World Assembly on Ageing, Vienna, 26th July to 6th August, 1982: report from Ireland.

World Assembly on Aging
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REPORT FROM IRELAND

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I DEMOGRAPHIC TRENDS

The age structure of most developed or developing countries is characterised by relatively high proportions of the population in the older age groups. In Ireland the number of persons aged 60 and over has increased steadily over the past few decades. This is due, in part, to the increase in life expectancy in recent decades. In 1925-27 the average life expectancy at birth for males was 57.4 years and 57.9 years for females. By 1970-72 these had increased to 68.8 for males and 73.5 years for females.

The increase in the number of persons aged 60 and over and 75 and over is given in Appendix I (Tables I and II) for each intercensal period since 1926. The increase in the population aged 60 and over between 1926 and 1979 was 32.4 per cent as compared with an increase of 13.3 per cent in the total population. Over the same period the increase in the population aged 75 and over was 46.6 per cent.

While the number of elderly persons has increased, the proportion of the total population aged 60 and over has declined slightly in the past decade. This is largely due to the fact that the birth rate in Ireland (21.5 per 1,000 population in 1979) is high by European standards and that almost one-third of the population is in the 0-14 age group. Consequently, an important feature of Ireland's population structure is the relatively high age dependency ratio by comparison with other European countries. For every 100 persons in the active age group (15-64 years) there are 73 persons in the dependent age groups (0-14 years and 65 years and over).

It is important to note that the Irish population is not highly urbanised. If the Dublin region is excluded then about 70 per cent of the remaining population lives in rural areas. Proportionately more elderly persons live in rural areas than urban areas. In general, areas in the West of Ireland, the least urbanised region in the country, tend to have proportionately more elderly persons.

Another feature of the elderly population is that in absolute and proportionate terms there has been an increase in the number of elderly persons living alone in all areas of the country.

By comparison with most other European countries, Ireland has an extremely low density of population and this has implications for the

delivery of services. Once again areas in the West of Ireland have the lowest density of population. This poses problems in providing social services to a scattered farm-based rather than a village-based rural population. The cost of providing services is an important factor in areas outside of towns and villages.

The number of persons aged 60 and over will continue to increase for the rest of this century. Unlike some other European countries, however, the proportion of persons in this age group is likely to fall. Thus, projections for the year 2000 indicate that those aged 60 and over will account for 11.4 per cent of the total population as compared with 14.8 per cent in 1979. This is largely explained by the fact that the increase in the elderly population will be counterbalanced by proportionate increases in the middle and younger age groups due to the high birth rate of recent years and the decline in emigration.

II STATUS, CONDITIONS AND NEEDS OF THE AGING

A. HUMANITARIAN ISSUES

1. Health and Welfare Services

THE PRESENT SITUATION

In 1965 an Inter-Departmental Committee was established to examine and report on the general problem of the care of the elderly and to make recommendations regarding the improvement and extension of services. The recommendations in the Committee's report were based on the belief that "it is better, and probably much cheaper, to help the aged to live in the community than to provide for them in hospitals or other institutions."[1] The present policy in relation to the development of health services for the elderly is to make it possible for elderly people to continue throughout old age to live in the community. For those for whom this is not possible, even with the support of well-developed community services, the policy is to provide high standard residential and nursing care.

It is not possible to describe all the health services available to elderly persons. Instead some of the main services are described.

(a) ELIGIBILITY FOR HEALTH SERVICES

For purposes of eligibility for health services the population is divided into three categories based on income. It is the first of these categories, which accounts for approximately 40% of the total population, that is of particular importance in the context of health care for elderly persons. In the lower income category are those persons who are considered to be unable to afford general practitioner services for themselves and their dependants. Persons in this category are entitled to a full range of health services free of charge. In addition, free services are available on a temporary basis to persons who would otherwise experience hardship arising from costs incurred on health services.

1. *The Care of the Aged,* Report of an Inter-Departmental Committee, Stationery Office, Dublin 1968, p. 13.

It has been estimated that 83 per cent of persons aged 65 or over are entitled to the full range of health services.[2] As a result of a recent Government decision, which comes into effect in July 1982, all recipients of old age pensions whether contributory or non-contributory issued by the Department of Social Welfare (see section on Income Maintenance) will be entitled as of right to the full range of health services free of charge. These services include a general medical practitioner service with choice of doctor; drugs, medicines and appliances; hospital and specialist services; dental, ophthalmic and aural services.

Elderly persons other than those in the lower income group and recipients of old age pensions will, depending on the level of their income, have eligibility for a more limited range of services. These include, free hospital services (middle income group) and free maintenance services in hospitals (higher income group).

(b) INSTITUTIONAL SERVICES

As already indicated the main emphasis in policy in recent decades has been to develop community services. Institutional services, however, are still regarded as an important part of the general provisions for the welfare of the elderly. Since the publication of the *Care of the Aged Report* in 1968 the emphasis has been to develop a range of institutional services appropriate to the needs of elderly persons. These include:

(i) ***Geriatric Assessment Units*** for investigation and assessment and for short term care and rehabilitation. The general policy is that all old persons requiring institutional care should, first of all, be fully assessed in a unit of this type. These are associated with the larger general hospitals.

(ii) ***General hospitals*** which provide specialised general medical and surgical care for the acutely ill.

(iii) ***Long-Stay Hospital Units*** for elderly persons requiring continuous nursing care.

(iv) ***Welfare Home Accommodation*** for those who are frail but ambulant and who, although somewhat limited in their abilities and activities, require only a minimum of nursing care. The welfare homes are specially built 40 bed units serving a local community.

In addition to the forms of institutional care outlined above, accommodation is also provided in voluntary and private nursing homes with some State assistance towards the cost.

2. *Medical Card Survey,* Planning Unit, Department of Health, 1979.

Increasingly, the concept of day hospitals is being developed. The purpose here is to enable elderly persons to live at home and yet avail themselves of the treatment and support facilities available in a hospital.

Excluding elderly persons in general hospitals, 3.6 per cent of persons aged 65 years and over are in institutions for the elderly (a ratio of 36 beds per 1,000 population aged 65 and over) and one-quarter of these have been in institutions for five years or more. The Care of the Aged Report had recommended that a ratio of approximately 40 beds per 1,000 population aged 65 years and over as a reasonable target to be achieved.

(c) DOMICILIARY SERVICES

One of the most significant developments in recent years has been the introduction of a home help service. A home help is a person who performs or helps to perform essential tasks of a domestic nature at the home of another person who is unable to perform these takes for himself/herself. The scheme is operated by health boards (the statutory bodies with responsibility for the provision of health services) either on their own or in conjunction with voluntary agencies and one of the primary objectives of the scheme is to encourage persons who can remain in their own home to do so rather than seek institutional care. While the scheme applies to different categories the main focus has been on elderly persons, especially those living alone. From modest beginnings in 1971 the home help service has grown considerably and over four-fifths (83 per cent) of beneficiaries are elderly persons. No income group is precluded from availing of the service but in practice and because of financial constraints, the majority of beneficiaries are likely to be those who because of their low level of income are entitled to a range of free health services.

As part of their duties public health nurses provide general domiciliary nursing care particularly for the elderly. Over two-thirds of patients are elderly persons. Public health nurses work in close liaison with general practitioners and the majority of elderly persons on the nurses lists are referred to them by general practitioners. Liaison is also maintained with hospitals, health boards and voluntary organisations.

There is a tendency for domiciliary services to be concentrated in urban areas and the scattered nature of population in rural areas poses particular problems.

(d) ROLE OF VOLUNTARY AGENCIES

The role of such bodies in providing community services cannot be overemphasised. It is impossible, however, to quantify the precise

extent and nature of the services provided by voluntary organisations. What is certain is that while a large number of voluntary social service organisations exist in Ireland the target group for most of them is the elderly. Some of them cater for the elderly as part of their more general work while others deal exclusively with the elderly. The range of services provided can vary considerably between organisations and it would not be possible to list all the services provided. The main services include, meals-on-wheels, domiciliary visiting; chiropody; physiotherapy; laundry service; home help; supply of fuel, furniture, bedding and clothing; repair and decoration of dwellings; day trips and holidays; social centres and clubs. The foregoing list if not by any means exhaustive. Many of the services are provided in co-operation with statutory agencies. Varying degrees of financial support from public funds is made available to voluntary bodies to assist them in the provision of services.

Problems and Issues

Present policy implies that community support services should be planned and developed first and that institutional services should be developed to meet only those needs which cannot be met in the community. However, because of shortage of resources and organisational difficulties the community services have not developed as rapidly as the needs require with the result that there has been an exceptional demand on institutional care for old persons who cannot live in the community with existing levels of support.

A little over a decade ago the administration of the health services was taken from local authorities and handed over to health boards based on eight separate regions. Since their establishment there has been considerable emphasis on the development of community care as evidenced by improvements in the family doctor services, the increases in the number of non-institutional public health nurses, home helps, social workers and various therapists. In addition, there has been a considerable expansion in voluntary bodies working on behalf of the old in association with the health boards. While many of our community-based health services are now at a reasonable level it is a fact that others, particularly day centres, home helps and meals on wheels vary greatly between regions and in many cases are considerably below the desirable level. One of the main reasons for the variations between regions is the sparse and scattered nature of the population in some districts. It is difficult in such areas to organise effective community services particularly where day centres are concerned. These deficiencies together with the problems of inadequate housing and low incomes have resulted in pressure for places in the more expensive facilities provided by geriatric hospitals, nursing and welfare homes. To some extent, too, they have tended to extend the duration of stay of elderly patients receiv-

ing treatment in general hospitals because it is difficult to provide services to assist convalescence in their own homes.

It is long established that demand for health care services increases with advancing age and the trends in recent years reflect this demand to a marked degree, particularly for hospital services. In 1971 elderly patients comprised 16 per cent of all hospitals admission and occupied 26 per cent of all bed-days. The corresponding figures for 1978 were 20 per cent and 34 per cent respectively.

Although the elderly are already making relatively heavy demands on our hospital services, recent studies indicate that there remains a high level of previously unrecognised treatable illness in our elderly population. This latent need, together with increasing pressure for better quality services and changing social patterns will, it is expected, generate even greater demand on our institutional services in the future.

The point had now been reached where considerable additional investment is urgently required if the full range of community services for the elderly are to be brought to the highest possible level so that institutional accommodation can be kept to the minimum necessary.

2. Income Maintenance

The Present Situation

In Ireland income maintenance for the elderly is provided mainly through pensions under the social insurance and social assistance schemes administered by the Department of Social Welfare.

The social insurance system provides pensions for employees in addition to short-term benefits for such contingencies as sickness, and unemployment. The system is a contributory one, benefits being paid out of the Social Insurance Fund which is financed mainly by contributions from employers and employees with the State meeting the short-fall between Fund income and expenditure. Entitlement to benefits is determined by the contribution record of the claimant over the appropriate qualifying period. Pensionable age under the system is at present 66 years, at which age liability for social insurance contributions ends and old age (contributory) pension is payable. Retirement pension is payable at age 65 at the same rate as old age (contributory) pension but subject to retirement from insurable employment. Invalidity pension is payable, without reference to age, to an insured person who is permanently incapable of work. Widows (contributory) pension may also be paid at any age

and the contribution conditions for this pension may be fulfilled either on the deceased husband's or the widow's own insurance. The social insurance system now covers practically the whole of the employee field. Certain employments, however, mainly in the public sector, are exempt from full insurance and are only covered for widows' (contributory) pensions but not for the other pensions mentioned. This exemption was allowed on the grounds that adequate provision existed for these employees through occupational schemes.

Occupational pension schemes organised on a voluntary basis in certain firms or industries also contribute an important source of income for a significant number of retired employees. Pensions under such schemes may be flat-rate or earnings-related. It is estimated that about 45 per cent of employees outside the public sector have access to an occupational pension scheme.

The social assistance system is non-contributory and claimants for social assistance must satisfy a means test which takes into account all cash income and the yearly value of property, capital and investments. Pensions under this system comprise mainly old age (non-contributory) pension payable from age 66 and widows' (non-contributory) pension payable without reference to age. The schemes are financed by the State out of general taxation. The main groups covered by social assistance are the self-employed, e.g., small farmers, shop-keepers, tradesmen, persons who have never been able to work outside their house and those who, although employed casually from time to time have never built up a sufficient record of social insurance to establish title to one or other of the social insurance pensions.

There are approximately 65,000 persons receiving old age contributory pensions, 31,000 receiving retirement pensions and 131,000 receiving old age non-contributory pensions. Pensions are flat-rate and consist of a personal rate for the pensioner and where appropriate, flat-rate increases for dependants. At the end of 1981 a married couple, both of whom have reached pension age, receiving old age contributory pension or retirement pension at the maximum rate were paid £56.25 per week. This sum represents 42.4% of the national average male industrial wage and 49.5% of the national average wage for all persons.

Where a couple was receiving a maximum non-contributory pension the rate was £55.10 if both were over pension age and this represents 41.6 per cent of the national average male and 48.5 per cent of the national average age for all persons. Additional payments are provided for dependent children and an additional allowance is paid

where an incapacitated pensioner needs full-time care and attention. There are also special increases of pension where the pensioner is aged 80 years or over or is living alone.

Pensions under the social insurance and assistance schemes are increased at least annually and the increases granted in recent years have more than compensated for increases in the cost of living. For example, the old age contributory pension as a percentage of the national average male wages has been increased from 27.9 per cent in October 1972 to 42.4 per cent in October 1981.

In addition to its income maintenance schemes the Department of Social Welfare provides a number of other services for the aged which are of great assistance and help to maintain their standard of living. All persons aged 66 or over resident in the State may travel free throughout the Republic on scheduled train or bus services (includes city services); old age pensioners, living alone or with certain other classes of persons, are entitled to a free electricity allowance of 150 units a month for half the year and 100 units a month for the other half — if they are not connected to the electricity system they may get bottled gas instead; old age pensioners also receive free television licences and free telephone rental allowance. A free fuel scheme for which old age pensioners are eligible is operated for 30 weeks during the Winter months.

Problems and Issues

Considerable variation exists in relation to pension provision for different groups of the population. For many employees the flat-rate social insurance pension schemes together with private occupational pension schemes have greatly alleviated the problems of loss of income after retirement. However, a sizeable number of employees are not covered by occupational pension schemes and these workers are often faced with a significant drop in living standards when they retire. There are also a number of shortcomings associated with occupational pension schemes. Some of these schemes provide very low rates of pension, not related to earnings and there is, in many cases, a lack of protection of pension rights against inflation or where the employee changes job in the course of his working life.

As far as the self-employed are concerned the main shortcoming is that they are not covered by the social insurance system and must rely for pensions on the non-contributory social assistance pensions or whatever private arrangements they may make.

Need for Reform

Proposals for a new National Pension Plan are in the course of preparation. The groundwork was laid with the publication in 1976

of a discussion paper on a national income-related pension scheme and in 1978 of a further discussion paper on social insurance for the self-employed. The Government is committed to introducing legislation to establish a national income-related pension scheme and to the preparation of proposals for a social insurance scheme for the self-employed.

3. Housing

During the past few decades various provisions have been made by the State to improve the housing conditions of or to provide special housing for the elderly. The 1957 Housing Act, for example, made provision to cover out of public funds the entire cost of essential repairs to dwellings occupied by elderly persons living in unfit conditions in rural areas.

The 1962 Housing Act made provision for State and local housing authority grants for dwellings provided by voluntary organisations for the accommodation of elderly persons. These grants are available for the construction, purchase, reconstruction or conversion of dwellings.

Local housing authorities also provide mobile or demountable dwellings mainly for elderly persons living in deteriorating dwellings or for those living in isolated rural areas.

It is the function of every housing authority to house those in need of housing. Over the years the Government has recommended that local housing authorities provide not less than 10 per cent of their overall housing output in the form of special dwellings. These are generally used for the housing of elderly persons. Over the past decade this target has, in general, been achieved.

A small number of sheltered housing schemes have been developed in recent years. In these schemes there are separate and independent dwellings and, in addition, some communal facilities such as dining and recreation rooms and laundry facilities.

A national survey of housing needs was conducted recently. Analysis of the returns is not yet complete and it is therefore not possible to forecast accurately the prospective housing needs of the elderly in each area.

TASK FORCE

In April 1982 the Government established a special Task Force to deal with improving the housing conditions of elderly persons. The

Task Force is composed of representatives of Government Departments, local authorities and voluntary organisations.

The Task Force will have an initial budget of £1 million and it hopes to embark on an emergency pilot scheme in the Dublin area. Those to be helped under the scheme will be old people living alone in unsanitary or unfit conditions and who are not in a position to carry out work necessary to bring their living conditions up to an acceptable standard.

The types of work which will qualify under the scheme will include the provision of water and sanitary facilities; necessary repairs to make dwellings habitable "for the life time of the occupant"; refurbishing; cleaning; redecoration; fire place installation and the provision of food storage facilities. Various voluntary organisations associated with the problem will be asked to identify individual cases which would benefit under the scheme.

4. Education

Developments in the Irish educational system in recent decades, such as the introduction of free post primary education, have enabled a higher proportion of the population to receive formal education beyond the compulsory school-leaving age of 15. Inevitably, many adults have terminated their education at the primary level. The Census of 1971 indicated that about 75 per cent of persons aged 55-64 and 80 per cent of persons aged 65-74 had not attended post-primary schools. While this situation is likely to improve over time the fact remains that a high proportion of the adult population and an even higher proportion of the elderly population have little formal education beyond the primary level.

However, with recent improvements in access to education, the elderly population with a formal education beyond the primary level will increase in the future. This will help to extend the range of interests and activities available to elderly persons.

The provision of adult education in later life can help to obviate deficiencies in formal education. It is estimated that about 10 per cent of the total adult population engages in some form of adult education annually. There is evidence to suggest, however, that social class and the amount of earlier formal school experience are important factors in determining participation in adult education. In other words, those availing themselves of adult education opportunities are not necessarily those who could benefit most from some form of continuing education. Policy in relation to adult

education is being reviewed at present and it is expected that the needs of the elderly will receive attention in this review.

The importance of retirement preparation programmes is now widely recognised. However, only a small number of such programmes have been established by various groups in Ireland. (See Preparation for Retirement in following section).

5. The Elderly and the Family

While the support of the family and the extended family for elderly persons is still widely available in Ireland there are indications that this support is no longer as strong as in the past. A survey of elderly persons living alone has indicated that over half were childless with the result that a potential source of contact and support is missing. The same survey indicated that one-third of elderly persons living alone do not meet people on a daily basis and one-fifth are never visited by neighbours or friends.[3]

With the decline in the traditional forms of family support and the increase in the numbers of elderly persons, especially those living alone, there is an increased demand and need for other forms of support in the community. Furthermore, many elderly persons cannot be supported in their own homes and inevitably, institutional care is being sought in such instances. This gives rise to increased pressure on available places in institutions and the shortage of such places constitutes a serious problem.

6. The Elderly in Rural Areas

One of the principal features of many rural areas is the low density of population. Furthermore, some rural areas contain a relatively high proportion of elderly persons. These characteristics are due in large part to persistent emigration from rural areas for over a century. While population decline has been reversed at national level, some rural areas continue to experience a decrease in population. In most rural areas the effects of prolonged emigration are reflected in an imbalanced age structure with a high proportion of elderly persons; many of them living alone.

Social services in general tend to be concentrated in urban areas and one of the more important challenges is to provide services in low density rural areas. Several schemes have been introduced to benefit

3. Power, B., *Old and Alone in Ireland; Old People Living Alone,* A Report on a Survey of Society of St. Vincent de Paul, 1980.

elderly persons but in many rural areas access to these services is limited. For example, free travel on public transport is available to all persons aged 66 and over. Yet in some rural areas this service cannot be regularly availed of because of the absence, for economic reasons, of a public transport service. Because of the scattered nature of population and the high proportion of persons living in rural areas the problems associated with ageing are frequently accentuated and compounded by loneliness and isolation. It is important to develop strategies to combat isolation. In some instances, for example, elderly persons living in poor housing accommodation could be encouraged to live in nearby villages if flats or chalets were provided. Social contact would thereby be improved considerably and, in addition, access to various services would be facilitated. Local authorities, often in conjunction with voluntary organisations, have established housing schemes in some small towns and villages. This type of scheme needs to be developed further. Many elderly persons will not wish to leave their existing dwellings and for them a home help service can be of inestimable value. Despite the difficulties involved in operating the home help service in rural areas, its development to the fullest extent possible would have beneficial effects. Apart from the important practical service which a home help can provide, the scheme is a useful way to overcome isolation. A home help service can enable the elderly to continue to live in familiar surroundings and it can prevent the committal of elderly persons to institutional care. Similarly, the development of day care centres in rural areas could have a considerable impact on the problems associated with aging in a rural community.

B. DEVELOPMENTAL ISSUES

1. The Role of the Elderly in Society

The elderly in Ireland now form a large section of the population but a section which has no recognised social or economic role in the community. Compulsory retirement at a fixed age is having the effect of removing from useful activities large numbers of energetic men and women with knowledge, skills and experience drawn from all aspects of society. Every age should have a role to play in society but the role of the elderly is not seen in Ireland in positive terms.

Generally retired people are excluded from the mainstream of daily life. Retirement tends to be perceived by society as a period characterised by passivity; social withdrawal, and physical and

mental decline. Many elderly people accept this perception because of ideas inherited from the past. The fact that people in retirement have withdrawn from economic endeavour lowers the esteem in which they are held by the community even though the withdrawal may be forced upon the individual by reason of compulsory retirement at a fixed age.

The fact that retired people represent a largely untapped resource in local communities is usually ignored.

These are the negative aspects of the overall picture. On the other hand, positive social roles are frequently developed by individual initiative on the part of elderly persons. Some older people take up voluntary social work or one of the many kinds of leisure activities available or develop interests and hobbies which they already had before retirement. Former employees of a number of the larger industrial and commercial firms have formed pensioners associations and a national federation of pensioners and pensioners associations has been established. More recently there have emerged active retirement associations on a neighbourhood basis, run by retired people and open to all retired people in the area.

A new perception of retirement is needed: a new environment for retirement is necessary in which elderly people can use their abilities and their desires.

2. Preparation for Retirement

Many people encounter difficulties in adapting themselves to retirement. The switch overnight from full time work to the leisure of retirement involves a complete change in the pattern of living. The new lifestyle is more likely to be satisfactory if there is sensible planning for it.

Little has been done in Ireland to provide preparation for retirement programmes. Some programmes have been established by major industrial and commercial concerns, by the civil service, by a small number of adult education institutions, and by the Retirement Planning Council of Ireland, which is a voluntary educational body; but only a very small proportion of the people retiring in Ireland get the opportunity to avail of a pre-retirement course or pre-retirement counselling.

Facilities for retirement preparation should be made available to all who wish to avail of them. The indications are that the majority of people will prepare for retirement if pre-retirement programmes are

available and if the advantages to be gained are pointed out to them.

3. Flexible Retirement

The hitherto widespread practice of compulsory retirement at a fixed age is now in the process of change to a system which affords the individual some choice over the age of retirement. Many countries now provide for some flexibility in pensionable age by allowing pensions to be drawn earlier than the normal retirement age or deferred for a period after the normal age. Ireland has not yet reached this stage. Some occupational pension schemes in Ireland make allowance for an element of flexibility and there is some flexibility in the public service pension schemes, but the state pension system in Ireland has no provision for either early retirement or deferment.

The Irish Government has undertaken to introduce an income related pension scheme. Flexibility of pensionable age will be taken into account in framing the scheme.

Ultimately, flexible retirement may well become the standard for both public and private employers, enabling people to choose more freely the time of retirement in the light of their state of health, personal abilities and aims and with the possibility of combining pensions with gainful employment.

4. Phased or Gradual Retirement

One of the problems of retirement is the disrupting effect on the individual of the abrupt transition from full activity to total inactivity. One way of preventing or mitigating this is to offer workers the option of entering retirement gradually by reducing the time actually spent at work in the final months or years before retirement while still being regarded by the employer as being in full-time employment. The advantages claimed for this arrangement are that it eases the transition to retirement and also provides additional time during which interests and activities can be developed which can be carried on after retirement.

Very few employers in Ireland have introduced this system.

Systems of phased retirement need to be examined to assess their suitability for Irish conditions.

5. The Need for Research

Lack of basic information is a serious handicap in framing policies for ageing in Ireland. Institutes or foundations for age research have come into existence in a number of countries but there is as yet no organisation carrying out work in this field in Ireland. There is an urgent need for age research.

6. A New Approach to Retirement

It is now widely accepted that preparation for retirement should commence at least 10 years before retirement and not in the last year of working life as at present.

Pre-retirement education aims to promote among people who wish for continued community involvement the concept that retirement is another stage in life with other forms of social participation, valued in terms of the contribution it can make to the community in a variety of ways. Retirement should be seen, not as a shift from activity to idleness, but rather as a change in the type of activity.

In this way over a period of time, a different perception of retirement is likely to emerge and retired people will themselves become a significant source of social innovation. Implicit in conventional thinking at present is the idea that retired people are a conservative force in society. A new environment for retirement would change this and elderly people would have the opportunity to use their energy, skills and experience according to their abilities.

Education should be made a life-long process, using adult education systems in a variety of forms and making use of radio and television. Active retirement associations should be encouraged and new roles for older people explored. There should be consultation with organisations of elderly people on matters concerning their interests.

The retirement of farmers presents special features which requires the development of an appropriate concept of retirement for agriculture.

Appendix I

TABLE 1 NUMBER AND PERCENTAGE OF POPULATION AGED 60 AND OVER 1926-1979

	Number	% of Total Population
1926	376,826	12.7
1936	417,062	14.0
1946	433,547	14.7
1951	438,451	14.8
1961	446,123	15.8
1966	446,847	15.5
1971	463,885	15.6
1979	499,051	14.8

TABLE 2 NUMBER AND PERCENTAGE OF POPULATION AGED 75 AND OVER 1926-1979

	Number	% of Total Population
1926	88,222	3.0
1936	87,743	3.0
1946	99,881	3.4
1951	108,727	3.7
1961	118,785	4.2
1966	118,682	4.1
1971	119,082	4.0
1979	129,304	3.8

DIAGRAM 1 NUMBER OF PERSONS IN DIFFERENT AGE GROUPS FROM 60 UPWARDS, 1926 AND 1979.