Income, Deprivation and Well-Being Among Older Irish People

Income, Deprivation and Well-Being Among Older Irish People

Richard Layte, Tony Fahey and Chris Whelan

National Council on Ageing and Older People

Report No. 55

NATIONAL COUNCIL ON AGEING AND OLDER PEOPLE
22 CLANWILLLIAM SQUARE
GRAND CANAL QUAY
DUBLIN 2

REPORT NO. 55

© NATIONAL COUNCIL ON AGEING AND OLDER PEOPLE, 1999

ISBN 1 900378 13 2

Foreword

As Chairperson of the National Council on Ageing and Older People, I am pleased to introduce this report on Income, Deprivation and Well-being Among Older Irish People. The study represents a further important contribution to the Council's work on the well-being of older Irish people, following on from the publication of *Health and Autonomy Among the Over 65s in Ireland* in 1994.

In accordance with recent emphasis among policy makers on health gain *and* social gain, the study takes a broad view of well-being, to consider material living standards and deprivation but also mental health, physical health and social interactions.

The study was commissioned in the light of evidence that increases in social welfare pensions were lagging behind growth in average wages. A 1996 study by Callan *et al* showed that income poverty among older people had increased between 1987 and 1994. It therefore seemed timely to study in more detail the situation of older people. Some of the main objectives of this report were to quantify poverty and deprivation among older people and to identify those most at risk in this regard.

The report shows disturbingly that one in ten older Irish people are at risk of combined income poverty and basic deprivation. Those reliant on the Old Age Non-Contributory pension are at twice the risk on this combination of measures. Female headed households are also at greater risk as are older rural households. Considering solely income, the position of the elderly population has worsened dramatically since 1987, relative to the non-elderly.

As we stand on the threshold of a new millennium and in our current buoyant economic situation, it is unacceptable that so many of our older people are living in these circumstances. It behoves all with an input to government policy to ensure that this situation does not remain a feature of the new century.

On behalf of the Council I would like to thank the authors of the report, Dr Richard Layte, Dr Tony Fahey, and Prof Chris Whelan for their hard work and professionalism.

I would also like to thank Ms Janet Convery who chaired the Council Committee which oversaw the preparation of this report. For their enthusiasm and dedication, thanks are also due to the members of the Committee: Ms Margaret Burns, Cllr Jim Cousins, Mr Patrick Donegan, Ms Aodhnait Doyle, Mr Frank Goodwin, Ms Catherine Goulding, Prof Hannah McGee, Ms Mary Murphy, Ms Mary Nally, Ms Niav O'Daly, Mr Pat O'Leary, Mr Peter Sands and Mr David Silke.

Finally, the Council would like to thank its Director, Mr Bob Carroll, Research Officer, Dr Nuala O'Donnell and former Research Officer, Mr Frank Houghton who steered the project on the Council's behalf. Thanks are also due to Ms Catherine Mulvenna who prepared the report for publication and to the Council's administrative staff for their assistance throughout the course of the project.

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

National Council on Ageing and Older People

Comments and Recommendations

Introduction

1. This study represents a further important contribution to the Council's work on the well-being of older people. It follows a study of *Health and Autonomy Among the Over-65s in Ireland* published in 1994 and a study of *Mental Disorders in Older Irish People: Incidence, Prevalence and Treatment*, published in 1996. The present report updates and expands on much of the material contained in the first-cited study above. This study takes a broad view of well-being, encompassing material living standards and deprivation, but also physical health, mental health and social interactions. All of these factors are important in assessing well-being and living standards. This accords with the recent emphasis among policy makers on the goals of health gain *and* social gain (Department of Health, 1994).

Data

2. The data for the present study come from the 1997 Living in Ireland Survey, conducted by the ESRI. This forms the Irish component of the EU wide European Community Household Panel (ECHP). Earlier surveys are also used to enable trends over a relatively lengthy period be assessed. These earlier surveys are the 1994 wave of the Living in Ireland Survey and the 1987 Survey of Income Distribution, Poverty and Usage of State Services. Both of these surveys were again conducted by the ESRI. All three surveys are highly comparable, those for 1994 and 1997 particularly so. The recency of the 1997 data is an important asset of the study, enabling a relatively up-to-date picture of older Irish people to be painted. Among the other advantages of the data source for the task is the extensive information on income, non-cash benefits and on mental and physical well-being.

3. The sampling frame of the surveys comes from the electoral register. This means that the homeless and older people in long-term care are not covered. Approximately five per cent of the population over 65 are in long-term care. Therefore, as those in long-term care can be thought of as an especially vulnerable group of older people, some of the most vulnerable are not represented in the survey. This is regrettable but unavoidable in a general national survey.

4. The main focus of the study is on the level and nature of poverty among older people in Ireland, in parallel with consideration of the broader aspects of well-being noted above. Poverty is itself measured in a broad fashion, to include non-cash benefits and reflecting deprivation in relation to societal norms. However, the Council is anxious to stress that non-cash benefits can not be seen merely as income supports but rather relating more to the other aspects of quality of life considered here. This issue will be returned to later.

5. The report considers how the risk of poverty, poor physical and mental health and low levels of social participation vary by household type, age and gender of household head and

urban/rural location. As will be discussed below, the particular vulnerability of those living in rural areas and of females emerges.

Policy Context

6. The policy context to the analysis of poverty is the National Anti-Poverty Strategy (NAPS), adopted by the government in 1997 with the aim of addressing the problem of poverty. The NAPS adopts a multi-dimensional approach to the measurement of poverty which incorporates income but also material, cultural and social resources and participation in activities considered the norm for society. While this broad view of poverty is to be welcomed, it appears clear from the report that what is required is not just a multi-dimensional view of poverty but in addition, a multi-group view. Many of the broader poverty reduction targets which the NAPS established are not relevant to the older population, being too heavily focused on labour market and early educational measures.

7. *Therefore, the Council strongly endorses the report's suggestion that the NAPS should be refined to take into account issues more relevant to major sub-groups of the population such as the elderly. While the core measure of poverty as a combination of income and deprivation is relevant to the elderly, issues such as the level of health and social care provision and housing matters pertain much more to their needs than labour market and educational measures.*

8. The report refers to recent commentary from the Combat Poverty Agency that social welfare provision for older people is increasing more quickly than that for other major groups of social welfare recipients, while increases to those on lower social welfare payments may have had a greater impact on poverty reduction (Combat Poverty Agency, 1999). The report also refers to the fact that the representative of the Minister for Finance on the Pensions Board queried whether the elderly needed more favourable treatment than other social welfare recipients (Pensions Board, 1998). The authors argue that increases in social welfare payments for the elderly can be justified in the context of the government's general poverty reduction targets.

9. *Consistency should be achieved by raising other social welfare payments to the level of Old Age pensions rather than by lowering Old Age pensions. The Council believes that it is essential that social welfare payments are adequate to prevent poverty throughout the lifecycle in order that the population can arrive at older ages in as advantageous a position as possible as regards income, deprivation and mental and physical heath.*

Income Poverty

10. The report shows the high reliance of older people on social welfare pensions. Around 82% of elderly people living alone are reliant on social welfare pensions, a figure which remains high at 74% for two or more elderly living alone. The current compression in the elderly income distribution is striking. The report shows that around 60% of all elderly households live on less than £100 per week, with 90% living on less than £200 per week[1] .

11. *The Council strongly concurs with the view that as many people as possible should be encouraged to make second pillar pension provision of occupational and private pensions for*

[1] Figures per equivalised person.

themselves, thus ensuring a retirement income proportional to their pre-retirement income and reducing dependency on social welfare payments (Pensions Board, 1998).

12. *The Council is also concerned at the low numbers of over 65s at work and receiving an income from employment. The Council has previously called for an easing of the structural rigidity in the labour market as regards retirement and again calls for flexible retirement options. Flexible retirement would ease the transition from work to retirement for older people while enabling their skills and experience to be used for a longer period, if they so wished.*

13. The report shows that although the majority of elderly households are not at risk of poverty at the 40% relative income poverty line, the elderly have a greater risk than other household types of being in poverty at the 50% and 60% relative income poverty lines. Over a quarter of elderly households fall under the 50% poverty line and over half fall below the 60% line. These are extremely high and worrying figures.

Non-cash benefits

14. Imputing a cash value to the non-cash benefits received through the Free Schemes lifts a large proportion of elderly households above the 50% line but not above the 60% line, where they have little effect. However, as noted in the report and as will be discussed below, the methodology used most likely over estimates the value of the non-cash benefits. Thus, even with this possible over-estimation, over half of elderly households remain in income poverty at the 60% line.

15. The elderly and particularly elderly females living alone in rural areas have an increased risk of poverty at the 50% line. This is primarily due to the income source of these households with those reliant on Non-Contributory pensions and Widow's pensions at a greatly increased risk, especially those on the Widow's Non-Contributory pension.

16. As noted above, imputing a cash value to non-cash benefits lifts a large proportion of elderly households above the 50% line but not above the 60% line. *However, the Council is concerned that the non-cash benefit schemes should not be seen as purely income supports.* While the Free Schemes contribute to the costs of what can be viewed as necessities in today's society, they have a role above and beyond that of being just income supports. For example, the free travel scheme and telephone rental allowance facilitate important social interactions, enabling older people to keep in contact with family and friends.

17. However, there are many problems with the operation of the schemes. For example, the usefulness of the free travel scheme to older people who live in rural areas where there is little public transport or to those who are ill and immobile can be questioned. Similarly, the telephone rental allowance is of little benefit to older people who do not have a telephone. The Free Telephone Rental allowance does not cover the cost of installing a telephone. Older people who do not have a telephone can not avail of telephone based security and alarm systems.

18. The Council appreciates the difficulties involved in assessing the value of the free schemes to older people. However, it must be emphasised that the methodology used in the report over estimates the value of the schemes to older people who for whatever reason can not

avail of the services or who would not have purchased the services provided by the schemes were they not provided free.

Deprivation

19. Considering the risk of deprivation, the elderly are less likely than the general Irish population to experience basic[2] and secondary deprivation. That anyone must experience basic deprivation or an enforced lack of food and clothing in today's society should be unacceptable. The elderly are more likely to experience housing deprivation, with a greater chance of having lower quality housing affected by dampness and structural problems. 11% of elderly households reported having damp walls, floors etc with around 8% reporting a lack of adequate heating and rot in windows and floors. These figures are disturbingly high. In its review of the implementation of the recommendations of the Years Ahead report, (National Council on Ageing and Older People, 1997) the Council made several comments and recommendations with regard to housing issues for older people, as documented by the authors in Chapter 10. These recommendations remain extremely valid and require attention and implementation.

20. The rural elderly face a greater risk of housing and secondary deprivation, while the rural elderly over 75 have a greater risk of basic deprivation. Those in rural households have a greater chance of experiencing dampness and rotting floors and windows than urban households. Females experience greater risk of basic and secondary deprivation. Single households also have a greater risk of housing deprivation after taking into account, age, gender and urban or rural location.

Income poverty and deprivation

21. Considering the risk of income poverty at the 60% line and basic deprivation in tandem, a measure of poverty consistent with the NAPS[3] framework, elderly households have a similar risk on this combined measure than non-elderly households, at around 10%. Those reliant on the Old Age Non-Contributory pension are at twice the risk of experiencing poverty on this combined measure. Female headed households are also at greater risk of being in NAPS poverty as are older rural households.

22. These results suggest that the majority of elderly households manage to avoid extremes of deprivation, even given that they have low incomes. This may be due in some part to the role that non-cash benefits play but other factors such as patterns of consumption and levels of expectation may also play a role. However, a figure of 10% experiencing income poverty and basic deprivation is still unacceptably high and shows much needs to be achieved.

How has the situation of the elderly evolved over time?

23. The incomes of the elderly had improved greatly from the early 1970s to the late 1980s. In the early '70s, the elderly had a higher risk of income poverty than any other segment of the population. By the late '80s, the proportion of the elderly in poverty had fallen sharply. Between 1987 and 1997, the risk of income poverty at the 50% line has increased sharply for

---

[2] Basic – enforced lack of food and clothing; secondary – lifestyle items and consumption indicators; housing – items on housing quality and durables.

[3] Thus, often referred to as 'NAPS' poverty.

elderly households[4] (excluding non-cash benefits) while the situation of non-elderly households has remained more or less unchanged. At the 60% level, while the increases in the risk of elderly poverty have not been as sharp, they have been from a much higher base so that a very high 66% of households with heads aged over 74 in 1997 were under the 60% poverty line. There had actually been falls in the proportions of non-elderly under the 60% line between 1987 and 1997[5]. *Thus, considering solely income, the position of the elderly population has worsened dramatically since 1987, relative to the non-elderly.*

24. There has been a reduction in the level of basic deprivation among the elderly, between 1987 and 1997, as with the rest of the population. Levels of secondary deprivation also fell, as did levels of housing deprivation. However, it is important to remember that the elderly experience higher levels of housing deprivation than the rest of the population.

25. These changes mean that at the moment the combined poverty measure or the 'NAPS' measure shows almost similar levels of deprivation and poverty for elderly and non-elderly households. However, this masks the fact that the proportion of households with a head aged over 74 experiencing 'NAPS' poverty grew by 4 percentage points between 1987 and 1997. The situation of younger elderly households worsened between 1987 and 1994 and improved between 1994 and 1997, but did not fall to the level of 1994. By contrast, the situation of non-elderly households improved between 1987 and 1997. These older elderly households whose position worsened are more likely to be composed of elderly females living on their own.

26. With 66% of households with heads aged over 74 experiencing income poverty at the 60% relative line and one in ten of all elderly households in 'NAPS' poverty, much has to be achieved. Older people who have contributed so much to the current economic boom can not be forgotten in the distribution of the fruits of success. As described in the main report, the target rate of £100 for the Contributory Old Age / Retirement pension by 2002 will only preserve the income position of older people relative to national average household income. The relative position of recipients will not improve. *Given the current buoyant economic situation, the Council believes that the £100 commitment could be delivered on immediately rather than implemented incrementally over the next three years.*

27. *In general, the Council is of the view that social welfare pensions should be indexed to net average earnings and at such a rate that income poverty for those dependant on social welfare pensions does not become institutionalised.* The Pensions Board in 1998 recommended that the government should aim to increase the Contributory pension to 34% of average industrial earnings over the next five to ten years. The government commitment to £100 by 2002 would fall considerably short of this target, given likely future growth in earnings.

28. *Attention should urgently be given to the lower pension rates, namely the Non-Contributory Old Age pension and the Widow's pensions, both Contributory and Non-Contributory. The Council has previously recommended that the differential between the*

---

[4] With most of the increase taking place between 1994 and 1997.

[5] The proportion of non-elderly households without children under the 60% line increased somewhat between 1994 and 1997.

Contributory and Non-Contributory pension rates should be removed. As discussed in the report, this would have a large favourable impact on poverty among the elderly, particularly so among females. The fact that the Non-Contributory pension is means tested provides sufficient recognition of the contributory principle, something not achieved by the small differential between the two rates.

Poverty and Older Women

29. The particular vulnerability of older women to poverty and deprivation is clear from the report. Many older women are dependent on the Non-Contributory pension or the Widow's pension. For today's older women, many had no option but to leave the workforce upon marriage and motherhood, given the lack of childcare arrangements, unequal pay and tax arrangements. This was further exacerbated by the marriage bar which forced many women to leave paid employment on marriage. The Homemaker's allowance was introduced in April 1994 and means that time out of the workforce to care for children or an incapacitated person is disregarded when the yearly average contributions for the Old Age Contributory pension are being calculated. The scheme now applies to those caring for children under 12 or disabled or incapacitated people who require continuous supervision. Time spent out of the workforce for these reasons before 1994 is still counted in calculating the yearly average. Thus, this is of little benefit to older people, mainly women, who have devoted time to child-rearing or caring for an incapacitated person.

30. *The Council recommends that the extension of the Homemaker's allowance retrospectively should be considered. This would enable many older women to avail of the Contributory pension, which would be an effective way of alleviating income poverty among older women.*

31. A related issue to the Homemaker's allowance is the individualisation of benefits. *The Council agrees with the recommendation in the Final Report of the National Pensions Board that the pension system needs to incorporate individualisation of payments for qualified adults.* This point was also raised in the Council response to the National Pensions Policy Initiative Consultation document. The 'adult dependants' of persons receiving a contributory social welfare pension should receive an allowance (called an Old Age allowance) in their own right once they have reached pensionable age.

32. This issue is again particularly relevant to women. Given the situation outlined above which today's older women experienced in the workforce, it is unfair that in their old age, they should be treated as dependant. Rather, the contribution they have made in the workforce or in the home should be recognised independently. The Non-Contributory pension has always operated on an individual basis because of the means test.

Physical Health and Material Living Standards

33. The report finds higher levels of chronic illness among older age groups as we would expect. 43.6% of those aged 65 plus reported a chronic mental or physical illness. Chronic illnesses among the elderly appear to hamper their daily activities more than among younger age groups and to have a greater effect on their perceived health status. Almost half of those with a chronic illness also experienced mobility problems. Rehabilitation is vital to those with mobility

problems. Currently, access to community care services including occupational therapy, physiotherapy and speech therapy is limited and variable within and among regional health board areas (Ruddle *et al,* 1997). Much remains to be accomplished before appropriate rehabilitation services are in place. At the moment, access to rehabilitation services and community care services in general can depend on the area in which a person lives, which is patently unfair.

34. Basic or secondary deprivation proved to be a strong predictor of ill health and being female is also a strong risk factor. The results on deprivation probably reflect the effect of a long-term lack of resources, rather than a short-run effect. Again, the disadvantaged position of women is worrying.

35. The Council believes the link between socio-economic status and health to be vital in terms of our understanding of the well-being of older people. There is much international evidence that life expectancy and health vary with socio-economic conditions within each age group. Nolan (1991), in the Irish context, shows evidence of a strong relationship between social class and physical illness in each major age group. *Alleviating income poverty and deprivation also fights against ill-health in older people, which in the long-run would be efficient from a fiscal stance.*

36. Older people showed a higher degree of usage of medical services than the population in general, with a quarter of the over 65s having been admitted to hospital in the previous year. However, the survey showed that a considerable proportion at 30% lack a medical card, giving free access to medical services. A disturbingly high 11% of the elderly have neither a medical card nor private medical insurance. Those without a medical card had a substantially lower number of visits to the GP in the year before the survey than those with a medical card. As noted by the authors, this suggests that some among the 30% of elderly people without a medical card may be restricted to some degree in their GP visits. This has obvious negative implications for illness prevention and health promotion. Older people should receive every encouragement to avail of timely care from their GP. This can reduce the need for hospital admission on an acute or long-stay basis.

37. *The Council welcomes, in principle, the provision introduced in the 1999 budget to double the income guidelines used to establish medical card eligibility over the next three years. However, the three year period seems unduly long. Given the importance of medical cards in health promotion and illness prevention, the Council believes that the income guidelines should be doubled immediately, enabling many more older people to become eligible for a medical card.*

Psychological Health and Material Living Standards

38. An analysis of the psychological health profile of those aged over 65 using the General Health Questionnaire showed that women were more likely to have higher levels of psychological distress than men, with a positive relationship between ageing and levels of distress, for both men and women. There is a strong link between levels of distress and levels of chronic illness with the impact of illness on mobility also an important factor. The link between mobility problems and psychological distress is higher among the elderly than the rest of the population.

39. The link between resources and psychological distress was also clear. Controlling for having a chronic illness, being income poor or deprived increases the likelihood of experiencing psychological distress. As poverty, deprivation and having a chronic illness often go hand in hand, these three variables together strongly increase the risk of psychological distress.

Social Interaction and Participation

40. The results of this report concur with those of earlier work which suggested that the elderly were not at any greater risk of social isolation than the general population (Fahey and Murray, 1994). Irish over 65s are less likely to live alone than older people in other countries and more likely to live among kin. Single elderly people appear not to have lower levels of interaction with people outside the household than those who do not live alone.

41. The link between income and social participation was complex but showed a positive relationship between income poverty and the frequency of contact with neighbours, although this effect reduced with age. A negative relationship was found between income poverty and contact with friends and family, after age 69. This suggests that if resources allow, elderly people will replace contacts with neighbours with contacts with friends and family, when age permits.

42. However, for elderly in rural areas, there was a significant decrease in the proportion having daily contact with friends, neighbours and relatives. Rural elderly also had lower participation rates in clubs and organisations than their urban counterparts. The same is true for females in comparison to their male counterparts. The poor provision of public transport in rural areas is undoubtedly a critical factor. *Public transport services in rural areas must be expanded.*

43. A co-ordinated approach across government departments and service providers is required. As far back as 1986, the National Council for the Aged called for the innovative development of rural transport, building on existing services, voluntary effort and integrating where appropriate the private / commercial sector. Specific examples of possible innovative developments include greater and more flexible use of school buses, post buses and health board vehicles. An evaluation of a pilot rural community transport project in North West Connemara showed that these co-ordinated schemes can be extremely successful (Lightfoot, 1995). Their wider application must be considered. *The Council strongly urges the government to formulate an overall policy for rural transport services. In the meantime, implementation of the innovative schemes described above would improve matters considerably. One short-term measure which would greatly improve the situation would be the use of vouchers which would enable older people to use private sector bus operators and taxis in rural areas. This would offset to some extent the fact that the free travel scheme is often of limited use in rural areas.*

44. In urban areas, problems also exist. Free travel is not available between 7 am and 9.45 am and between 4.30 pm and 6.30 pm. As many medical appointments for older people are in the morning, older people may not be able to avail of the free travel scheme to carry out these essential journeys. *The Council believes that older people should be able to use free travel for this purpose and suggests that presentation of a medical appointment card should allow the older person avail of free travel for the related journey.* In rural areas, health boards should consider ways in which they can facilitate older people attending for medical appointments.

Another problem in both urban and rural areas is that older people with a free travel pass can not reserve a seat on a train. The Council believes that this situation must be reviewed.

Community Care Services

45. While the whole range of health and social care services are obviously vital to the well-being of older people, the Council has had a particular long-standing concern that community care services be further developed to meet the needs of older people. These services enable older people remain at home in dignity and independence, one of the stated objectives of *The Years Ahead.* They also may delay and overcome the need for entry into expensive institutional care. Community care services are crucial to the Department of Health and Children's stated aim of maintaining at least 90% of people aged 75 or more in their own homes, (Department of Health, 1994). The key community care services for older people and their carers are domiciliary nursing, Home Helps, respite services, day care centres and meals services along with occupational therapy, physiotherapy, chiropody, speech therapy and social work services. As noted above, access to these services is limited and variable within and among regional health board areas (Ruddle *et al*, 1997).

46. *The Council has previously called for community care services to be designated as a core service and expanded significantly (National Council on Ageing and Older People, 1997) and again re-iterates this call.* This designation would require the State to provide the services to all those who need them on the grounds of dependency or social circumstances. Clear and universal guidelines for the assessment of eligibility on the basis of need would be established at a national level. The discretionary service that currently exists would be replaced by a transparent and equitable system of service delivery. The services would be underpinned by legislation and appropriate funding. However, because legislation can often restrict the development of services (Mangan, 1997), appropriate legislation should allow scope for new services to be developed and delivered in an imaginative way and room for new initiatives to be taken.

Conclusions and Future Research

47. This report represents a further significant contribution to the Council's work on the well-being of older people. Among the most disturbing aspects of the report is the particularly vulnerable situation of the rural elderly and females which emerges. The fact that 10% of the elderly population and indeed the same proportion of the total population experienced 'NAPS' poverty or income poverty and basic deprivation in 1997 should be unacceptable to everyone. The importance of adequate resources and opportunities throughout the lifecycle is crucial if these figures are to be permanently reduced.

48. The Council believes that social welfare payments will always be of great importance to the well-being of a large proportion of the older population. It is vital that the government recognises that the commitment under the *Action Programme for the Millennium* to a rate of £100 for the Contributory Old Age / Retirement pension by 2002 will likely only preserve the income position of older people relative to national average household income and will do little to eradicate poverty.

49. The issues of health promotion and illness prevention can also make a great difference to the quality of life of older people. The Council believes that older people should receive every

encouragement to maintain and improve their health status and prevent illness and disability. In this regard, the medical card is of vital importance. The Council believes that the doubling of the income guidelines used to establish medical card eligibility should take place immediately rather than being phased in over a three year period.

50. Community care services are paramount to enabling older people remain at home in comfort and dignity for as long as possible, one of the stated objectives of government policy for older people. If the government are serious about this aim, community care services must be expanded, and soon. If the current inequitable situation continues, this would surely cast doubt on the commitment to this aim.

51. The Council believes that future research in this field should be more closely targeted on those whom the report has shown to be most vulnerable, i.e., females and the rural elderly but also those in the private rented sector and those whom the report did not cover at all, i.e., the homeless, those in long-stay care and elderly travellers. While often small in overall terms, these groups are most likely to be left behind by the current economic boom. Further focused research would help profile their situation and target their needs.

References

Combat Poverty Agency (1999) *Poverty Today Supplement,* April/May

Department of Health (1994) *Shaping a Healthier Future – A Strategy for Effective Healthcare in the 1990s*, Dublin.

Fahey, T. and Murray, P. (1994) *Health and Autonomy Among the Over 65s in Ireland*, Report No. 39, National Council for the Elderly, Dublin.

Mangan, I. (1997) "Equity, Consistency and Comprehensiveness: The Need for a Legislative Framework to Govern the Provision of Essential Services for Older People," in *Conference Proceedings: Review of the Implementation of the Recommendations of the Years Ahead – A policy for the Elderly and Implications for Future Policy on Older People in Ireland.* Dublin: National Council on Ageing and Older People

Nolan, B. (1991) *The Utilisation and Financing of Health Services in Ireland,* ESRI General Research Series, Paper No. 155, Dublin: ESRI.

The Pensions Board (1998) *Securing Retirement Income*, National Pensions Policy Initiative, Report of the Pensions Board, Dublin.

Ruddle, H., Donoghue, F. and Mulvihill, R. (1997) The Years Ahead Report: A Review of the Implementation of its Recommendations. Dublin: National Council on Ageing and Older People, Report No. 48.

The Stationery Office (1997) *Sharing in Progress, National Anti-Poverty Strategy,* Dublin