Report of the
Commission of Older People

Older People - Experiences and Issues

By Kathy Walsh & Brian Harvey

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Society of St Vincent de Paul

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Front Cover Image: A group of SVP members being consulted in Waterford

Back Cover Image: (left to right): Kathleen Dalton and Elizabeth Slevin, St Carthages Hospital Visitation Waterford, Brian Harvey (independent researcher), Helen Crowley, St Luke's Visitation Tramore, Terry Dolan and Marie Kimber , St Bridget's Shop, Waterford.

Photo for both images: Joe Dalton, Media Officer, South-East Region

Chairperson's introduction

I am pleased to present the report of the Older People's Commission. The Commission was appointed by the Society of St. Vincent de Paul (SVP) in June 2010.

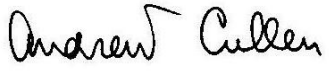
Since the Commission was appointed last June, we have met as a Commission on 5 occasions so far. At our first meeting, we appointed Mr Brian Harvey and Dr Kathy Walsh as consultants to assist us in our work and their extensive professional experience proved invaluable in making the consultation exercise a success. Through their analysis Brian and Kathy have assisted the Commission toward the development of its conclusions and recommendations.

The outcome of our work is a Report which comprehensively sets out the experience of many of the older people in contact with the Society, either as members, staff or the many people we assist who are older. As a result of the collation and analysis of these findings, the Report offers conclusions and recommendations which are now presented to you for consideration by the Society. We hope that our deliberations:

- give the Society valuable insights into the experiences of older people who volunteer, work for and who are assisted by the Society on the island of Ireland,
- assist the Society in the formulation of its policy position towards developments in public policy generally towards the ageing process and older people,
- offer guidance to the Society itself on issues which affect members who are older, and
- provide a broad insight into how services and supports are provided by the Society for and with older people and to offer some new ideas and approaches regarding the development of this work.

Mr Niall Watters was engaged separately to act as an independent evaluator of the overall process and his report analysed the effectiveness of the overall consultation project, for consideration within SVP.

I want to thank the members of the Commission and the many members of the Society and staff who facilitated and participated in the consultation process. I want to thank John-Mark McCafferty, in particular, for guiding us along the way with his extensive perspectives on the needs of older people at this time. Most of all, I want to acknowledge the important contribution by those who are assisted by the Society for their open and genuine contribution which made the exercise so worthwhile.



Andrew Cullen
Chairperson
Older People's Commission

Executive Summary

The Older People's Commission of the Society of St Vincent de Paul presents here the report of its work from June 2010 to March 2011. The Commission, comprising fifteen senior members of the Society and an independent chairperson, was established to learn of the experience of being an older person in Ireland today and to draw out the implications both for the Society and national social policy. Two researchers carried out a programme of consultations across the island, meeting with members of the Society in their Conferences, users of Society services, staff and volunteers, using a common template of questions. Meetings took the form of focus groups, one-to-one discussions and expert interviews. A total of 567 people participated and a cross-section was achieved across the country between the regions; urban, provincial and rural areas; and across socioeconomic groups. Overall, the gender balance was more female than male, reflecting the nature of the older population, but in other groups (e.g. users of homeless services) men were more represented. The Society's services were in the areas of visitation and befriending, day centres, social housing, holiday centres and projects for homeless people.

The principal findings of the Commission were that:

- When younger, older people had given very little thought to what it might be like when older. It was not something that they had prepared for. They began to notice that they were getting older gradually as they developed ailments, stiffness or more recurrent health problems.

- Important points of transition to old age were the loss of a partner and this research met many women who had been widowed, sometimes not long after their husband left the workforce. Many women faced old age on their own. Other points of transition were retirement from the workforce and the universally positive experience of becoming a grand-parent.

- Older people's attitude to old age was generally very positive - a time to be enjoyed, take holidays, be active and fit. The message of the 'active, fit' old age has been firmly embraced. Older people consider themselves much more fortunate than their parents or their children's generation. Their parents lived lives of great hardship, with little money, much physical toil and few labour-saving devices. At the other extreme, they had great apprehension for the future of their children and grand-children because of the economic collapse. They regarded themselves as fortunate and Ireland as a good place in which to grow old.

- Older people had mixed views of the younger generation, some finding that they showed little respect for older people, others telling of their kindness and courtesy. They felt that young people had high material expectations, were more aggressive (which they attributed to drugs and alcohol), applauded their positive, helping attitudes to people with disabilities and hoped that they would be more assertive than their generation had been.

- Patterns of family cohesion had persisted. Although there were exceptions, older people had frequent contact with their children and grand-children, who kept in regular contact through telephone and visits. There was no evidence of younger people abandoning and forgetting the older generation. Although crime had grown in recent years, with a need to lock the front door, older people spoke of the enduring quality of neighbourliness in the communities in which they lived.

- Loneliness was the biggest individual problem faced by older people living alone. Although the Society of St Vincent de Paul made its own contribution to combating loneliness, for example by visiting and the system of personal alarms, it was a much wider issue. Older people noted a reduced level of human contact as a result of declining public services (e.g. post offices, buses and trains) and automation, especially disliking robotic telephone answering systems. To keep in touch, many older people now used mobile phone, mainly for calls and a smaller proportion for texting. Few used personal computers or the internet.

- Income support was a key question for older people, but one where the answer was complex and subtle. Those who received the State pension were just able to manage, but they had long learned to be disciplined in money management. The State pension did not permit saving for a rainy day, emergencies, breakdown of appliances or repairs and this was itself a form of poverty. The Christmas bonus had been used by older people for this purpose and its abolition was still bitterly resented.

- The issue of income support had many important dimensions. Older people under the pension age but who had been self-employed had no form of income support. The research came across cases of people turned down for work in their fifties because they were too 'old' to work - in reality, employers preferred younger workers who were easier to control. Older people reported a range of stealth charges that were eating into their incomes: eye tests, blood tests, dental charges, waste charges, the new electricity charge and the prescription charge (many older people had multiple prescriptions).

- The greatest point of pressure on older people was fuel and heat. Fuel poverty persisted. Although housing, insulation and heating systems had now improved, many older people still had inefficient or expensive heating systems and had to resort to extreme 'siege of Leningrad' type solutions to keep warm.

- There was a strong sense of unfairness in government decisions about older people, which they contrasted with the extravagant lifestyles of ministers, the political class and the bankers.

- Older people regarded health services as good - once they got them. The consultations heard many reports of long waiting periods on trolleys (up to three days), long waits for outpatients and accident and emergency (4hr to a day) and prolonged delays to see specialists (up to three years). Experiences of poor hospital care were reported, with a

decline in nursing, the lack of stimulation of long-stay patients or people with dementia. There was strong resentment at the way in which people with money could skip the queue through the VHI. Older problems saw these problems as systemic and were puzzled at how the health services are now so badly and incompetently managed.

- Transport services were a significant problem, with many parts of rural Ireland having extremely limited services. Poor public transport was identified, surprisingly, as a significant problem in built up urban areas as well;

- A particular problem that was highlighted was the lack of transport services to hospitals. In rural Ireland, where hospitals or health services were closed, ambulance or transport services were not provided in their place. The research heard numerous examples of older people obliged to make long, difficult and sometimes stressful journeys to hospitals at great personal expense and time so as to keep appointments. Many of the services most valued by older people, like bus transport to hospital and home help services are relatively low-cost and low-tech, and should not be as scarce as they are. In the latter case, home help services have been sharply cut back and are now limited to two sessions a week of less than an hour, reaching the point where their value becomes questionable.

- Older people do not regard themselves as self-assertive, contrasting themselves with Britain, France and the younger generation. They regret that they are not more assertive and explain their docility as inherited from their parents' generation. An important finding was that older people could find no place or person where they could make complaints about poor public services: the system was incapable of handling, receiving or responding to complaints.

The research identified many important features of the work of the Society of St Vincent de Paul itself. The first was that its services were highly valued and affirmed by those who received them - the visiting services which brought comfort and friendship; the day centres which offered food, companionship and a broad range of social activities; the holidays, widely praised as the high point in the year for those who came to them; and the social housing projects which enabled older people live the rest of their lives with comfort, dignity and independence. There was still room for improvement: to involve tenants in the co-management of services, the introduction of a staged complaints system and the end of the harsh 'no pets' rule in some locations.

Recommendations were made as to how the Society can better manage its Conferences, involve and retain new and younger members and improve the style and format of meetings. The Society should establish a database of its services, publish a services directory and develop its systems for research, evaluation, reflection and the promotion of good practice, sharing outcomes with other voluntary organizations. Inter-generational projects, already successful, offered considerable promise. A key mindset message is that older people are an asset to Irish society and should never be considered a burden.

Older people were of the view that the Society must be much more outspoken in its advocacy work for older people. It social policy work must focus on defending and improving income supports for older people and related issues such as resistance to stealth charges. The Society must campaign on the specific issues arising from this study, such as:

- The persistence of fuel poverty and the need for effective policies to end it;
- An effective, fair, accessible, universal health service;
- Low-tech, high-value services that make a difference for older people, such as home help and transport services to get them to and from hospital;
- Homelessness and challenge local authorities who still refuse to house homeless people and health services who discharge sick people onto the streets;
- An effective complaints system in the public services, rebalancing complaints systems decisively in favour of the citizen.

Acknowledgements

The researchers wish to sincerely thank all those who participated in the consultations. They also wish to specifically thank those in the Society who helped with the setting up of the various meetings including: Maureen O'Donoghue, Lixnaw; Joan Kiernan, Day Centre, Newbridge; Bob Maher, Thurles; Anne Cuffe FitzGerald, Dun Laoghaire; Kathleen Dalton, Waterford; David O'Neill, Waterford; Colette McCaw, Bethany House; Paul Hutchinson, Michael Garry House, Naas; Catherine Munro, Monkstown; Eileen Hoffler, Limerick; Sr Delourdes, Tralee; Liz Galwey, Castleisland; Joe Fitzpatrick, Naas; Patricia McGuane, Naas; Breda Costello, Day Centre, Kildare; Sr. Carmel Cantillon, Tralee, Co Kerry; Margaret Sheehy, Day Centre, Mitchelstown, Co Cork; Maureen O'Donoghue, Day Centre, Lixnaw, Co Kerry; Brian Brennan, Newbridge, Co Kildare; Tom Murphy, Lismore, Co Waterford; Tim Gallagher, Newbridge, Co Kildare; Dave Foley, Broc House; Anne Sweeney, Kerdiffstown, Co Kildare; Gerry Mangan,; Joe Dillon, Limerick; Bill Nash, Clonmel; Kitty Hynes, Commissioner, Wexford; Columba Faulkner, Commissioner, Dublin; Liam Fitzpatrick, Commissioner, Cork; Eamon Hayes, Dublin; Dr Tom Mullin, Deerpark House, Cork; Rory Spain, Bethany House, Sandymount; John Joe Kenneally, Day Centre, Ardagh, Limerick; Elma O'Mahony, Cork; Emmet Kennelly, Ballybunion,; Joe Dalton, Waterford; Bridget Braham, Gorey; Donie Boland, Gorey; Brendan Hennessy, Cork; Albert Perris (National Office); Margaret Rogers, (National Office); John Mark McCafferty (National Office); Mary Dempsey, Wexford; Mary Blake, Thurles; Catherine Monaghan, Killarney; Brendan Dempsey, Cork; Padraig McCarthy, Cork; Eddie Shiels, North West Region; Cormac Wilson, Northern Region; Norah Canning, Derry; Pat McCann, North Belfast; PJ McLean, Co. Down, Gerry Lennon, Castlewellen, Co. Down, Stephen McAnee, South East Belfast, Anne O'Kane, North Belfast; Ruth Flynn, Oriel Region; Eileen Gernon; Madeleine Mellot, Co. Cavan; Maura Delaney, Co. Louth; James Fitzpatrick, Dundalk; Pat Sheedy and Ian Duncan St. Benedicts Housing, Malahide, Patricia Carey, Dublin Region, Paddy O'Toole, Dublin; Peig Laverty; Bill Donavan (Kerdiffstown); Edel Pierce, West Region; Luke Tighe, Tuam; Colin Noonan, Galway City; Loretta Needham, Croí na Gaillimhe; Siobhan Hedigan, Breffni Region, Ray Kelly, Sligo, Liam McGibben, Swinford, Jean Naughton North Midlands, Joe Cassidy, Mullingar; Gerrard Tynan, St Peter's Hostel, Cavan; Bridget Fanning, Project Leader, Market St. Galway, Mary Sheridan & Jacqie, Rathmullan Activity Centre. Thanks are also due to Adele McKenna the third member of the research team who undertook the telephone interviews.

Contents

1. INTRODUCTION

1.1 BACKGROUND

The Society of St. Vincent de Paul (SVP) is Ireland's largest charity of social concern and action. It has over 10,000 volunteer members throughout the island of Ireland. The Society provides practical and befriending services and supports to those experiencing poverty and social exclusion. Older people are one of the groups supported by the Society.

1.2 THE SOCIETY AND THE COMMISSION ON OLDER PEOPLE

The Society, believing older people to have an important role to play in Irish society, made an application to Atlantic Philanthropies for funding to undertake consultations with older people who volunteer, work for and who are assisted by the organization and to model new, more imaginative ways of working with older people where the emphasis is on creating spaces for reflection on their experiences. This application was successful and work began in spring 2010.

The establishment of the Commission of Older People was the first task. The role of the Commission was to oversee and be involved in the consultation process and development of the report's recommendations. The Commission, which consisted of 14 individuals, met on six occasions from June 2010 to March 2011. The members of the Commission were members of the Society with skills, knowledge or expertise in age-related issues. A recently retired senior civil servant, kindly agreed to chair the Commission. The members were:

Composition of the Society of St Vincent de Paul Commission on Older People	
Andy Cullen (chairperson)	Gerry Mangan
Maura Delaney	PJ McClean
Joe Dillon	Liam McKibben
Columba Faulkner	Madeleine Mellett
Liam Fitzpatrick	Patricia Mooney
Eileen Gernon	Catherine Munro
Kay Hogan	Bill Nash
Kitty Hynes	Paddy O'Toole

The second task was to recruit consultants with professional experience in the area of social research to support the Commission (to undertake the consultations on behalf of the Commission with older voluntary members, staff and service users, to provide secretariat supports to the Commission and to draft the report/s). Following a public tendering process, Kathy Walsh and Brian Harvey were appointed to provide these services to the Commission and to draft and conclude the Commission report. The consultations were undertaken from late August 2010 to January 2011 and were also the subject of an external evaluation undertaken by Niall Watters.

1.3 THE CONSULTATIONS AND THE CONSULTATIVE PROCESS

The consultations undertaken as part of this study were arranged with the assistance of Regional Presidents, Regional Administrators, Commissioners and staff at the National Office. The decentralized structure of the Society (and the fact that the Society does not currently have a comprehensive list of its own services), made the process of arranging meetings slow. Permission to access particular services/Conferences generally had to be sought at a number of levels. Once the protocols and permissions were cleared, there was a warm welcome for the consultations. Local offices, staff, managers and residents went to some effort to make them successful events.

The consultations were all structured around three key areas: individual experiences of getting older, issues related to aging (including activities, concerns, etc) and issues related to how older people are treated by wider society in general and the Society in particular. The actual consultations took a number of different forms as follows:

- Formal focus groups (led by a facilitator and generally involving four or more individuals);
- Interviews (either in person or over the telephone);
- Small scale informal discussions/conversations with two to three people attending services (this format was particularly used where hearing, sight and/or physical difficulties were an issue for the consultees).

The introductions to the consultations generally followed a broadly similar format:

- The centre manager, Conference President, or the person in charge welcomed people to the event (this stage was skipped for the interviews);
- The researcher outlined the role of the Older People's Commission, the purpose of the event/interview and the relevant guidelines. These were:

    - Comments were made on a not-for-attribution basis;
    - People were free to leave at any time and need not offer an explanation;
    - Participants had the right to remain silent, but it was still hoped that everyone would participate;
    - No one would be asked how old they were, although they were free to volunteer it if they wished (quite a number did).

- It was explained that the event was to assist the Society of St Vincent de Paul and that the findings would contribute to a report for the Society which would then be circulated within the society, with the probability of a public version for wider circulation. It was agreed and indeed requested that a copy of the final report would be sent to the presiding person when the process was complete.
- The researcher went on to outline the areas to be covered making it clear that participants could add any additional issues they wished.

The more formal focus group style consultations generally lasted between 45min and two hours, depending on the group, the time of day and timetabling in the location concerned. The less formal discussions and interviews lasted anywhere from 15 - 30min, depending again on the individuals involved. Handwritten notes were made during the discussions and tidied up shortly thereafter, while some sessions were also digitally recorded to enable the researchers enhance their notes.

This research attempted to be as representative as possible and efforts were made to obtain a balance of geography, age (within the elderly), location and socioeconomic class. In the event, the consultations crossed a range of socioeconomic groups, some participants being evidently more affluent (e.g. supplementary private pension, VHI, car owning, golf-playing), while others had much more limited economic resources. See table 1.1 for details of the locations and types of consultations undertaken.

Table 1: Locations and types of consultations undertaken

Region	Location	Type of Consultation	Consultee Type	No
Connaught	Tuam, Co Galway (2)	Small scale informal discussions/conversations One to one interviews	Members, staff and service users	7
	Dunmore, Co Galway	Small scale informal discussions/ conversations	Service users and Members	6
	Lunch Club, Sheltered	Small scale informal discussions/ conversations	Service users (including tenants)	22
	Housing and Hostel Galway (3)	One to one interviews		
	Sligo Town	Formal focus group	Members	10
	Sheltered Housing and Active Retirement Group, Swinford, Mayo	Small scale informal discussions/ conversations One to one interviews	Service users, tenants and members of local active retirement group	23
	NUIG Galway Intergenerational project	Small scale informal discussions	Service users and Members	3
Leinster	Milltown, Dublin	Formal focus group	Service users (including tenants)	5
	Monkstown	Focus groups	Service users	10
	National Office	One to one interview	Member	1
	Sandymount Dublin	Individual interviews	Service Users	5

Table 1: Locations and types of consultations undertaken (cont.)

Region	Location	Type of Consultation	Consultee Type	No
	Sheltered Housing North Inner City Dublin	One to one interviews	Service users (tenants)	2
	Sheltered Housing Malahide	Formal focus group	Service users (tenants) and staff member	13
	Dun Laoghaire	Conference meeting	Visiting Conference Service users	15
	Dundalk	Formal focus group	Members	7
	Newbridge (3)	Focus groups	Service users Members	5
	Naas	Individual interviews	Service users	2
	Day centre Kildare	Focus group	Service users	20
	Holiday Centre (2) Co Kildare	Small scale informal discussions/conversations One to one interviews and focus groups	Service users Members and volunteers	50
	Day Centre Carlingford, Co. Louth	Small scale informal discussions/conversations One to one interviews	Service users and Member	14
	Waterford City	Focus group	Visiting Conference	7
	Lismore, Co. Waterford	Formal focus group	Members	12
	Waterford	Focus group	Members	17
	Athlone, Co. Westmeath	Formal focus group	Members	4
	Mullingar, Co. Westmeath	Formal focus group	Members	9
	Social Housing Project, Gorey Co. Wexford	Focus group	Service users (tenants)	20
	Wexford Town	Focus group	Shop workers members	20

Table 1: Locations and types of consultations undertaken (cont.)

Region	Location	Type of Consultation	Consultee Type	No
Munster	Day Centre Thurles Co Tipperary	Focus groups	Members and service users	6, 29
	Lismore, Co. Waterford	Formal focus group	Members	12
	Waterford	Focus group	Members	17
	Day centre Lixnaw Co Kerry	Focus group	Service users	14
	Tralee, Co. Kerry	Formal focus group	Members	7
	Day Centre, Kilorglin, Co. Kerry	Focus Group	Service users	24
	Castleisland, Co Kerry	Focus group	Members	4
	Mitchelstown, Co Cork	Focus group	Service users	23
	Day Centre Ardagh, Co Limerick	Focus group	Service users and members	9
	Friar's Walk, Cork	Individual interviews	Staff, service users	6
	Hostel, Limerick	Focus group	Service users	9
Ulster	Mullagh, Co. Cavan	Formal focus group	Members	9
	Hostel Cavan Town	Small scale informal discussions/ conversations	Member and staff	2
	Nursing Home Visitation and Member Meeting Derry City	Small scale informal discussions/ conversations one to one interviews and a focus group	Service users and members	14
	Castlewellan Co. Down	Focus group	Members	8

Table 1: Locations and types of consultations undertaken (cont.)

Region	Location	Type of Consultation	Consultee Type	No
Ulster cont	Activity Centre, Rathmullan, Co Donegal	Small scale informal discussions/ conversations and one to one interviews	Service users and Members	12
	Sheltered Housing, Limestone, North Belfast	Focus Group	Service Users	12
	Crescent Gardens, University Area, Belfast	Focus Group	Members	5
Various	Various Telephone interviews	One to one telephone interviews	Members and staff	19
	Various face to face interviews:	Bill Keating, Tallaght; Bill Maloney, Limerick; Colman Hesse, Cork; Con Ryan, Thurles; Denis Curtis, Limerick; Eugene Feeley, Limerick; Geraldine O'Sullivan, Killorglin: Joan Foley, Killorglin; Joan Walsh, Kerry; John Calnan, Cork; Kay Hogan, Dublin: Lorraine Moroney, Limerick: Pauline Lohan and Luke Tighe, Tuam; Michael Brennan, Kildare; Robin Triggs, Cork; Sharon Hegarty, Cork; Tom Flynn, Limerick: Cormac Wilson,Belfast		17

A number of people with specialist knowledge were also interviewed to provide additional depth and breadth of detail (last box). Notes from these interviews have been composited and relevant views incorporated into the report.

The researchers strove to get both a gender balance and a cross-section of ages within older people among the consultees. Among service users, women made up the majority of contributors in day care/activity/resource centres and holiday groups, while men were the main contributors in homeless services and some social housing projects. There was a good mix of men and women consultees among members, although some Conferences had predominantly male members while others had predominantly female members. Many of the female consultees (members and service users) were widows, who had lost their husbands often in their sixties, reflecting the different life expectancies of men and women.

The numbers who participated in the process enable us to present a substantial 'snapshot in time' of the situation of older people in Ireland over 2010-2011, providing ground truth that lifts their experience far beyond the anecdotal. Of the total number who participated, about half were users of the Society's services.

1.4 A DEFINITION OF OLDER PEOPLE

There are several ways of approaching a definition of older people. Historically, the term 'older people' was applied to persons of state pensionable age (66 years in Ireland, 60 years in Northern Ireland for women and 65 years for men; normally around 60 in continental Europe). Statistically, the census uses five-year age categories (50-54, 55-59 etc), with 'older' being commonly considered as the category of '65 and over', a system also used at a European level.

Legally, in the terminology of the European Union, 'older workers' are identified as those aged 50 years, for this is the age at which people are entitled to seek protection from discrimination on grounds of old age by both the Equality Authority and the Equality Commission for Northern Ireland. In the social welfare code, the Department of Social Protection in Ireland introduced 55 as the age cut-off point between unemployment benefits and 'pre-retirement' (you could no longer be unemployed at 56). 60 is the age at which many occupational pensions are available. The National Council for Ageing and Older People used the terms 'frail elderly' and the more neutral 'older elderly' for those 80 and over and this is a useful sub-distinction.

The lifecycle approach is also useful in determining 'older': the point at which children are reared and have left home; there may be grandchildren; parents have probably passed on; homes may have been paid off; retirement from work may have either been reached or is on the horizon; but it is still very active and participative. Health is also an important determinant in defining old age. A significant achievement of late 20th century Europe is healthy and relatively disability- free ageing, so that, barring some ailments, many older people retain a high degree of independence until well into the seventies and even eighties (some even further). This is not universally the case, for some are afflicted by illhealth, occupational or other disability from a much earlier age.

The Commission decided to take a pragmatic approach which was to:

- Set 60 as the broad point at which 'older' applied;
- Be conscious of issues of discrimination from age 50 onward;
- Take into account the situation of frailer or older elderly from 80;
- Recognize the validity of the various approaches outlined above: historical, legal, statistical, lifecycle and health.

1.5 OLDER PEOPLE ON THE ISLAND OF IRELAND

There are currently 690,000 people aged 65 or over on the island of Ireland.[1] They make up 11% (467,000) of the population in Ireland and 13% (223,000) of the population of Northern Ireland, making the island one of the most 'youthful' in Europe. Life expectancy for men is currently 76.8 years in Ireland and 76.3 years in Northern Ireland while for women, it is 81.6 years in Ireland and 81.3 years in Northern Ireland.

1 *Terminological note. The two jurisdictions in the island will be referred to according to the conventions currently used by and in both states, which is that 'Ireland' shall refer to the 26 countries and 'Northern Ireland' to the six norther counties.*

As a result, women are represented much more among 'older people'. By 2031 it is projected that the percentage of people aged 60 or over will increase to 28% in Northern Ireland and reach this level by 2041 in Ireland, with a significant increase in the older old, particularly as life expectancies increases due to medical advances.[2] It is not surprising to find that the average age of retirement on the island is rising, from 63 in 2001 to 64 in 2008 (this compares with a European average of 60 and 61 respectively).

Older people were traditionally one of the poorest sections of the population on both parts of the island. Pension improvements in Northern Ireland from 1945 and in Ireland from the 1970s saw a reduction in the number of older people living in or at risk of poverty. It is currently estimated that 11% of older people in Ireland and 17% of older people in Northern Ireland live in or at risk of poverty. These figures do however fluctuate, for they are linked to the fact that the incomes of most older people cluster around the poverty line (60% median in-comes) so that comparatively small changes in the value of pensions can have a significant impact on the numbers moving above or below the poverty line.

Within the older population, some sub-groups are more likely to be poorer than others: the risk of poverty increases, for example, for older people living alone, women and those in rural areas. The level of pension compared to the average wage is low in Ireland, the second lowest in Europe, with a benefit ratio of 27% (35% is the UK figure)[3]. The level of political mobilization of older people in both parts of the island is also considered low compared to continental European countries.[4]

2 *This and subsequent figures in this section from CARD1: A picture of aging research: aging research in Ireland, North and South. Centre for Aging Research and Development in Ireland, Dublin, 2010.*

3 *Daly, Mary: Measured or missed? Poverty and deprivation among older people in a changing Ireland. Dublin, Older and Bolder, 2010; European Commission: Toward adequate, sustainable and safe European pension systems. Brussels, author, 2010.*

4 *Acheson, Nick et al: Social policy, aging and voluntary action. Dublin, IPA, 2008.*

2. THE FINDINGS

2.1 THE AGING PROCESS

This section first examines the extent to which older people's experiences of aging and old age matched their expectations. It also explores some of the key events that mark the transition to older age and the different activities people are involved in as they get older.

2.1.1. Expectations of old age

Almost none of the older people consulted ever imagined what it would be like to be older. 'It's not something you ever thought about in advance', almost all said, with the rider that 'old age was always relative'. When the current members of the older generation were teenagers, anyone over 30 was 'old' and over 40 was 'ancient'. One contributor remembered as a child that his grandparents lived with them and his parents had taken him aside and said 'you'll look like them one day', something which stuck in his memory. A number of contributors spoke about the shock of one day 'looking in the mirror and seeing their mother's face looking back at them'. It was impossible, therefore, to ask old people whether old age had turned out to be different from what they expected, granted that they had had no expectations (a number of older men, though, sadly volunteered that they had never expected to be either alone or homeless in old age).

In comparison with their parents and grandparents

When the older people consulted were asked to compare their situation with that of their parents' and grandparents' generations, they always agreed that they were better off than their parents who had lived lives of considerable poverty and hardship. They had no labour-saving devices, like washing machines and dish washers. Some had neither shoes nor electricity until the 1950s and had to fetch water from springs. Outdoor washing tubs were used as late as the 1970s. The older people consulted frequently remarked on the fact that their parents' generation had been accepting of their situation: 'they scrubbed the floors and never complained. It was 'work, work, work', with little time off. 'My mother went nowhere: she had no life', said one. Some lived in quite poor housing conditions, with water on the walls, open fires and, as they said, 'the cold, the cold, the cold'. They did a lot of hard manual work on the land. They had no time off. 'Our parents had a hard time. They didn't have parties or holidays. My father often didn't have work'. One man recalled how his mother was 'in a sanatorium and had lived in abject poverty'. Older people forty and fifty years ago could not afford a doctor. They did not live as long: living to seventy then was unusual.

The older people consulted portrayed their parents' lives as frugal and selfsufficient. They had a sense that the lives of their parents were simpler and happier: 'they didn't have a lot, but they expected less'. They made their own bread. Their parents were much better at amusing themselves - there was no television to watch, but they might have a radio. Some had large families as big as 14. They had little money, but managed well. They had 'great stamina'. Costs were lower then, you didn't have a car to run and it was a generation

that lived frugally. Lives were safer then, especially walking along the road. People were more creative in making their own entertainment (e.g. music, cards, dancing.)
It was also often seen by many of the consultees as a restricted, deferential generation: 'in rural areas, people were conscious of their lack of education. In most rural schools, few went beyond primary education, especially men. The consultees regarded this as a great pity, because many of that generation were capable, clever, shrewd people in their own way, but they never had a chance. They had an inferiority complex, they could not articulate a lot of the things they felt, they called the farm inspector Sir and they were afraid of getting above their station, so they reigned in their ambitions. The consultees remarked on how glad they were that such attitudes and practices were now long gone.

In comparison with their children and grand-children

The older people consulted as part of this study expressed considerable apprehension as to the future of their children and grandchildren - 'heaven help young families now' was a sentiment frequently expressed. Many felt that younger people had a difficult future ahead and felt very sorry for them. Raising a family now was seen to be a challenge, a rat race, with both parents working and school runs to do. Some older people believed that they had an important role in supporting and helping the young people in their lives, particularly with breakdowns in family structures. Interestingly but perhaps not surprisingly, with the exception of grandchildren (and interaction with grand children by its nature tends to decrease as grandchildren grow up and grandparents age), most of the older people consulted had very little contact with young people, a symptom of the widening distance between the generations. One or two male consultees cited the decline of the pub scene and arrival of super pubs as a contributor to a decline in the mixing of generations.

Older people believed that finding work was going to be challenging for young people. They cited numerous examples of young people spending four years at an institute or college but being unable to get jobs afterwards. One comment was that 'It's like 1952 all over again. There's nothing left and the best people go [emigrate]'. Some even speculated that as young people emigrate again, Ireland would become a nation of older people.

The consultees noticed big changes in the lives of today's children: with big school books to carry, less exercise, more pocket money and mobile phones from a young age. They did not think children learned or knew how to manage their money. 'I fear for my grandchildren, as they do not know what it is like to do without'. Most of the older people consulted stated that they did not have money when they were young and as one man put it, 'I was 20 before I had money and then it was only pocket money, having handed my pay to my mother for the house'. The consultees generally believed that the younger generation is more demanding than earlier generations, expecting ipods, phone upgrades, credit and so on. They were of the opinion that the younger generation 'didn't understand the words "you can't have". . . '.

There was a strong belief among the older generation that the Celtic Tiger era had destroyed many of the old values with its ethic of money, money, money. Some believed the younger generation had 'gone soft', been sheltered and had grown used to its comforts. Younger people had computer games and Facebook, but little collective entertainment and less time, fun and humor which were great losses. The majority of the older people consulted would not like to be young, granted the challenges that are currently facing young people now. There was a view among many consultees that older people have skills that could be used to support young people who may be struggling or who might want to learn skills that would be useful in a downturn (woodwork, sewing, etc).

Respect for the current older generation

An important issue in the exploration of the expectations of older people was the degree to which older people felt valued and respected by younger people nowadays. Very mixed views were expressed here.

There was a widely held view that young people did not have as much respect for older people as they had in the past. Young people now rarely gave up their seats for older people on buses and there were cases of purse-snatching. 'They would cycle on the footpaths, knock you down and laugh at you or ignore you if you fell down'. Several used the phrase that young people were out of control: argumentative, bossy, cheeky to their teachers, 'answering back' and those who committed crime could not be brought to court any more. The common courtesies like opening the door, standing back and letting an older person through first seem to have slipped'. Many of the older people saw the younger generation as more individualized, with a "do-your-own-thing" attitude. Older people generally believed the differences between them and younger people generally related to money, discipline and to respect. 'It used to be the way that young children were to be seen and not heard: now I have the feeling that older people should be seen and not heard'. Equally, many older people were quick to defend today's younger generation and cited numerous instances of kindness, courtesy, patience, politeness and mannerliness by young people on buses, helping older people across the street in the snow, carrying their cases or shopping, saluting them in shops and so on. Older people participating in an intergenerational project in contrast spoke about the kindness of the younger people they were working with.[5] Some said they had never been shown any disrespect by younger people. One noticed a huge improvement in attitudes to people with disabilities: 'Our generation used to gossip about people who were then called 'the handicapped'. Young people don't mock the handicapped now and moreover, won't tolerate it by others, preferring to help them instead'.

5 *Intergenerational projects bring together older people and younger people in a learning or sharing experience. They may range from once-off experiences (e.g. second year students demonstrating or teaching mobile phones to older people) to long-term, structured situations.*

Several noticed that there was a higher level of aggression among younger people now, possibly a feature of the greater pressure which young people were under and which led to their becoming unhappy and disturbed. They commented on how some younger people carried weapons (e.g. knives, guns) and sometimes looked for a fight, 'would stir things up' and engage in street intimidation. Some of the consultees attributed this rise in aggression to higher rates of alcohol and/or illegal drugs consumption, which in turn were exacerbated by excessive levels of violence on television.

Explanations offered by the consultees for the negative behavioural changes observed in children and young people included the absence of physical punishment and a lack of discipline by parents in the home. Some older people were of the opinion that some parents provided a poor model to their children in terms of swearing, etc. Many of the older consultees also recognised the fact that it was more difficult for parents and particularly mothers to find time for their children, given that they were now working outside the home. 'It must be very difficult to rear a family now', several commented. People observed generational change in other ways: people running the Society's services noticed how older people using their services thanked them graciously 'but young people never said "please" or "thank you"'.

2.1.2. Transition to old age

Many of the older people consulted believed that being old was more a state of mind than body: as one consultee put it, 'you can find a young 95 year old and an old 50 year old'. Some of the older people, even in their 90s, had difficulties recognizing themselves as being 'old', given that they felt youthful at heart. People told stories of 85-year olds who refused to go to an 'old folks' party' as being 'not my age group'. At the other end of the age spectrum, one woman who was in her fifties memorably told a consultation that she had never considered herself to be old 'until I came to this meeting this morning'. This was a discussion that was generally characterized by jocular and humorous denial: 'sorry, I'm too busy to be old'. In many cases the consultees were keen to stress that while their bodies had aged, they did not feel any different. As one man said 'I don't feel any different than I did twenty years ago, but I do occasionally have senior moments when I find it hard to find the words I want. Names can be a problem as indeed can tying my shoe and staying awake'.

The process of transition to older age was identified as particularly challenging for people with ill health or mental health issues. As part of the consultations, the researchers met individuals who were long term homeless because of mental health issues; and came across issues linked to both alcohol and substance abuse and even individuals who had been the subject of sexual abuse in institutional care. These individuals had clearly found it hard to maintain their health: many were in poor physical condition and had lost touch with family. Some were in long term accommodation provided by the Society: where this was the case and they were free to come and go, they were generally very content.

Markers for the aging process

Most people, when they talked about aging, spoke about it having crept up on them with the arrival of grey hair and a gradual increase in the levels of ailments, noting that 'it's not as easy to get out and about as it was'. The arrival of grey hair, wrinkles and age spots was a particular issue for women, a number of whom spoke about how difficult it was for them to deal with and to accept. Others remarked on the arrival of gradual stiffness, for example, getting onto a train; others noticed slowness, 'creaking bones', or as one said: 'you realizeyou are not a 25-year old anymore, you slow down on the stairs'. For most, aging was a very gradual process with no one single event: it was rather something that crept up on you: 'household things, like housework and cooking take longer now'.
Several experienced the slow onset of arthritis and sore hands and joints.

For some, the arrival and subsequent departure of children and big birthdays provided significant aging markers. 50 was the most common age at which people began to consider themselves aging. For some, it was retirement from a particular sport or interest, for example for one former rugby player 'not being able to play contact sports any more was a sign of age'. For others, it was the recognition that the family home was too large and the subsequent re-location to a smaller house/apartment. It might be the recognition that they slept less well ('often waking at 3am'). Some said that they lost interest in going out at night, at least during the winter. Some noticed how it was more difficult to remember names, which was always annoying, or they forget things on their shopping list. Going onto anti-cholesterol medicine was another marker. One noticed wistfully that young people had begun to offer her chairs or seats and open doors for her - 'as a sure sign people see me as old'. Several noticed how they developed a sense of their own mortality, especially when people in their own age group died, for example from cancer. Many admitted that denial was a frequently-used coping strategy: 'I was 39 for several years'.

Where the older people had accepted that they were now older, some were very positive, others were more stoical: 'You get on with it as best you can'; 'you keep going'; 'keep going - it's your only option'; 'you take one day at a time'; 'every day is a bonus'; 'I am ready to die once I can no longer take care of myself'; 'it's not as easy for me to get around anymore but it's not as bad as it could be'.

Bereavement

A key point in the transition to old age for many older people was the loss of a beloved spouse or partner. The research came across many women whose husband had died in his early 60s, or remarkably soon after leaving the workforce. For many, it was an overwhelming event in their lives that they spoke with great emotion about it in terms of the gap that had been left in their lives and the struggle it had been. It could still be difficult to cope, on one's own, with practical things like banking, housekeeping and shopping. There was still a profound sense of loneliness, in some cases ten and twenty years later. Sometimes, the surviving partner had cared for an invalided spouse for a

number of years, putting their own activities on hold for the duration. For many older people, what made the big difference in the aging process was not being old, but being old on your own. For people in the early stages of bereavement, they spoke about how important it was to get out of the house and find distractions to structure the day. Just as most older people had not anticipated old age, they had anticipated being old alone even less.

The role of family

A particularly positive point in the aging process for many consultees was the arrival of grandchildren, grandnieces and nephews. While the arrival of grandchildren made it difficult to deny being old, their arrival was seen as an important and positive moment, bringing joy and giving older people a new role and orientation in life. Family played a strong role in many of the consultees' lives; in many cases, they were actively involved in minding grandchildren. Some older people had very supportive families who helped out in a variety of ways, such as housekeeping and maintenance (e.g. painting, gutter cleaning, solid fuel, etc). Some older people had limited contact with their families or were indeed estranged from family and this was a source of considerable regret for the majority of these individuals. In some cases, they believed that it was their friends that made the biggest difference in their lives (particularly when family lived far away). Quite a number of the consultees had family living abroad who they (assuming they had their health) visited regularly. Maintaining contact with family, children and indeed grandchildren was identified as an important driver for some consultees for learning about computers, information technologies and Skype. Many of the older consultees found learning to use computers quite a challenge, noting that most tutors went too fast. A small number of the consultees had grown up children with disabilities. Where this was the case, the older parents spent a lot of time sourcing supports and a lot of emotional energy worrying about what would happen to their children when they were no longer about.

Employment and retirement

Another point of transition for some was the difficulty of getting work. One 55- year old woman spoke of how difficult it was for her to get work, because she was regarded as 'too old'. Another man, an electrician aged 64, enjoyed his work and wanted to go on working, but most people regarded him as too old for the job. The problem, as he saw it, was 'not that older workers were not competent, but that they were too competent. They would be prepared to offer an opinion, while younger people would not argue back'.

Another transition point for men in particular was retirement or stopping work. Consultees were keen to point out that without some preparation, retirement could be a difficult process, particularly for men. It appeared to be less of an issue for women, who were generally better at filling their time and regarded themselves as more sociable than men. 'Not working was a big change' for many men. Some spoke with relief of not having to get up and go to work, while a retired Gárda spoke of no longer having to worry about

being called out in the middle of the night. Others missed the work environment and in some cases had struggled to fill their time when they first retired. Some of the older people consulted involved in family businesses continued to work past the age of retirement, although on reduced hours, which they enjoyed. Interestingly, a number of older male retirees who were members of the Society would appear to have used their Society work as a substitute for their earlier work.

Importance of health in old age

For most, having their health and being pain-free were the most important determinants of the quality of old age. For car-owners, especially in the rural areas, the inability to continue driving (linked to sight and wider health issues) was a key defining moment in determining levels of mobility and indeed sociability. Older people did not generally fear old age, but were terrified of becoming incapacitated or isolated by ill-health. Being able to get out and about was what mattered to the vast majority of consultees, with many very conscious of the need to retain a level of physical fitness. Many indeed walked regularly and some spoke of what a big pleasure it was to walk to the post office to collect the pension once a week and 'meeting people on the street and having a chat with them'.

2.1.3. Activities

Activity in older age was intimately linked to health and people's ability to get out and about. Many older people had very full lives, often wondering where they had managed to fit work in. Activities people were involved in included supporting minding or caring for family members, reading, dancing, walking, family businesses, singing and performing, fishing, gardening, involvement in various active retirement groups, travelling (one woman described herself as the 'happy wanderer'), playing cards, golf, painting, bowls, knitting and sewing, art, bridge, looking after emerging health issues and getting 'good value from the travel pass'. Other activities many older people were involved in included reading the papers and listening to the radio. Watching television was a more common evening activity (the most popular programmes included sports, soaps and quizzes), with many commenting on the high quality of modern programming. Only a small number of the older people consulted used computers.

A significant number were of the opinion that there a lot of activities for older people, but there are equally a lot of older people who for various different reasons do not want to get involved (some do not want to travel, some do not want people to know their age, some have a routine that they do not want to break). Some clubs (e.g. bowling) were struggling to get members. There was a belief that most people could 'probably do with getting out of the house at least once a week.

Where older people had more health issues and were limited in their ability to get out and about, the activities they were able to engage in were significantly reduced. Some people living in nursing homes felt quite restricted in what they were able to do. As one man described it, 'when I was in my own house, I would have been tricking around with sticks

and pottering about. This place is lovely but if you are not a reader there is not much to be doing'. 'I found it hard to adjust to life in the nursing home', said another.

Many of the older people consulted reported that much of their time was (like everyone else) taken up by routine household tasks, - keeping the home tidy, cooking, washing and shopping. Some consultees spoke about having downsized and appreciated the release from the level of housekeeping that would have been required for a larger house. Men generally reported enjoying 'doing things around and outside the house', such as cutting the grass or cutting sticks for the fire. One observer pointed out that 'country people don't retire, they always have small jobs to do to keep them occupied' and 'my grandfather did outdoor work on the farm till the day he died at 94'.

Many of the older people consulted had made a point of developing or keeping a hobby going (e.g. gardening, bridge), following a sport (e.g. going to greyhound racing, swimming), socializing (coffee out with friends), taking up a new sport (several women had taken up golf), or developing a new interest (musical groups, dancing). Some felt that they had to work at finding things to do, 'because you can let yourself get depressed if you don't'. 'It's a challenge to keep yourself occupied all day', one said, but most did. Many took pleasure in what they themselves described as relatively simple things, like walking the dog or minding the grandson for a day ('not everyone is so lucky'). Others were conscious of having a plan of things to do each day, 'I open the front door at 7am every morning'. Some Conference members would appear to be 'serial joiners' and belong to a number of other groups (e.g. Active Retirement Association).

2.1.4. Conclusions

Overall, the older people consulted believed themselves to be a fortunate generation: 'we have a lot to be thankful for....we are treated better and have more money than our parents and grandparents, many of whom were destitute in their old age'. According to many, Ireland in 2010 was 'not a bad country to grow old in'. 'We have more time and services now, like day care centres that they (our parents) could never have dreamed of'. One consultee was of the opinion that older people 'never had it so good' with more time to do things, such as holidays and enough money, unlike their parents. Older people present a picture of a self-conscious, well-organized group, aware that they are the best-off older people in the country's history, determined to make the most of their situation, conscious that their parents were much less fortunate and keenly aware of the difficulties facing the next generation.

Many commented on how older people were living much later now and had much more active lives than their parents did. Several commented on how, during their lifetimes, health had improved, food was so much better, homes were now heated, clothes were more stylish, ordinary people had bank accounts. Some consultees were very upbeat and looked forward to doing something challenging every day, 'doing as much as when I was 40'. Some commented that their parents had a 'sad' old age and that was not going to happen to them, or as one put it, 'it's up to you to go out and push your own wheelbarrow'.

Several spoke of holidays as the single best feature of being old. Several expressed the view that it was a privilege to make it to old age, so one should make the most of it. Many spoke of how in old age they had a surer sense of judgment, a calmness and patience. 'Look at all the activities available now! Our parents had nothing like this'. Another: 'We are happier than our parents' generation, we live longer, we are in better humour'. 'Compared to today's young people, we have nothing to worry about'.

The key lows were identified as loneliness, ill-health and concerns about how you would manage if you were struck down by ill health (and related to that, who would take care of them and would they be a burden on family) and worry about the future for their children (though all accepted that parents always worry about children: 'it's what parents do'). For the consultees who had children and or grandchildren with disabilities, the future of these adults and young people was a source of deep and ongoing worry and concern for their parents as they aged.

The issue of end-of-life and long-stay care was a definite worry of many consultees, most of whom accepted that they would never be able to afford a nursing home, had reconciled themselves to that and decided not to worry about it. Many of the consultees were delighted to have reached the age that they have and never expected to do so. The research encountered many adventurous older people who would try anything, go on faraway holidays, attend adult education courses, join active retirement associations, go on walking holidays, even men who would try flower-arranging. Some older people made the comment that the pace of change during their lifetimes but especially in the last twenty years was faster than any previous period in our history, from women in pubs to the arrival of the migrants, to people having more than one marriage in a lifetime. In summary, the present older generation is much more self-confident: it is a generation that has travelled, been more exposed to the outside world than any that has gone before. Many have picked up key life, professional, organizational and negotiation skills over the years: they are better equipped than any previous retiring or retired generation.

2.2 THE ISSUES

This section explores some of the key issues affecting the older people consulted. Issues explored in this section include loneliness and isolation, income support and pensions, fuel poverty, health and transport.

2.2.1. Loneliness and isolation

'There is nothing worse than loneliness, it is the worst form of poverty': loneliness was cited by many consultees as the principal challenge facing older people. They had developed a variety of strategies to avoid loneliness, like 'organizing to go out to meet people', joining clubs', 'I don't allow myself to say no to anything, I will do anything or try anything'. A positive attitude, a regular routine and structure to the day was seen by many as key vehicles for avoiding/reducing loneliness.

Reasons identified by consultees for the growth in the levels of loneliness and isolation were seen to relate to the move away from the extended family toward a more nuclear family, leading to loneliness on the part of the older people who felt left behind. Family contact was important as a tool to combat isolation. Some spoke about how, as they got older, they spoke on a daily basis or almost daily basis to a sibling, in many cases their only surviving sibling. 'I always phone now, just to check in, it's good to hear her voice and she checks in if I am not well'.

Few of the older people consulted lived with their children (where they did, they tended to live with an unmarried son or daughter), which is a very different situation to what it would have been two generations ago. Some older people lived with their siblings, while others had grown-up children living with them. In a significant number of cases, these older people's children had a disability of some description, which made independent living difficult, while others were there on a temporary basis as a result of marital/relationship breakup. They generally referred with contentment to the way in which their children (and in some cases grandchildren) maintained contact, telephoning regularly and visiting from time to time. Some had 'family calling every day' while others had a daughter or son who would come to stay with them from time to time. Several older people spoke of how grand-children were regular visitors to their home - these were joyous if exhausting events - while some older people spoke with both understanding and great sadness about the infrequency of family visits.

For some of the older people who were not in contact with family, the explanation was that they were single and had no children, while for others marital breakdown, often linked to substance abuse, had meant that they were estranged from family. This was especially the case for residents of homeless services and in some cases people who used the holiday centres. Interestingly, for some consultees, friends had taken the place of family: 'my friends are my family, I don't know what I would do without them' as a support and as a strategy for dealing with isolation.

Rising levels of loneliness and isolation were often linked by consultees to wider economic and social change. The closure of post offices was cited vey regularly as a significant loss in terms of a central place where older people could congregate for a chat. The insistence of the postal service on the installation of gatepost post boxes was also seen as having reduced the level of contact of many older people with the outside world. Other changes that older people identified as having contributed to increasing levels of isolation and loneliness included the death of local fairs and markets, bakeries, creameries, railway lines and stations as well as many small shops. Supermarkets did not have the same level of human contact - 'they are not good at helping older or disabled people, you have to ask for help'. Villages and small towns had been 'cleared out', which was not just an economic loss but diminished the opportunities for human contacts, transactions and interactions.

Life had speeded up now, people didn't linger to chat after Mass because they had places to go and things to do and many of the traditions of rural hospitality had died out, like the cuardaíocht houses.[6] The most recent blow to human contact particularly for older men in rural areas was the introduction of stricter drinking laws (interestingly, the smoking ban was not cited as an issue).

The decline of neighbourliness was also raised as an issue by the consultees. Many referred to the closeness and familiarity with neighbours that they had experienced during their youth. Nowadays, there were often houses where they did not know the occupants, but there were still plenty of good neighbours who would keep an eye out for you and you for them. In the country, consultees reported neighbours being alert to people being alright and smoke coming out of the chimney ('yes, neighbours still do keep an eye out for older people, they would notice something straight away'). Many referred to the way in which, when they had moved to new, urban accommodation in old age, their neighbours had made them feel welcome and cited many acts of individual kindness toward them. During the recent snow, neighbours came to the house to clear snow and offer to collect shopping.

Loneliness and isolation, while experienced across the urban-rural divide, had a distinct spatial dimension. Taking each in turn, many referred to the persistence of the prototypical isolated rural older bachelor small farmer (though a small number were women), sometimes living in hard-to-reach remote areas, as a relic of the time when marriage rates were low. These individuals, some of whom were visited by Society members and some of whom attend day centres, often live in poor, damp and drafty housing conditions, some still with outside toilets. These individuals generally were not good at looking after themselves and, while generally self-sufficient, have often become isolated or isolated themselves, having refused help. From an urban perspective, there is a significant number of older men and some women, often living alone, in cities (e.g. Limerick, Dublin and Galway), frequently in poor-quality private rented or city council flats. The majority are men, who spent a lifetime in manual work, for example on the roads in Ireland or Britain, some of whom might later have developed an alcohol problem or been involved in the break-up of a relationship. Their homes tend to have poor-quality or expensive electricity or gas heating systems. Just as in rural areas, these individuals, many of whom have reduced social skills, tend to be very reluctant to access social services or other supports.

The situation for older people who have disability or access issues can also be very difficult. Individuals who were housebound and dependent on others for most of their needs spoke very frequently about being lonely and not seeing people for days at a time. One man living in a city centre location was unable to go to his local pub or shop at the end of his road because of his breathing problems. For all these different individuals, the visiting services of the Society were especially important: 'I so look forward to them (Conference members) visiting, they are the bright spot in my week'.

6 *This was a tradition in parts of rural Ireland whereby a home would entertain a group of neighbours for several hours in the evening, generally for conversation and to share news in the area, more often in winter, mainly over tea. Not all homes did this, but it was rotated between those who did.*

Conference members and others who visit them spoke of the gratitude with which they were received.
The companionship afforded by attendance at centres was identified by many as a key strategy for tackling isolation.

The role of new technologies in combating loneliness and isolation

Some of the consultations explored the issue of whether new technologies overcome or contribute to loneliness. About half the consultees who participated in these discussions had mobile phones, while a much smaller proportion (perhaps a tenth) had personal computers. For those who had mobile phones, they tended to use their phone to make and receive calls only (while many reserved it for emergencies only). Most preferred landlines to mobiles, because the voice quality was better, they were less expensive and the buttons were bigger). Only some of the consultees used their mobiles to text, while the majority did not know how to text ('texts are still a mystery to me'). One or two of the Society centres had organized very well-attended sessions on "learning to use your mobile phone". Few used the internet a lot, one played video games and a blind person went on a course to learn how to use a 'talking voice' computer.

Some consultees had attended or were in the process of attending computer training courses run by various groups. Some of these individuals used emails, and a small number used Skype and Facebook. These individuals recommended all three mediums as a fast, cheap way to communicate with friends and family. Several older people took the view that they were 'too late' for computers and not interested to learn, but there were examples of people introducing themselves to computers in their eighties. The Croi na Gaillimhe Centre regularly has octogenarians attending their eight week programme of beginners computer training. In another project, school students came to teach older people how to text, a learning and fun experience on both sides.

The replacement of human voices by telephone answering services and new technologies were regarded as part of the de-personalization of modern life and isolation of individuals. Phone robots were an issue for many older consultees in the health services, with leave-a-message phone calls not returned. Several had very strong views on the way in which some agencies would only now accept contact by the internet - 'telling old people to go to "www..." is no good if they don't have the internet'. There was an assumption in the private or public sector that everyone now had the internet or was skilled at using it, which was not necessarily the case. An example was a Kerry railway station where the ticket office was open only three hours a day: an old person travelling outside the opening hours must organize a ticket in advance (impossible without a computer) or else pay full fare (older people's passes are accepted only at ticket offices, not on trains themselves).

As a general rule, older people found little difficulty in coping with the complexity of modern life. This situation was more complicated for older people with literacy issues. The researchers met few individuals who would openly admit to having literacy problems, but a number said that they were 'not the best at reading or writing'. The format of some billing

systems presented difficulties ('it's embarrassing to ask people to have to explain bills to you') for many older people with and even without literacy difficulties. Others found package offers for utilities quite a problem to get their heads around: this difficulty was often exacerbated by the fact that they spoke with utility people on the phone who did not have good-quality spoken English.

Although not new technology, the use of telephone ring-around services[7] and monitored alarm services to check on older people were seen as important tools in combating isolation and loneliness. These services were considered a low-cost, high-value service that provides a very significant level of reassurance for many older people. Apart from their social value, these services have also been known to save lives (an unanswered call leading to a visitor calling, e.g. to find the person immobile on the floor). Individuals living alone who had community alert or security pendants and systems installed in their homes spoke enthusiastically about the difference of knowing that there was someone available to them at the end of a phone.

2.2.2. Crime, security and alarms

Security was an issue: security at night a particular issue for many consultees, especially for those living alone. There was a strong perception that it was safer in the past. Many older people now lived in fear of being attacked on the street or at home. One woman described her security routine in significant depth, including locking herself in the bathroom. These fears were always more pronounced at night for older people living alone. Older people who drove in some cases also worried about what would happen if their car was broken into far from home. Many referred to the way in which you could not leave your door open now and it must be locked at all times. Similarly, they noticed how 'you could leave your bike outside without chaining it up when we were young: not now'. 'There was hardly any petty vandalism when we were young'. Many people spoke of their reluctance to open their doors to visitors after dark in winter. Some spoke with some distress about how the area that they had lived in all their lives had changed to the point that that they no longer knew their neighbours nor indeed felt safe there. Society members had adopted strategies to address these concerns: 'you don't visit old people without warning any more: you ring them in advance so they'll let you in'. The absence of a Garda presence in many rural areas was an issue as indeed was the absence of local knowledge among Garda for many rural consultees. The absence of a regular Garda presence was seen by some participants to have contributed to levels of anti-social behaviour in towns and villages and a stronger presence, for example by the Garda Volunteer Reserve, would help.

7 *The pioneering service is Good morning Inishowen in which a call centre makes a daily call to an older person to check if he or she alright. Older people apply for the service, which is generally supplied by volunteers and without charge. Volunteers may be trained by the Samaritans. If there is no answer or a problem is reported, then help can be summoned. One of the main values, though, is having a brief chat, a daily point at which there is guaranteed contact. A similar service operates in parts of Dublin (e.g. Blanchardstown) called Friendly call. This includes reminders of hospital appointments.*

Consultees made reference to terrible crimes that they had read about in the papers, of organized criminal gangs breaking in and older people left to die. 'Criminals used to leave older people alone, they don't do so any more', one said. Much of the rise in crime levels was attributed to drugs, where 'people would do anything to get money'. Very few of the older people consulted had been the victim of an actual crime, but for the consultees who had been the victims of crime, many of their experiences had been traumatic and in some cases life changing. One woman, who had her house ransacked, had sold up and moved; while another had installed an expensive alarm system which she paid for weekly.

The advent of monitored alarm systems (neck pendants) was an important and welcome development in recent years. People reported 'crying with relief when the alarms went in'. Approximately a third of the older people involved in the consultations would appear to have had this type of system installed. The alarms were a great source of comfort for the people who had them fitted and for their families. For some people it enabled them to overcome the feeling 'of being a responsibility' and gave them back 'a feeling of being independent'. Most consultees regarded the system as affordable (€1.50 a week or €80 annual fee) and 'would not live without it'. Others considered it expensive and argued that they should be free. Generally the alarms were easy to understand and use, though some reported problems with them (parts of the house were out of signal). Several joked about them being left in the hallway or hung up in the cupboard, but it was generally accepted that the pendant should be worn at all times.

2.2.3 Income support and pensions

The sufficiency or otherwise of the pension

Opinion among the consultees as to whether the old age pension and other income supports were sufficient was divided. Many consultees took the view that the old age pension was sufficient, that older people were treated comparatively well compared to other sections of the population, with 'nothing to complain about'. The old age pension in Ireland was seen by the consultees to compare favorably with Northern Ireland, where the pension rates was lower with no extras (the average basic weekly contributory pension in 2011 in Ireland was approx €200 compared with UK£98 in Northern Ireland). Many consultees spoke of how they needed less now because they had paid off their mortgages and some had since renovated their homes. Quite a number took the view that they 'are not the worst off ....and compared to young people, we are relatively recession proofed'.

The alternative view was that the old age pension was not sufficient, granted rising costs, 'stealth charges' and the substantial occasional costs that all households had to bear. There was a definite awareness of the tightening of money, especially compared to five years ago: 'you have to count your money very carefully nowadays'. 'You scrape along' with the pension, they said. Many observers made the point that today's older people were brought up in an environment in which they had learned to manage their money carefully because their parents did: they knew how to prioritize and were good at money

management. ‘They always kept on budget, kept books with the local shopkeepers and paid on time. They had to’. Another put it this way: ‘You manage, you live to it, whatever “it” is’.

These apparently divergent views were reconciled by a third group of consultees who recognized that while the old age pension appears sufficient to meet most of the normal weekly needs of the average older person, it leaves nothing spare and no room to manouevre in the event of additional or unforeseen costs (e.g. medical, fuel, household appliances breaking down) and no room for saving. This distinction was originally made by the Supplementary Benefit Commission in Britain in the 1970s, which defined poverty not just as the routine shortage of money, but as the inability to save, to allow for the ‘rainy day’ and meet occasional once-off costs. One consultee put it very succinctly: ‘€200 is just enough - but not if you have to pay for rent and heating after that’. Many spoke of how the pension made no provision for emergencies, like the washing machine needing repair or replacement, or for an urgent plumbing job. It was really difficult to save and some found it impossible (‘we were never able to save’, ‘you are left in fear that you can’t make ends meet’). The conclusion must be that there is clearly an issue of financial security for those relying on the pension.

Many old people spoke of how carefully they tried to manage their money: ‘my outgoings are food and after that the priorities are paying for the phone and the cable TV. My one pleasure is a weekly visit to the pub for two to three pints, that’s all. I used to save up for an annual family visit to London, but can’t afford it this year’. How tight money is for some older people was conveyed by one woman who said ‘The Vincent de Paul pays my television licence and that makes a big difference’. Even for better-off people, the margins were tight: ‘What if the car goes wrong? I can’t afford repairs’. For those without a car and with mobility issues, the cost of taxis was a huge issue in urban and rural areas alike. Interestingly, some consultees managed to save money for their children and grandchildren to help them in the present economic collapse. In some cases, this involved an arrangement to pay a particular household bill while in others, grandparents contributed to education costs for grandchildren.

It was clear from the consultations that the concept of ‘sufficient’ pension differed from household to household depending on the number of people in the household where some costs can be shared. There was a unanimous view that the living alone allowance was so small as to be of little real value. A practical illustration of the difference between households in apparently similar circumstances was that when a day centre put up its charge from €5 to €7, some clients had no difficulties with the increased costs, while for others it was the cause of some difficulty (‘How do you expect me to manage?’) particularly where they were reliant on taxis to access the centre.

For some older people, it was clear that once food, fuel and household bills were paid for, there was little left over. Few older people bought new clothes anymore, as they were difficult to afford on a tight budget. Many older people were conscious of how costly

smoking and drinking had become now (cigarettes are €8 a packet) and either or both could impoverish them, so most had cut down on smoking or eliminated it and drank more sparingly and only as a luxury. One older man had cut down on his meat intake to save money, 'I only have meat twice a week now. I used to have it a lot more, I miss it but it helps save a bit of money'.
For consultees in a position to supplement the State pension with an additional pension, it is probably sufficient. Those who found the pension most challenging were those who had no other form of income. Several people spoke with with a mixture of anger and resignation of how they had contributed for years to a company pension, only to see the company close and cheat them of their pension, leaving them with nothing.

The prospect of further cuts

At the time of most of the consultations (autumn 2010), there was speculation that the old age pension in Ireland would be cut in the 2011 budget[8]. Older people feared that if this did happen, they would have to cut down on food, probably meat first. 'You could manage with less, but you would have to think carefully of what you would have to give up', they said. Cutting out meat and/or cutting fuel were the most popular options considered to reduce spending. Some feared they would have to cut out coming to the day centre or come only every second week or not go on the annual outing. In the worst situation, the car would have to go. The climate of cuts and threats to the pension in autumn 2010 caused much worry to older people and some reported not sleeping at night because of the worry.

The abolition of the Christmas bonus

The abolition in 2009 of the Christmas bonus was a source of annoyance for many. The bonus was used for particular things: Christmas presents for grandchildren (the most frequently cited), fuel (e.g. a couple of bags of coal, contribution to a fill of oil). To put Christmas presents in perspective, one participant had 27 grandchildren, 53 great grandchildren and three great great grandchildren! Older people spoke of how they really looked forward to it and it made a big difference: taking it away reduced the value of social welfare by 2%, which was important. One written contributor was amazed at how the country sat back and watched when the first cut was the Christmas bonus taken from the pensioners. Many resented the way in which older people were portrayed by government and media as a burden.

8 *The 2011 budget was announced on the 7th December 2010. In the event, the pension was the only welfare benefit not reduced.*

There was a strong sense of unfairness about the recent turn in social policy, with 'Ministers still being driven around in big cars, jetting around the world, giving out bonuses to the bankers and taking away our Christmas bonus and cutting the minimum wage'. Many argued that pensions should be cut - but the pensions of politicians, who did not deserve them: 'why should they get so many extras, like mobile phone allowances, which ordinary people did not get?' It was noted that many politicians collected a number of salaries, while young teachers could not get a job. Several said that they hadn't paid much attention to politics, 'but we do now. And we're angry'. Many referred to the conduct of the Government over the past two years, especially the unfairness of the choices that it made, as 'disgraceful'.

The rise of stealth charges

Many consultees in the Ireland were angry about what they themselves called stealth charges that were increasingly applied to them (and others), notably:

- Dental charges which were not applied before, sometimes in the mid-point in a course of treatment that was free when commenced;
- Charges for eye tests (€60 being typical) and glasses subsequently; blood tests (€10); diabetes treatment (€50 a session); chiropody (€38 a session);
- New charges for doctor's letters (e.g. for referral to respite care, €10);
- The new public service obligation charge on the ESB (€5);
- Charges by some local authorities for bin collections, from which older people had previously been exempt. Local authority tenants reported having to pay to have their own repairs done and their drains cleared, even though it was a landlord responsibility (others reported that repairs to doors or woodwork were no longer being done). In one case, the Society provided a D£10,000 loan to help a council tenant make urgently needed repairs to his home, which was in bad condition and which the council refused to do. They were aware that water charges would come next;
- Many adult education courses that older people availed of were now charged for (e.g. €200 for art courses which were free before).

A particular cause of irritation was that there seemed to be no announcement or legal basis for some of these charges: you were just told that these fees had been introduced. Although the individual charges were small, the point was that 'they all added up' and put pressure on a tight budget. The costs of dental treatment were considered high: €900 for a root canal in Ireland, but only €400 in Northern Ireland. The 50c prescription charge introduced in 2010 was the cause of much negative comment. Although all accepted that the individual charge was small, the problem was that many older people were on many different prescriptions, four to five not being uncommon. Some were receiving up to ten separate items of medicine weekly, so that the 50c prescription charges came to €20 a month, which was a sizable inroad into the pension - several such cases were reported. Several said they might not take medicine as a result. Prescription charges were removed in 2010 in Northern Ireland, while GP services have, since the War, always been free.

Funeral expenses were a concern for some older people. They did not want to put an additional financial burden on family, so these individuals had made provision for their burial, but in some cases continued to worry that it would be not enough at a time of rising costs. Specific issues were raised in relation to the death benefit pension, which is only paid to the spouse for a period of six weeks (and does not take into account situations where older people are living with siblings or friends or indeed other family members).

The experience of older people was of definite, gradual price inflation. For older people who had cars, the introduction of car parking charges had made a small but significant inroad into the pension.

Information on entitlements

Another concern was the interface with the social protection system. Several found the level of information about entitlements to be inadequate, especially about entitlements under special circumstances (e.g. diabetes, death benefits).
Older people frequently sought to access this information though Citizen Information Centres locally but reported that the accuracy of this information varied considerably, depending on the individual dealt with at the centre. Several found the forms a big challenge and a few found them impossible, so they commended one public office for assigning 'someone upstairs to explain them and help you fill them in'. There was a view among some older people that certain basic payments should kick in automatically when you reach the required age. Society members identified literacy problems for older people: these can make form filling doubly difficult and mean that some older people do not access all the supports they could. Chemists were commended for sharing their knowledge of health entitlements and information on medication.

Some emigrants, who returned to Ireland in later life, reported experiencing harsh questioning from a range of individuals as to whether they were eligible for Irish welfare payments. Eligibility for the minimum contributory pension is an issue for individuals returning to Ireland after the age of 55, which in turn leaves them having to cover their medical costs.

2.2.4. Fuel poverty

Almost half (47%) all households living in isolated rural areas in Northern Ireland experience fuel poverty.[9] In Ireland, rural older people are twice as likely to lack central heating[10]. The consultees reported that the greatest single demand on their income after food was fuel. Visitors to older people likewise reported that heating was the most prominent single stress point.

9 *Fuel poverty is defined in Northern Ireland and elsewhere as an individual household having to spend more than 10 % of income on fuel.*

10 *Fahey, T. et al: Social portrait of older people. Dublin: Economic & Social Research Institute, 2007.*

Many described fuel as ‘a big burden’, with the element of uncertainty of not knowing how much more would be needed from one year to the next, especially if there were a severe winter (as was the case in 2009 and 2010). This was
particularly true for older people who lived in large or open plan houses which were costly to heat. Many individuals living in the larger houses (after their children had left) reported wanting to sell and downsize, but unable to find a buyer in the current economic climate.

Many people in rural areas supplemented their heating and saved oil by using solid fuel, mainly logs. Many older men said that they had always enjoyed getting firewood organized and were sorry not to be able to do it anymore. As people aged, they worried that they would not be able to deal with solid fuel. Many older people remarked on how difficult it had been to stay warm during the winter and were very concerned about how they would cope if there were cuts to the pension and fuel allowances.

Many contributors spoke of how old people managed frugally with fuel. Although some were extravagant and ran heating excessively, that was unusual. Consultees reported using a number of strategies to keep their fuel costs down:

- They restricted central heating to a very small number of hours in the day.
- They wore heavy clothes indoors to keep warm.
- Fires were lit as late in the day as possible - late afternoon - and let die down as soon as 8pm.
- Hot water bottles were used not only at night but during the day. Some people went to bed for a couple of hours in the middle of the day to keep warm.
- Some people switched off their electricity once their free units were used up and, as one said, ‘then we freeze’.
- Some men, in saving electricity through not heating water, did not wash, resulting in deteriorating personal hygiene.
- Some colonized one room in the house which they kept warm and concentrated all their activities there, for example bringing the bed, cooker and electric kettle into the sitting room.
- Quite a number used a single point heat source in the home, like an electric bar fire or a paraffin heater, though this was not always very efficient.
- A Society Conference in Northern Ireland introduced a very successful fuel stamp system (in a scheme broadly similar to the TV licence stamps) to assist the people it supports to make regular savings towards a fill of oil. Older people in the local area have availed of this scheme.

While there is nothing necessarily wrong with conserving energy in a world of diminishing resources, the question arises as to whether heat levels in some homes were so low that older people ran the risk of hypothermia; second, whether it was appropriate that older people should be almost put to ‘siege of Leningrad‘ extremes to cope with the cold; and third, if older people are disproportionately affected. Contributors pointed out that older people got colder more easily and felt the cold more, while others were not mobile and

ended up huddled over an inadequate fire. The general persistence of fuel poverty reported by participants is remarkable, granted general improvements in housing, heating systems and insulation. Many older people now live in good housing conditions, either in new homes with higher standards or in old homes that had been renovated. A number of older people who attended the consultations had significant insulation work done with the support of a local authority grant and spoke about their homes being really comfortable and dry ('not wringing damp') for the first time in their lives. But still, there was fuel poverty.
The type of heating system used by an older person had a central bearing on the extent of fuel poverty. In rural districts of the West, many homes still relied on turf ranges and it remained the predominant heating system (followed by oil and then coal) but, by definition, not a very effective one (turf generates long-lasting, but low heat levels). In some urban areas, the Society met many old people who lived in homes with central heating run off the back boiler, which, while having its benefits, could supply heat to only some parts of the house for limited times during the day. In both cases, the amount of heat available was limited.

Service users and members both noted that fuel payments finished too early and that cold often continued long beyond April. Contributors in the rural areas in the west pointed out that it was normal to run the house fire throughout the summer in order to cook and to get hot water, so that this seasonal distinction was essentially an urban one: fuel allowances should run throughout the year.

2.2.5. Health

The quality of health services was the subject of much lively comment. Most consultees took the view that the quality of the health service was generally good, once you got them, but this was an important rider. Many older people noted how health services had improved hugely over their lifetime, but were critical of the problems that had arisen in recent years.

For many consultees, the introduction of a means test for the medical card was a great shock, especially because it was the gateway to a range of services. What annoyed many was that at 80 years of age they were then routinely means-tested again and the Health Service Executive (HSE) 'chased you for ridiculous paperwork, like your long-dead husband's British national insurance number'. Some consultees had their medical cards cancelled even though they did not appear to be well off and were now paying for everything, managing this by cutting back on other spending in order to make provision for sickness.

Among the principal problems identified by the consultees in relation to health services were as follows, subdivided into issues of delay, services and practices:

Waiting times and delays

- Long waiting times to be seen in Accident and Emergency (A&E) and in Out-Patient Departments (OPDs). Typical waiting times were identified as anywhere between 4hr and 24hr, with long waiting times for individual procedures (7hr for an x-ray). It was not unusual to be called for a 9.30am appointment, but not to be seen till 1pm or even 4pm and not get out of the hospital till 10pm. Waiting for and getting treatment in a hospital was such a stressful experience that 'you really needed to bring someone along to help and look after you';
- Long waiting periods on trolleys in advance of getting a bed, with instances recorded of two and three days. One contributor told of how a nurse 'had offered to take me home to her own house rather than have me still on a trolley for a fourth night';
- Long waits to see specialists, with waiting lists up to three years. One major Dublin hospital had only one arthritis specialist. The waiting list was 30 months;

- Long waiting periods for operations, one case of a 4yr wait for a hip operation. There were occurrences of delays in operations until a backlog built up that justified five to six operations being done together, leaving patients in discomfort or pain meantime. There were even waiting lists for access to individual procedures (over a year to get an ultrasound);
- There was a perception that older medical card patients were often left to last to be seen and that appointments could take a very long time to come. Some individuals cited a three month waiting time for blood tests as evidence for this perception.
- Delays in getting glasses and dentures of up to ten weeks, so that patients got loans to buy them privately;
- Poor information about waiting list times, with no reasons given for delays.

Quality of services

- Lack of GP services outside working hours. The end of house calls was seen as a major gap in the provision of health services. Doctors generally do not visit any more and the few that do require a cash payment to visit. Although some GP's have an out of hours services, these rarely 'come when you call';
- Decline in visits by community or public health nurses - 'they don't call any more'. The lack of a nursing visiting service for the blind and for wound dressings was especially remarked upon. Old people who were immobile were at ever greater risk because of the absence of community nurses to visit;
- Physiotherapy services had almost disappeared. In one HSE district, the physiotherapist was able to call a maximum of four times a year; in another case, the service was available for only two weeks after discharge (the patient concerned deteriorated quite quickly and now can no longer walk: physiotherapy might have made the difference);
- Respite was increasingly difficult to get as the criteria became ever stricter. One man, 63, invalided with a stroke, unable to get to the door, was refused respite so that his half-blind wife could attend hospital for eight days for an eye operation. He was refused

on the basis that he was 'too young'. In the event, she paid for him to have two home visits during her absence and discharged herself after only two days so as to return to mind him;

Practices

- Growing use of mixed wards, which older people felt was inappropriate (and which other aged groups did as well), as well as the inappropriate use of mixed staffing (e.g. for toileting);
- Some hospitals were cold and there were no spare blankets, causing one contributor to ask 'they have so many wards closed: whatever happened to their blankets? They must have gone somewhere!';
- Homeless people in treatment for TB discharged into the night shelter system, where, returned to walk the streets in the day, TB unsurprisingly recurred. One man was in hospital for three episodes of TB (seven, six and one and a half months);
- Inconsistent approaches by health services to appliances for older people, some providing wheel chair and other aids, others not;
- Poor signage in large hospitals, making them difficult to find your way around, with nobody to ask. There were difficulties in dealing with medical staff with poor quality of spoken English, leaving older people confused.

Some expressed a great fear of ever becoming ill and avoided health services because of the stress of the experience. One contributor illustrated such stress by describing her experience of going into hospital one morning, being kept on a trolley overnight and not being seen until 5am in the morning. Then in a state of total exhaustion, she was asked what felt like 200 questions on a clipboard. 'You have to make a big fuss to get any attention at all. It's as if older people are invisible and they see straight through you - unless you get someone to argue for you'.

Decline of nursing

Many older people noticed the diminished quality of nursing care, one even saying that 'there's no more real nursing done in hospitals now. Instead they're either not there or at their stations writing things down or on computers, but not attending to patients'. Some older people might routinely wait a half hour to get a nurse to help them to the toilet, by which time they were in distress, even crying to go. They repeatedly had to call for a nurse for such help. 'Nurses don't even check on people to give them a drink of water', they added. One reported an elderly women who fell out of her bed, cracked her skull and lay dead for a half hour before she was found; another a case of a woman who slipped and died in a shower, with no staff in the vicinity and questions to the hospital about what happened went unanswered.

The end of the system of home visiting nurses was remarked throughout the country, or as one expert put it: 'their role has changed. They are no longer travelling down the country

roads and getting their hands dirty, but instead they are tied up in paperwork and supervision. They don't have time to give people time any more'. There were a couple of exceptions, where some parts of the country had managed to hold on to a visiting public health nurse and a doctor prepared to visit people in their own homes and their value was commended.

Situation of long-stay patients

Visitors remarked on how there was very little stimulation in hospitals for longstay patients, especially those with dementia, 'just the television left on loud'. People who were mentally alert but immobile were put into the 'gaga ward', 'lined up in a row, legs swinging and staring at a point in the middle of the room', but that was not right. 'It's heart-breaking to see them abandoned like that'. Most became fully institutionalized within weeks of arriving. Hospital visitors remarked on how many patients felt insecure, intimidated, which they should not be and they would be far too afraid to complain. Similar comments were made about a number of nursing homes visited by local Conferences. They contrasted the treatment of older people with that of the modern children's crèche, where there are ever higher standards and each child is expected to receive personal attention. Some nursing home conditions were poor, especially the toilets. They expressed the view that investing in nursing care and some relatively inexpensive changes could make a big difference. Why can't long-stay patients have a place to welcome visitors, a tea-station, a place to make their own tea? they asked.

Quality of management of health services

Most older people were puzzled as to why hospitals were now so badly managed, even if the individual staff were good. They complained of 'being just a number in a queue', of letters unacknowledged or lost, files disappearing, phone calls unreturned, of top-to-bottom inefficiency and incompetence. Consultees spoke with some annoyance about the extent and nature of waste in the health service, examples cited by people including getting four letters in relation to a single appointment and a taxi being sent for a man who had clearly informed the hospital that he would take the bus. 'There was never a person with a face to complain to and the system could not handle complaints anyway'. Most people were in awe of medical people. One contributor put it this way: 'something's not right when a 79-year old has to spend over a day on a trolley just to be seen'. Some felt that medical staff did not take older people seriously, and too frequently experienced the 'take a couple of tablets, love' response. They cited an 86-year old who had a lump, was told not to worry. She was too old to qualify for the breast check service. She persisted and paid for a mammogram privately, only to find out that it was malignant and then got it treated just in time. One woman believed she had experienced institutional ageism when a nurse stated that she would not qualify for a test to diagnose a medical condition because the cut-off age was 75 years and she was 80.

A contributor who had lived in England for some time was taken aback at all the things that were charged for here and how long you had to wait for appointments. Another spoke of how you really needed to bring an advocate (a friend or family member) with you when trying to deal with the service ('one did this and got an appointment the next day after waiting nine months'). Even though it wasn't intended, staff would make a point of taking complaints personally.

Having said that, most had good experiences of care and surgery once they got it - 'I've had two hip operations, I'm in no pain now'. Several others had hip operations, another a treble by-pass ten years ago. Some praised the health services for providing the swine flu injection ('I feel like they are looking after me'). At the other extreme, though, some had bad experiences of actual health care - an operation that was botched - while another commented that the hospital she attended (in Limerick) was filthy.

There was a strong sense of unfairness that people who could afford Voluntary Health Insurance (VHI) could 'skip the queues'. One person paid Æ115 for a private ultrasound just to try move ahead in the queue (the waiting time was a year) so as to get more quickly into the next queue. As they said, 'if you have the money, if you have VHI, you're alright'. Some people had given up on trying to access the public health system 'and just put up with the pain', they reported. A small number met in the course of the consultations were on the VHI, but one reported that she had gone for a cheaper option each year and would be going off it this year as it was now unaffordable (this was before the huge 2011 price increases).

Home help services

Home help services were a recurrent issue in the study and a number were in receipt of home help services. Home help services are valued as a low-cost, lowtech, high-benefit service, providing not just practical help but a point of contact. The service appeared to have come under severe pressure. This was the general picture, with only one part of the country standing out as maintaining its previous service (part of Dublin):

- Typically, older people used to get three weekly home help sessions a year ago but this was now reduced to two and sometime only one weekly and only for an hour: 'it is not possible for a home help to get much done in an hour';
- The length of each session was now much reduced, often to less than an hour (in one part of the country, a half hour was reported). Home helps were put under unreasonable pressure to provide an hour's service to a new customer every hour - scheduling which allowed no time for departure, travel time and arrival - which in rural areas made no sense ('2min to travel ten miles'). Worse, some home helps were now denied travel expenses for their work;
- Home help and care packages were no longer available for patients discharged from hospital, even if they needed one. People could be discharged, sometimes after a lengthy hospital stay, with no support services put in their place at all (summarized by

one as 'a prescription and out you go!' or 'telling his wife "take him home: you deal with him"'). There used to be a system of one hour home help weekly for three months, but this was now gone;
- Criteria for obtaining home help had become tighter. Dementia alone was not a sufficient reason for obtaining the service. Some had to wait until they were quite old to get the service (e.g. 82).

The compression in the amount of time meant that home helps had no time to talk to clients: 'in and out and gone', no wonder if they were now expected to do an hour's work in half an hour.

As a result, the service was reaching the point at which it was of questionable value. In several cases, older people with a little more money were paying for private home helps to make up for the loss of the public service, but this could cost €40 a time. Most valued their home help service: some did everything from driving them to helping with tablets, to assisting them to walk to checking on them last thing at night. Some found them less than helpful: some refused to do particular tasks (e.g. help with shopping, making the fire, lifting jobs, vacuuming, clothes washer). Some said they could either make their dinner or tidy up, but there was no time to do both, which was probably true enough.

Charting what was actually happening in the home help service was actually difficult: 'No one ever told you that a service was cut: it just happened and you found out afterwards' but there was never an official announcement. Several expressed the view that at a time of cuts 'they should be the last thing to go'.

Nursing homes

Nursing homes are closely related to the issue of the home help service. Many people cited cases of people having to go into nursing homes 'purely for the lack of one home help a few times a week'. One described the home help service as a major and growing weak point in the health services. There was a strong sense that many people were inappropriately in institutional care because of the lack of a system of community care. This had the double disadvantage of being more costly to the State and the patient, as well as not being the service desired by the older person. One Ukrainian known to one Conference spoke of how she was taken aback at the level of inappropriate institutionalization of older people in Ireland. Several Conferences cited cases of older people going unwillingly into nursing home or long-term hospital care due to the absence of a few hours a week paramedical help. Attempts by the Society to raise the issue with local health services were rebuffed on the basis that the Society had no standing in speaking to them about individuals. There was a strong sense that the State did not value the role or function of caring: some older people reported cases of people who, even though they looked after someone else for several years, had 'never applied for the Carer's Allowance, because they would probably never get it'.

Older people generally had an aversion to the idea of going into a nursing home: 'it means the beginning of the end, the final stretch, the death sentence. Many people go into nursing homes, but who has heard of someone coming out?'. Although they might be physically comfortable, they had a reputation for inactivity - 'people just stare out of them, like in a morgue. You become dependent, your life is gone'. Most people don't want to be there and some decline quite rapidly after their arrival. Having said that, some of the visiting Conferences who go to nursing homes report that older people therein had no complaints, were well looked after, had plenty of activities and were well stimulated (one even had ball games). Ironically, most older people were relaxed about the prospect of nursing homes, because they believed they could never afford to go into one. In only one part of the country (part of Dublin) did there appear to be reasonable access to public nursing homes.
There was a common view that most older people in nursing homes need not be there, if there were families to care for them. Alternately, 'it is still cheaper for the State to care for vulnerable older people in sheltered housing than the nursing home'. Here, several drew attention to the relatively low level of development of sheltered housing schemes. Villages with 10-12 houses, not necessarily all for old or retired people, with some supervisor support, offered older people independence, security, neighbours and quick access to help, while costing much less than nursing home care. They suggested that they be accompanied by paramedical services like physiotherapy and psychological counselling. These were generally not available from the HSE anymore, but some said they would be able and willing to pay for them if they were available.

Overall, old people took the view that State generally and the health services in particular failed to appreciate the value of community-based health care, underinvested in it and ended up paying for more expensive inappropriate institutional care. The current community services, like home help and respite care, should be the last things to be cut.

2.2.6 Transport

Transport is high up on the list of concerns for older people, in urban and rural areas. The free travel pass, where public transport exists, has been a great development for older people. Many older people adjacent to train and public bus routes reported that they used their pass, together with the companion pass, a lot. The free travel pass had indeed enabled older people to create new leisure patterns for themselves (e.g. lunch in Kilkenny, going out to Howth, a day at the seaside in Wexford, day visits to Galway, Cork, Tullamore). Some even used the pass on ferries (to England and the Aran islands).

Those who had access to local rural transport schemes also valued them highly, 'a lifesaver' particularly because of their flexibility. You could for example phone the local transport in advance to ask them to call and because their buses were small, they could go up boreens and turn in farmyards. They were seen as a great way to check that people were alright and a support that enabled people to continue living in their homes. The drivers of these services were commended for the way in which they helped old people on and off the bus, carried their belongings, saw them inside and raised the alarm if there was a problem.

Others welcomed the new ramps which helped people with diminished mobility. These bus services were generally thought to be very well run, efficiently organized and delivered huge benefits at low cost, but there were too few of them. It was annoying to see some buses (school buses may have been alluded to here) lying idle around the countryside when they could be in use.

The research also found that public transport in many villages and small towns was a myth and 'to survive and get about you need a car'. In many towns and villages, there were buses only once or twice a week and often they were poorly scheduled ('they give you only 90 minutes in town and then you've to come back') with inadequate routings ('a lot of places they don't go to') . Some consultees commented that the free pass was useless in these situations and they would prefer a bigger pension instead. Where people did not have access to a car and in the absence of public transport, they had to resort to the use of taxis, which was relatively expensive.

The absence of an adequate public transport system had significant cost implications for older people living on a fixed income at a number of levels. The costs of essentials were all more expensive in small villages than in larger towns, e.g. milk in a rural area was €1.45/litre compared €0.90/litre in the larger town.

Transport was found to not be just a rural issue but an urban one. Many older people complained that in urban areas:

- Waiting for a bus for over half an hour was common 'and old people can't stand for half an hour at a time'. 'Sometimes the bus just doesn't come at all'.
- Some buses were so infrequent as to be of little value e.g. only once a week on Thursdays. In some built-up places in Dublin, they were only once an hour.
- There was no information as to when an awaited bus was coming (e.g. realtime electronic sign boards at bus stops, like on the Luas).
- Changes in the location of bus stops have made places that were accessible now inaccessible (e.g hospitals).
- Bus stops were not located close to sheltered housing complexes.

Several older people in Dublin said that they would rather walk than wait, but some old people can't walk very far at a time. In the absence of a bus service, many older people used taxis. Several older people made arrangements with a taxi for €5 each way so that they could get out for one weekly big shop. In the country, though, getting to the nearest big town was a lot more expensive, with figures of €17.50 and up to €40 cited. Some who could not get out any more paid taxis to collect groceries that they ordered by phone in advance.

One part of Dublin offered an example of what could happen in other parts of the country. One of the large estates has a very high-density, high-intensity and sophisticated

level of community organization (in which the Society has played a pro-active role), which appears to be reflected in the quality of health and related statutory services. Here the HSE centre has two vans which provide old people with transport to shopping, hospital, pension collection, something which proved of huge value during the recent snow. The day centre in Carlingford provided an example of a co-ordinated service visited by a variety of health care professionals with attendees collected and delivered to and from the centre by bus.

Many older people continue to drive (often because they are unable to walk great distances or because there is an absence of transport alternatives) but reported struggling with roundabouts and night driving and the costs of fuel, motor tax and ongoing car maintenance. These individuals regard their car and their ability to drive as the cornerstone of their independence and dread the day when they might have to give up driving. 'I hate the thought of not being able to drive, I would be so stuck and so isolated....'were the words of one 84 year old.

2.2.7 Transport and health

Access to transport to access health services emerged as a distinct issue from the consultations. The researchers heard many stories of the difficulties of trying to reach hospitals for routine appointments (as distinct from emergency access) and in some places the difficulties of accessing GP services. Among the issues identified included:

- The convoluted, lengthy, multi-mode journeys that older people have to undertake to meet hospital appointments. Several recalled the problems of getting from Kildare to the nearest main hospital (Tallaght). Getting there involved a bus and Luas to get to Tallaght, but in the absence of a return bus, a €30 taxi fare to get back. One recorded Đ100 round trip taxi fares to get to a hospital appointment in Tallaght. Others recounted the complicated process of trying to get from rural Louth to Our Lady of Lourdes Hospital in Drogheda; another of trying to get from north Kerry to Cork hospital and how, because of a tight bus-train connection, missing the last bus meant a €40 taxi;
- Routinely paying €30 for taxis to get to hospital appointments, with sometimes additional €20 waiting times;
- In rare cases, hospitals provided an ambulance mini-bus, but it was an early start and a late return; or was often only available for particular types of patient (chemotherapy);
- The lack of coordination between hospitals and bus services: old people were called for appointments on days when there was no bus service, while many buses did not travel to or stop at hospital locations;
- Depending on others, often a daughter, to bring people to hospital appointments, but that person would have to take the full day off;
- Where some places no longer have a dedicated GP service (e.g. Mullagh, Co Cavan), accessing GP services for older people can be very costly without a car;
- Older people not attending hospital for follow up appointments because it is too difficult or expensive to get to the hospital or clinic;

- Older people getting quite distressed because they are not in a position to visit family members (e. a spouse or sibling) in hospital because of the nature of the journey and the costs and time involved;
- Society Conferences reported getting regular requests to cover the costs of transport for hospital appointments and visits.

In some places, the community-based rural bus service took in the hospital, but this was the exception, because most hospitals were generally out of their range (some hospitals were as far as 60km distant). Beaumont Hospital in Dublin was served by Dublin Bus, but it was one of the few examples cited of a bus service to a hospital.

Although out-of-Dublin communities have often been criticized as parochial for trying to hold on to hospitals and medical facilities, their resistance is much more understandable, granted the reality that when hospitals or services are closed, transport services are not provided in their place. Getting to appointments becomes difficult, time-consuming and expensive. Another pointed out that 'for a frail older person, travelling to and from north Kerry to Cork for the day and back for a hospital appointment is a very demanding day out: it's a long day for ten minutes of actual attention'. Long transfers to hospitals are problematical for injuries and the research encountered a case of a woman with a broken arm who had to make a long cross-country journey from Thurles to Waterford, the length and bumpiness of the journey adding to the pain.

2.2.8 Housing and accommodation

Most older people were keen to stay in their own home. Their biggest fear was having to give up their home and independence and move to a nursing home. Owning your own home as you got older was seen by some to be a disadvantage in terms of the costs associated with repair and maintenance. The introduction of differential rent payment system in local authority housing was seen as a positive development for many older tenants.

For the majority of older people, the quality of their housing and in particular its insulation had improved. Individuals who lived in sheltered housing reported being very happy with the services they received and of being relieved of the burden of maintenance. A small number of older people living in both once-off isolated rural housing and some Dublin urban homes still experience poor housing conditions, while Society members report meeting older people who had been misled and exploited by unscrupulous landlords in the private rental sector. These landlords often 'refused to replace household appliances, electrical goods etc., which have broken down, stating it is the tenant's responsibility'. In some cases, the tenant had sought help from the Society to help pay for replacement goods either because they were unaware it was the landlord's responsibility or because they could not do without the appliance and decided to pay for it themselves. They might be afraid that if they made a fuss, the landlord would move them out of what they considered their home.

Some Society Conferences reported that not all older people had been provided with a rent book by their landlord (despite the fact that it is a legal requirement). It was their experience that older, forgetful tenants were sometimes conned out of additional rent money by their landlords who told the tenants that they owed additional rent, while the tenant had no way of either keeping track of money paid or refuting the landlords claim. It was also the case that some older people had literacy and numeracy issues that would make it hard for them to keep track of the paperwork.

2.2.9 Employment and unemployment

The issues of employment and unemployment came up at a number of consultations. Finding work was seen to be a real problem for people in the 50 to 66 age group: 'you are too young for the pension - there is nothing for you - and employers consider you too old to work'. A number of older people who had returned to live and work in Ireland following years working abroad believed that there was a higher level of employment-related ageism in Ireland than in other counties. Several of the older people had become unemployed in their fifties, because the factory in which they had worked (often for their entire working life) had closed and although they had paid for a private pension, the company had taken it away when it closed, leaving many of them feeling very bitter and in a precarious financial position. Other individuals in the 50 - 66 age range who had been self-employed found that if their business declined, they were left in a vulnerable financial position and not able to claim unemployment benefit or assistance. It was also reported that older nuns were expected to be taken care of by their religious communities and only got a pension if they had paid the necessary social insurance (probably only the case with teaching or nursing sisters).

The researchers also met a number of older people who had had to retire from work early on ill health grounds. One man who had worked on the number of school-based Community Employment schemes and who had had to retire on ill health grounds spoke very emotionally about how much he missed working and being part of the school community and indeed the wider community.

Interestingly a number of people over pension age were continuing to work, often providing back-up for family members in their businesses. There was discussion of proposals to postpone the age of retirement and most participants believed that they should have choice over their age of retirement. Those who wished to work past retirement age should be enabled to do so, while those who were ready to retire should enjoy their retirement. There was a strong view, particularly among the recently retired, that people needed to think about and prepare for retirement: 'people generally and men in particular need to find something to replace work with when they retire'.

2.2.10 Faith and religion

The issue of faith and religion arose in some consultations and not in others.[11] Because of the sensitivity of the issue, it was not formally tabled on the consultation on the agenda, but questions of changing values were. Where older people raised the issue of faith and religion, they were prompted to expand their views. In some cases they chose to

do so, but not always. Where they did, they were identified as important dimensions of many older people's lives. The majority of people who engaged in these discussions believed that faith had a role to play for them: 'I like to get to Mass: it gives me the strength to keep going'; 'my faith is very important to me, saying my prayers is the first thing I do in the mornings and the last thing I do at night'; 'my faith gives me a real sense of community and belonging, as well as being a comfort at times of stress'. Many people described what had happened to the church in Ireland in recent years as very painful, shocking and disheartening. They commented that since young people had not bought into the church as much, they were less affected by the recent scandals and that they could turn to other churches - 'they have more options now'. They did still report seeing young people at Mass, but noted that for many young people 'nothing was a sin any more - compared to when we were young, when everything was a sin'. On the other hand, they noted that their generation had stopped going to confession now and was more critical and questioning of religious beliefs and values. Quite a number spoke of how, despite everything, they had 'held on to their faith - the church cannot take that away from us'. But for the oldest older people, who grew up when things were more absolute, what the church did [over child sexual abuse] was a huge blow and they are still in shock.

Despite their distress about the recent church scandals, a significant number of older people continued to be regular mass goers, often using the discipline of Mass to structure their day and to be an important social outlet providing them with a chance to catch up with friends and neighbours. In some places (e.g. Dunmore, Co Galway), activities commence immediately following mass (e.g. a weekly Society-organized exercise class). In addition to Mass, many older people travelled to the various Marian shrines for their holidays. Other people marked their year according to various novenas, Christmas and Easter and got great comfort from attending the blessing of the sick. People without transport in rural areas used the parish radio to tune into mass.

Many older people were visited by their local priest monthly and looked forward to these visits. Many older people had a strong belief in God and the Bible, and lived by the attitude that 'the Lord will look after us - and he has'. Some individuals spoke of their disappointment, in some cases of their real sense of failure, about not having been able to pass their faith onto their children and grandchildren, believing that it could be an important source of comfort and strength for them in turn.

There was a strong view among Society members consulted that one did not need to be religious to be a member of the Vincentians, but one did need an open Christian attitude and a love of people. Many Society members saw their membership as 'their faith in action' and as a 'way of giving something back'. A number of Society members saw the work they did as part of the Society as their faith in practice. Several expressly stated how saying prayers before and after Conference meetings was very important to them.

11 *It is assumed here that all the participants were Roman Catholic and 'the church' referred to in the report should be understood to be the Roman Catholic Church.*

2.3 SOCIETY SUPPORTS FOR OLDER PEOPLE

2.3.1 Overview

About half of the people involved in the consultation were people who used the Society's services. The other half were largely made up of Society members, volunteers and professional staff, some of whom were employed by the Society. The views of these two quite distinct groups are important in reviewing the operation and value of different services and supports provided to older people and to see what light these two groups can shed on the situation of older people.

The Society provides an extensive range of services for older people, including:

1. Visitation and befriending services, with or without material support (e.g. cash help, fuel, vouchers hampers), which it is publicly best known for;
2. Day care/activity centres;
3. Social housing projects (including homeless services and assistive living);
4. Holidays (at Society holiday centres);
5. Other activities:
   - Occasional events/trips (e.g. Christmas parties, trips to Knock);
   - Courses (e.g. cooking, keep fit (Dunmore), computers);
   - Meals-on-Wheels services;
   - Installation of monitored alarms. These are not so well known.

Although there were some individual points of criticism, almost all service users and clients were appreciative of these supports and were enthusiastic about the Society and its projects. Service users especially praised the commitment and professionalism of staff and the caring nature of its members. Interestingly, for most clients, this was the first time they had ever been asked for feedback on the support they received from the society. Few had suggestions for improvements and indeed one pointed to a long-empty suggestion box, 'so they must be doing something right'.

2.3.2 Visitation and befriending services

Visitation Conferences were important for this research: first, because, many of the Conference members themselves are older; and second, because some of the people who are visited are older. Several of the consultation events were with members of visiting Conferences (including Waterford, Dun Laoghaire, Naas, Athlone, Sligo, Mullingar, Derry, Belfast and Castlewellan).

Visitation Conferences fell into two main types. For the first type of visitation Conference, the principal role of the visit and the visitor is to provide friendship and companionship, with material supports (e.g. clothes) provided in occasional cases where individuals have particular issues (e.g. migrants who have no money and cannot claim welfare as a result (ironically some are referred to them by the welfare authorities). Some of these Conferences visit hospitals and nursing homes while others visit individuals and families in the wider community. Many members of the visiting Conferences had been involved in

their Conferences for years (one for sixty years) and were now older themselves. Individuals had joined the visitation Conferences for a number of reasons, including a desire to 'put something back' into society, or the wish to do something meaningful (sometimes after the death of a partner). Visitors now received training and had to obtain Garda clearance.

In the second type of visitation Conference, the principal role of the visit is to determine whether and to what extent material help will be provided by the Society. Many of the visitation Conferences whose principal focus is on the provision of material supports noted a fall in the number of older people they visited explaining it as follows: 'older people are better managers and less likely to seek contact with us, given that they tend to associate us (the Society) with financial support which they do not see themselves needing'.

Hospital/nursing home visitation

The main groups of people visited in hospitals were:

- Long-stay patients (many of whom were from the country and had few visitors). Some may be undergoing long-term rehabilitation (e.g. from a stroke, injury, amputations, etc);
- Long-stay patients with dementia, with few, infrequent or no visiting relatives;
- Long-stay patients with mental health issues with few, infrequent or no visiting relatives;
- Foreigners in a welfare trap, with no documentation, money, records or indeed visitors.

Most hospitals and homes were open to an organized visitation programme. But some were not and one hospital limited visiting hours, ('even bringing in food and sweets was stopped, in case patients choked to death', citing insurance as the reason) and proposals to bring patients on outings were refused. Concerns about individual patients were met with a blanket no-discussion refusal on grounds of 'confidentiality', even though the patient might have no relatives.

Hospital and nursing home visitation practices varied between Conferences. In some cases, Conference members spent anything from 20-60min with a small number of individuals, often developing close friendships and visiting more regularly than they might have originally anticipated. In other situations, Conference members 'visit' a much larger amount of people, but spend a lot less time with each person.

Conference members were told by staff that patients or residents showed a visible improvement after visiting began, notably their morale. Some were so ill that communication could only be undertaken in sign language, but it was all the more important for that, according to Conference members. The situation of older people with dementia was particularly highlighted: 'at first, you might think they were rambling, but they often have interesting things to say and can be very lucid. Everyone has something to

say'. 'Even the most severely disabled will respond if you put a hand on them in friendship and when you begin to talk to people, their eyes light up'. The consensus was that it was the personal contact that mattered: 'nurses are good, but they don't have time to talk to patients any more'. Visitors from the Society believe that they offer 'an hour of quality time', something which nurses cannot do any more. For many such people, the Society visitor is their only visitor and they look forward all week to the visit (and are disappointed if for whatever reason a visit is missed): 'I really miss them when they do not come'. Visits by young people are particularly valued because of their different views, perspectives, ideas, stories and sense of humor: 'their irreverence makes me laugh'. Youth Conferences in Northern Ireland undertake a regular programme of visiting nursing homes.

Members of Conferences who visited hospitals frequently spoke of how affected they were, some even reported feeling the pain of the patients, while almost all came away uplifted by the cheerfulness with which patients faced their difficulties.

Community visitation

Visitation for the purposes of providing material supports was far more prevalent than visitation primarily for friendship purposes. Some of the Society members consulted were surprised that it was possible to visit solely for friendship purposes and believed that if this were more widely known and practised by their Conferences, they might be able to attract more new members. They believe that potential members were often 'turned off' by having to make decisions as to who should receive material supports. Among the Conferences where their focus was the provision of material supports, they reported having relatively few requests for support from older people.

Where Conferences were focused primarily on visitation for friendship purposes, they tended to visit people who were lonely, generally living on their own (widowed or never married), who might or might not be in financial need (some were in quite difficult circumstances). Many performed a semi-social work function, organizing subsequent help for the older person on their discharge (e.g. installation of an electrical lift, fill of oil, collecting, doing and returning laundry, getting people to a hairdresser or follow-up hospital appointments). Again Conference members who visited older people in the community were affected and in many cases enjoyed the banter and exchange of the visit.

Where older people made requests for support from the Society, they were for items such as help with electricity bills, fuel and electrical appliances (especially storage heaters), extra fuel and with dealing with the consequences of disconnection. One Conference reported that it doubled its coal round in 2009-2010 (this was before the bad winter of 2010-2011), adding to the extra coal already distributed by the Lord Mayor, the Knights of Columbanus and a fund run by the Church of Ireland. Disconnection problems were a particular issue. When clients could no longer pay bills, the gas company applied both a disconnection fee (€88+VAT) and a later re-connection fee (€82+VAT), which was both illogical and offensive, because a client who could not afford to pay for the service was unlikely to be

able to pay either set of fees. One extreme situation encountered was of a man so desperate to clear his arrears and get reconnected that he was sitting in the dark with no heating and no food (the Society put him into a hostel for the time being). The only constructive response from the utilities was the welcome pay-as-you-go card system. A Conference in Northern Ireland developed a very successful fuel stamp system (operating in a broadly similar way to TV licence stamps), which has been very successful in helping people budget for their fuel. Where older people have their pension paid through the Post Office, they can opt to have some of their utility bills taken out of their pensions. Some Conferences have supported and encouraged older people to use this scheme to help them with their budgeting (the Household Budget Scheme).

2.3.3 Activity or day centres

Some day or activity centers were run by the Society with the support of the HSE, while other day centres were staffed by Society members and other volunteers. Some people attending the centres found out about the service from friends, while others were referred by their GP or other social services staff.

The older people who attended these different centres spoke of 'the big difference' they had made to their lives. There was general agreement that without the centres, 'life would be more difficult'. 'They get you out of the house', they said. For those who came two or three days a week, many expressed the desire to come more frequently if they could or if the centre opened more often. At present, day centre services are limited to the mobile and self-toileting. Some day centres would like to be able to extend their services to those who were frail and less mobile or with dementia.

The centres were valued for their friendship, camaraderie, the staff, the tea, the food, the bingo, the chat (and the gossip). Many referred to the 'great atmosphere'. They were places where you could meet, chat, think, talk, joke and enjoy good food 'better than hotels'. The centres were 'comfortable'. One woman, who volunteered that she was 89, had suffered a stroke ten years earlier and had attended the centre from that point on, spoke of how much a difference it had made in her life. For a woman whose husband might have been dead many years (a case of 24 years was cited), the centre filled an important gap in their lives. Many older people spoke of how they would be 'lost without it' and going there was 'the highlight of the week'. Day centres were an important part of the week: 'you present yourself nicely, dress up, it's an occasion'. Several spoke of how they counted the days to the next event. All charged, but they were regarded as good value. Some centres also hosted visits from nurses, chiropodists, etc and in some cases collected prescriptions for people.

The practical services provided in the centres were highly valued: arts, pilates, exercises, acrylics, water colours, a person to do your nails, nurses to help with tablets, chiropody services, hairdressing and games including cards, scrabble, boccia[12] and the universally

12 *Boccia is a game involving soft leather balls and a white ball or jack. The aim of the game is to throw the ball as close as possible to the jack. It is generally played in teams. It was originally designed to be played by people with cerebral palsy but is now played by people with a range of abilities. It became a paralympic sport in 1984.*

popular bingo (this was significantly less popular among older men). Some centres offered afternoon tea dances, which was a constructive response to a growing reluctance by older people to go out in the evening in winter. Some provided blood pressure tests, showers, laundry, GP referral, advice on wills, help with form-filling, encouragement to take (and wear) alarms, quizzes and trivial pursuit. Many had buses to bring people in. Several organized days out and these were high points of the year: Clare, Dingle, Killarney, Kenmare. Some had cards, cookery demonstrations, crochet and make -your-own Christmas cards.

Observers pointed to the huge value of these services: 'Even two hours a day out of your home is a huge benefit, with physical and mental stimulation. You can see the decline in the people who don't get it. Yet some services are very limited, only once a week. Imagine what more I could do!'. Some expressed concern for those who were too immobile to come to day care centres - 'then you are in trouble, you are a prisoner in your own home'. Over the country as a whole, day care services were limited. Many older people did not have access to such services and they were greatly dependent on voluntary organizations like the Society of Vincent de Paul to set them up. Several of the services visited had indeed come into existence through a fortunate confluence of factors, like a generous donation or legacy or an unwanted building becoming available. Although in terms of population health gain it would be worth the while of the health services to provide such services directly, they generally did not do so. While the HSE provided substantial financial support to some voluntary services, there were histories of it not doing so elsewhere.

A number of centres visited (Rathmullan in Donegal and Croi na Gaillimhe) had extended their services to other groups. The activity centre and in particular the lunch in Rathmullan were open to the wider community to attend. The staff at both of these centres was also keen to get young people involved, while the Croi na Gaillimhe hosted a National University of Ireland Galway intergenerational project.

2.3.4 Social housing initiatives

Several social housing initiatives contributed to this research: Bethany House, Sandymount; Broc House, Milltown; St. Benedict's, Malahide; and Primrose Street, all in Dublin; two projects in Limerick (Garryowen and Bishop St); and the social housing project in Gorey, Co Wexford as well as Campbell Court in North Belfast and a number of complexes in Swinford, Co Mayo. Residents stressed the huge benefit to them of the Society's services. For them, the social housing projects meant a number of things:

- A place that they could call home;
- A feeling of security;
- Company and feeling like part of a community;
- Neighbours with whom they could be friends;
- Residential staff (full-time to part- time). One had visiting staff only.

Some of the housing projects provided residents with independent apartments or small houses, while others had communal living arrangements (a room, common areas with meals and ancillary services (e.g chiropodist). In one case, Bundoran, there was an intensive assisted living model, where residents where they requested it were provided with additional supports including accompaniment to hospital appointments and reminders in relation to medication and other appointments.
Residents at these facilities came from a variety of backgrounds. Some had come either from night shelters or hostels or very poor quality private rented accommodation and some had even spent long periods sleeping rough. For many of these individuals (men) it was such a change after night shelters: 'with no one ordering you around'. Others came from very poor housing - bad conditions, neighbours from hell, screaming around them at night, drugs and litter in the corridors, theft and exploitative landlords. Several said how they couldn't believe how lucky they were to get into social housing - 'I was over the moon', many said. 'It's a great place, well looked after, nice shrubs and garden, the kind of place you'd be happy to welcome visitors'. A third category of resident was individuals who had become very nervous about living alone and in many cases these individuals had been bereaved.

Getting into a social housing project was a life-transforming event for many. 'Hot water! Heating! Carpets!' one exclaimed in delight. One key change noted by many was that 'it was difficult to be lonely with so many new neighbours around'. Projects tried to make everyone feel welcome, although for some loneliness might return when thinking of partners who had passed on. Many praised the comfort of their new homes.

Several residents with experience of homelessness spoke of how, in such an environment, they began to get their lives in order again and look after themselves. They rediscovered their independence, be that in small things ('I have my own clothes line') or larger ones ('I do my own cooking again'). They used less medicine. They spoke of how they had made new friends in the complex. Some who had a drinking problem have now brought it under control. Many complimented the style of the society - 'it's not judgmental'. It was a place of safety after the distress of homelessness. The Society's projects gave older formally homeless people the opportunity of some dignity, independence, happiness and quality of life for the rest of their days, something on which one could not put a price. They found that 'there is life after the hostel'. They were well able to manage: they got out and about, generally led an active life (health permitting), welcomed visitors and some went on the occasional holiday.

There were some general issues for the social housing projects from time to time - breakdowns in appliances (e.g. security lights, false alarms) and the heating system, cliques and arguments between residents - so it would be misleading to portray them as an unblemished paradise. For some in the communal style sheltered housing, washing and laundry charges where thought expensive, while others would have liked a broader range of food, but accepted that 'it's not a hotel'. Other key issues were:

- Pets, which are generally prohibited;
- The need for a small shop on the premises;
- The need for minor but still important improvements in accessibility, like more electric sockets, putting them waist height (to save bending down), the need for tap levers (easier to operate than traditional rotating taps);
- Future projects should be on the flat, not multi-storey ('lifts break').

The issue of pets was a cause of considerable grievance. No one seemed to know the reason why they were not allowed, although insurance rules had sometimes been suggested. 'We were told we couldn't have dogs because they might turn vicious. But is a budgie vicious? Is a goldfish going to turn on you?' They pointed out that dogs were great companions for older people, good therapy, an anti-depressant and one pointed out that she kept 'a clean dog under control'. One resident wept as she spoke of having to give up her dog and the months of grief it caused her.

The issue of how residents make complaints was raised. Residents are expected to raise the issue with staff firstly, then the relevant Conference President and thereafter make a formal complaint. This can be seen as quite a challenge for an individual dependent on the Society for their home.

Services for the homeless

The Society provides several hostel services for the homeless. A number of these services participated in this study: Cavan town; Deerpark House, Cork; St Patrick's Hostel Limerick; Michael Garry House, Newbridge, Co Kildare; and Market Street, Galway. The majority of hostels provide overnight accommodation for homeless people.

Deerpark House in Cork and Market Street in Galway provide longer term accommodation. Homeless people stay as residents in Deerpark House for a number of years before going on to social housing projects (e.g. SHARE) or possibly a nursing home for the most frail. The house in Market Street in Galway is a listed building providing long-term accommodation for homeless men. Residents at both of these centres come from backgrounds of considerable difficulty (homelessness, addiction, mental ill-health), few still have family contacts and visitors are rare. Residents valued the atmosphere and food, but particularly the staff and the independence, being able to come-and-go as they pleased and the stability it provided for them. Residents in Deerpark House each had their own bathroom, while in Market Street bathrooms were shared. Both locations were commended for being 'spotless', while Market Street was made homely with the addition of goldfish and birds that all the residents appeared to enjoy. Several residents in Deerpark House helped out by working in the place. One of the main values of both centres was that they were 'not nursing homes: we still have our independence here'. Some residents in Deerpark expressed a desire for more activities, like games, darts or even pool - 'more than card games'. Residents in Market Street seemed very content. The staff felt their services made a difference: they kept people alive (some would, in their own opinion, otherwise be

sleeping in barns); they provided residents with personal attention, social interaction, a homely atmosphere and friendship.

For the hostels that provided overnight accommodation, the users found it difficult to cope with some of the opening hours, for some are only open at night. In one or two, residents could arrive from 4.30pm, but had to leave by 9.30am, obliging them to walk the streets by day, which might be tolerable in summer but was not in winter (and life-threatening in snow). The reason for this was that these hostels had no daytime staffing. If a resident was sick and could not get out of bed, then the manager would generally stay to mind him on a voluntary basis. Some hostels received very limited local authority or HSE support. Some of the homeless people who access the hostels were in poor health (TB) (many former users had died before their time), had previous problems of addiction (alcohol) and needed a lot of support to manage on their own. Some services also provide limited support to people at risk living in private rented flats, paid for by the Society.

The Society is clearly providing accommodation for those denied it by the State. One man had applied for housing in 1996 and had now waited fifteen years for a response. Any attempts by him to enquire as to his standing on the waiting list were given the brush off. He was not eligible to apply for housing in the local authority where the hostel was located because he could not establish a 'local connection' (being homeless, by definition, makes it difficult to establish a local connection). Another resident had applied in 1999 and was still waiting. Despite its legal responsibilities toward the homeless, the local authority concerned had offered only two flats to homeless people since 1998.

Older hostel staff made some observations about their own age. They found that whilst rewarding, the work became ever more demanding and stressful as they grew older. Age brought people ever-improved judgment, but at the same time, energy levels began to fall. Satisfaction with the work of helping people in need was matched by frustration at the non-cooperation of the authorities and the way in which they exploited their goodwill and commitment in providing the service. The experience raised serious questions not only about the competence of the local authorities, but about their extraordinary lack of sympathy for or solidarity with the most marginalized.

2.3.5 Holidays

Several groups which went to holidays organized by the Society in the holiday centre in Kerdiffstown, Co Kildare contributed to the study. Some individuals had also been to the holiday centre in Ballybunion, Co Kerry and to Knock in Co. Mayo. All spoke glowingly of the holiday experience - the people, the atmosphere, the food, the activities (talent and singing contests, bingo, mass). Many were repeat visitors, some going as long as 14 years and for most it was their only holiday in the year. 'It's relaxing, people look after you, you are cared for, it's better than going to Paris or Spain'. The staff, they said, were 'fabulous, fair, genuine and made sure no one was left out'. Some noted that working people selflessly took them on holidays as part of their own annual holiday: this was noted and appreciated. None had any complaints, it couldn't be better, they said. The annual

improvements in Kerdiffstown were commented on, particularly with the installation of lifts, improvements to the gardens and new garden furniture. Many observed that their parents had never had anything like this. They looked forward to the holiday from one year to the next and it was the big talking point of the year. Some of those attending came from backgrounds of extreme poverty - some lived in damp one-bed apartments and could carry everything that they owned in a suitcase. The holidays offered a communal, community experience which you did not get on the commercial package tour. Leaving Kerdiffstown after the weeklong holiday was identified as a traumatic event for some visitors. Saturday mornings were miserable: people were grieving, the atmosphere was funereal and everyone knew that some people there would not be back the following year because they would be dead. Others spoke despairingly of 'going back to my four walls'.

2.3.6 Other activities or supports

Conferences offered a whole variety of services and supports to older people. This section outlines some of the most common.

Occasional events or trips (e.g. Christmas parties, trips to Knock)

Some Conferences organized a Christmas party, while others organized trips to various locations, including Knock and Dublin. All of these events were welcomed and enjoyed by the older people involved in the consultations. The only difficulty for people tended to be getting to the venue or the bus collection point: for some this generated additional costs such as taxis.

Courses (e.g. cooking, keep fit, computers)

A small number of Conferences had begun providing training (including movement and relaxation, beginners computers, cooking, budgeting, beginners drawing) specifically targeted at older people. In most cases, the training courses were delivered by volunteers with particular skills. In other cases, the Conference had supported volunteers to go on to additional training.

The volunteer tutors involved in the consultations appeared to really enjoy the training sessions and the interaction with the older people and were glad to be able to give something to the Society. The older people attending the training were equally appreciative of the training and the fact that the volunteers were giving of their time and talents. Some older people spoke of how they had discovered a talent that they never knew they had, while one spoke of being 'less stiff because of the exercise'. Computer training was generally identified as challenging, but many individuals had persevered with it because they wanted to be able to communicate by e-mail and Skype. One class that older people said they would love included was how to use a mobile phone.

Meals-on-wheels services

Several Conferences were involved in the organization of meals-on-wheels services, which had the double benefit of providing low-cost high-value food to older people as well as maintaining contact with them. Outside Dublin, though, Conferences noted a greater level of reluctance to take the service. They had feedback that acceptance of the service symbolized a public descent into extreme poverty, that you had become 'the lowest of the low'. Providers of meals-onwheels services were aware that they could be a lifesaver (one found an older person who had fallen and lay on the ground all night, just out of reach of her alarm. She survived).

Hampers

Many Conferences provided people who had accessed supports from the Society over the year and others with hampers at Christmas. There was a lot of work involved in the preparation of the hampers: collection and storage of the contents, preparation of the actual hampers and finally their delivery. Many older Conference members spoke about how difficult they found it to pack and to lift the hampers, 'I put my back out last Christmas lifting the hampers: never again'. Some Conference members also wondered how much of the contents of the hamper was actually ultimately used. A number of Conferences (included the Conferences in Belfast) had for all these reasons moved away from the distribution of Christmas hampers and were giving vouchers instead. The older people who had been the recipients of hampers generally appreciated them but when given the choice of the hamper or a voucher opted for the voucher. As one man put it, I don't always eat everything in the hamper: if I got the voucher I would be sure to get things I do eat'.

Support for the installation of monitored alarms

There are Conferences across the country involved in identifying, encouraging and supporting older people to have monitored alarms installed in their homes under the national scheme for the alarms, Seniors alert [13]. The Society collects and makes the application on behalf of an individual (normally a minimum of ten at a time). This process has been complicated with the introduction of means testing, which makes it harder for the Society to encourage people to apply, for the assessment process now requires individuals to answer quite personal questions. The Society has in some locations linked the provision of the monitored alarms to the provision and installation of other security systems (e.g. door chains, window locks, smoke alarms, sensor-activated lights, front/back door locks), often with the support of the local authority. The provision by the Society of smoke alarms and sensor-activated lights has unintended consequences as Society members are contacted by some service users on a regular basis to replace and test batteries or change bulbs.

13 *At the time of the consultation, it was based in what was then the Department of Community, Equality and Gaeltacht Affairs.*

3. CONCLUSIONS ON GETTING OLDER

Drawing from the earlier chapters and the views of older people themselves, we now move on to conclusions about being older (3.3), but first of all look at the perception by older people of themselves as an asset (3.1) and as an assertive group (3.2).

3.1 OLDER PEOPLE: AN ASSET FOR SOCIETY?

'Rather than being perceived as a burden to society in the European Union (EU), older people should be viewed as "an asset"'. *European Economic and Social Committee (ESC)*

This study has found many older people making a range of very significant (but often unrecognised/under-recognised) contributions to their families, their communities and to wider Irish society. It is important that these contributions be acknowledged, as too often discussions around older people are framed in the contest of older people as a group that generates a series of demands and additional costs for wider society.

A recent study[14] undertaken by the WRVS in Britain challenges this view, estimating that in 2010 older people (over 65s) made a net contribution of £40bn to the UK economy through, amongst other contributions, taxes, spending power, provision of social care and the value of their volunteering. (This figure is expected by the study authors to grow to £77bn by 2030). These figures are very useful in that they provide the first example of hard evidence challenging the view of older people as a responsibility, recognizing as they do that older people are an asset, providing both positive economic inputs and making very significant contributions to the social fabric of society.

From an Irish economic perspective, older people across the island clearly pay taxes and are indeed likely to pay more taxes if the age of retirement is retarded.

The researchers also came across older people (particularly older men) involved in family businesses who continued to work long past the age of retirement, because they enjoyed their work and because they wanted to continue to support the family business.

Older people are also consumers of services and products and have considerable buying power. Indeed this study has found that they are particularly important consumers of locally services and facilities such as local shops, post offices (where they remain) and GP surgeries. Without this patronage, it is quite possible they could be rendered unviable. This research also found very many example of older people as generous givers (even where they had limited incomes) of material supports for charities (in the form of both donations and legacies).

14 *WRVS: Gold Age Pensioners- Valuing the Socio-Economic Contribution of Older People in the UK. WRVS, Cardiff, 2011.*

Closer to home, the research has found many examples of older people helping their families and extended families meet the financial cost of deposits, school uniforms and books. There were examples of older people who act as carers (occasional and ongoing) for their grandchildren and indeed adult children with disabilities and also as providers of temporary or indeed longer term accommodation for family members going through marital/relationship breakup. Less visible but no less important was the extent and nature of caring work undertaken by older people. As individuals, older people often looked in on and where required undertook 'little jobs' and shopping for their 'frailer' neighbours and indeed family members on an informal but regular basis, helping these individuals to remain living independently for longer. There were examples of older people keeping an eye on neighbours' houses for them, walking their pets and acting as emergency 'babysitters', collecting children from school, etc. when unforeseen circumstances arose. It is interesting that this informal neighbourhood watch role was something most older people enjoyed but generally tended to downplay: 'it's nothing really, sure I am around anyway' was a frequently heard comment.

Older people are generally more likely to vote and engage in the democratic process than other groups. This puts them in a strong position to lobby for change and speak out to ensure services are delivered effectively, with few politicians likely to forget the recent older people's protests in relation to cuts (See Section 3.2 for more details).

This study also found older people providing a central component of what the WRVS study refers to as the 'social glue', with older people often active members in the places where they live, through involvement in a range of voluntary groups and activities including the Society of St Vincent de Paul. Older people tend to have more time which has led to many of them taking on key roles, including leadership positions and active membership of local Society Conferences, as well as a whole variety of clubs, societies and other community-based groups.

Older people are however not just carers or good neighbours, or a valuable source of volunteers, but they are also individuals who have a lifetime of experience, as well as a range of technical and managerial skills built up over years. It is not at all clear that these skills have yet been tapped into in any kind of a structured way. There is clearly scope for older people to become involved in skills transfer programmes, passing their particular skills (craft and/or technical and/or managerial) to others, including community-based groups and younger people. Examples of particular skills/experiences that older people consulted identified that they would be able to share with others included:

- Skills in money management;
- Supporting young people, particularly where they are breakdowns in family structures;
- A range of skills useful in a downturn (woodwork, sewing, knitting, etc);
- Professional, organizational and negotiation skills.

While wider society is clearly benefitting from the involvement of older people, it is clear that this resource or asset of a rising population of older people has yet to be fully capitalized.

3.2 OLDER PEOPLE: AN ASSERTIVE GROUP?

Most of the older people consulted as part of this study did not feel that they were assertive. 'When we were young, the message that went out at home and in school was only to speak when spoken to'. One contributor reflected on how 'the church and the teachers kept us down' and that 'the older generation never complained, so we never learned to'. Older people spoke of their reluctance to complain because 'in Ireland people take it so personally. You don't know how people will react and you are afraid of the backlash. You fear embarrassment if you complain, so you don't, you just talk about it but don't do it. We are not a country of complainers. We are over-respectful of authority, but thankfully the new younger generation takes a different view'. 'It's an age group that is humble, deferential, reared on "this is your lot" and "you can't rock the boat". It's not the kind of group that is into "rights"'. Many accepted that they were far too prepared to accept things that they should not. Some mused that 'it's too late now to change this generation'. Several people put it this way: 'We're not a complaining nation. You won't complain if you are vulnerable. As for the health services, you have to be well to complain'. Some questioned whether, in the light of the economic collapse, 'our problem is that we haven't complained enough'.

A small number felt that they themselves were assertive. They had made complaints, even though they might be labelled 'kranky' or 'grumpy' and were quick to point out that they were often on their own. Several spoke of how, at an individual level, old age made them feel more confident, more prepared to speak out and less bothered or embarrassed if people disagreed or argued. They hoped that this would change in the future and that young people might have more energy for taking on "the bureaucracy". They hoped that younger people would not put up with some of the things that they did: so far, though, young people put up with things they shouldn't and didn't complain enough. Several who had lived in Britain felt that older people were much more personally and politically assertive there (though none made the connection to the much lower pension level there). 'We're not into protest or rioting, like the French are'.

Many took the view that they would not be listened to even if they did complain or would be portrayed as awkward. 'We complained to Bus Eireann about the bus service, but never even got a reply'. 'There is never anyone to complain to whenever there are problems' and 'Complaining gets nowhere - people don't listen'. Many took the view that complaining about anything was 'simply a waste of time'.

What was notable was that many older people had never been asked for their opinion before. They were surprised by, but really appreciated, the fact that the Society was undertaking this type of consultation: the majority thought such consultations were unusual and welcome.

3.3 OVERALL OBSERVATIONS ON OLD AGE

In summary, the key points coming through most forcibly from the study were:

- There is no advance preparation for old age and it is not something that people give thought or attention to. People first sense that they are getting old when they develop ailments, more frequent illnesses, or find getting out and about gradually more difficult. It is something that people notice slowly.
- An important point of transition to old age is the loss of a partner, mainly the husband. It may have been a characteristic of the groups that we met, but there were many cases of the husband dying either around the point of retirement from the workforce or soon thereafter. This meant that most women faced their old age on their own. Other key points marking the transition to old age were retirement from the workforce and becoming a grandparent.

- Older people's attitudes to old age were generally very positive. Older people viewed it as a time to be enjoyed, take more holidays, be active and maintain a level of fitness. The health promotion message of the 'active, fit' old age has been well embraced.

- Older people considered that their parents had lived lives of considerable poverty and hardship. They had no labour-saving devices (e.g. clothes washers, dish washers). At the other end of the age spectrum, they had much apprehension for the future of their children. The economic collapse meant that many had no future and their only hope was to emigrate ('it's 1952 all over again'). Overall, they regarded their generation as a fortunate one. Ireland was a relatively good place in which to grow old.

- Older people had mixed views about the younger generation. Some felt that they showed older people little respect, while others found many young people to be respectful and kind toward them. There was a sense that young people now had high material expectations (ipods and technology upgrades), were more aggressive (due to pressures of life, drink and drugs) but thankfully were more assertive than their generation and had a positive attitude toward helping people with disabilities.

- Traditional patterns of family cohesion had persisted from one generation to another. Although a theme of post-war social studies in industrialized countries has been the break-up of families and much-diminished contact between parents and children, there was little evidence here of older people being abandoned and forgotten by their children. Many older people referred to the frequency with which their children (and even grandchildren) kept in contact with them through regular phone calls and even visits.

- Loneliness was one of the great problems faced by older people, possibly the biggest, arising from greater numbers of older people living alone. But there was also a public policy dimension, where the delivery of public [or private] services reduced the role of human contact. Examples were the closure of post offices, gatepost post boxes, the

replacement of human telephone services by robot voices as well as broader economic forces which had negative effects, especially in the small towns and villages.

- Some older people use mobile phones (mainly for phone calls, less so for texting) and a small proportion use personal computers or the internet.

- The introduction of monitored personal alarms was an important, welcome development in recent years. Security is now a problem and many bemoaned the way in which one now had to lock the front door. Despite this, there was no widespread collapse in traditional values, for many older people spoke positively of how welcoming their neighbours were and recalled individual acts of kindness toward them.

- Mixed views were expressed on the value of the pension, but we can reconcile different viewpoints as to its adequacy with the conclusion that most older people view the pension as adequate for routine weekly expenses, but the level does not permit saving for 'the rainy day', emergencies, or substantial once-off costs - and this is a defining feature of poverty. The Christmas bonus in effect was used as such a supplement and its taking away was, and remains, a source of considerable grievance.

- There is a problem of income support for older people in the age range early 50s to the pension age (66). It is difficult for them to get work, both because of its lack of availability and because they suffer from illegal but hard-to-prove discrimination. Those who have incomplete social insurance records (mainly women) or who have been self employed (mainly men or their dependents) cannot get unemployment benefit and are normally denied unemployment assistance.

- Older people also observe, with growing alarm and annoyance, the gradual rise of what several called 'stealth charges'. The most cited were charges for eye tests, blood tests, dentistry, bins, the electricity public service obligation charge and the 50c prescription charge. Although the individual charges were low, they all added up on a tight budget. Some pay for private home helps to make up for the decline in the public service.

- The greatest pressure on the incomes of many older people is fuel, which emerged as the outstanding problem point. Although housing is now generally of good standard, with insulation, many fuel systems remain inefficient and expensive, obliging older people to devise sometimes extreme strategies to keep warm.

- There was a strong sense of unfairness in government decisions. Cuts in social welfare and wages were contrasted with the extravagant lifestyles of ministers, the high pay of the political class and bankers' bonuses.

- Most older people regarded health services as good, once they got them. The main problems, though, were in getting access to health services in the first place, citing such

problems as long waiting periods for out-patients or accident and emergency (4hr to a day), long periods on trolleys while awaiting admission (two to three days) and long waiting lists to see a specialist (up to three years). There was a strong sense of unfairness that people who could afford VHI could 'skip the queues'. Older people see these problems as systemic and were puzzled as to why the health services in general and hospitals in particular are now so badly managed.

- There were some individual experiences of poor hospital care, especially of patients with dementia or in long-term rehabilitation, with a lack of nursing, stimulation or personal care and of the abandonment of migrant workers.

- The lack of an ambulance service to help old people to get to hospital is a serious problem. The researchers heard numerous stories of the costs in time and money to old people in trying to keep distant hospital appointments, often involving a day's travel and high taxi costs. The resistance of local communities to hospital and service closures is understandable in the light of the fact that once closed, no transport is provided to enable old people (or others) to reach routine appointments. The cost of such transport is probably low compared to the costs of treatment (or the costs of non-treatment).

- Some of the most important services for older people are relatively low-cost and low tech, like the home help services. Weekly home help services have been cut in recent years from three to two sessions weekly, limited to less than an hour, to the point that they become of questionable value. One important lesson is that health services that can most benefit older people actually cost least, something which does not seem to be well appreciated by the state.

- Older people do not regard themselves as self-assertive and contrast themselves with older people in Britain and with today's younger generation here. Many regret that they have not been more assertive, but explain their docility in the context of their parents' generation and attitudes handed down to them.

- Despite the introduction of 'customer care' by private and public companies in recent years, older people are frustrated in any efforts they might make to complain by the absence of such channels and the lack of response even when they find them. Irish public services, including the health services, seem to be basically unable to construct systems that handle complaints.

4 LEARNING FOR THE SOCIETY

This research has generated a significant amount of learning both about older people generally and about the services provided by the Society. One of the key pieces of learning for the Society must be the high value placed on the services which it and its members provide. At first sight, the positive comments of residents and users of its services are open to the charge of 'they would say that, wouldn't they?', but in most cases it must be noted that the discussions were held in the absence of staff and where they were present, participants were prepared to be critical.

It should be a source of satisfaction to the Society that its projects are as welcomed and well-received as they are, not just to affirm the value of its financial and human investments therein, but to understand the huge difference that they make to the quality of older people's lives. It is also the case that many of these services are relatively low cost compared to institutional services. In validating them, they suggest areas where the Society could expand its services in the future. There is of course still room for improvement and this section highlights some of the key areas of learning arising from the research for the Society under a number of headings.

4.1 SOCIETY SERVICES AND PROJECTS

The visit – a key support for older people

Older people identified 'the visit' and 'visiting', especially in winter as being very important tools to combat loneliness. This was repeatedly top of the list as the most important single thing that the Society could do to help older people. It was recognized that while it placed some demands on the visitors, it was lowcost and rewarding. Many members expressed the view that there should be more visiting Conferences, with some dedicated to particular groups in need (e.g. isolated older people, older people in social housing projects).

The concept of what it is that constitutes a 'visit' would appear to vary from Conference to Conference. The research found some conferences visiting a small number of older people on a regular basis (in some cases weekly but more often two to three times a month, spending anywhere between 30min to an hour having a chat). In a small number of cases of particularly vulnerable and housebound older people, this was supplemented by shorter calls to drop in messages (the local paper) or indeed bring these individuals to medical appointments. At the other extreme, the research also found Conferences visiting large number of older people living in nursing homes for very short periods of time. In these cases the visit with any one individual would take approximately five minutes and generally involved a quick hello and a general conversation on 'how are things?'.

The majority of older people met as part of the research placed a huge value on social interaction. The Society in general and local Conferences in particular need to explore and recognize the quantity of time and the level of commitment required to do quality visiting

and befriending work with older people. The focus must be on the quality of the time spent with an individual, not the number of people visited.

The activity, day or resource centre – giving older people a new lease of life

The warmth, the welcome, the food and the variety of activities and classes provided at the various centres (e.g. Rathmullan Activity Centre, Croi na Gaillimhe Resource Centre) run by local Conferences had given many of their older users a new lease of life. Through these centres the Society is enhancing the quality of significant numbers of older people's lives. The Society needs to continue to develop these types of centres in locations where no such services exist.

Scope exists to develop and provide of a wider range of activities at the centres in general and specifically for the older men (e.g. men's sheds type of activities, GAA programmes working with older people). The potential of these types of centres as venues for more intergenerational interaction has only begun to be explored and this is something that needs to be progressed in earnest.

There is currently very limited interaction between the different centres, even though many of them are seeking to work with similar groups. There is a need for more networking between the various centre staff to share learning and good practice. This could be facilitated through the establishment of a 'Network of Centres' which would meet a couple of times a year to exchange learning and identify good practices both nationally and internationally.

Social housing projects and services for the homeless

The social housing projects run by the Society have provided many older people with a secure home and an opportunity to live an independent life into older age. These projects are generally very well run. The assisted model of social housing provided in Bundoran (which has the potential to provide facilities for people discharged from long hospital stays and who do not need nursing care) could be replicated in other locations. There were a number of empty units in some of the housing projects visited. The reason for this was not clear, what was clear was that many projects did not have formal housing allocations policies which might have assisted them avoid empty units.

The extent and nature of contact between tenants and Conference members in housing projects varied. In some locations, there was no interaction between tenants and local Conference members, with the exception of the initial interview and perhaps the annual general meeting. In other housing projects, tenants and Conference members had regular contact, with Conference members visiting tenants regularly and in some cases bringing tenants to hospital appointments. In other locations, tenants and Conference members met socially at various functions (e.g Christmas party) held during the year. The research found few examples of active tenant involvement in the management of housing projects.

There is clearly scope to create more interaction between residents and the responsible Conference in many locations. Many housing projects would benefit from the establishment of management committees that involve representatives of the residents and Conference members. This would be the norm in continental Europe.

Unrealistically low rents and the lack of provision of sinking funds to deal with the cost of ongoing maintenance - and ultimately the costs of upgrading the housing units over time - was raised by individuals concerned with the sustainability of management practices at some projects. The society must ensure that housing projects charge realistic rents and that prudent provision is made for a sinking fund. The research found examples of housing projects using rent monies to cover maintenance costs.

The prohibition of pets in many social housing projects is a source of grievance, even anguish for some. There is scope to revisit the blanket 'no pets' policy in place at some projects. Housing associations in Britain have found mechanisms by which pets can be accommodated. It was a founding principle of the Simon Community, whose establishment in Ireland owes much to the Society, that 'no resident ever be separated from [his] pet'.

Residents consulted as part of the research made many practical suggestions as to how their particular housing projects could be improved. The mechanism by which tenant suggestions, concerns and complaints are addressed locally was unclear. The Society does have a formal complaints policy, which requires complaints to be made in writing, but it does not have a system or procedure that enables tenants and particularly older tenants to raise concerns in less formal and legalistic way. Older tenants who are dependent on the Society as the providers of their home are highly unlikely to lodge a formal complaint and the Society needs to think about more positive and proactive ways of dealing with tenant concerns and issues.

In the case of services for the homeless, there is clearly scope for the Society to be much more assertive in challenging the bad policy and practices of local authorities and the HSE. The report highlighted cases of homeless people on local authority waiting lists for up to 16 years and of people with TB discharged onto the streets. The failure of the authorities to provide funding to enable services to stay open in the daytime puts the Society in an impossible position of obliging it to put people out to walk the streets every morning, a practice verging on cruelty.

The issue of what happens to older people when they become unable to live independently (i.e. without nursing care) is an issue for all housing projects, especially in the context of the ongoing programme of closures of cottage hospitals. This is an issue that the Society both nationally and locally must address and where the wishes of tenants must be determined while they are in a position to make independent decisions.

Holidays at Kerdiffstown

Kerdiffstown is clearly providing older people living on their own, often in poor conditions, with a very welcome break from the reality of day-to-day living. These breaks are highly valued and this is a service which must continue (ideally, the researchers would have liked to have visited other holiday centres, but the timing of the research (September to March) meant that this was not possible). The centre in Northern Ireland is currently about to undergo renovation but continues to operate during the holiday season.

Other activities and supports

Other high-value activities identified and undertaken by the Society included the organization of occasional events or trips, the provision of courses specifically targeting older people (e.g. computer classes in Rathmullan, exercise classes in Dunmore) and support for the installation of personal monitored alarms. Again it is clear there is an ongoing appetite for the provision of these services, particularly for older people living alone. They reflect the two key needs of older people to get out and meet people and to feel secure in their home.

Financial support

Older people carefully manage their money and live within their often limited means. As we saw, they experience hardship when faced with unforeseen expenses (e.g a broken window) and especially fuel. Financial issues were explored in some detail earlier. This report clearly identified the marginal situation in which pensions levels left many older people, the erosion of the pension by stealth charges, the key issue of fuel poverty and the need for the Society to raise with government the importance of sustaining the value of the pension and other financial supports.

Transport

Access to affordable accessible transport is a critical issue for older people on limited incomes and who do not have access to a car or public transport, or who have mobility issues. This is particularly evident in the case of hospital and GP visits and accessing social events. The Society needs to consider how it might be able to address this need, especially the absence of ambulance services. Possible solutions might include minibus services, a volunteer driver scheme to bring older people to and from hospital or the organization of other community-based solutions.

More opportunities for inter-generational exchanges

It was clear from the consultations that older people have skills and time that could be used to support young people. There was much interest in developing an inter-generational programme between young people (e.g. transition year students and beyond) and older people. The Living Scenes Project running in Galway with the support of National University of Ireland, Galway provides a model that clearly has the potential, subject to funding availability, to be run elsewhere. Other areas where there is scope for

intergenerational exchange include hospital visiting, helping older people with the new technologies (mainly texting) and helping young people with handcrafts. The Northern Region has an active programme which facilitates secondary school visits to local nursing homes. Again, this programme could be replicated in other regions.

Table 4.1 A Summary of the Key Learning for Society Services and Projects

Service/Project	Key Learning
Visitation	**Visiting and befriending are very important for older people (especially in winter and particularly for older people living alone).** The Society nationally and locally need to recognize the quantity of time and the level of commitment required for quality visiting and befriending work with older people. The focus must be on the quality of the time spent with an individual, not the number of people visited.
The activity, day or resource centre	**Older people value the warmth, the welcome, the food and company, the activities and classes provided at the various centres.** There is a need to continue to develop centres in locations where no such services exist with dedicated programmes of activities to attract and support the attendance of more men at these centres. The role of these centres as venues for inter-generational interaction needs to be progressed at national and local levels. A network of these centers should be established at national level meeting a couple of times a year to exchange learning and identify good practices both nationally and internationally.
Social housing projects and services for the homeless	**Social housing projects run by the Society are providing older people with a secure home and an opportunity to live an independent life.** All projects should have a formal housing allocations policy. The assisted model of social housing provided in Bundoran to be replicated in other locations. Local projects need to work with tenants to identify their preferred options should they become unable to live independently. There is a need for more interaction between residents and the responsible Conference in many locations. Housing projects would benefit from the establishment of management committees that involve resident and Conference representatives. Systems must be put in place to support tenants to raise concerns (the current written complaints procedure is daunting). Projects need to charge realistic rents and make prudent provision for a sinking fund to cover longer term maintenance costs. Where a blanket 'no pets' policy is in place this must be re-visited.
Holidays	**Kerdiffstown is providing older people with a very welcome break from the reality of day-to-day living.** This service must be continued.
Other activities and supports	**Older people need (where possible) to get out and meet people and they need to feel secure in their home.** The organisation by local Conferences of occasional events/trips and courses is highly valued and must be continued. Some Conferences are actively involved in supporting older people to get access to personal monitored alarms. This is a very useful service and must be continued by the Society: the alarm has saved lives and significantly enhanced the quality of older people lives.

Table 4.1 A Summary of the Key Learning for Society Services and Projects (cont.)

Service/Project	Key Learning
Financial support	**The current State pension is about sufficient to meet regular day to day expenses. It does not make provision for unforeseen expenses.** The Society must recognize that older people continue to need financial assistance to meet unforeseen expenses. The financial situation of older people is likely to worsen with the growth of stealth charges. This issue needs to be highlighted in the policy work of the Society.
Transport	**Transport is a critical issue for older people on limited incomes, without access to a car or public transport, or with mobility issues.** There is need to develop a range of transport supports for older people. Possible solutions to be considered include: the provision of minibus services, better use of existing bus capacity operated by HSE and other State services and the development of volunteer driver schemes.
More opportunities for intergenerational exchanges	**Older people have skills and have time that could be used to support young people and vice versa.** The Society needs to recognize and value the role older people can play as supports for younger people and vice versa. Support the expansion of the Living Scenes Project running with the support of National University of Ireland, Galway to other locations. Develop more local opportunities for more intergenerational exchange.

Many of the consultees were of the opinion that the Society should continue to work in those areas where government services, rightly or wrongly, would not go. Several were concerned that the Society was making up for government cutbacks and being exploited by the State, especially when helping people in fuel poverty or who had been disconnected. There is also a need to continue to support and help the new poor, especially those trapped by unemployment and high mortgages. The Society should develop more shops offering low-cost, quality clothing in low-income areas. Many charity shops, while they are great value, are in betteroff locations so as to attract people with purchasing power, but this is of little value to people in areas of concentrated low-incomes.

Table 4.1 summarizes this learning.

4.2 SOCIETY MANAGEMENT AND OPERATION

The Society has an aging membership. There are no overall figures available for the Society, but anecdotal evidence together with figures for the Northern Region, which has a broadly similar profile to the rest of the island, suggest that more than 50% of members are at least fifty years or over. The issue of an aging membership and the ongoing need for succession planning raises particular issues, such as attracting new members - younger members in particular - and of course the need to support and retain existing members.

The provision of material support: a challenge for some Conference members?

The commitment required to be an active Society member varied, depending on the nature of the Conference. Involvement in a Conference that responded to requests received for material support appeared to require the most significant sustained commitment of time and energy. Some Conference members who were retired reported spending three to four days a week ('I have the time') making visits and assessing needs. For some this was fine, but for others it was clearly exhausting and they were struggling, feeling overwhelmed by all there was to do. This situation is not sustainable for these individuals in the longer term and Conferences need to put in place, with the assistance of National Office, mechanisms to help members identify the levels with which they can physically and emotionally cope.

Some members (generally women) who were members or former members of visitation and material support Conferences (as distinctive from visitation-only Conferences) spoke about how challenging they found it to make decisions about who should or - more challengingly - who should not get support and how much and what type of support they should get. 'I just wasn't able for it, it was too difficult', reported one former Conference member. Where members do struggle with this, they should be able to withdraw from this work with ease and find another way to continue their involvement in the Society as a member of a different Conference, as an auxiliary member or perhaps as a volunteer. Guidelines from National Office are needed to provide individual members, local Conferences and others with details of the various options open to members who wish to change the nature of their involvement in the Society and to potential members who need to be aware of the breadth of options open to them through membership of the society. The researchers found examples of Conferences and Conference members who were not aware that it was possible to be a part of a visitation- only Conference: they had believed that visitation must always be accompanied by the provision of financial assistance. 'It is a revelation to find out that I could just do visitation, I would love that and would be very happy doing that' said one older woman.

The challenge of retaining existing members

For Conferences busy responding to increasing levels of request for help, much of the time and Conference members' energies - and indeed in some cases resources (fuel, office materials, etc) - are taken up with meeting these external demands. 'I now have an office in the house, it's like a part-time job'. 'We basically come in, read the letters, agree who is

doing what and go, we don't even really have time to catch up with one another, it's just so busy'.

There is need to put in place mechanisms to support members and give the Conference time for reflection on the work it does. The establishment of a programme of 'time-out-away Conference meetings' at local level would give Conferences time to reflect on what they are doing. There may also be scope to apply the learning arising from the Making a difference programme run a number of years to develop a new programme to support greater reflection at Conference levels. Likewise, giving the Conference Vice President the responsibility and a particular role to take care of and watch out for individual members would ensure that the overall welfare of members received a higher priority.

Where members leave a Conference, it would be important to celebrate their contribution and to find out their reasons for leaving so that the Conference can learn from this (a form of exit interview undertake by a member of a different Conference where possible). Some members also identified a need for more appreciation, at senior management levels, of their contribution to the Society: 'It would be nice every now and again if we were thanked'.

The challenge of attracting new members

Individuals rarely volunteer without either a reason or an invitation. Society members need to invite and support potential members to attend to see what the Society does.

Inviting individuals to become involved in the Society a few years before retirement would appear to work well and it is important to be aware of the many people now retiring earlier than has traditionally been the case. Society members need to be sensitive to the responses of potential members and where the work of a particular Conference is not a good fit with the individual, redirect that individual to another Society service in which they might be more interested. It is very clear from the consultations that not everyone is cut out for or indeed wants to be involved in responding to requests for material supports. 'I am very happy visiting but I really did not like dealing with money' was the view of one Conference member who had transferred from a visitation and material support conference to a hospital visitation conference.

Many members of the Society would appear to make a very clear distinction between members and people who access supports from the Society. This is in sharp contrast to the views of older people who access supports, many of whom (where they are physically able) would like to make a positive contribution to the Society. 'I would like to be able to help out, to volunteer if there was something useful I could do, it would be good to get out of the house make a contribution.' Society members should be actively encouraged to view people who access Society supports or services as a source of potential volunteers in the first instance.

Attracting new younger members can be difficult particularly where a Conference is itself aging. One solution that appears to have been adopted to deal with this issue in the past was to establish a new Conference. The difficulty with that approach is that it perpetuates the problem if the new Conference membership is generally all of a similar age.

According to the vast majority of the members consulted, the ideal situation for any Conference is a mixture of ages. A Conference made up of older members which had had two younger members (a couple who since emigrated) reported a significant benefit from having younger members: 'they knew what things like nappies cost, they knew the challenges of bringing up children nowadays and they were able to put us wise to signs of drug use'. Where Conferences had attracted and sustained younger members, it would appear that they had attracted them to become involved in the initial stages with specific time-bound tasks as volunteers, conscious as they were that many of these younger members had significant family responsibilities.

There were suggestions from members that National Office should provide much more help to local Conferences on how to recruit, train and retain volunteers; and that each region should have a voluntary recruitment officer to attract young members and coach Conferences on how to integrate and retain new members.

The style and format of meetings

Society Conference meetings were chaired in a variety of ways. Some were very formal and business-like, chaired and indeed laid out in a very formal way, led by the Conference President. One meeting attended by the researchers was entirely led by the President with very limited input from individual conference members. Other meetings were very relaxed (chairs in a circle with no obvious sense of hierarchy within the group) and some were a mixture of styles. Different styles clearly suit different individuals, but many members reported feeling very challenged by a formal approach. Most meetings opened with a prayer. After that, practices differed from Conference to Conference, depending on its work.

In the case of Conferences that responded to requests, members arrived, read the letters of request, allocated tasks, agreed collections and closed the meeting. In other cases, Conferences had more discussions and were more sociable, some adjourning to the local hotel or pub for a drink or coffee after. Where this was the case, the Conference meetings appeared less of a burden and more of a social occasion for the members, thus sustaining the members. 'The meetings for me are both vocational and social, the conference members are at this stage my closest friends and my support' reported one elderly male member. There is no one best fit for any group and the most important thing is that all business is transacted in an efficient way where all can make a valued contribution.

A central database

The absence of a national list or central database of services and projects makes it difficult to appreciate the breadth and spread of the work of Society members. It makes contact

with individual projects difficult and limits the networking between them. It also means that potential members may not always be aware of the various options that might be open to them were they to join the Society. The compilation of a printed, published directory of Society services would also be useful for those who are not computer literate.

Research, reflection, monitoring, evaluation and good practice

The Society does not have a strong culture of monitoring and evaluation of its services. This research was, in most cases, the first time service users were asked for their opinion on the services they received. All were appreciative of the opportunity and many identified small but practical changes that could enhance the services provided by the Society.

Many members also noted that this was the first time in a long while that they had taken time out to reflect on what they were doing. Research into the experience of service users and of the staff and volunteers assisting them should be an integral, on-going part of the Society's work. Individual Conferences should also be supported and actively encouraged to make time to reflect on the services they provide.

Good practice examples should be extracted and shared between Conferences through training events and activities. This work should be promoted to the broader public audience which might be aware of the Society's work in providing material help, but was much less familiar with its activities in social housing, holidays, befriending, day centres and so on, whose value and contribution to social well-being was not fully appreciated. The Society should share research and good practice with people in the caring professions (e.g. nurses), state authorities (e.g. health services, Gardai) and other voluntary organizations (e.g. Age Action).

User involvement in project management

In the case of social housing and related projects, the research generally found that there was limited contact between users (e.g. tenants) and Society Conference members who were responsible for the overall management of a project. This would appear to be particularly the case where Conferences recruited the services of professional staff to look after the day- to-day management of the project or service. Best practice suggests that user/tenant involvement in project management structures is critical. The Society needs to promote and proactively support the development of a culture and practice of active service user involvement in the management of Society projects. See Table 4.2 for a summary of the key learning in relation to the management and operation of the Society.

Table 4.2 A Summary of the key learning in relation to management and operations

Issue	Key Learning
Challenges posed for those involved in visitation & material support provision	Some Conference members are overwhelmed by the scale of demands and by the time and energy commitment required. Conferences need to put in place mechanisms to help members work at the levels with which they can cope. Many individuals find it difficult to make decisions about who should and who should not get support. Where this is the case, individual members should be facilitated to join another conference
Retaining/ Supporting existing members	Conferences need to make time for reflection on the work they are doing. Regular 'time-out away meetings' at local level would be a good start. Consider reviewing, re-invigorating and re-running the Making a difference programme, which operated within SVP previously. Give the Conference Vice President a particular role in the care and well being of individual members. Celebrate the contribution of members who leave and undertake exit interviews to learn more about their reasons for leaving Find ways to recognize and appreciate the work of members.
Attracting new members	Society members must pro-actively identify, invite and support new potential members to become involved (particularly targeting individuals at pre-retirement stage).
Attracting younger members	Conferences should involve men and women across a range of ages. Where Conferences identify and attract younger members, they must remember that they may have significant family responsibilities and ensure they are given specific time bound tasks. National Office to provide much more help to local Conferences on how to recruit, train and retain members, auxiliary members and volunteers. Each region should have a recruitment/membership officer whose task it is to support Conferences attract young members and coach Conferences on how to integrate and retain new members.
Meeting style and format	Conference meetings should be conducted in an efficient, not too formal way, with conference members actively involved in contributing.
A central database	A central database of services and projects is needed. A hard copy directory of Society services should be developed, published and updated regularly
Research, monitoring & evaluation	There is a need for ongoing user, member and staff surveys as part of a part of wider programme of review, reflection and learning for the purposes of enhancing the work of the Society. Spread good practice examples across the Society through training events and activities. They should be promoted to a broader public audience and shared with other organizations and groups.
User involvement	There is a need to develop a culture and practice of active service user involvement in the management of Society projects.

4.3 THE SOCIETY'S POLICY WORK IN RELATION TO OLDER PEOPLE

The issues arising from this report clearly have implications both for the Society of St Vincent de Paul's policies and practices; and wider society and government policies and operations. The sections on the Society's projects and on its future development outlined a desiderata of changes within its own projects (e.g. issues of pets, appliances) and future areas of work for development, such as the visitor Conferences and inter-generational projects.

The overarching issue for many of the consultees was that the Society must 'say more and say it more forcibly' to government and be more outspoken for older people, especially those at greatest risk. Frustration was expressed that the Society did not appear to be making representations publicly or trenchantly enough, particularly as older people do not consider themselves to be assertive. They appeared largely unaware of the representational work currently being undertaken by the Society. The view was expressed that as well as 'big' issues of social justice, the Society should pursue, in tandem, concrete, practical constructive proposals along the lines outlined here:

The pension system

The research found that the adequacy of the pension depended on individual circumstances. Where individuals were entirely dependent on the state pension, although they could manage their day-to-day living costs, there was no scope to either save or to meet emergencies or, in winter, keep themselves comfortably warm. This is in line with the academic research which found that even where older people are above the poverty line, they are still very close to it. Lack of an ability to save is a defining feature of poverty.

Society policy work must:

- Make clear that there is no scope to reduce pensions and still maintain a minimally adequate standard of living for the vast majority of pensioners. At the same time, it should be aware of the complexity of determining the adequacy of the pension and related income support systems, given that the adequacy of the pension is so dependent on individual circumstances (e.g. the other incomes from occupational pensions, savings, degree of family support, age, health, home ownership and proximity to services);
- Highlight the fact that living alone is an important factor governing the adequacy of the pension (it is much more expensive to live alone) and seek significantly improved income support for pensioners living alone;
- Draw attention to the fact that saving is not generally a possibility for those living exclusively on the State pension. Pensioners have great difficulty in putting money aside to meet additional unforeseen expenses
- Emphasize the fact that the Christmas bonus or 53rd week is greatly missed and re-make the case for the provision of a 53rd week payment at Christmas;
- Criticize the impact of stealth charges on the incomes of those living on the State pension;

- Work with government departments and utility companies to make possible the option of spreading utility bills (e.g. electricity, gas) over pension payments by weekly deductions.

Fuel poverty

Fuel is the largest single burden on the budget of older people. The failure of fuel allowance schemes, introduced over a generation ago to prevent fuel poverty, is evident.

Society policy work must:
- Draw attention to the fact that, despite improvements (in housing, heating systems and insulation) fuel poverty remains an issue for older people across the island. It should look for the introduction of a regular programme of fuel poverty monitoring in Ireland similar to that in place in Northern Ireland;
- Insist that the new Government in Ireland to produce an effective new policy on fuel poverty (this is long overdue);
- Make the case for the introduction of practical proposals to reduce the stress which fuel costs impose on household budgets.
- Encourage systems to be put in place which address long-term issues of home design, insulation and heating systems.

An effective, universal health service

Having one's health and being pain-free were identified as key determinants of the quality of old age by the research consultees and the health services were the subject of much lively discussion. Most consultees were of the view that the quality of the health service was generally good, once one obtained a service, but accessing the service was the issue. The introduction of a means test for the medical card was a particular issue, given that it was seen as the gateway to a range of services.

The consultees identified a wide range of problems with the health services in general (including long waiting times, lengthy waiting lists, diminished level of nursing care etc) and for older people in particular. Issues identified included the situation of long-stay patients; cuts in home help and home care packages; nursing homes and the importance and value to older people of community-based health care services.

Society policy work must:
- Seek fundamental changes to the health service that would address the issue of access for all citizens;
- Promote the value of low-tech, high-value, low-cost health services, and make the case for more provision of these types of supports;
- Highlight the particular role that home help services play in keeping older people in their homes, thus avoiding nursing home or more institutionalized care;
- Be more assertive in challenging the bad policy and poor practices of the HSE and other health service providers.

Enhanced, accessible affordable transport services

The free travel pass (in locations where public transport exists) and local rural transport schemes have both been very useful developments. Where people do not have access to a car and in the absence of public transport, they tend to rely on taxis and lifts from family and friends. The absence of an adequate public transport system had significant cost implications for older people living on fixed incomes in both rural and urban areas.

Society policy work must:
- Draw attention to the importance of the provision of accessible affordable transport services in rural and in urban areas.
- Demonstrate how community-based transport services can make a considerable difference to the quality of older people's lives.
- Make the case for the extension of community-based rural transport services
- Advocate both for an improvement of public bus services and for the extension of community-based transport services into urban areas where public bus services are inadequate.

Accessible affordable transport to access hospital and health services

Rural hospital services have been closed across the country with no alternative transport options put in place. Older people (and other patients) are struggling to to attend outpatient appointments in particular.

Society policy work must:
- Seek investment in low-cost, properly-planned hospital transport services;
- Present the case for the prioritisation of hospital transport (provided through hospitals, community-based services or a combination of both) as a key element of health service provision and development.

The need to confront the persistence of homelessness

The Society's social housing projects have been life-changing for formerly homeless people, enabling and supporting them to regain their independence and quality of life.

Society policy work must:
- Work with other service providing and campaigning bodies to advocate for national funding for the provision of daytime services for the homeless;
- Challenge local authorities who are not carrying out their obligations under housing legislation, or indeed their moral obligations;
- Hold the health authorities to account for implementing existing State guidelines which prohibit the discharging of homeless people onto the streets without accommodation.

Better and more responsive complaint systems

Older people generally find it difficult to complain. Where older people had complained, they often found it difficult to find a person to whom to make a complaint. When they did, that person would take it personally, making them reluctant to complain again; and that complaints would 'run into the sand' and never get a response. There was a view that older people were far too prepared to accept things that they should not.

Society policy work must:

- Promote a national culture of accountability;
- Seek the introduction of systems and protocols necessary to effectively and transparently address complaints about public services. The playing field between complainant and authority must be decisively rebalanced in favour of the former.

Annex 1. : Terms of reference of the research conducted for the Older People's Commission

1 Background

The Society of St. Vincent de Paul (SVP) has received funding from Atlantic Philanthropies to carry out a project involving consultations with older people who volunteer, work for, and who are assisted by the organisation. It is an ideal time to explore the role that older people can have in economic recovery and a more caring society and are inviting tenders to carry out this work over the remaining calendar year of 2010.

2 Purpose

The purpose of the project is to model new, more imaginative ways of working with older people where the emphasis is on creating spaces for reflection on their experience. Learning from both the discussions and the process of the consultations will help to inform both SVP advocacy positions and SVP's own services and supports with regard to older people.

3 The Commission

A Commission for Older People has been established to lead and oversee this work. It consists of 16 older people with an attachment to the SVP, such as members, staff or those assisted by the organisation as well as from external specialists in the aging or policy field. The Commission will oversee, and be involved in the consultation process and they will commission a report on the process and findings which will be written by the consultant (see Role of Consultant).

4 A Definition of Older People

The Commission for pragmatic and operational purposes has decided to use the term 'older person ' to apply to those aged 60 and over, but believe that attention need to be paid to the particular circumstances of those in the 50 to 59 age group and those aged 75 years or over.

5 The Role of Consultant/s

The consultant will:

Attend all Commission meetings and provide a secretariat function

Undertake a consultative process with older people to explore their experiences, and provide a resource to the Commission in managing the process of consultation

Draft the Commission's report with findings for SVP. The consultant will write the report on behalf of, and with agreement from, the Commission.

6 Activities

The development and support of a Commission, consisting of older people involved with SVP in a variety of ways, who will guide and oversee the work:

A Work Programme, including Evaluation, is to be agreed

Commission members will take responsibility for the overall co-ordination of consultation, analysis and evaluation processes, and for the Work Programme to be implemented in a timely manner

Supporting the Commission in the planning of various events and processes for older people to reflect on their experiences.

Assist the Commission in planning for events, utilizing a variety of the following methods:

'Reminiscences' workshop – story telling, looking back

Here and Now: What is happening in the present experience of Older people

Looking Forward: Hopes, dreams, fears, issues

And consider the use of:

- A larger number of smaller events or a small number of big seminars, or indeed a mix of both
- Structured interviews with individual older people or groups
- Workshops
- Consultation via SVP services: Focus groups in a sample of SVP Holiday homes, resource centers, hostels, or other specific interventions with older people
- Desk research which may involve the use of Web based questionnaires for Older people who use IT regularly, in order to inform the above field work

The delivery and oversight of specific consultative activities around the country using a combination of the above approaches

7 Evaluation

The evaluation of the process will operate from May to October 2010, as the consultation process commences and will focus primarily on the experience of engagement, interaction and the quality of information gathered in the course of the various consultation processes, such as seminars and focus groups. An external evaluator (other than the consultants tendering for this document) will be commissioned by SVP to carry out this work.

8 Outputs

A series of consultative events for older people associated with the SVP
The Commission's Report, drafted by the consultant

9 Revised Outcomes

There are three levels of outcomes arising as follows:

9.1 Outcomes from the Consultations

- The provision of events/spaces for reflection by older people and about older people
- Interesting and enjoyable conversations and discussions
- Notes and recordings of individuals and groups reflections on being an older person.

9.2 Outcomes of the Commission and its Work

- The organization of a number of events/spaces for reflection by older people and about older people
- The identification of issues (related to income, access to services, etc) for older people which warrant specific advocacy approaches in terms of wider social policy (self explanatory)
- The identification of possible active citizenship opportunities for older people arising from the development of advocacy. These include:

    1. Informal social connections, e.g. looking out for a neighbour who lives on their own
    2. Voting and civic participation / expression
    3. 'Active retirement' opportunities including learning, sports, arts and culture
    4. More structured roles in the community such as SVP volunteer work, providing services or conducting household visitation, decision making in organisations

9.3 Outcomes for the SVP

- The creation of a structure (the Commission) which raised the profile of older people within the organization
- The possible development of a structure/s to support ongoing inquiry in relation to older peoples' experiences – (the Commission can chose to continue beyond 2010 or support other structures in order to facilitate further reflection on aging and older peoples experience elsewhere in the SVP)
- Beginning a process of the active involvement of older people who use our services in the design and evaluation of SVP services and supports. Spaces for hearing the experiences of older people will be created within the mainstream of SVP
- An encouragement to the organization to reflect on its role in Irish life, where it has come from and where it is going.
- The findings and recommendations will be used to inform and direct social justice initiatives
- The identification of the resources (including skills, talents, experience, resilience, well-being including spiritual dimensions, relationships, friendships, and family) that

older people have and can provided, for themselves, for one another, for the Society and for wider society.

- A greater recognition of older people as a key resource for the society and deepening SVP thinking on older people including:

  Older people as an asset

  Embedding the 'lifecycle' approach in our services and advocacy

  Enhancing SVP services and responses for older people and their needs as a result of structured consultation. SVP Services and supports tailored to both the potential and the needs of Older People

  Improving the effectiveness of the contribution of SVP in public debate about Older people, their contribution, opportunities and vulnerabilities

  Contributing to changing attitudes and policy relating to older people in the statutory, private and voluntary sectors. Positive Policy Change in relation to Older people and Government provision

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