a very cold day it doesn’t throw out much heat... very deceiving.”*

\_\_\_\_\_ Bridie, 83 years old

# 5.

## Discussion: A Thematic Overview of the Key Findings

This section considers some of the most significant themes to emerge from the case studies. It is noteworthy that these themes impact on the five components shown to affect older people's life satisfaction identified in Ferring et al's (2004) EU multi-country study. These are:

- ⇒ Material security
- ⇒ Physical health and functional status
- ⇒ Self-resources
- ⇒ Social support resources
- ⇒ Life activity (Ferring et al, 2004).

For ease of comparison with findings from the literature review, findings in this chapter are organised by these categories.

A striking aspect of this data is the wide range of ways in which study participants were affected by the recession. The extent of its impact seemed to relate to the material and living circumstances of the interviewee prior to the economic downturn. Those living in, or close to, income poverty, felt its brunt all the more sharply than those who previously enjoyed a higher income. However, all shared a sense of indignation about the effects on the most vulnerable groups. Most, though not all, participants were vocal in sharing a sense of frustration, disappointment and anger with the Government, regarding their responses to the recession. In particular they expressed the view that the most vulnerable, and less well off in society were faced with the most severe consequences. The most affluent members of society, they felt, including those responsible for aspects of this economic downturn, were virtually unaffected by it. This concern was raised not only in relation to vulnerable older people, but also to the unemployed and other groups at risk of poverty. In particular, participants shared their sense of concern over the welfare and future of their children and grandchildren.

## 5.1 Material Security: A Changing Face of Poverty

One of the key findings to emerge from this small-scale study was the way in which some older people who, for a range of reasons, were surviving on a low income prior to the recession now found themselves living in poverty, with very little, if any, sense of security regarding their future. This qualitative difference in older people's experience of the recession was very marked. Those already living close to, or below the relative poverty line, have found themselves in a daily struggle to make ends meet.

These participants reported being stressed and worried about the future. They experienced a poorer quality of life than those who were more financially secure prior to the recession. Some shared a sense of fear that they might lose their entitlement to the medical card; this was caused by the introduction of gross annual income limits of €700 for a single person and €1,400 for a couple, in January 2009.

These participants survived through extremely tight budgeting, which often allowed no room for small luxuries, such as socialising, or even household renovation. They did not know how they would continue to survive in the face of further cutbacks to their income, or additional and/or increased charges, such as proposed water and bin charges.

Clearly, a sub-population of vulnerable older people are living in deprived circumstances, due in part to the recession. Having worked for most of their adult life, either in the home or in the workplace, these participants have found themselves in older age, living what is virtually a hand-to-mouth existence, with no security for their future.

The case studies also illuminate the experiences of those on a relatively higher income, have also lost some economic security, due to losses in their savings and investments. The day to day material wellbeing of these participants had not been affected by this; however, significant reductions in 'rainy day money' did have a negative impact on their emotional wellbeing, causing anxiety for these participants regarding their future welfare, and in some cases the burden they may cause for their children, or other family members.

When you get to my age, [I worry that] if I have to sell up and go into a nursing home, is there going to be enough money?

*Diane*

## 5.2 Physical Health and Functional Status: The Cost of Healthcare and the Recession

Regardless of their income status and level of financial security, almost all participants identified their health as a major concern, and one that has significant relevance to their income. Some participants had had to relinquish their private health insurance, due to spiralling costs. Others described their complete dependence on the Medical Card system.

Many interviewees expressed fear that, due to the declined value of their property, and or their savings, they would not be able to afford any significant health or nursing care costs, should they arise in the future, including nursing home care. It emerged that not only was the idea of staying in nursing home perceived to be a real possibility among participants, now they were also dealing with the fear that they may not be able to afford it.

Many interviewees shared extremely positive experiences of healthcare service providers. However, a clear distinction arose between perceptions of the standards of care of the service providers and what was perceived to be poor health service planning, and proposed cuts that will adversely affect those in most need of health care:

I can see the impact of the cuts. And I think it's absolutely ridiculous. Because I think the medical teams in there are great. Irrespective of cuts, they do a great job. ... They're absolutely marvellous. ... Some of them, if they leave they're not replaced. And if you look at the way money is spent, used and abused, they're cutting in the wrong places.

*Terry*

## 5.3 Self-resources: Survival Strategies

One of the most interesting findings of this research is the ingenuity and resourcefulness older people often apply to living under what would appear to be an impossibly tight budget. Shopping for food became a thorough, if tedious, search among various supermarkets for the cheapest version of essentials. Items usually considered to be necessities, such as clothing and home repairs turned into unnecessary luxuries. One participant cut branches from the trees in her garden during the winter and dried them out in order to use them as fire wood. Another admitted that if the €6.00 fee for attending his weekly day centre was increased, by any degree at all, he would stop attending. Such changes were perceived to be a necessity for this respondent even though the day centre was an important means of social interaction for him. Such strategies were usually described without any sense of hardship or indignation from the interviewee; they were means of surviving, and an attitude of stoicism was commonly adopted.

### *Information deficits*

An emerging theme throughout the research was how a lack of information, either prior to old age or in relation to specific issues, continued to undermine the strategies or potential strategies that older people may adopt to navigate some of the barriers to ageing. In her position paper for the Joseph Rowntree Foundation, *Creating a stronger information, advice and advocacy system for older people*, Claire Horton notes that “information in itself is not enough. Older people clearly state that they often need more than ‘signposting’: they also need guidance and support.”<sup>22</sup> Older people, just like most people in society, often need someone to help them through the complexities of pensions, service provision and entitlements. Indeed, Horton points out that service providers and community partners should not view the provision of information as an add-on to the job; it is the job.

Some respondents cited a lack of information concerning pension provision when they were of working age as impacting heavily on their current means. One respondent noted that both he and his wife should have ensured that credits accrued during working age towards a pension should have been maintained when his wife stopped working. The respondent felt that no information had been provided in that regard and it was not something that they had been aware of. A number of respondents were equally unaware that they could claim Carer’s Benefit, even though they had continued to act as carers for their spouses during the onset of chronic illness or disability. Knowledge of such entitlements is key if people of working age are to plan successfully for retirement. Similarly, an inability to ensuring that they have availed of all of their entitlements will have a significant impact on the quality of life of older people.

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22 Horton, C, 2009, *Creating a stronger information, advice and advocacy system for older people*, JRF <http://www.jrf.org.uk/sites/files/jrf/information-systems-for-older-people-summary.pdf>



## 5.4 Life activities: Non-Monetary Factors Relating to Quality of Life

Despite varying degrees of economic hardship experienced by participants, many felt that they enjoyed a good quality of life. It emerged that other aspects of their life played an important role in this regard. For instance, many participants were able to sustain a positive attitude to the recession, facilitated by the fact that they had survived periods of much greater financial hardship during their lives.

A strong degree of civic duty emerged among interviewees, with a high proportion of them being involved in community and voluntary work. Such organisations included the St Vincent de Paul, the Alzheimer's Society and Friends of the Elderly. One interviewee shared the view that the Active Retirement Association could potentially be mobilised to provide visiting social and even health care to socially isolated older people, via its members. This kind of work was not limited to those who enjoyed a relative material security; many interviewees on a low income were also engaged in such altruistic work. Many spoke of the value they themselves gained from this:

And you know what, they get great enjoyment out of it. [At Friends of the Elderly] I ask them can they sing or can they dance. They have a little sing-song down there ... I enjoy it also. Because it doesn't cost you any money to go out to it. It's an afternoon out.

*Jane*

## 5.5 Social Support Resources: Community Support Services are Vital

Strong interpersonal supports emerged as being invaluable, with spouses, family and / or friends. For those participants who, for a range of reasons, did not enjoy a strong network of interpersonal relations, various community and voluntary support services played an essential role in protecting them from social isolation. For example, the support groups and day centres provided by The Alzheimer's Society provided an important social outlet for those suffering from Alzheimer's disease and their carers. The day centres provided a brief respite opportunity for the carers.

You would miss it so much, because you don't normally meet a great number of people. It's great. Because it's surprising how few opportunities to talk to other people there are.

*Philip*

Another respondent cited the daily impact of the local Family Resource Centre (FRC) which was instrumental in providing a myriad of services including a venue for social activity, community support services, transport to hospital appointments and grocery shopping, provision of care services and provision of meals on wheels. The degree to which the respondent depended on the various functions provided by the FRC was obvious and the respondent was at pains to point out the affect that the potential loss of these services would have on her life.

The only thing is, eh, if anything happened to the Resource Centre we'd be finished.

**Interviewer: So you depend on it?**

“Oh we do, we do, Sure they're all very good up there. Very good they are. All the workers up there .... the dinners and everything.

**Interviewer: And if that was gone?**

Well I'd have nothing. I'd be looking at the four walls here.

The Rural Transport Initiative (RTI) played an equally important role in facilitating the social connectedness of those living in very rural areas, where public transport is not available and for whom driving is not an option. It is quickly apparent that in areas where the RTI is functioning any potential loss of the service is perceived as a serious threat to independence, the capacity to travel, social connectedness and community. Conversely, in areas where the RTI is not in service, respondents express frustration at the lack of such service, decry the options available to them and indicate a strong preference to see the service established locally.

As well as access to services, the essential role of local amenities was very apparent. Respondents felt that local stores such as convenience stores, local pharmacies, local GPs, cafes and other services commonly found in the community played a central role in their lives. Some hailed the convenience or lamented the inconvenience of certain store locations. Some respondents looked forward in earnest to their weekly outing to town, often provided by RTI services or other support mechanisms while others still worried about the potential impact of the loss of such services as they had experienced during the recent pharmacy dispute.

That thing about the chemists?...you know, That would affect us now. We'd have had to go into [Large town] to get our medication. Because the chemists down in the village, that's where I get my medication, he'd prescribe it for three months for you, but it would have meant we'd have had to go into Boots now, in town because that's the only place that was doing it.

Home Help, where provided, also played a valued, though usually resource limited role in helping people maintain their home. If budget cuts resulted in the removal of any such services, it would have a serious, negative impact on the quality of life of many older people who are already living in difficult circumstances.

*“if anything  
happened to the  
Resource Centre  
we'd be finished”*

\_\_\_\_\_ **Helen, 85 years old**

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*“Well, I have to say it was great, the Christmas Bonus. You miss it, you really do miss it, you know, because it was good because you got in extra coal or whatever you had to get, or oil.”*

\_\_\_\_\_ Colin and Catherine, 70 and 68 years old

**6.**

## **Conclusion and Recommendations**



## 6.1 Conclusion

This study has demonstrated, in concrete terms, a range of age specific and emerging conditions that are having an adverse impact on the lives of many older people living with the recession. Critically, it is the voice of older people, their outlook, their fears and anxieties, their resourcefulness and their stoic resignation to the current situation as it unfolds before them that is most striking. Older people are as much a heterogeneous group as any cohort of citizens in Ireland and yet the homogeneity of their experiences in the recession, particularly if living alone and on the State Pension, is remarkable. Changes to the Social Welfare system, loss of benefits, withdrawal of medical support structures or community services often increases the burden of isolation and deprivation while at the same time lowering expectations around quality of life. This is the harsh reality of daily life for many older people who, by virtue of age and financial status, must perhaps stretch each penny a little further than their counterparts of working age.

It is equally remarkable then that so many older people are able to remain positive, upbeat and in many circumstances, prepared in the face of the recent and likely ongoing economic difficulties. It is true that some mature older people feel that they may not see the end of the current crisis while many are hopeful that they will emerge once again into better times. Family is often an important foundational condition which provides much needed care and support in this regard while a strong sense of community and camaraderie, particularly with other older people, improves the overall quality of life of those fit enough, active enough, inclined to participate or encouraged to do so.

A sense that older people had been here before, had witnessed previous hardships, had learned the lessons of their parents and grandparents and had grown up in far leaner times was evident throughout the interview process. There was also a sense of anger that, having worked hard to secure a future for their children, much had been lost so quickly and through no fault of theirs. Indeed, without appearing to cast blame or aspersions (though general dissatisfaction with the status quo was evident) older people expressed more alarm and concern at the economic prospects of their grandchildren than they worried about themselves. Nevertheless, older people are worried about the potential impact of cuts to what they see are essential services and pointedly modest incomes. Their view is perhaps captured best by Anne-Sophie Parent, Director of AGE – the European Older People’s Platform when she says:

‘[W]hat is wrong with the current system is that those who cause the problems do not pay the price for their mistakes; it is society as a whole that pays, and above all those of us who are most vulnerable. Those who bear the brunt of the crisis have had nothing to do with it and have no control over what is happening to them.’<sup>23</sup>

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23 Anne-Sophie Parent, Director of AGE – the European Older People’s Platform. Cited in *Exchange Social Protection & Inclusion in the EU*. Issue 4/2008.

## 6.2 Recommendations

The present qualitative study is limited in scope and the research has been conducted with a small sample of older people. Nonetheless, the findings support the conclusions of an existing body of research on the welfare of older people in Irish society and point to the benefits of addressing older people's needs within a strategic framework. The researchers believe that the findings of the current study lend weight to the following recommendations:

1. It is clear from the case studies that most older people are heavily dependent on their pensions for day to day living expenses, food, fuel and limited social activities. The impact of cuts in pension provision would likely be felt across a large section of older people, forcing many to cut back on an already economical lifestyle.

**State contributory and Non Contributory Pension entitlements should not be cut and should, at the very least, be maintained at their current levels.**

2. The benefits and impact of the Rural Transport Initiative on the every day lives of older people should be acknowledged. This is a vital service for many older people, particularly those living alone in rural isolation, those with little or no access to public transport or with mobility difficulties.

**The Rural Transport Initiative should continue to receive adequate funding to maintain its existing level of service. Where possible the Initiative should be expanded nationwide.**

3. Many older people, particularly those on lower incomes have come to depend on the social welfare 'bonus' in December. Christmas is a notoriously expensive time in Ireland with increased costs in relation to food, fuel, essential items and of course, family commitments.

**The Christmas Bonus payment should be maintained for older people and people on low incomes to ensure that the burden of the recession does not fall disproportionately upon these groups.**

4. The reliance of many older people on the Medical Card is evident throughout the study both in terms of seeking medical attention and in relation to medication.

**Universal access to the Medical Card for those aged over 70 should be restored while no further cuts to the Medical Card provision should be implemented in the current economic climate.**

5. Older people are best placed to understand and articulate the needs of older people in Ireland. The experience and resilience of older people should be acknowledged as a national resource, capable of making an active and positive contribution to assist Ireland in getting through economic difficulties such as the current recession.

**Sufficient energy and resources should be employed to mobilise older people to help each other particularly through increased community participation and activism.**

6. Older people depend heavily on the existing, often under-resourced and under-staffed, community and voluntary sector to promote and maintain their well being, provide services that are otherwise unavailable and act as a means to improve social interaction and combat isolation.

**Funding for existing Community and Voluntary support mechanisms for older people should be maintained at current levels and where necessary improved at the earliest possible opportunity.**

7. Many older people act as carers or depend on home help provision to help them in performing activities of daily living. Many more do not appear to be aware of means and entitlements that they currently possess in this regard.

**An emphasis on awareness raising in relation to means and entitlements for older people, particularly in relation to support structures, grants, benefits and allowances, should be undertaken at the earliest possible opportunity to help improve the quality of life of older people.**

8. Information on entitlements including pensions, carers allowance, changes in services (e.g. Medical Card, Christmas Bonus), service provision and requirements are a vital aspect of planning for a successful retirement or for older age. Some older people demonstrate a lack of awareness on these issues, are often confused or do not know how to access the required data.

**Older people place a high value on information. Policy planners and service providers should ensure that older people can access timely, accurate and up to date information on issues and entitlements that concern them to facilitate ongoing independence and control. This is best achieved through a partnership process where older peoples' views and aspirations on the delivery of services are considered.**



# Bibliography

Age Concern 2009. *Coping With the Crunch: The Consequences for Older People*.  
Age Concern

Baxter, P., Jack, S. (2008). Qualitative Case Study Methodology: Study Design and Implementation for Novice Researchers. *The Qualitative Report*, 13(4).  
<http://www.nova.edu/ssss/QR/QR13-4/baxter.pdf>

Braam, A., Delespaul, P., Beekman, A., Deeg, D., Pere, K., Dewey, M., Kivela, S., Lawlor, B., Magnusson, H., Meller, I., Prince, M., Reischies, F., Roelands, M., Saz, P., Schoevers, R., Skoog, I., Turrina, C., Versporten, A., Copeland, J., 2004. "National context of healthcare, economy and religion, and the association between disability and depressive symptoms in older Europeans: results from the EURODEP concerted action." *European Journal of Ageing*, Vol. 1: 26-36.

Chung, S., Park, S., 2008. "Successful ageing among low-income older people in South Korea". *Ageing and Society*, Vol. 28, pp 1061 – 1074.

CSO 2007 *Ageing in Ireland* CSO, Dublin, Stationery Office

CSO, 2009 *Consumer Price Index: September 2009*. Dublin, Stationery Office

CSO, 2008, *EU Survey on Income and Living Conditions in Ireland*, Dublin, Stationery Office

CSO, 2007, *Life Expectancy in Ireland*, CSO, Dublin, Stationery Office

Drennan, J., Treacy, M., Butler, M., Byrne, A., Fealy, G., Frazer, K., Irving, K., 2008. "The experience of social and emotional loneliness among older people in Ireland." *Ageing & Society*. Vol. 28:1113 – 1132.

Ferring D., Balducci, C., Burholt, V., Wenger, C., Thissen, F., Weber, G., Hallberg, I., 2004. "Life satisfaction of older people in six European countries: findings from the European Study on Adult Well-Being." *European Journal of Ageing*, Vol. 1: 15 – 25.

Fundingpoint.ie, 2009, Funding to Enable Ireland Charity Shops down by 50%, <http://www.fundingpoint.ie/news/donations-enable-ireland-charity-shops-down-50> -Accessed 18 Sep

Gustafsson, B., Johansson, M., Palmer, E., 2009. "The welfare of Sweden's old-age pensioners in times of bust and boom from 1990". *Ageing and Society*, Vol. 29, pp 539 – 561.

Hardill, I., Baines, S., 2009. "Active Citizenship in Later Life: Older Volunteers in a Deprived Community in England." Vol. 61:1:36 – 45.

Horton, C, 2009, *Creating a stronger information, advice and advocacy system for older people*, JRF <http://www.jrf.org.uk/sites/files/jrf/information-systems-for-older-people-summary.pdf>

Kelly, F.M., Parker, A., J., 2005. *A Study of Retail Accessibility for Older People – The Elderly Poor and Their Access to Grocery and Financial Services in Dublin*. UCD: Dublin.

- Parent, A., 2008. "Viewpoint: The impact of the financial crisis and the recession on older people." *Exchange - Social Protection and Inclusion in the EU*. Issue 4.
- Sundstros, G., Tortosa A., 1999. "The effects of rationing home-help services in Spain and Sweden: a comparative analysis." *Ageing and Society*, Vol. 19, pp 343 – 361.
- Tchernina, N., Tchernin, W., 2002. "Older people in Russia's transitional society : multiple deprivation and coping responses." *Ageing and Society*, Vol. 22:543 – 562.
- Walsh, K, O'Shea, E., 2008. "Responding to rural social care needs: Older people empowering themselves, others and their community" *Health and Place*, Vol. 14: 795 – 805.
- Whelan, C, 2009 *The Life Cycle Perspective on Social Inclusion in Ireland: An Analysis of EU-SILC*, Dublin, ESRI <http://www.sparc.tcd.ie/presentations/CWPresentation191108.pdf>
- Yin, R. K. (2003). *Case study research: Design and methods* (3rd ed.). Thousand Oaks, CA: Sage

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*“Do you see, I never had money. I never had any money to spare in my life. So I’ve always been economical. ... I’d be appalled and amazed at the way people spend money. You know? Buying clothes, just for the sake of buying clothes.”*

\_\_\_\_\_ Barbara, 67 years old

# Appendices

# Appendix A



ID number

## Study of Older People's Experiences of the Recession

### Participant's Consent Form

Participation is voluntary and all information will be protected by the principles of confidentiality and both national and EU Data Protection Legislation

Please circle Yes or No on each line below to show whether or not you consent to participate in the study.

	Yes OR No
I have received and read the information sheet. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	Yes / No
<b>I agree</b> to being included on a working list of older people for potential interview.	Yes / No
If selected, <b>I agree to</b> take part in an interview about older people's experiences of the recession.	Yes / No
<b>I give permission for study staff to:</b>	
⇒ tape record the interview;	Yes / No
⇒ store my interview data permanently (for a fixed period) and confidentially (i.e. independent of my name and address).	Yes / No
<b>I would like a summary of the study results.</b>	Yes / No

\_\_\_\_\_  
Name of participant (block caps)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of researcher (block caps)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Study of Older People's Experiences of the Recession

### Participant's Study Information Sheet

#### What is the study about?

Ireland is experiencing a period of extreme economic turmoil. This study is about putting a human face on the lived experiences of older people who have been negatively affected by the recession. It aims to highlight the wide range of ways in which the recession has affected older people in a variety of circumstances.

#### Why are we contacting you?

You are being invited to join a working list of people interested in taking part in this study. Before you decide whether or not to be included on this working list, it is important that you understand why the research is being done and what it will involve. Please take the time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is unclear or if you would like more information.

#### Who is doing the study?

This study is being conducted by Liza Costello and Stephen O'Hare, independent researchers, on behalf of *Older & Bolder*. *Older & Bolder* is an alliance of eight not-for-profit organisations in the ageing sector who share a vision for Ireland as a society that affirms ageing and the rights of all older people.

#### What will the study involve?

A series of one-to-one interviews will be conducted with older people to build a holistic picture of the impact of the recession on them. The interviews will be used as case studies to capture the many ways in which older people are being affected by the recession. These can include, but are not limited to, loss of existing health and social services entitlements (e.g. Christmas bonus, medical card), loss of savings or investments, etc. The research also hopes

to capture the potential impact of cuts in other services such as the abolition of the rural transport initiative, changes in the carers allowance or cuts in pension entitlements.

### **Does the research apply to me?**

If you feel that recent changes to your financial or social independence are as a result of the current economic climate, then this research may apply to you. Your participation could help to give a voice to people in similar circumstances and help policy makers understand the needs of older people at this time.

### **Does being registered on the working list mean I will be a study participant?**

No. In order to ensure that this study represents the wide range of ways in which older people are being affected by the recession, more than 20 people will be included in the working list. We will then choose 20 people who will allow us to capture the widest range of relevant issues possible.

### **What happens if I am selected?**

If you are selected for inclusion in the study, a member of the research team will contact you to arrange an appointment to interview you. The interview will be at a time and place that suits you. During the visit the researcher will explain the purpose of the study and answer any questions that you might have. You will be asked to sign a consent form which states that you understand what the study is about and that you have agreed to take part and you will be given a copy of the consent form to keep. We will then talk to you about your experiences and how the recession has affected you. The whole visit will take about one hour.

### **What will happen to the results of the study?**

We will write a report based on the information we receive from the interviews. The findings of which will be made available to the members of the *Older & Bolder* campaign and their constituencies, older people and older people's representative organisations, media, politicians and policy makers, and the general public. We hope that the study will inform public attitudes and policy in Ireland regarding future developments in health and social policy as it affects older people living in Ireland.

### **Do I have to take part?**

No. Participation is voluntary – it is up to you to decide whether or not you would like to take part. Your decision will not affect your use of any service in any way. If you decide to take part, you are still free to withdraw at any time without giving a reason. If you do withdraw, you can ask us to destroy any information that you have given to us.



### How will your data and information be stored?

We will keep all of your details and the information you provide safe, secure and confidential. They will be protected by national and EU data protection legislation. Your interview will be stored anonymously (i.e. separately from your name and address) so that you cannot be recognised; we will use a coding system to maintain your confidentiality. No one outside the research team will see your name or other identifying details. We will not publish your name or any information that could identify you.

### What should I do now?

If you have any questions about the study, you can contact us (our details are below). You might want to talk things over with a friend, relative or service provider. Then please let us know whether or not you are willing to take part in the study by completing the reply slip attached to the letter and returning it to us in the enclosed pre-paid envelope by as soon as possible and not later than **Monday 31st August, 2009**.

### Where can I find out more?

If you have any questions that have not been answered here, please contact your service provider, or alternatively:

**Ms Liza Costello**  
**Senior Researcher**  
**Tel:** (01) 847 89 37  
**mobile:** 087 901 6684  
**email:** costelloliza@gmail.ie

*or*

**Mr Stephen O'Hare**  
**Researcher**  
**Tel:** 085 711 26 35  
**email:** oharesf@gmail.com

*Thank you for taking the time to consider taking part in this study.*

# Appendix C

## Social Welfare Payments for Older People

As of January 2009:

Payment	Age-group	Amount
Contributory State Pension	65+ years	€115.20 - €230.30*
Widows/Widowers Contributory State Pension	66-79 years	€230.30
	80+ years	€240.30
Non-contributory State Pension	66-79 years	€219.00
	80+ years	€229.00
Widow's/Widower's Non-contributory state pension	65 years +	€204.30

\* depending on number of PRSI contributions

Source: [www.welfare.ie](http://www.welfare.ie)



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