

# **Older People in Northern Ireland: Final Report**

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This Final Report summarises a series of reports published in 2004/5 on the needs and circumstances of older people in Northern Ireland and the Republic of Ireland. The research has been funded by Atlantic Philanthropies. The five topic-based reports are:

- Report 1: Setting the scene (November 2004)
- Report 2: Financial circumstances (December 2004)
- Report 3: Health and wellbeing (March 2005)
- Report 4: The Angry Generation (May 2005)
- Report 5: Older People in the Republic of Ireland (June 2005)

Copies of these reports are available online at  
<http://www.governance.qub.ac.uk/olderpeople.html>

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## Section 1: Introduction

This is the final report of the research project undertaken over the past year to chart the needs and circumstances of older people - that is people aged fifty years and over - in Northern Ireland. We are grateful to the Atlantic Philanthropies for funding the work. It has, we hope, made a very significant contribution to our knowledge of this important group in our society.

The project emerged from three core concerns which were conveyed to the research team by members of the voluntary sector and others. First, there was anxiety amongst those working with, and for, older people in Northern Ireland that they were hampered by lack of information. However, it was the view of the research team that a lot of data on older people was actually being collected through a wide range of large-scale surveys in Northern Ireland, but that the information was scattered across a number of data sets. One of the main aims of this project was, therefore, to bring the data together, subject them to fresh analysis and present the findings in a coherent narrative. This task has now been completed. In the past year, five reports have been produced. These reports contain the statistical material to support our observations in the summaries that follow and are available at <http://www.governance.qub.ac.uk/olderpeople.html>.

Secondly, there was concern that in the debate on social need a hierarchy was developing, with the result that the poverty of some was seen as more urgent than that of others. In particular, it was felt that older people were being overlooked to a large extent and that their needs, alongside those of other groups, should be given their place in debates on poverty and social need. We therefore needed to analyse the existing research data to highlight the circumstances of older people in order to ensure that their needs are taken fully into account in the debate on poverty. We addressed this issue directly in our second report on the financial circumstances of older people and, in various discussions we have had, the data produced are viewed as a major step forward. Within the work relating to poverty amongst older people we have assessed the current gaps in knowledge that exist and have looked at the need for, and feasibility of, a large-scale survey of older people to address these issues. We present our conclusions below.

Thirdly, as we commenced the work, we believed there was a need to assess and challenge the unhelpful, and indeed alarmist tone, which permeates much of the debate around the fact that we are an ageing society. A good deal of what is accepted without question in the media and political circles can be described as “unthinking ageism”. We sought to challenge this in our first report.

It should be noted that at many points the data analysis was more complex and difficult than had been anticipated.

## **Section 2: Summary of reports**

### **Report One: Setting the Scene**

In our first report we sought to address the way in which the debate on older people is conducted in the United Kingdom generally. In essence, older people are seen as a problem – a burden on the rest of society. The prospect of an increase in the number of older people over the coming decades is viewed with alarm. It is asserted that this will lead to the collapse of health and pensions systems and a growing crisis as taxpayers find the cost of an increase in the number of older people - who are viewed purely and simply as dependents - insupportable.

As we indicate at greater length in the report, these perspectives are unsatisfactory for a variety of reasons. In the first place, they disregard the past and current contributions of older people to our society. For example, it has been calculated that the unpaid work of persons aged fifty years and over in the United Kingdom is, in cash terms, worth 24 billion pounds a year. Secondly, with regard to health, it cannot be assumed that the need for health care will increase directly in line with the growth in the number of older people. Older people today are much healthier than the same age group was thirty years ago. Technology and new ways of meeting need are enabling many more people to live independently in the community for longer. With regard to pensions, trends are testing but much depends on the soundness of the policies in place. It is true that the United Kingdom is in the middle of a pensions crisis but the root of that crisis, it can be argued, lies in the failure of the policies adopted in the 1980s which we were told would address the issues raised by the fact that we are living longer. There is, in truth, more than a hint of ‘victim blaming’ in the current pensions debate.

On the basis of this discussion, in our first report we proceeded to draw together data on a range of aspects of the lives of older people in Northern Ireland today. It was noted that Northern Ireland has a lower proportion of people of pensionable age than any other United Kingdom region apart from London. It was also noted that - in contrast to the suggestion of imminent calamity which permeates much current debate - change occurs over relatively long periods giving ample time for planning and adjustment. For example, during the post-war period the gain in life expectancy for women aged 65 years was one year per decade. Looking to the future, the sharpest increase in numbers will occur amongst the over eighty fives - a group that makes heavy demands on health and social care services. We are, however, talking about 64,000 people out of a population of 1.7 million in the year 2041 (Table 1).

**Table 1: Projected population (000s)**

	2001	2021	2041
65-74 years	124	173	206
75-84 years	78	104	159
85+ years	23	37	64
Total older population	225	314	429
Total population	1,689	1,769	1,723
Older persons as a % of total population	13.3	17.75	24.8

Source: NISRA, Annual Abstract of Statistics, 2003

One of the key themes to emerge in the first report was that there is a more positive story to tell about older people than might be expected. The majority of men and women of pensionable age report that their health is good or fairly good. Contrary to the popular stereotype, the majority do not live alone (Table 2). In the light of the debate on nursing home charges in recent years, it is also salutary to note that the vast majority of pensioners are living in the community, with only 11,286 being in a nursing home, residential accommodation or other such accommodation in 2001. Finally, on this positive theme, our data indicate how involved older people are in our society. For example, people of pensionable age are more likely to vote than those in younger age groups and are as likely to be involved in organisations such as community associations and church groups as younger people.

**Table 2: Household composition by age and gender**

	%				Total
	Married/cohabiting couple family	Lives alone	Other*	Communal establishment	
<b>Males</b>					
65-74 years	71.5	18.2	8.6	1.6	100
75-84 years	57.4	25.9	11.7	5.0	100
85+ years	34.9	33.3	15.7	16.0	100
<b>Females</b>					
60-74 years	56.1	28.2	14.4	1.3	100
75-84 years	23.0	48.9	20.5	7.5	100
85+ years	5.5	45.0	22.3	27.2	100
<b>All pensioners</b>	49.7	30.8	14.5	4.9	100

\* Other: one parent family, not in family but others in household

Source: NISRA, Census of Population, 2001 (commissioned table)

There are, however, matters of concern that we noted in our first report. The data reviewed indicated that all age groups, including older people themselves, consider that the fear of crime is the most important problem facing older people today (Table 3).

**Table 3: What do you think are the main problems facing older people in NI today?**

	% identifying each problem					
	18-24	25-44	45-49	50-59	60-64	65+
Making ends meet	46	70	57	71	64	56
Fear of crime	82	90	91	91	84	86
Loneliness	52	68	70	74	69	64
Transport	28	31	24	33	25	24
Lack of respect	34	44	34	40	31	32
Keeping warm in winter	43	51	48	58	51	38
Getting employment	25	31	20	30	22	17
Access to healthcare	48	51	49	51	48	42

Source: Northern Ireland Life and Times Survey, 2003

The data also indicated that the incomes of pensioner households are dramatically lower than the incomes of other household types and this finding was explored further in our second report on the financial circumstances of older people in Northern Ireland.

### **Report Two: The financial circumstances of older people**

In our second report we reviewed the data available on the financial circumstances of persons of pensionable age in Northern Ireland. This proved to be a rather more difficult task than we had anticipated. A number of data sets provide information on gross or household income. In consequence, it is often difficult to get a clear picture of the actual weekly amounts pensioners have to meet their needs, especially when they live in households with other people. Beyond this there is the difficulty of methodologies which discriminate against older people and understate the extent to which they are hard pressed financially.

The core problem is as follows. In the adjustments made to the raw data to determine whether or not people fall above or below the various poverty lines created for this work, the costs of, and benefits payable for, dependent children are both taken into account. By contrast, with regard to persons with disability, who are likely to be older people, the benefits payable to assist with the extra costs of disability are taken into account but not the costs themselves. Put simply, the result is that the data from many sources suggest that older people have more to meet routine expenses than is actually the case.

On the basis of this, much of the data presented in the second report was surrounded by caveats and concerns. It was noted that pensioner households have much lower incomes than other household types in Northern Ireland (Table 4) and that Northern Ireland's pensioners have lower incomes than pensioners in the United Kingdom as a whole (Table 5).

**Table 4: Gross weekly income of pensioner units United Kingdom and Northern Ireland**

	UK	NI
	£	£
All pensioner units	276	242
Pensioner couples	387	347
Single pensioners	203	175

Source: National Statistics - The Pensioners' Income Series 2002/3

**Table 5: Gross weekly household income by household composition and age of household reference person**

	Mean
	£
<b>Household composition</b>	
Pensioner households with one or two adults.	148
Non-pensioner adult households	422
Households with children	577
<b>Age of household reference person</b>	
Under 30	406
30-49	574
50-64	455
65 and over	254

Source: Expenditure and Food Survey 2002/03

With regard to sources of income two central facts emerged. Firstly, women are much less likely than men to have occupational pensions and this is a key element in explaining the emergence at every turn of single females as being those most at risk of poverty. Secondly, it was noted that nearly two fifths of pensioner households were in receipt of benefits to assist with the extra costs of disability (Table 6). This means that, far from being a minor matter, the weakness in methodology which we note above is likely to result in a serious distortion in much of the data that is widely relied on.

**Table 6: Sources of income of pensioners in Northern Ireland - pensions and benefits**

	%		
	Couples	Sole males	Sole females
State retirement pension	98	95	88
Occupational pension	58	41	21
Occupational pension of spouse	-	-	15
Attendance Allowance	15	28	28
DLA care component	13	4	9
DLA mobility	11	1	7
DLA component not known	7	2	4
Annuity	12	1	4
Income support	6	23	36

Note: Excludes benefits received by under 5% of respondents

Source: Northern Ireland Household Panel Survey (2002)



Next we looked at the assets of pensioners in Northern Ireland. It is, of course, often argued that older people generally are income poor but they are asset rich. Our data indicate that, whilst a minority of pensioners in this part of the United Kingdom occupy property worth in excess of £150,000, the value of the homes of the majority of pensioners is much more modest (Table 7). If we assume that the typical cost of nursing home care is £500 a week, then the majority of our pensioners have assets that will barely fund four years of care (assuming the majority had homes worth £100,000). With regard to savings, though clearly there is likely to be underreporting on such a subject, it appeared that many pensioners had little to fall back on.

**Table 7: Value of property occupied by pensioners**

Value	%
Under £100,000	67
£100,000-£125,000	10
£125,000- £150,000	8
£150,000 plus	15
All	100

Source: Northern Ireland Household Panel Survey (2002) (N=350)

In the next section of the second report we looked at existing data on the prevalence of poverty amongst pensioners in Northern Ireland. One point of interest to emerge was that the group most at risk of poverty in Northern Ireland are lone parents followed, at some margin, the data suggest, by single pensioners who are predominantly female (Table 8).

**Table 8: Quintile distribution of net income after housing costs for individuals by family type**

	Net equivalised disposable household income		
	% of individuals		
	Bottom and second quintile	Third quintile	Fourth and top quintile
Single with children	69	21	11
Pensioner Couples	44	25	30
Single pensioners	41	27	22
Couple with children	39	24	37
Couples no children	27	16	57
Single no children	37	23	40

Note: Equivalised income - includes DLA/AA

Source: DSD - Households Below Average Income, Northern Ireland, 2002/03.

However, most of the data available are affected by the methodological problems noted above and, in consequence, we had serious doubts about them. We therefore constructed our own alternative poverty lines using data from the Northern Ireland Household Panel Survey.

This was a major effort. In brief, two new poverty lines were developed. The first was based primarily on the amounts used in the calculation of entitlement to the Guarantee Credit. This is an element within means-tested Pension Credit and represents what government considers is the minimum pensioners require to live on (Table 9). The second poverty line was based on the work of the Budget Standards Unit and consisted of the amount calculated as required by pensioners to secure a modest but adequate standard of living (Table 10). In applying these poverty lines to actual incomes no account was taken of benefits payable to assist with the extra costs of disability. This solved the problems noted above and is in line with practice in the assessment of entitlement to means-tested benefits generally.

**Table 9: Pensioner households with net weekly incomes after housing costs below the state poverty line plus 20%**

Type	%		Total
	Below poverty line	Above poverty line	
Couples	41.2	58.8	100
Single pensioners	56.7	43.2	100
Total	50.5	49.5	100

Threshold – married couples £179.76, single pensioners £117.78

\*Note - excludes pensioners living with others

Source: Northern Ireland Household Panel Survey (2002) (N=408)

**Table 10: Pensioner households with net weekly incomes after housing costs below that needed for modest but adequate standard of living (ASL)**

Type	%		Total
	Below ASL	Above ASL	
Couples	50.3	49.7	100
Single pensioners	76.5	23.5	100
Total	65.9	34.1	100

Threshold – Married couples £218.12, single pensioners £152.54

\*Note - excludes pensioners living with others

Source: Northern Ireland Household Panel Survey (2002) (N=408)

There is a need for caution here because of the size of the samples involved. Nevertheless, our analysis uncovered issues of concern, which clearly merit further investigation. Our data indicate that half of all pensioners fell below the first poverty line and two thirds below the second. To put it bluntly, our analysis suggests that there is rather more poverty amongst pensioners than is evident from work using the conventional methodology. This is an urgent matter for the research community to address.

### Report Three: Health and Social Wellbeing

In the third report we focused on three main issues. Firstly, what do the data tell us about the health and wellbeing of pensioners in Northern Ireland? Secondly, to what extent are those of pensionable age providers - as well as receivers - of care? Thirdly, how can we account for the fact that so many pensioners in Northern Ireland are in receipt of Attendance Allowance (AA) or Disability Living Allowance (DLA)?

With regard to the health and well being of pensioners, the data clearly indicate that there is a significant volume of disability amongst Northern Ireland's pensioners, but the picture is more positive than might be expected. For example, with a predictable variation by age, half of all pensioners have a longstanding illness/disability which limits their activities (Table 11). Nevertheless, the majority of pensioners report that their health is good or fairly good and the majority of those reporting a limiting illness or disability are able to manage tasks like doing the housework and climbing stairs. In consequence of this relatively positive picture, the data on use of health and social care services is in line with our observations in the introduction. Nearly half of those aged 65-74 years had not visited their GP's at all in the preceding year or had only had one or two appointments. Heavier use of services was reported by people over 75 years who accounted for the majority of users of, for example, the district nursing service. These are important points and contradict the notion of services being swamped by an increase in the number of pensioners as such.

**Table 11: Reported health status by age**

	%		
	65-74	75 and over	Total
Good	30.6	23.0	27.2
Fairly good	38.1	42.5	40.0
Not good	31.3	34.4	32.7
Total	100.0	100.0	100.0
Has longstanding illness/disability	62.4	67.3	64.6
Has illness/disability which limits activities	46.4	54.6	50.1

Source: Continuous Household Survey, 2002/03

The data in the third report with regard to mental health and social inclusion are also of interest. The mental health of persons aged 65-74 years appears to be better than that of those under 65 but it should be noted that the group with the poorest mental health consists of those aged 75 and over. Nevertheless, the majority of those aged over 75, as well as the younger age group express very positive attitudes about their lives and, for example, often looked forward to every day. Most encouragingly, whilst popular discourse on ageing is peppered with assumptions about loneliness and

family neglect, the majority of pensioners in Northern Ireland feel their families and friends give them support and encouragement (Table 12).

**Table 12: Indicators of social inclusion by age**

	%		
	65-74	75 and over	Total
Feel left out of things <sup>1</sup>	5.9	10.0	7.7
Family and friends make me feel an important part of their lives <sup>2</sup>	84.4	85.6	84.9
Family and friends make me feel loved <sup>2</sup>	86.5	85.8	86.2
Family and friends support and encourage me <sup>2</sup>	87.6	87.4	87.5

Sources:

<sup>1</sup>Northern Ireland Household Panel Survey, Wave 1, 2001 - percentage of respondents saying ‘often’

<sup>2</sup>Health and Social Wellbeing Survey, 2001 – percentages of respondents saying statement is ‘certainly true’. Note - other possible answers were “partly true” or “not true”. For all three statements under 3% selected the “not true” answer.

Turning to the data on caring, it is evident that older people in Northern Ireland are making an active contribution to lessening the need for reliance on state provision. Twelve per cent have caring responsibilities - that is they are assisting persons with disability in the same or a separate household (Table 13). They are caring for their spouses, other relatives or friends and neighbours. Our data indicate that for nearly one-third the help given takes up twenty or more hours a week. In sum, a major source of care for many older people in Northern Ireland is other older people.

**Table 13: Caring responsibilities of respondents**

	%	
	Cares for person in same household	Cares for someone in another household
20-34 years	5.4	14.3
35-49 years	7.7	12.1
50-64 years	14.2	16.2
65 years and over	12.7	4.3
Total	7.3	11.3

Source: Northern Ireland Household Panel Survey, Wave 2, 2002

Finally, in this report we looked at the heavy reliance of older people here on AA and DLA. It can be noted that, in general, people in Northern Ireland are more likely to receive these benefits than in any other United Kingdom region. Is this a consequence of fraud and deception as the media are wont to suggest or are there other explanations? Our analysis of the existing data suggests that these benefits are not distributed haphazardly or capriciously. The likelihood of receipt rises directly in line with the number of health problems reported (Table 14) and the volume of help in managing required (Table 15). It would seem that what we have here is a success story. Certainly, with regard to older people, it

would appear that Northern Ireland might have outperformed other United Kingdom regions in getting these benefits to those who need them.

**Table 14: Number of health problems reported by receipt of AA/DLA**

	%				Total
	None	1	2	3 or more	
Not on AA/DLA	93.8	80.8	62.7	37.9	67.5
On AA/DLA	6.2	19.2	37.3	62.0	32.5
Total	100.0	100.0	100.0	100.0	100.0

Note - persons in residential/nursing home accommodation are not included

Source: Northern Ireland Household Panel Survey, Wave 2, 2002

**Table 15: Receipt of AA/DLA by reported disability and need for help**

	Not on AA/DLA	On AA/DLA	Total
No disability reported/has disability - no help required	95.0	5.0	100.0
Disability - some help required	65.1	34.9	100.0
Disability - a lot of help required	49.7	50.3	100.0

Note - scoring done on the basis of need for help with 14 functions

Source: Northern Ireland Life and Times survey, 1999

#### **Report Four: The Angry Generation**

In the preceding report we focused on people of pensionable age. In our fourth report we looked at the circumstances of older people aged between 50 and 64 years whom we labelled 'the angry generation'. Recent research had indicated that this age group stood out from other age groups in their attitudes to a range of issues (Evason and Dowds, 2004). They were more negative and annoyed about the position of older people in our society than younger and, indeed, older age groups. In sum, we wanted to try to find out why they were so angry. Our main conclusion was that this is a generation under considerable pressure and strain.

An indication that all is not well with this age group comes from Table 16 which deals with general satisfaction with life. Amongst women, those least satisfied with their lives are those in the 50-54 years age group. With regard to males, one fifth of those in the 55 to 59 years age group are unhappy with their lives.

**Table 16: Persons not satisfied with life overall**

	%		
	Males	Females	All
16-49 years	11.1	9.9	10.5
50-54 years	8.5	13.6	11.0
55-59 years	20.9	10.7	14.6
60-64 years	6.9	2.4	4.5
65 years and over	3.7	6.9	5.3
All	10.1	9.3	9.6

Source: Northern Ireland Household Panel Survey, Wave 2, 2002

Our analysis indicated that one source of strain is poor health. Thus, for example, males aged between 60 and 64 years are more likely to report that their health is not good than men over retirement age (Table 17). Over two-fifths of men and women aged 50-59 years report a longstanding illness or disability (Table 18). Persons aged between 50 and 64 years also have the poorest mental health of any age group.

**Table 17: Persons reporting health “not good” over preceding year**

	%		
	Males	Females	All
16-44 years	7.6	10.9	9.5
45-49 years	12.7	15.5	14.2
50-59 years	21.7	22.1	22.0
60-64 years	38.2	27.0	32.6
65 years and over	31.6	33.5	32.7
All	17.2	18.5	18.0

Source: Continuous Household Survey, 2002/03

**Table 18: Indicators of ill health amongst persons aged 50-64 years**

	%	
	Males	Females
% aged 50-59 years with long standing illness/disability	42.9	45.4
% 60-64 years with long standing illness/disability	57.5	55.6
% aged 50-64 years with health problems which limit type or amount of work	30.6	32.5

Sources: Continuous Household Survey, 2002/03 and Northern Ireland Household Panel Survey, Wave 2, 2002

Poor health will, of course, impact on employment and income. Nearly one third of males aged 55-59 years are not in employment and the main reason for economic inactivity amongst men aged 50-59 is incapacity for work (Tables 19 and 20). In consequence, there is a heavy reliance amongst males in the 50-64 year age group on the benefits system and it should be noted that, whilst others have seen improvements, the benefits likely to be claimed by this age group have been reduced and become harder to obtain over the past decade.

**Table 19: Employment status - males**

	%			
	50-54 years	55-59 years	60-64 years	All
In employment	80.8	68.0	48.8	69.2
Long term Sick/disabled	12.0	20.6	17.5	16.2
Retired	1.6	4.1	22.5	7.9
Full time home care	0.8	1.0	1.3	1.0
Other	5.6	6.2	9.9	6.7
Total (N=302)	100.0	100.0	100.0	100.0

Other: full time education/ unemployed/on training scheme.

Source: Northern Ireland Household Panel Survey, Wave 2, 2002

**Table 20: Reasons given for economic inactivity - males**

	%		
	50-59 years	60-64 years	All
Permanently unable to work	65.2	49.4	58.8
Early retirement	23.6	36.5	29.9
Looking after home/family	4.5	5.9	5.2
Other	6.7	8.3	7.5
Total (N=174)	100.0	100.0	100.0

Source: Continuous Household Survey, 2002/03

A further source of strain indicated by the data is caring responsibilities. Persons aged between 50 and 64 years are more likely than those in any other age group to be carers and, in all, one quarter of this generation are assisting others. Nearly half are caring for their parents or in laws whilst one quarter is caring for a spouse or partner (Table 21). Moreover, more than a quarter of these carers are providing assistance for twenty hours a week or more (Table 22). Further analysis showed an association between poorer mental health and caring responsibilities.

**Table 21: Relationship to person cared for**

	%		
	Same household	Another household	All
Parents/in laws	20.8	69.9	48.9
Spouse	57.1	-	24.4
Child	14.3	-	6.1
Other relatives	6.5	17.5	12.8
Friend/neighbour	-	5.8	3.3
Other	1.3	6.9	4.5
Total	100.0	100.0	100.0
	(N=77)	(N=103)	(N=180)

Source: Northern Ireland Household Panel Survey, Wave 2, 2002

**Table 22: Hours per week spent caring**

	%		
	Males	Females	All
Under 10 hours	47.8	44.0	45.7
10-19 hours	16.9	16.9	16.7
20-34 hours	12.7	8.8	10.5
35 hours or more	16.8	16.5	16.7
Varies	5.6	14.3	10.5
Total (N=162)	100.0	100.0	100.0

Source: Northern Ireland Household Panel Survey, Wave 2, 2002

A point of considerable interest to emerge from the available data was the depth and range of support people in this age group provide as grandparents. The demands placed on this age group are clearly expanding with the growth in the number of lone parents in work and of families where both parents are in paid employment. In all, 43% of females and 31% of males in this age group are grandparents. Amongst men and women the majority of grandparents reported that they often had to put themselves out to help look after their grandchildren. Nearly one fifth of grandmothers report cutting down on their hours of work or giving up work altogether to help out. The main form of support provided is help with babysitting and childcare (Table 23). As this table also shows, there is a fairly strong feeling that the help grandparents give is undervalued and unappreciated along with a clear acknowledgement of the need for grandparental help.

**Table 23: Indicators of role and attitudes of grandparents**

	% agreeing		
	Males	Females	All
I have often put myself out to help look after my grandchildren	61.5	80.0	73.3
To help look after my grandchildren I have had to cut down on or give up work	10.8	19.1	16.1
People today don't place enough value on the part grandparents play in family life	71.0	66.2	68.3
With so many working mothers, families need grandparents to help more and more	89.8	97.0	93.9

Source: Northern Ireland Life and Times Survey, 2004

Clearly this is a generation under pressure. They are under pressure to help their parents and in-laws. They are under pressure to help their children and grandchildren. They are also under pressure from government to return to employment if they are outside the labour force and to work on beyond retirement age - as part of the strategy to address the pensions crisis - if they are in paid work.



It is a peculiarity of current social policy that, whilst this age group has a key role in many specific policies, there is little attempt to assess the extent to which these different roles and expectations may conflict.

The support given by this generation to their parents and in-laws is clearly vital to efforts to enable older persons to remain in the community for as long as possible. The support provided as grandparents is clearly vital to the strategy of encouraging lone parents to move into paid employment. At the same time the assumption is that they themselves should be in employment up to, and beyond, retirement age. There is a need for more joined up thinking here. There is a danger that conflicting and contradictory demands will become a further source of strain for the angry generation.

### **Report Five: Older People in the Republic of Ireland**

To round off our series of reports we looked at the circumstances of older people in the Republic of Ireland. This report was based on published information (either from reports or online tables) to enable some comparisons to be made of the position of older people north and south. Consequently, this was a more limited piece of work than the other four reports.

With regard to demography, it was noted that persons of pensionable age represent a lower proportion of the population in the Republic than in Northern Ireland. Similar gains have been made with regard to life expectancy and, as in the North of Ireland, it is projected that persons of pensionable age will account for approaching a quarter of the population by the year 2036. One issue that may be significant is that people over 40 years in the Republic, from whom this increase in numbers will come, are much more likely than their counterparts in the North to live in rural areas with all of the implications for the delivery of services this has.

However, there is a need for caution on this issue. Data on self reported health for persons aged 65-74 indicates that people in the Republic are much more likely to report their health is good than people in Northern Ireland. Even though the margins are much narrower, people in this age group in the Republic are also more likely to report their health as good than those in England, Scotland and Wales. Indeed, taking all persons over 65 in the Republic together, 70% report their health as being excellent, very good or good (Table 24).

**Table 24: Self reported ‘good’ health**

Country	%					
	18-24	25-34	35-44	45-54	55-64	65-74
Northern Ireland	72	64.1	63.9	50.4	39.4	32.1
England	84.2	84	81.6	74.1	67.4	60.2
Scotland	88.3	84.6	82.9	75.9	62.8	59.1
Wales	93.3	90.9	86.3	78.1	66.6	60.1
Republic of Ireland	94.3	94.4	91	86	76.1	62.3

RoI source: SLAN (Survey of Lifestyle, Attitudes and Nutrition) 1998

From: Miller et al, 2003

Whilst a number of other topics were covered in this report, the most interesting data came from the material on attitudes to older people. Adults in Northern Ireland of all ages are much more likely than those in the Republic to consider that older people are treated worse by society because of their age. People in the Republic are twice as likely to say that older people are treated better. Beyond this, people aged 60 years and over in the Republic are significantly more likely to say they are treated with more respect because of their age than those in the same age group in Northern Ireland (Table 25). In both the North and the South, there is a general view that more could be done to assist older people with people in the Republic being slightly more positive (Table 26).

**Table 25: Do you think that older people are, on the whole, treated better or worse than people in the general population in this country because of their age?**

Northern Ireland								
	18-24	25-44	45-49	50-59	60-64	65-74	75+	All
	%	%	%	%	%	%	%	%
Better	18	11	8	6	11	9	21	11
Worse	35	51	48	57	52	45	36	48
The same	40	34	42	36	36	43	41	38
Don't know	7	3	2	1	2	3	2	3
Republic of Ireland								
Better	13	14	17	22	26	30	44	19
Worse	33	42	32	37	35	29	17	36
The same	50	39	45	40	37	39	36	41
Don't know	4	5	6	1	2	3	3	4

Source: Evason and Dowds, 2004

**Table 26: Do you think that the authorities in Northern Ireland/ the Republic of Ireland do all they should for older people, do too much, or do not do enough?**

<b>Northern Ireland</b>								
	18-24	25-44	45-49	50-59	60-64	65-74	75+	All
	%	%	%	%	%	%	%	%
Do all they should	15	17	21	20	23	25	41	20
Do too much	2	1	0	1	0	1	1	1
Do not do enough	63	74	72	77	74	71	53	71
Don't know	20	9	8	3	3	4	5	8
<b>Republic of Ireland</b>								
Do all they should	20	19	23	29	30	46	51	26
Do too much	0	1	0	1	1	1	0	1
Do not do enough	70	77	72	68	65	52	48	69
Don't know	10	4	5	3	4	2	2	5

Source: Evason and Dowds, 2004

In summary, the data for this report indicated similarities at many points between the North and South of Ireland but there do seem to be major differences with regard to health and attitudes towards older people.

## Conclusion

In conclusion, looking across all of the material produced, this has been an exciting and interesting project to undertake. We are grateful to the Atlantic Philanthropies for giving us the opportunity to carry out this work.

We have covered a lot of ground but three key points have emerged from all of this.

- Firstly, many of the assumptions and stereotypes which surround the debate on ageing are questionable and need to be challenged.
- Secondly, whilst the position of older people is, in many ways, rather more positive than might be expected, a lot of older people face many difficulties such as poverty and disability.
- Thirdly, the extent of poverty amongst older people is understated in many sources of data because the methodologies used are flawed. This is a matter which should be addressed as a matter of urgency by the research and voluntary communities.

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### **Section 3: Technical notes**

The ‘Older People in Northern Ireland’ project involved exploring published data and analysing secondary data sets to compile a profile of pensioners in Northern Ireland and assess the need for – and feasibility of – further work on pensioner poverty. To date, no one has sought to bring existing data together to see what they tell us about the lives and circumstances of older people in Northern Ireland. Pulling together material from ongoing data collection exercises – such as the Northern Ireland Household Panel Survey and the Continuous Household Survey – will provide us with baseline information which could be updated at regular intervals with limited cost and effort in the future. The data we have assembled relates to topics such as health, housing, social wellbeing, income, living standards, economic activity, social isolation and social exclusion.

The profiling exercise has now been completed and five reports have been produced and are available on the Internet (<http://www.governance.qub.ac.uk/olderpeople.html>).

#### **The datasets analysed were:**

- Continuous Household Survey 2002/2003
- Northern Ireland Life and Times Survey 1999, 2003 and 2004
- Northern Ireland Health and Social Wellbeing Survey 2001
- Northern Ireland Household Panel Survey NIHPS Waves 1 and 2
- Family Resources Survey
- Northern Ireland Census of Population 2001
- Labour Force Survey

The choice of dataset to be used for a particular piece of analysis depended on

- (a) the availability of the information within the dataset and, if the data were available on more than one dataset;
- (b) the size of the sample and
- (c) the most recent dataset.

For example, the Northern Ireland Health and Social Wellbeing Survey was last undertaken in 2001, and would seem to be the best source of information relating to health and wellbeing. However, the number of pensioners included in the survey was much lower than within the Northern Ireland Household Panel Survey. In addition, the latter survey was able to provide more recent data. Where information was not available within any of the datasets, other sources were sought. Some tables were available in reports or online while others had to be specially commissioned.

**Other sources of information were obtained from:**

- Northern Ireland House Condition Survey 2001 (Housing Executive)
- Northern Ireland Census of Population 2001 (Commissioned tables)
- Continuous Household Survey, 2003-04 (Commissioned table)
- Mid-Year Population Estimates, 2003 (NI Statistics and Research Agency)
- Population Trends 116, summer 2004 (Office for National Statistics)
- Annual Abstract of Statistics, 2003
- Regional Trends, 2004 (Office for National Statistics)
- Northern Ireland Expenditure and Food Survey, 2001/02
- Travel Survey, 2000-2002 (Department for Regional Development, DSD)
- The Pensioners' Income Series 2002/3
- New TSN Research: Poverty in Northern Ireland 2002
- Households Below Average Income, Northern Ireland, 2002/03 (DSD)
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**Republic of Ireland**

Report 5 (Older people in the Republic of Ireland) used published information (either from reports or online tables). The project team did not undertake any specific secondary analysis. Information was obtained from:

- Central Statistics Office, Population Estimates 2003
- Current demographic trends (M1F2); Central Statistics Office 2004
- Census of Population 2002
- Survey of Lifestyle, Attitudes and Nutrition 1998
- Quarterly National Household Survey 2001

# **Older People in Northern Ireland: Report 1: Setting the scene**

**Eileen Evason, Katrina Lloyd, Pat McKee and Paula Devine**

October 2004

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This is the first of a series of reports and fact sheets to be published in 2004/5 on the needs and circumstances of older people in Northern Ireland. The research has been funded by Atlantic Philanthropies.

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## **Introduction**

This is the first of a series of fact sheets to be published over the coming year on the needs and circumstances of older people in Northern Ireland. By older people we mean persons aged 50 years or over. The impetus for this project derives from a number of concerns raised by members of voluntary organisations and others representing older people.

Firstly, there has been concern about lack of information on older people in Northern Ireland. The problem here is not that the data does not exist but that it is scattered across a number of sets of data. Our primary intention, building on other work (NISRA, 2003), is therefore to bring the material together, subject it to further analysis and present it in an accessible manner to assist those seeking to promote change to the benefit of older people.

Secondly, there has been concern that in the debate on social need, a hierarchy has developed with the result being that the poverty experienced by some groups appears to be viewed as of greater significance than that of others. Whilst the recent consultation document “Ageing in an Inclusive Society” (OFMDFM, 2004a) made some amends, the earlier consultation document on targeting social need “New TSN - the way forward” (OFMDFM, 2004b) is notable for its lack of attention to pensioner poverty. We know, however, that for many older people poverty is a real problem. For example, the 1999/2000 Life and Times survey indicated that 59% of sole female pensioners in Northern Ireland had incomes below what was required to secure a basic, minimum standard of living (Evason, Dowds and Devine, 2002). We also know that the problem of pensioner poverty is likely to increase as the basic state pension continues to decline as a percentage of average earnings and many pensioners remain reluctant to claim means-tested support. At the same time, employers are seeking to reduce their involvement in pension provision for employees. In consequence, it is essential that the needs of older people are, alongside other groups, given their place, in debates on poverty and social need. We hope our fact sheets will contribute to this.

A third concern relates to the unhelpful assumptions and unthinking assertions that permeate discussions in the media - often promoted in the past by policy makers - on the fact that we are an ageing society. In essence, this is presented as intrinsically problematic. Older people are seen as a burden - as dependants - whose growing numbers are likely to place intolerable strain on our health and social care services, render our pensions policies unsustainable and give rise to costs which younger taxpayers will find insupportable. Whilst in the UK, and many other countries, demographic trends may be testing, these generally negative perspectives need to be examined more closely.

First and foremost, as others (Arber and Ginn, 2004) have noted, the fact that we are an ageing society is, actually, a sign of success - something to celebrate. The fact that people are living longer is a reflection of the considerable achievements in the post-war period in raising living standards and improving health care. Moreover, when we look at the data, terms such as “demographic explosion” may be considered to be more alarmist than helpful. Beyond this, framing the debate in terms of dependency is unsatisfactory because it discounts the past and current contributions made by older people. Older people will have been making provision for the future for decades by paying their tax, national insurance contributions and contributions to occupational and private pension schemes. Moreover, older people continue to contribute to society in a variety of ways. For example, older people are a significant source of informal care and thus play a substantial part in alleviating pressure on health and social care services. Older people are also major providers of childcare, helping their children to remain in employment. All of this is often overlooked, although one recent study (Meadows and Cook, 2004) suggests that the unpaid work of persons aged 50 years or over in the UK is, in cash terms, worth £24 billion a year.

A further unhelpful element within this general preoccupation with dependency, is the unthinking use of the statistics relating to the number of persons of working age in relation to the number of older persons – the dependency ratio. Here again trends are testing, but more careful analysis is required. It is projected that in Northern Ireland we will move from having 3.9 persons of working age for each person of pensionable age in 2001 to 2.3 persons of working age for each pensioner in 2041. The real issue here, however, is not how many people we have in each age group but how many of those of working age are actually in employment and levels of productivity. Whilst it might be assumed that the ratio of younger to older people was more benign thirty or forty years ago, the position was tighter than the raw statistics suggest because it was much less common for married women to be in employment. Thus, increasing economic activity amongst married women and lone parents needs to be taken into account when looking to the future. Linked into this is the issue of raising economic activity rates amongst those between the ages of 50 and state retirement age-60 (women)/65 (men). It can be argued that the solution to many current concerns lies not in getting people to work past retirement age but enabling and encouraging them to work up to it. Recent research (Meadows and Cook, 2004) suggests a rise of one third of a per cent per year in employment amongst those aged 50-69 would be more than enough to offset the economic challenge of an ageing population and would add £63 billion to economic output by 2021.

Turning to the specific impact on health and pensions of an ageing population, a number of points need to be borne in mind. The fact that a particular age group may double or treble in size over the coming decades does not mean that the need for health care will rise in direct proportion to this increase. Older people today are fitter and healthier than they were decades ago and ongoing improvement will moderate the need for care. We also need to take account of the ways in which technology can assist. Innovations that we now take for granted - such as stair-lifts - are enabling many more people to manage independently for longer. This is not to say that there will be no increase in costs, but careful analysis is required. It can be noted that one authoritative report (Sutherland, 1999) concluded that the cost of long term care for older people in the UK - in total from all sources - would rise from 1.6% of Gross Domestic Product (GDP) in 1995 to 1.9% in 2051.

With regard to pensions, here again careful thought is required. While demographic trends are important, much also depends on the soundness and reliability of the mechanisms available to enable people to make provision for the future. State systems which rely heavily on means-testing may discourage saving. Strategies which rely on stock market performance may leave many exposed to risk. The experience of other countries suggests a need for some adjustments, a willingness to spend more and ongoing review. Pessimistic projections about the future sustainability of state pensions may be undermined by a growth in the number of women, immigrants and older people working and paying tax and national insurance contributions. Notwithstanding these general observations, it is clear that, whatever the case elsewhere, as a result of past cuts and our relatively ungenerous state provision, there is no looming financial crisis in the UK. It is projected (DWP, 2002) that spending on state pensions will stay at around 5% of GDP over the coming half century. This is a very low level of expenditure compared with other Organisation for Economic Co-operation and Development (OECD) countries and it can be argued that in the UK the question is not whether our strategy is sustainable financially but whether this is sustainable politically and socially. Should we be planning to spend more? Is, as has recently been suggested (House of Lords, 2003), the real crisis in British pensions “a crisis of adequacy”?

We will be returning to these and other issues in future fact sheets which will cover such topics as income and pensioner poverty; health and caring; the particular needs of those between the age of 50 and retirement age, housing and social inclusion. The final fact sheet will look at data for the Republic of Ireland. In this publication we set the scene, with a review of data on persons of pensionable age (60 years or over for women, and 65 years or over for men) in Northern Ireland, touching on many of themes to be addressed in more detail in later fact sheets.

## How many older people are there in Northern Ireland?

Table 1 sets out the number of persons of pensionable age (60 for women/65 for men) in Northern Ireland by age and gender. It can be seen that these account for 15.89% of the total population, with women heavily outnumbering men. This is a longstanding differential, although in the broader UK context it appears to be narrowing. Nevertheless, the imbalance demonstrates the need for pensions policies to take full account of the particular life patterns of women who account for the majority of pensioners.

**Table 1: Estimated population of pensionable age**

	Male		Female		Total	
	n	%	n	%	n	%
60-64 years	-	-	40,445	4.65	40,445	2.38
65-69 years	31,734	3.81	35,735	4.11	67,469	3.96
70-74 years	25,743	3.09	32,675	3.76	58,418	3.43
75-79 years	19,297	2.32	28,224	3.24	47,521	2.79
80-84 years	12,108	1.45	21,071	2.42	33,179	1.95
85+ years	6,525	0.78	17,035	1.96	23,560	1.38
All pensioners	95,407	11.46	175,185	20.14	270,592	15.89
Total population	832,822	100.00	869,806	100.00	1,702,628	100.00

Source: NISRA, Mid-Year Population Estimates, 2003

## Comparisons with the UK and the Republic of Ireland

Table 2 indicates that within the UK context, Northern Ireland has a relatively youthful population, as well as having a lower proportion of people aged 65 years or over than any other region apart from London.

**Table 2: Proportion of older people by region**

	% of total population		
	60/65-74	75 and over	Total
South West	12.1	9.3	21.4
North East	11.8	7.6	19.4
East	11.2	7.9	19.1
South East	10.8	8.1	18.9
Yorkshire and Humber	11.1	7.6	18.7
North West	11.2	7.4	18.6
West Midlands	11.1	7.5	18.6
East Midlands	11.0	7.6	18.6
<b>Northern Ireland</b>	<b>9.6</b>	<b>6.1</b>	<b>15.7</b>
London	8.3	5.7	14.0
UK	10.9	7.5	18.4
Wales	11.8	8.4	20.2
Scotland	11.6	7.2	18.8
England	10.8	7.6	18.4
<b>Northern Ireland</b>	<b>9.6</b>	<b>6.1</b>	<b>15.7</b>

Source: ONS, Population Trends 116, summer 2004, based on mid-2002 population estimates

Table 3 indicates that the Republic of Ireland has a lower proportion of older people than Northern Ireland or the UK as a whole, with only 13% of its population being of pensionable age.

**Table 3: Estimated population of pensionable age, Republic of Ireland**

	Male		Female		Total	
	n	%	n	%	n	%
60-64 years	-	-	79,800	3.99	79,800	2.01
65-69 years	66,100	3.34	69,200	3.46	135,300	3.40
70-74 years	53,100	2.69	60,500	3.02	113,600	2.86
75-79 years	37,400	1.89	52,300	2.61	89,700	2.25
80-84 years	23,300	1.18	38,300	1.91	61,600	1.55
85+ years	13,000	0.66	29,800	1.49	42,800	1.08
All pensioners	192,900	9.76	329,900	16.48	522,800	13.14
Total population	1,977,200		2,001,700		3,978,900	

Source: Central Statistics Office, Population Estimates, 2003  
(<http://www.eirestat.cso.ie/diska/PEAA.csv>)

## How long can we expect to live?

In the debate on ageing an impression is sometimes given that dramatic changes have been occurring. In fact changes occur over fairly lengthy periods, thus allowing time for planning and adjustment. Table 4 sets out the improvement in life expectancy that has occurred in Northern Ireland over the past 50 years. As we indicate above these are clear achievements but at a steady rate. Thus for women aged 65 each decade has resulted in one extra year in life expectancy.

**Table 4: Life expectancy by gender and selected years**

	Expectation of life at ...			
	Birth		Age 65 years	
	Males	Females	Males	Females
1950-52	65.5	68.8	12.1	13.5
1970-72	67.6	73.7	12.0	15.2
1990-92	72.6	78.5	14.0	18.0
1999-2001	74.8	79.8	15.3	18.5

Source: NISRA, Annual Abstract of Statistics, 2003

## How many older people will there be in years to come?

Turning to the future, Table 5 shows the proportion of people aged 65 years or over is projected to rise from 13.3% to 24.8%. However, this increase is over a forty-year period, at the end of which three quarters of the population will still be under 65 years. The sharpest increase will be in the number of people aged 85 years or over, but, as the table indicates, the projection is that there will be 64,000 people in this age group within a total population of 1.7million..

**Table 5: Projected population (000s)**

	2001	2021	2041
65-74 years	124	173	206
75-84 years	78	104	159
85+ years	23	37	64
Total older population	225	314	429
Total population	1,689	1,769	1,723
Older persons as a % of total population	13.3	17.75	24.8

Source: NISRA, Annual Abstract of Statistics, 2003

Table 6 indicates that, whilst the birth rate in Northern Ireland has declined over the past half century, births still outnumber deaths - in contrast to the position in Wales and Scotland shown in Table 7.

**Table 6: Births/deaths per 1000 population**

	Births	Deaths
1946-50	22.0	11.9
1966-1970	21.9	10.6
1986	17.8	10.2
2002	12.6	8.6

Source: NISRA, Annual Abstract of Statistics, 2003

**Table 7: Components of population change**

	000s		
	Births	Deaths	Natural change
England	560.5	497.0	63.5
<b>Northern Ireland</b>	<b>21.5</b>	<b>14.2</b>	<b>7.2</b>
Wales	30.1	32.8	-2.7
Scotland	51.2	57.3	-6.1

Source: ONS, Regional Trends, 2004

### How many older people have partners to help and support them?

Table 8 indicates the consequences of women's greater longevity outlined in Table 4. Whilst the majority of male pensioners are married, only two fifths of women have partners. As a result - as Table 9 shows - older women are much more likely than older men to live alone.

**Table 8: Marital status by gender and age**

	%					
	Males			Females		
	65-74	75+	All pensioners	60-74	75+	All pensioners
Married/remarried	71.9	56.5	65.8	56.4	20.8	43.0
Widowed	10.5	28.0	17.4	27.5	63.0	40.9
Single	12.4	13.4	12.8	10.1	14.8	11.9
Divorced/separated	5.3	2.2	4.1	6.0	1.5	4.3

Source: NISRA, Census of Population, 2001



**Table 9: Household composition by age and gender**

	%				
	Married/cohabiting couple family	Lives alone	Other*	Communal establishment	Total
<b>Males</b>					
65-74 years	71.5	18.2	8.6	1.6	100
75-84 years	57.4	25.9	11.7	5.0	100
85+ years	34.9	33.3	15.7	16.0	100
<b>Females</b>					
60-74 years	56.1	28.2	14.4	1.3	100
75-84 years	23.0	48.9	20.5	7.5	100
85+ years	5.5	45.0	22.3	27.2	100
All pensioners	49.7	30.8	14.5	4.9	100

\* Other: one parent family, not in family but others in household

Source: NISRA, Census of Population, 2001 (commissioned table)

Table 10 indicates that approximately one third of older people live in rural areas. Tables 11 and 12 indicate that persons aged 75 and over are slightly more likely to live in rural areas and to live alone. This clearly has implications for the delivery of health and social care services.

**Table 10: Age of head of household by dwelling location**

	%	
	Urban	Rural
18-24 years	80	20
25-39 years	71	29
40-59 years	66	34
60-74 years	68	32
75+ years	66	34
All ages	68	32

Definition of urban: Belfast urban area, district town, other town

Definition of rural: small rural settlement, isolated rural

Source: Northern Ireland Housing Executive, 2001 House Condition Survey

**Table 11: Location by age**

	%	
	60/65-74 years	75+ years
Urban	67.5	64.5
Rural	32.5	35.5

Source: Northern Ireland Housing Executive, 2001 House Condition Survey (commissioned table)

**Table 12: Living alone by location by age**

	%	
	60/65-74 years	75+ years
Urban	73.4	68.0
Rural	26.6	32.0

Source: Northern Ireland Housing Executive, 2001 House Condition Survey (commissioned table)

## How healthy are older people in Northern Ireland?

Table 13 shows that – as would be expected - nearly half of those aged 65 years or over in Northern Ireland live in the Eastern Health and Social Services area. The Western Health and Social Services Board has the fewest older people. Table 14 shows that the majority of older people report their health as being “good” or “fairly good”. Thus, while there is clearly a significant degree of ill health and disability amongst older people in Northern Ireland, this is less than might be expected from the alarmist perspectives discussed in the introduction.

**Table 13: Older people within Health and Social Services Board areas**

	60/65-74 years	75-84 years	85+ years	Total
Eastern	68,354	35,281	10,848	114,483
Northern	43,881	20,518	5,857	70,256
Southern	29,612	13,639	3,769	47,020
Western	24,485	11,262	3,086	38,833
Northern Ireland	166,332	80,700	23,560	270,592

Source: NISRA, Mid-year population estimates, 2003

**Table 14: Reported health status by age and gender**

	%	
	60/65-74 years	75+ years
<b>Males</b>		
Good	28.7	24.0
Fairly good	41.5	42.2
Not good	29.8	33.8
<b>Females</b>		
Good	33.3	22.3
Fairly good	36.2	42.8
Not good	30.5	34.9

Source: Continuous Household Survey, 2002/03

Table 15 indicates that reporting of a longstanding illness rises with age, with the majority of older persons falling into this category. Despite this, the table also shows that somewhat lower proportions of people say that their illness actually limits their activities.

**Table 15: Longstanding illness by age and gender**

	%			
	Longstanding illness		Longstanding illness which limits activities	
	Males	Females	Males	Females
16-44 years	19	21	13	14
45-64 years	42	42	31	32
65-74 years	67	60	49	45
75+ years	69	75	54	61
All ages	34	36	24	26

Source: NISRA, Northern Ireland Annual Abstract of Statistics, 2003 (Continuous Household Survey, 2001/02)

Table 16 is of interest as it indicates that whilst older males are more likely to consult their GPs than younger men, consultation rates amongst women - which are generally higher - remain steady.

**Table 16: Consultations with GP in the 14 days before interview by age and gender**

	%	
	Males	Females
16-44 years	8	17
45-64 years	14	22
65-74 years	23	23
75+ years	24	21
All ages	13	20

Source: NISRA, Northern Ireland Annual Abstract of Statistics, 2003 (Continuous Household Survey, 2001/02)

Table 17 does, however, suggest that older people in Northern Ireland are in poorer health than older people in England and Scotland.

**Table 17: Proportion of over 65s reporting 'good' state of health**

	%	
	Males	Females
England	38	37
Scotland	36	39
<b>Northern Ireland</b>	<b>31</b>	<b>26</b>
Wales	32	25

Source: ONS, Regional Trends, 2004

## How many older people are in nursing homes or homes for the elderly?

In recent years there has been much discussion of charges for nursing homes and residential accommodation. Benefits advisers are constantly asked if there is any way in which people can protect their assets from such charges. Table 18 helps to put these debates in context by indicating the relatively small number of older persons in nursing/residential care homes. The table also demonstrates the extent to which the state has withdrawn from direct provision in this area.

**Table 18: Persons in communal establishments by type of facility**

	Number
<b>Medical and care establishments</b>	
<b>Non 'NHS/HSSB' managed</b>	
Nursing home	6,155
Residential care home	2,170
Other	289
<b>'NHS/HSSB' managed</b>	
Psychiatric hospital/home	435
General or other hospital	124
Residential care home	1,240
Other	102
<b>Other establishments</b>	771
<b>Total</b>	<b>11,286</b>

Source: NISRA, Census of Population, 2001

## How many older people are carers?

A popular stereotype of informal care is that it is about the young and fit helping those who are older and less able. On this basis Tables 19 and 20 are of considerable interest. They show that, for example, 17% of women aged 60 to 74 are caring for someone in the same household and 6% of older women are caring for someone in another household.

**Table 19: Caring for someone in same household**

	%		
	60/65-74 years	75+ years	All pensioners
Females	17.0	11.8	15.8
Males	9.1	15.2	11.1

Source: Northern Ireland Household Panel Survey, Wave 2, 2002

**Table 20: Caring for someone in another household**

	%		
	60/65-74 years	75+ years	All pensioners
Females	8.4	1.5	6.1
Males	4.6	4.1	4.4

Source: Northern Ireland Household Panel Survey, Wave 2, 2002

### **What are the housing circumstances of older people in Northern Ireland?**

A difficulty for many older people these days is that they are asset rich and income poor. As a result of rising house prices they may have substantial assets in the form of the property they occupy but may struggle to make ends meet because of the lowness of the benefits and pensions they receive. Table 21 shows that nearly two thirds of pensioners in Northern Ireland own their homes and, as would be expected, this is a far higher figure than that for younger people. Recent data suggest that, on average, pensioner households occupy property worth £115,000 (Northern Ireland Household Panel Survey, Wave 2 (2002)). With regard to renting accommodation, over one fifth of pensioners live in Housing Executive or housing association accommodation, with younger people being more likely to live in private sector rented accommodation.

**Table 21: Household tenure**

	%		
	Non-pensioner	Pensioner	Total
Own outright	22.7	63.1	30.8
Buying it with the help of a mortgage	55.8	8.9	46.5
Pay part rent and part mortgage	0.3	0.2	0.3
Rented from Housing Executive	11.9	17.0	12.9
Rented from a housing association	1.8	4.9	2.4
Rented privately	6.7	3.1	5.9
Live rent free	0.7	2.8	1.1

Source: Continuous Household Survey, 2002-3

Table 22 indicates that a significant minority of pensioners are not satisfied with their accommodation. A number of issues are of concern – street noise, condensation and damp, for example. However, the most frequently cited problem did not actually relate to the accommodation itself: 18% of male pensioners in Northern Ireland and 21% of female pensioners are unhappy with where they live because of vandalism and crime!

**Table 22: Pensioners indicating house problems**

	%		
	60/65 to 74 years	75+ years	All pensioners
No problems	59.7	57.2	58.8
1 problem	22.9	25.0	23.7
2 or more problems	17.4	17.8	17.5

Source: Northern Ireland Household Panel Survey, Wave 2, 2002

### Are older people in Northern Ireland working on past retirement age?

A central theme that has emerged recently in pensions policy in the UK is that of encouraging older people to work up to and past the state retirement age. Table 23 shows that whilst some pensioners remain in employment, they are very much in a minority and - amongst those who have retired - Table 24 indicates there is little enthusiasm for returning to paid employment. This is in line with other recent research (Evason and Dowds, 2004) which suggests strong reservations amongst older - and younger - people about this core element in government's approach to pensions.

**Table 23: Current economic activity (pensioners only)**

	%		
	Male	Female	All pensioners
Employed	9.2	7.9	8.4
Retired	89.2	73.1	79.5
Long-term sick	1.6	2.9	2.4
*Other	-	16.1	9.7

\* Other includes family care etc.

Source: Northern Ireland Household Panel Survey, Wave 2, 2002

**Table 24: Would like full or part-time job**

	% who would like a full or part time job		
	60-64 years	65-74 years	All pensioners 60-74
Yes	7.4	7.1	7.3
No	92.6	92.9	92.7

Source: Continuous Household Survey, 2002/03

## How much do Northern Ireland's pensioners have to live on?

There is substantial income inequality amongst older people in Northern Ireland just as there is amongst younger age groups. Nevertheless, as Table 25 shows, when it comes to income, age matters.

**Table 25: Average gross weekly income by composition of household**

	£
Pensioner household with one or two adults	142
Non pensioner adult households	436
Households with children	512
All households	429

\*Note: A pensioner household is one where at least three quarters of total income is derived from national insurance and similar pensions including benefits paid instead of - or to supplement - such pensions.

Source: NISRA, Northern Ireland Expenditure and Food Survey, 2001/02

As we indicate in our introduction, in Northern Ireland, as in the UK generally, older women are particularly at risk of poverty. This is for a number of reasons. Women live longer and as time goes on a pension from work which is uprated only in line with prices will be less and less adequate. When husbands die, their wives inherit only half of their occupational pensions. Most critically, however, there is the impact of women's caring responsibilities on their chances of securing an adequate income in retirement. Caring means less time in full-time employment building up entitlement. Caring can also mean taking poorly paid employment which is much less likely to offer access to a good occupational pension scheme.

The costs to women of caring are graphically demonstrated in Table 26. More than half of all male pensioners have pensions from work compared with just over one fifth of women.

**Table 26: Income from occupational/personal pension/annuity**

	% with income from occupational/personal pension/annuity					
	Males			Females		
	65-74 years	75+ years	All pensioners	60-74 years	75+ years	All pensioners
Occupational pensions	58.9	54.6	57.3	23.4	20.6	22.4
Personal pensions/annuity	11.2	2.0	7.6	5.2	0.8	3.7

Source: Northern Ireland Household Panel Survey, Wave 2, 2002

One consequence of the lower incomes of pensioners generally, and female pensioners in particular, is a heavy reliance on means-tested benefits. In 2003, 34% of those claiming Income Support were retirement pensioners, with the average payment being £47 per week (NISRA, Northern Ireland Abstract of Statistics, 2003). It is also important to note that data from the 1999/2000 Northern Ireland Life and Times Survey suggested that as many as 13% of pensioner households could be entitled to - but not claiming - this benefit (Evason, Dowds and Devine, 2002).

### How do older people get about?

Table 27 indicates that, as would be expected, older people make fewer journeys than younger people. Older women make the fewest journeys, rely more than others on getting about as passengers in private cars but are also more likely than others to walk.

**Table 27: Journeys made per person per year by mode of travel**

	Male				Female				All adults
	16-29	30-59	60+	All males	16-29	30-59	60+	All females	
Walk	19	13	20	16	22	16	26	19	18
Car driver	40	67	62	61	35	58	27	47	42
Car passenger	20	7	8	10	27	19	37	24	27
Other private	6	7	3	6	-	1	1	1	3
Bus/Train	10	2	3	3	9	2	7	5	6
Other	7	4	4	4	9	4	2	4	4
All journeys	902	1094	913	1010	988	1144	716	997	1003
Distance travelled (miles per year)	7255	8824	4911	7549	6217	6429	3079	5613	5887

Source: NISRA, DRD Travel Survey, 2000-2002

### How safe are older people in Northern Ireland?

Recent research (Evason and Dowds, 2004) has indicated that there is considerable concern amongst the general population in Northern Ireland about crime against older people. The level of anxiety is evident from Table 28 which indicates that across all age groups a majority of interviewees identified crime as one of the main problems facing older people.



**Table 28: What do you think are the main problems facing older people in NI today?**

	% identifying each problem					
	18-24	25-44	45-49	50-59	60-64	65+
Making ends meet	46	70	57	71	64	56
Fear of crime	82	90	91	91	84	86
Loneliness	52	68	70	74	69	64
Transport	28	31	24	33	25	24
Lack of respect	34	44	34	40	31	32
Keeping warm in winter	43	51	48	58	51	38
Getting employment	25	31	20	30	22	17
Access to healthcare	48	51	49	51	48	42

Source: Northern Ireland Life and Times Survey, 2003

Additionally, qualitative research with focus groups of older people (Evason and Whittington, 2003) suggested considerable concern. Many were generally anxious:

*“This is a very worrying time. You are nearly concerned to take your purse out in the middle of the street.”*

Some had direct and alarming experiences:

*“I was going past this group of boys and one of them had a Coca Cola bottle. He went to whack me on the head and I only just got out of the way.”*

*“Somebody tried to kick the door in. It happened to me four times. They know you are a pensioner. You live in a pensioner’s house.”*

## How involved are older people in Northern Ireland?

Table 29 shows that a large minority of older people say they are very or fairly interested in politics. Additionally, Table 30 indicates that older people are more likely to vote than younger persons. Moreover, those aged 60/65-74 years are as likely to be involved with organisations such as church groups, community associations and trades unions as those below pensionable age.

**Table 29: Level of interest in politics**

	%					
	Males			Females		
	65-74 years	75+ years	All male pensioners	60-74 years	75+ years	All female pensioners
Very interested	8.3	13.3	10.7	5.1	4.1	4.7
Fairly interested	33.3	29.5	31.6	30.6	32.5	31.3
Not very interested	44.2	46.7	45.3	38.3	39.0	38.6
Not at all interested	14.2	10.5	12.4	26.0	24.4	25.4

Source: Northern Ireland Household Panel Survey, Wave 2, 2002

**Table 30: Involvement in the broader world**

	% who ...	
	Voted in June 2001 General Election*	Are members of an organisation**
Not pensioner	64.0	49.3
60/65-74	82.4	49.3
75+	85.5	44.8

Source: \* Northern Ireland Household Panel Survey, Wave 2, 2002

\*\* Northern Ireland Household Panel Survey, Wave 1, 2001

Table 31, however, shows fairly limited engagement amongst older people with the Internet. This raises important issues. For example, in the search for more cost effective and efficient ways of delivering benefits and services, policy makers are placing growing reliance on information technology with, for example, online claims. The data here indicate that caution must be exercised in the deployment of such strategies when it comes to older people.

**Table 31: Access to the Internet**

	%	
	16-59/64 years	65+ years
Has access to Internet	61	13
Through home computer	65	83
Through work computer	27	7
Through library computer	2	0
Through digital TV/mobile phone	2	2
Another way	4	9

Source: Continuous Household Survey, 2003-04 (Commissioned table)

## Conclusion

This is the first of a series of fact sheets on older people in Northern Ireland. We will be following up a number of the issues touched on in further publications over the coming year. In this fact sheet we have set out the broad picture and also, we hope, challenged some of the stereotypes and assumptions that are a feature of much of the discussion surrounding older people and the fact that we are an ageing society.

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# **Older People in Northern Ireland: Report 2: Financial circumstances**

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This is the second of a series of reports and fact sheets to be published in 2004/5 on the needs and circumstances of older people in Northern Ireland. The research has been funded by Atlantic Philanthropies.

The first report in this series 'Older people in Northern Ireland: Setting the scene' is available at [www.governance.qub.ac.uk/olderpeople.html](http://www.governance.qub.ac.uk/olderpeople.html)

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## **Introduction**

This is the second of a series of publications on the needs and circumstances of older persons in Northern Ireland. In our first fact sheet we set the scene presenting a wide range of facts and information on the lives of older persons in this part of the United Kingdom (UK). In this publication our focus is on levels and sources of income amongst persons of pensionable age and the prevalence of low incomes and poverty amongst pensioners in Northern Ireland.

As we noted in our first publication, the aim of the project as a whole is not to undertake original research but to bring together information which is scattered across a number of sources and present it in a comprehensible and accessible manner.

At first glance this is a relatively easy task but in looking at the data on pensioner income and poverty in Northern Ireland we have encountered a number of difficulties. First, many data sources rely on household income – where the income of pensioners is aggregated with that of others in the household - and gross income. Thus much of the data does not give us a clear view of what pensioners actually have, in their own right, to meet their needs. Secondly, and more importantly, we have become concerned that the methodologies conventionally used to determine whether persons can be said to be living on a low income or in poverty present an overly positive view of the financial circumstances – and by implication living standards – of persons with disability who are likely to be older persons. At root, the problem is the treatment of benefits intended to cover the extra costs of disability as being available to meet normal weekly household expenditure. We set out our concerns in more detail in Technical Note 1 at the end of this fact sheet and note that similar concerns are beginning to surface amongst those in the voluntary sector representing persons with disability. There is clearly an issue here that needs to be addressed by the research community in the UK as a whole.

## **The incomes of pensioners in Northern Ireland**

Tables 1 and 2 give an overview of the incomes of pensioners in Northern Ireland. Whilst the caveats noted above apply, the tables indicate the sharp variation with regard to income between pensioner and non-pensioner households and the degree of income inequality that exists amongst those of pensionable age. Single female pensioners have the lowest incomes.



**Table 1: Gross weekly household income by household composition and age of household reference person**

	Mean
	£
<b>Household composition</b>	
Pensioner households with one or two adults.	148
Non-pensioner adult households	422
Households with children	577
<b>Age of household reference person</b>	
Under 30	406
30-49	574
50-64	455
65 and over	254

Source: Expenditure and Food Survey 2002/03

**Table 2: Annual gross income of pensioners in Northern Ireland (Benefit units)**

Pensioners living in households without others	£
Pensioner Couples	16,007
Single male pensioners	11,124
Single female pensioners	9,498
All	11,466

Source: Northern Ireland Household Panel Survey 2002 (N=480)

Table 3 indicates that both pensioner couples and single pensioners in Northern Ireland have incomes below the figures for the UK as a whole.

**Table 3: Gross weekly income of pensioner units UK and NI**

	UK	NI
	£	£
All pensioner units	276	242
Pensioner couples	387	347
Single pensioners	203	175

Source: National Statistics - The Pensioners' Income Series 2002/3

## Sources of income of pensioners in Northern Ireland

Table 4 details the income sources of pensioners in Northern Ireland. It can be seen that the vast majority are in receipt of the state retirement pension. As was noted in our first fact sheet, receipt of occupational pensions varies, with single females being least likely to have such provision in their own right. A minority of single females are in receipt of an occupational pension on the basis of inheritance of their husbands' entitlement. The compensatory element here should not, however, be overestimated as widows typically

receive only half of the spouse’s occupational pension. We noted in our first publication the impact that caring responsibilities have on women’s capacity to build up entitlement with regard to state and occupational provision. One outcome of this is evident in the last line of the table – the heavier reliance amongst single female pensioners on means-tested Income Support.

A further element that stands out from the table is the extent to which pensioners in Northern Ireland are reliant on Attendance Allowance (AA) and Disability Living Allowance (DLA). In all, 38% of pensioner benefit units are in receipt of one or other of these benefits. This is not entirely surprising. Data in the early 1990s indicated that Northern Ireland had the highest rate of adult disability of any UK region. Account must also be taken of the silting up effect that occurs with regard to benefits for persons with long term disabilities whose conditions are very unlikely to improve. As the extent of receipt of DLA – which must be claimed before the age of 66 – demonstrates, a significant number of persons in Northern Ireland are already in receipt of a benefit denoting disability when they reach retirement age.

These and other issues will be considered in more detail in our next publication on health and caring. For our purposes here two issues are of concern: the extent to which so many pensioners in Northern Ireland rely on these benefits in making ends meet and the particular pertinence in this part of the UK of the reservations expressed in our introduction concerning the assessment of the extent of poverty amongst older persons with disability.

**Table 4: Sources of income of pensioners in Northern Ireland - pensions and benefits**

	%		
	Couples	Sole males	Sole females
State retirement pension	98	95	88
Occupational pension	58	41	21
Occupational pension of spouse	-	-	15
Attendance Allowance	15	28	28
DLA care component	13	4	9
DLA mobility	11	1	7
DLA component not known	7	2	4
Annuity	12	1	4
Income support	6	23	36

Note: Excludes benefits received by under 5% of respondents

Source: Northern Ireland Household Panel Survey (2002)

Table 5 indicates that pensions and benefits account for the larger part of pensioners’ incomes in Northern Ireland.

**Table 5: Sources of income as a % of total pensioner income**

	% of income from:		
	Earnings	Savings/dividends	Other – pensions, etc
Couples	12	6	82
Single males	8	2	90
Single females	7	2	91
All	10	4	86

Source: Northern Ireland Household Panel Survey (2002)

### Assets of pensioner households in Northern Ireland

It is often assumed that, whilst older people may have relatively low incomes, they have significant assets to fall back on. Table 6 indicates that, whilst a minority of pensioner households own property worth £150,000 or more, the homes occupied in the majority of cases is of a more modest value. The value of the home is, of course, of limited immediate assistance where there is a sudden call on income. Here what matters is savings. Whilst account must be taken here of a degree of underreporting, Table 7 suggests that many pensioners in Northern Ireland have little to fall back on in the event of a bill that is larger than expected, or a substantial household expense.

**Table 6: Value of property occupied by pensioners**

Value	%
Under £100,000	67
£100,000-£125,000	10
£125,000- £150,000	8
£150,000 plus	15
All	100

Source: Northern Ireland Household Panel Survey (2002) (N=350)

**Table 7: Pensioner benefit unit by amount of savings**

	%	
	Pensioner couples	Single females
No savings	27	48
Less than £1,500	15	15
£1,500-£2,999	11	11
£3,000-£7,999	18	15
£8,000-£19,999	11	4
£20,000 or more	19	6

Note: single males are excluded, as numbers are too small

Source: NISRA - Family Resources Survey 2002/03

## The prevalence of poverty and low incomes amongst pensioners in Northern Ireland

There are a variety of ways in which the extent of low incomes and poverty may be measured. One indicator is receipt of means-tested support. This is a useful measure from our perspective as the assessment of entitlement is based on net income, claimants are required to make full and clear disclosure of income and benefits to cover the extra costs of disability are disregarded. On this basis Table 8 is of interest and indicates the extent to which pensioners - particularly single female pensioners - in Northern Ireland are assessed as having incomes insufficient to cover their rent and/or rates.

**Table 8: Receipt of housing benefit by household type**

	%	
	Yes	No
Single female pensioner	70.4	29.6
Single male pensioner	57.4	42.6
Pensioner couples	38.5	61.5
Total	56.7	43.3

Source: NISRA, Continuous Household Survey 2002/03

A second approach to identifying those who are most hard pressed financially in Northern Ireland which has developed in recent years is the risk of being in the bottom 30% of income distribution. Whilst the concerns outlined in our introduction need to be taken into account here, Table 9 is of considerable interest and indicates that, after lone parents, those most at risk of being on a low income in Northern Ireland are single pensioners who are predominantly female. Taken as a whole these data suggest that, as a minimum, well over one third of single pensioners and over one quarter of pensioner couples in Northern Ireland can be said to be hard pressed financially.

**Table 9. Family type and age of those in bottom 30% of income distribution\* - 1999**

	Risk ratio**
	%
Family type	
Single with children	77
Single pensioners	37
Pensioner couples	28
Single without children	34
Couples with children	24
Couples without children	12

\* Based on gross income.

\*\* Risk Ratio = Number in group below the 30% threshold as a percentage of the total number in the group.

Note: Data relates to benefit unit as opposed to household

Note: Technical Note 1 applies

Source: OFMDFM - New TSN Research: Poverty in Northern Ireland (2002).

More recent data are contained in the Households Below Average Income Report for Northern Ireland (DSDNI, 2004), which draws on the FRS for 2002/03. The data must be treated with caution but Table 10 indicates the skewing of pensioner incomes towards the two lower income quintiles - the bottom 40% - with pensioners being the next group at risk of low income after lone parents.

**Table 10: Quintile distribution of net income after housing costs for individuals by family type**

	Net equivalised disposable household income		
	% of individuals		
	Bottom and second quintile	Third quintile	Fourth and top quintile
Single with children	69	21	11
Pensioner Couples	44	25	30
Single pensioners	41	27	22
Couple with children	39	24	37
Couples no children	27	16	57
Single no children	37	23	40

Note: Equivalised income - includes DLA/AA (see Technical Note 1)

Source: DSD - Households Below Average Income, Northern Ireland, 2002/03.

Table 11 draws on the same source and demonstrates clearly the way in which the risk of being on a lower income increases with age.

**Table 11: Quintile distribution of net income after housing costs for pensioners**

Pensioner groups	% of pensioners		
	Net equivalised disposable household income		
	Bottom and second quintile	Third quintile	Fourth and top quintile
All pensioner couples	43	26	31
Household Head over 75 years	51	24	25
All single males	42	23	35
All single males over 75	44	31	26
All single females	41	28	31
All single females over 75	49	24	28

Note: Equivalised income - includes DLA/AA - Technical note 1 applies.

Source: DSD - Households Below Average Income, Northern Ireland, 2002/03.

Table 12 is of interest for two reasons. Firstly, there is the very clear divide between those with and without occupational or personal pensions. Secondly, it can be noted that very few of those with AA or DLA fall into the bottom quintile. It would appear that the concerns we have about this methodology might have resulted in an uplifting of incomes, which is not a totally accurate representation of circumstances.

**Table 12: Quintile distribution of income for pensioners after housing costs by various income sources**

Pensioner groups	% of pensioners				
	Net equivalised disposable household income				
	Bottom quintile	Second quintile	Third quintile	Fourth quintile	Top quintile
All couples	15	28	26	19	12
Couple no OP/PP	23	51	17	7	1
Couple one OP/PP	14	18	33	21	14
Couple both with OP/PP	4	4	28	36	29
All single	15	26	27	23	9
Single no OP/PP	21	32	28	14	5
Single with OP/PP	7	16	24	37	16
DLA	3	35	33	20	8
AA	5	34	30	26	5

Source: DSD - Households Below Average Income, Northern Ireland, 2002/03.

As we indicate in Technical Note 1, a method of measuring the extent of low incomes, which is now widely used, is the calculation of the proportion of households falling below the threshold of 60% of equivalised household income. Table 13 provides data in relation to this methodology. It can be noted that the data for couples seems consistent with that presented above but somewhat confusingly, a rather more positive picture of single pensioners emerges.

**Table 13: Risk of pensioners being below various thresholds**

	Median net equivalised household income	
	Below 50%	Below 60%
Pensioner couples	9	19
Single male pensioners	8	16
Single female pensioners	8	17

Source: DSD - Family Resources Survey 2002/03

### **Measuring pensioner poverty: alternative approaches**

Given the difficulties noted throughout this paper, it is of relevance that in recent years a rather different approach has been favoured by some researchers focusing on older people in Northern Ireland. A similar strategy has been adopted by organisations - most obviously Age Concern in England - who represent older persons. In essence, this revolves around the amounts calculated as being required to provide different standards of living for pensioners using net income after housing costs and disregarding benefits to assist with the extra costs of disability.

The first attempt to deploy this methodology in Northern Ireland produced startling results. As Table 14 shows, in 1999/2000, research indicated that the majority of single female pensioners in Northern Ireland had incomes - as defined above - less than that estimated as being required to provide a minimal, low cost standard of living (Parker, 2000). In addition, just over half of male single pensioners and two fifths of pensioner couples could be said to be hard pressed.

**Table 14: Pensioners with incomes insufficient for low cost standard of living**

	Pensioner couples	Single males	Single females
Below threshold	40	53	59
Above threshold	41	36	29
Don't know/missing	19	11	12
Total	100	100	100

Threshold –Married couple £135, single pensioner £90 net weekly income after housing costs and excluding AA and DLA

Source: Northern Ireland Life and Times (1999/2000)

Following on from this, we have sought to provide a more up-to-date picture by constructing two further poverty lines and applying these to data from the Northern Ireland Household Panel Survey for 2002. The first threshold is based on the weekly amounts within Pension Credit – known as the Guarantee Credit – below which it is intended by government that no pensioner should fall. By virtue of the availability of a variety of other benefits for pensioners such as the winter fuel allowance and free prescriptions, the actual standard of living government intends pensioners to enjoy can be said to be slightly higher than the Guarantee Credit. To capture this, therefore, we have constructed a poverty line consisting of the Guarantee Credit plus 20%. Secondly, to provide some insight into actual living standards amongst pensioners we have constructed a measure which is derived from the work of the Family Budget Unit. This threshold consists of the amounts which can be said to be needed by pensioners to secure a modest but adequate standard of living. For both thresholds, income means net income after housing costs and disregarding benefits intended to cover the extra costs of disability.

The results of this exercise are presented in tables 15 and 16. A note of caution must be entered because of the size of the samples involved. Nevertheless, the data give grounds for concern and clearly warrant further more extensive work. On the basis of these data, poverty amongst pensioners appears to be more prevalent than other methodologies suggest. More than half of single pensioners - the majority (77%) of whom are female - have incomes below the first threshold. Moreover, as Table 16 indicates, half of all pensioner

couples and three quarters of single pensioners have incomes which are insufficient for the provision of a modest but adequate standard of living.

**Table 15: Pensioner households with net weekly incomes after housing costs below the state poverty line plus 20%**

Type	%		Total
	Below poverty line	Above poverty line	
Couples	41.2	58.8	100
Single pensioners	56.7	43.2	100
Total	50.5	49.5	100

Threshold – married couples £179.76, single pensioners £117.78

\*Note - excludes pensioners living with others

Source: Northern Ireland Household Panel Survey (2002) (N=408)

**Table 16: Pensioner households with net weekly incomes after housing costs below that needed for modest but adequate standard of living (ASL)**

Type	%		Total
	Below ASL	Above ASL	
Couples	50.3	49.7	100
Single pensioners	76.5	23.5	100
Total	65.9	34.1	100

Threshold – Married couples £218.12, single pensioners £152.54

\*Note - excludes pensioners living with others

Source: Northern Ireland Household Panel Survey (2002) (N=408)

## Conclusion

In this publication we have tried to set out data on the financial circumstances of pensioners in Northern Ireland. In doing so we have had to negotiate a complex and confusing set of problems. We consider that there are good grounds for concluding that the problem of poverty amongst pensioners in Northern Ireland is an extensive one. We are concerned that the extent of this problem is not adequately captured in the methodologies conventionally used, and recommend urgent review by the research community of the issues we have raised. We have also been hampered in our efforts to overcome these by the small numbers of pensioners in the data relied on. We recommend a large-scale survey be conducted. Preferably this should be a joint effort by the various bodies - most obviously the Office of the First Minister and Deputy First Minister - whose agendas now clearly include the needs and circumstances of older people in Northern Ireland.



## Technical Note 1

The threshold conventionally used as a cut-off point in work relating to low incomes and poverty is 60% of median equivalised household income. Equivalisation is the process whereby actual income is adjusted to reflect the fact that, for example, a married couple without dependent children with a weekly income of £500 net will have a higher standard of living than a married couple with the same net income who have two dependent children. On this side of the equation therefore the presence - and costs - of dependent children are taken into account. On the other side of the equation, in calculating total income, account will be taken of earnings and benefits payable including those such as child benefit for dependent children.

With regard to persons with disability, the effects of this process are somewhat different. No account is taken in the equivalisation process of the extra costs of disability - which are well documented. However, when income is being calculated, benefits intended to cover these extra costs i.e. AA/DLA - are taken into account in full, and treated as being available to meet normal weekly expenses. It should be emphasised that AA and DLA are not income - replacement benefits payable to disabled persons as such. They are payable to those with long term disabilities to cover the extra costs of disability. In consequence, in the assessment of entitlement to means-tested benefits such as pension credit, the practise of government has always been to disregard these benefits and in our reconfiguration of the Northern Ireland Household Panel Survey we have adopted the same convention.

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# **Older People in Northern Ireland: Report 3: Health and social wellbeing**

**Eileen Evason, Katrina Lloyd and Pat McKee**

**February 2005**

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This is the third of a series of reports and fact sheets to be published in 2004/5 on the needs and circumstances of older people in Northern Ireland. The research has been funded by Atlantic Philanthropies.

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## Introduction

In this, our third report on older people in Northern Ireland, we present data on health and social wellbeing and allied issues. As we indicated in previous publications (Evason et al, October 2004; Evason et al, December 2004) our intention is not to undertake new research but to explore what existing datasets can tell us about the lives and circumstances of older people in this part of the United Kingdom (UK). Our analysis of the data for this part of the project leads us to two main conclusions. Firstly, there is clearly a significant degree of disability and need for help amongst older persons in Northern Ireland. Nevertheless, the picture to emerge is more positive than would be expected from the alarmist and negative discourse on ageing which we discussed in detail in our first report. Secondly, in our earlier reports, we referred to the extent of reliance in Northern Ireland on certain disability benefits and the fact that, on a proportionate basis, people in Northern Ireland are more likely to be receiving these benefits than in any other UK region. The data presented below suggest that this may be a consequence of greater success in delivering these benefits to those entitled to them.

## Aspects of the health of older people in Northern Ireland

Table 1 presents a fairly positive picture inasmuch as, with a predictable variation by age, the majority of older persons in Northern Ireland report their health to be “good” or “fairly good”. Notwithstanding this, the majority (64.6%) of older persons report some longstanding illness or disability. The proportion of older people with a longstanding illness which limits activity is somewhat lower, however, at 50.1%.

**Table 1: Reported health status by age**

	%		
	65-74	75 and over	Total
Good	30.6	23.0	27.2
Fairly good	38.1	42.5	40.0
Not good	31.3	34.4	32.7
Total	100.0	100.0	100.0
Has longstanding illness/disability	62.4	67.3	64.6
Has illness/disability which limits activities	46.4	54.6	50.1

Source: Continuous Household Survey, 2002/03

Table 2 provides data on the most common health problems experienced by older people. Significant numbers have disorders such as arthritis, high blood pressure and respiratory problems. Difficulties with hearing and sight are less widespread than might be expected and the most serious forms of illness affect relatively small numbers.

**Table 2: Type of health problem by age**

	%		
	65-74	75 and over	Total
Disability/problem with joints etc including arthritis/rheumatism	44.2	48.9	46.2
Heart/ blood pressure/circulation problems	39.2	49.1	43.4
Chest/breathing problems	16.5	18.9	20.7
Stomach/liver/kidney problems	11.0	16.6	13.4
Hearing problems	15.9	27.2	20.9
Sight problems	5.5	17.1	10.4

Note - excludes conditions reported by under 10% of respondents e.g. diabetes 8.9%, cancer 2.8% and stroke 2.0%

Source: Northern Ireland Household Panel Survey, Wave 2, 2002

People may, of course, have multiple health difficulties but Table 3 underlines the need to avoid simplistic generalisations about the need for health care amongst older people in general. One quarter of those aged under 75 report no health problems at all and, as would be expected, those most likely to report the most health problems are aged 75 and over.

**Table 3: Number of health problems by age**

	%		
	65-74	75 and over	Total
None reported	24.6	14.0	20.1
One/two problems reported	51.1	52.2	51.6
Three/four problems	18.1	24.6	20.8
Five or more problems	6.2	9.2	7.5
Total	100	100	100

Source: Northern Ireland Household Panel Survey, Wave 2, 2002

The significance of age is evident again in Table 4 which indicates that ill health is more likely to be accompanied by impaired functional capacity amongst the over 75's. It also needs to be stressed that the majority of older people in the community can cope with the tasks listed.

**Table 4: Impact of ill health on functional capacity by age**

	%		
	65-74	75 and over	All
Ill health hinders			
- doing housework	21.0	20.6	20.8
- climbing stairs	20.0	27.2	23.0
- getting dressed	9.7	11.4	10.4
- walking more than 10 minutes	19.7	30.3	24.2
Cannot			
- get in/out of bed unaided	2.9	4.8	3.7
- bath/shower unaided	6.8	16.2	10.8

Source: Northern Ireland Household Panel Survey, Wave 2, 2002

### Use of health and social care services

We noted in our first report that, amongst women, General Practitioner (GP) consultation rates for those aged 65 and over are similar to the rates for women aged 45-64. There is, however, a significant increase in the use of this service amongst men aged 65 and over. In effect, their rates come into line with those for women. Within this broader picture, Table 5 indicates fairly limited use of GP services by the under 75's; 48.4% had not seen their GP's at all or only once or twice in the year before the interview took place. The majority (64.6%) of those aged 75 or over had visited their GP's at least three times. As Table 6 shows, this group was also more likely to receive in-patient hospital care.

**Table 5: Use of GP service by age**

	%		
	65-74	75 and over	Total
Number of visits in year before interview:			
None	18.2	7.9	13.8
One or two	30.2	27.5	29.1
Three to five	23.4	27.9	25.3
Six or more	28.2	36.7	31.9
Total	100.0	100.0	100.0

Source: Northern Ireland Household Panel Survey, Wave 2, 2002



**Table 6: Use of hospital services by age**

	%		
	65-74	75 and over	Total
Number of visits to outpatients department in year before interview:			
None	47.7	46.9	47.4
One or two	30.8	28.9	30.0
Three or more	21.4	24.1	22.7
	100	100	100
Hospital inpatient in year before interview	13.9	18.9	16.0

Source: Northern Ireland Household Panel Survey, Wave 2, 2002

Table 7 demonstrates the extent to which community health and social care services are most heavily used by those aged 75 and over.

**Table 7: Use of community health and social care services by age**

Service used in year before interview	%		
	65-74	75 and over	Total
Health visitor/District nurse	6.5	20.2	12.3
Home help <sup>1</sup>	5.2	27.2	14.5
Social worker	3.6	6.6	4.8
Chiropodist <sup>1</sup>	25.9	52.6	37.2
Physiotherapist <sup>2</sup>	10.4	8.3	9.5

Note - excludes services quoted by under 2% of interviewees

<sup>1</sup> 25% private provision

<sup>2</sup> 19% private provision

Source: Northern Ireland Household Panel Survey, Wave 2, 2002

## Caring responsibilities

As we noted in our first report, it is important to remember that older people are givers, as well as receivers, of care. The data suggest that in Northern Ireland, 11.8% of people aged 65 or over - one in every eight - have caring responsibilities. They are assisting persons with ill health/disability in the same household, in another household or, in a small number of cases (9), both. Table 8 shows who is caring for whom in the 73 caring situations identified and demonstrates that informal care is largely about family members caring for other family members. The table also indicates that for nearly one third of these carers, helping others takes more than twenty hours a week.

**Table 8: Direction and volume of informal care**

<b>Cares for:</b>	%
Spouse	47.9
Children/siblings/other relatives	41.1
Friends/neighbours/unspecified	11.0
	100.0
<b>Cares for:</b>	
Under 10 hours per week	42.0
10-19 hours per week	12.3
20 hours a week and over	32.3
Varies	13.3
	100.0

Source: Northern Ireland Household Panel Survey, Wave 2, 2002

### **Mental wellbeing and social inclusion**

Popular discourse on older people is peppered with assumptions about loneliness, isolation and family neglect all of which are likely to impact on mental health. Clearly older people may experience all of these problems but it is important that we look at the full picture.

Table 9 indicates that mental health/subjective wellbeing, as measured by the General Health Questionnaire (GHQ12), is slightly better amongst 65-74 year olds than younger age groups but mental health is poorer amongst the oldest age group. This divergence amongst older people is evident again in Table 10, with those over 75 reporting that age often inhibits their activities. Nevertheless, the majority of those both under and over the age of 75 are positive about many aspects of their lives; for example, they often look forward to every day and look back on their lives with happiness.

**Table 9: Mean scores for subjective wellbeing by age**

	Mean GHQ12 score
Under 65	11.10
65-74	10.55
75 and over	11.41
All respondents	11.07

Source: Northern Ireland Household Panel Survey, Wave 2, 2002

**Table 10: Indicators of subjective wellbeing by age**

	%		
	65-74	75 and over	Total
Age often inhibits activities	21.8	42.4	30.8
Often looks forward to every day	74.6	72.6	73.7
Often looks back on life with sense of happiness	75.6	77.8	76.6
Often feels satisfied with the way things have turned out	51.6	62.0	56.1

Source: Northern Ireland Household Panel Survey, Wave 1, 2001

Table 11 shows that a minority of older people do feel left out of things. At the same time, however, clear majorities feel their families and friends include them in their lives and give them support and encouragement.

**Table 11: Indicators of social inclusion by age**

	%		
	65-74	75 and over	Total
Feel left out of things <sup>1</sup>	5.9	10.0	7.7
Family and friends make me feel an important part of their lives <sup>2</sup>	84.4	85.6	84.9
Family and friends make me feel loved <sup>2</sup>	86.5	85.8	86.2
Family and friends support and encourage me <sup>2</sup>	87.6	87.4	87.5

Sources:

<sup>1</sup>Northern Ireland Household Panel Survey, Wave 1, 2001 - percentage of respondents saying 'often'

<sup>2</sup>Health and Social Wellbeing Survey, 2001 – percentages of respondents saying statement is 'certainly true'. Note - other possible answers were "partly true" or "not true". For all three statements under 3% selected the "not true" answer.

A key element in a sense of wellbeing is security in the knowledge that someone will listen and help in a crisis. Here again, as Table 12 indicates, the data are more positive than might be expected and we are dealing with concerning minorities rather than older people in general.

**Table 12: Indicators of social support**

	%		
	65-74	75 and over	Total
Has someone outside household who can help if depressed <sup>1</sup>	68.5	76.3	72.0
Has at least one person they can count on to listen when need to talk <sup>1</sup>	90.2	92.7	91.6
Has at least one person who can help in a crisis <sup>1</sup>	87.0	92.3	89.3
Feels family and friends can be relied on <sup>2</sup>	88.3	89.0	88.6

Sources:

<sup>1</sup>Northern Ireland Household Panel Survey, Wave 1, 2001 - percentage of respondents saying 'yes'

<sup>2</sup>Health and Social Wellbeing Survey, 2001 - percentage of respondents saying statement is 'certainly true'

Table 13 suggests that a minority of older people are socially isolated but the majority talk to their neighbours, meet people and have contact with friends and relatives on a regular basis. Social isolation is also mitigated by attendance at church services and membership of various organisations.

**Table 13: Social contact and social isolation by age**

	%		
	65-74	75 and over	Total
Talks to neighbours <sup>1</sup> - most days	48.2	46.1	47.2
- 1 to 2 days a week	35.1	38.2	36.6
Meets people <sup>1</sup> - most days	44.9	40.3	42.8
- 1 to 2 days a week	46.5	44.8	45.7
Over previous two weeks <sup>2</sup>			
- visited/been visited by relatives	83.6	81.5	82.7
- spoke to relatives on phone	87.9	84.5	86.5
Regularly speaks to/sees close friend <sup>2</sup>	92.5	90.4	91.6
Attends religious services at least once a week <sup>1</sup>	69.5	56.5	60.6
Member of one of listed organisations <sup>1</sup>	51.3	44.8	48.3

Sources:

<sup>1</sup>Northern Ireland Household Panel Survey, Wave 1, 2001

<sup>2</sup>Health and Social Wellbeing Survey, 2001

## Receipt of key disability benefits

Attendance Allowance (AA) and Disability Living Allowance (DLA) are non means-tested benefits which are intended to cover the extra costs of disability. AA is payable to persons aged 66 or over at the time of the claim and consists of a higher and lower rate depending on the volume of

care/supervision the person with disability requires. DLA is payable to those under 66 at the time of the claim and consists of a care component and a mobility component. The care component is payable at three rates depending on the volume of care supervision required. The mobility component is payable at two rates depending on the level and type of mobility impairment. It can be seen from these brief descriptions that AA and DLA give most help - but are not confined - to the most severely disabled.

Table 14 indicates the extent of receipt of these benefits amongst older people in Northern Ireland, and we noted in the introduction the relatively high rate of receipt of these benefits in Northern Ireland in comparison to other UK regions. One possible explanation for this would be a significant number of duplicitous claims and inadequate mechanisms to deal with these. Such explanations overlook the complexity of the claiming process, the range of information and evidence which may be required by decision makers in the Social Security Agency - decisions on awards do not rest with GP's as is commonly thought - and the mechanisms in place to monitor the quality of decision making. An alternative set of explanations, to which we referred in our second report, takes as its starting point the research in the 1990's (McCoy and Smith, 1992) which indicated that Northern Ireland had the highest rate of adult disability of any UK region. Additionally, account should be taken of the vibrancy of the voluntary benefits advice sector and the particular involvement of media such as radio and television in highlighting the availability of these benefits. Clearly more research is needed, but the data in Tables 15 and 16 do not suggest that AA and DLA are distributed capriciously or in a haphazard manner. There is, therefore, the possibility that other regions with lower levels of claims have simply done less well in getting these benefits - which can substantially improve the lives of those with disability - to those who need them.

**Table 14: Receipt of AA/DLA by age group (numbers) and as % of age groups**

	60/65-74	75 and over	Total
AA <sup>1</sup>	12,818	59,070	71,888
DLA <sup>1</sup>	44,626	3,850	48,476
Total	57,444	62,920	120,364
% of age group <sup>2</sup>	34	60	44

Sources:

<sup>1</sup> Department for Social Development, February 2004 (commissioned table, September 2004)

<sup>2</sup>NISRA, Mid-Year Population Estimates, 2003

Table 15 indicates that receipt of AA/DLA increases in line with the number of health problems reported. If there is error, it is at the margins. Table 16 shows a similar trend, with receipt increasing as the need for care rises and - given the proportion of people requiring a good deal of help who are not getting either benefit - suggests a need for further research to assess the extent of under-claiming of entitlement.

**Table 15: Number of health problems reported by receipt of AA/DLA**

	%				
	None	1	2	3 or more	Total
Not on AA/DLA	93.8	80.8	62.7	37.9	67.5
On AA/DLA	6.2	19.2	37.3	62.0	32.5
Total	100.0	100.0	100.0	100.0	100.0

Note - persons in residential/nursing home accommodation are not included  
 Source: Northern Ireland Household Panel Survey, Wave 2, 2002

**Table 16: Receipt of AA/DLA by reported disability and need for help**

	Not on AA/DLA	On AA/DLA	Total
No disability reported/has disability - no help required	95.0	5.0	100.0
Disability - some help required	65.1	34.9	100.0
Disability - a lot of help required	49.7	50.3	100.0

Note - scoring done on the basis of need for help with 14 functions  
 Source: Northern Ireland Life and Times survey, 1999

## Conclusions

In this our third report on older people in Northern Ireland, we have reviewed data relating to health and wellbeing. Whilst a minority of older people in the community have significant levels of ill health and disability, it is important to note that the majority of older people (67.2%) report their health to be good or fairly good. It is also important to underline the fact that the majority of those with longstanding health problems are, nevertheless, able to undertake basic tasks such as doing the housework. Furthermore, ill health and a need for support are not synonymous with being an older person as such. Disability and the need for care are found more frequently amongst those aged 75 or over, and it is this age group which makes most use of health and community care services.

At the same time, although older people are typically depicted as care-receivers, there is a need to take account of the volume of care older people themselves provide. Around one in eight (11.8%) older people in Northern Ireland are helping and supporting someone else with disability. Our data also underlines the need to avoid negative stereotypes and generalisations about the views and lives of older people. Clearly, statutory and voluntary organisations must seek to ensure that older people are not socially excluded or isolated. It is, however, important to note that our data suggest the great majority of older people have very positive attitudes about their lives and their relationships with family and friends. The majority have someone who will help out in a crisis or listen to them if this is what is needed.

Finally, we have addressed the issue of the relatively heavy reliance on benefits to assist with the extra costs of disability. Further research is needed, but our data suggest a clear association between receipt of these benefits and levels of ill health and the need for help. These benefits can make a very considerable difference to the lives of older people. It may well be that in Northern Ireland we have been more successful in getting help to those for whom these benefits are intended.

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# **Older People in Northern Ireland: Report 4: The Angry Generation**

**Eileen Evason, Katrina Lloyd, Pat McKee and Paula Devine**

May 2005

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This is the fourth of a series of reports and fact sheets to be published in 2004/5 on the needs and circumstances of older people in Northern Ireland. The research has been funded by Atlantic Philanthropies. Previous reports are:

- Report 1: Setting the scene (November 2004)
- Report 2: Financial circumstances (December 2004)
- Report 3: Health and wellbeing (March 2005)

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## Introduction

This is the fourth publication in our series on the needs and circumstances of older people in Northern Ireland. In this report we focus on persons in the 50-64 years age group. There are various reasons for paying special attention to this particular generation of adults. As we demonstrate below, recent research has indicated that persons in this age group stand out in their attitudes on various issues - to such a degree that the authors of the research labelled them “the angry generation” (Evason and Dowds, 2004). Other work has described this group as “the pivot generation” (Mooney and Statham, 2002).

What lies behind these terms is a sense that this is a generation under pressure. It is this generation that has seen the transformation of the worlds of work and welfare - and the growth of insecurity - that has occurred over the last 25 years. People in this age group may feel under strain: caring for their parents; helping their children and grandchildren, and perhaps worrying about the implications for themselves of the general crisis surrounding pensions in the United Kingdom. Whilst we cannot address all of the issues we would like to from the data available, in the following paragraphs we look at the kinds and extent of difficulties persons in this age group may face.

## Attitudes amongst the angry generation

Table 1 indicates that persons between the ages of 50 and 64 years have the least positive attitudes of any age group with regard to the treatment of older people in our society. They are clearly more likely than others to take the view that older people are treated worse and with less respect because of their age and feel strongly that the authorities do not do enough for older people.

**Table 1: Percentages agreeing with statements relating to older people**

	% agreeing					
	18-44 years	45-49 years	50-59 years	60-64 years	65 years and over	All
Statement 1	46.5	48.0	57.4	51.6	41.7	48.2
Statement 2	32.6	34.6	44.1	41.8	37.1	36.4
Statement 3	70.5	71.5	77.1	73.8	65.1	71.1

Statement 1: Older people are treated worse because of their age.

Statement 2: As you get older you are treated with less respect.

Statement 3: The authorities in Northern Ireland do not do enough for older people.

Source: Northern Ireland Life and Times Survey, 2003

## Satisfaction with life

An indication that all is not well with this age group comes from Table 2 which deals with general satisfaction with life. Amongst women, those least satisfied with their lives are those in the 50-54 years age group. With regard to males, one fifth of those in the 55 to 59 years age group are unhappy with their lives.

**Table 2: Persons not satisfied with life overall**

	%		
	Males	Females	All
16-49 years	11.1	9.9	10.5
50-54 years	8.5	13.6	11.0
55-59 years	20.9	10.7	14.6
60-64 years	6.9	2.4	4.5
65 years and over	3.7	6.9	5.3
All	10.1	9.3	9.6

Source: Northern Ireland Household Panel Survey, Wave 2, 2002

## Ill health amongst those aged 50-64

One possible source of strain which may affect many in the 50-64 years age group - and impact on income - is poor health. Table 3 indicates that males aged 60-64 years report poorer health than males over retirement age. Table 4 shows a significant proportion of this age group as a whole reporting a longstanding illness or disability, with nearly one third of these reporting that their illness/disability impacts on their capacity for work.

**Table 3. Persons reporting health “not good” over preceding year**

	%		
	Males	Females	All
16-44 years	7.6	10.9	9.5
45-49 years	12.7	15.5	14.2
50-59 years	21.7	22.1	22.0
60-64 years	38.2	27.0	32.6
65 years and over	31.6	33.5	32.7
All	17.2	18.5	18.0

Source: Continuous Household Survey, 2002/03

**Table 4: Indicators of ill health amongst persons aged 50-64 years**

	%	
	Males	Females
% aged 50-59 years with long standing illness/disability	42.9	45.4
% 60-64 years with long standing illness/disability	57.5	55.6
% aged 50-64 years with health problems which limit type or amount of work	30.6	32.5

Sources: Continuous Household Survey, 2002/03 and Northern Ireland Household Panel Survey, Wave 2, 2002

Table 5 presents evidence on mental health, as measured by the General Health Questionnaire (GHQ12), by age group: the higher the score the poorer the mental health of the individual. It can be noted that the highest scores are recorded for persons in the 50-64 years age group, with women in this group having the poorest mental health of all.

**Table 5: Mean GHQ12 scores**

	%		
	Males	Females	All
16-19 years	9.18	9.92	9.54
20-34 years	9.54	11.21	10.44
35-49 years	11.26	11.85	11.57
50-64 years	11.30	12.42	11.89
65 years and over	9.78	11.89	10.88
All	10.40	11.67	11.07

Source: Northern Ireland Household Panel Survey, Wave 2, 2002

## **Economic activity rates**

A central plank in current pensions policy is to encourage people to work up to - and beyond - the state retirement age which is currently 60 years for women and 65 years for men. Table 6 shows that, in practise, amongst males, economic activity rates decline sharply in the ten years preceding retirement age. There is a sharp rise in those who are unable to work due to ill health amongst the 55-59 years age group and thereafter movement away from this with respondents being more likely to describe themselves as retired.

**Table 6: Employment status - males**

	%			
	50-54 years	55-59 years	60-64 years	All
In employment	80.8	68.0	48.8	69.2
Long term Sick/disabled	12.0	20.6	17.5	16.2
Retired	1.6	4.1	22.5	7.9
Full time home care	0.8	1.0	1.3	1.0
Other	5.6	6.2	9.9	6.7
Total (N=302)	100.0	100.0	100.0	100.0

Other: full time education/ unemployed/on training scheme.

Source: Northern Ireland Household Panel Survey, Wave 2, 2002

Table 7 indicates a more varied position amongst women, but here again, the majority are not in employment in the years preceding retirement age.

**Table 7: Employment status - females**

	%			
	50-54 years	55-59 years	60-64 years	All
In employment	57.4	47.0	31.5	46.1
Long term sick/disabled	19.4	14.0	4.3	13.1
Retired	2.8	6.6	41.3	14.9
Full time home care	18.5	27.2	20.7	22.6
Other	1.8	5.2	2.2	3.2
Total (N=336)	100.0	100.0	100.0	100.0

Other: in education/unemployed/on training scheme

Source: Northern Ireland Household Panel Survey, Wave 2, 2002

Table 8 looks more closely at the reasons for economic inactivity amongst males.

**Table 8: Reasons given for economic inactivity - males**

	%		
	50-59 years	60-64 years	All
Permanently unable to work	65.2	49.4	58.8
Early retirement	23.6	36.5	29.9
Looking after home/family	4.5	5.9	5.2
Other	6.7	8.3	7.5
Total (N=174)	100.0	100.0	100.0

Source: Continuous Household Survey, 2002/03

It should be noted that, whilst there have been clear improvements in benefits for some groups (notably pensioners and families), not all have made gains. One group that has been subjected to cuts rather than improvements are older persons unable to work due to sickness or disability. The top rate

of Incapacity Benefit for the individual claimant is currently only £76.45 a week and, in general, benefits for this group are much less generous than is often thought. Table 9 indicates significant reliance on Incapacity Benefit amongst men, with occupational pensions being the next most significant source of earnings-replacement benefit in payment. Amongst women the pattern is more varied. The level of receipt of Disability Living Allowance - which we discussed in our third report - is also substantial. Whilst we have not been able to estimate the volume of poverty amongst this group, it seems likely that a significant minority are hard-pressed financially.

**Table 9: Benefits and other pensions received**

	%	
	Males	Females
Child Benefit	-	17.8
Incapacity Benefit	30.1	17.1
Pensions from employment	17.7	10.2
Income Support	16.9	18.3
Job Seeker's Allowance	3.6	-
State Retirement Pension	-	31.2
Disability Living Allowance	20.1	24.3
Carer's Allowance	-	6.0
Widow's Pension	-	8.4

Source: Continuous Household Survey, 2002/03

## Caring responsibilities

As we indicate above, a significant proportion of those aged 50-64 years is in poor health. Additionally, many in this age group are assisting others who require help as a result of illness or disability. Table 10 indicates that persons in this age group are those most likely to have caring responsibilities. In all, 25.7% of this generation care for someone in the same household or someone in another household.

**Table 10: Caring responsibilities of respondents**

	%	
	Cares for person in same household	Cares for someone in another household
20-34 years	5.4	14.3
35-49 years	7.7	12.1
50-64 years	14.2	16.2
65 years and over	12.7	4.3
Total	7.3	11.3

Source: Northern Ireland Household Panel Survey, Wave 2, 2002



Table 11 shows the substantial volume of care persons in the 50-64 years age group are providing for parents or in-laws.

**Table 11: Relationship to person cared for**

	%		
	Same household	Another household	All
Parents/in laws	20.8	69.9	48.9
Spouse	57.1	-	24.4
Child	14.3	-	6.1
Other relatives	6.5	17.5	12.8
Friend/neighbour	-	5.8	3.3
Other	1.3	6.9	4.5
Total	100.0	100.0	100.0
	(N=77)	(N=103)	(N=180)

Source: Northern Ireland Household Panel Survey, Wave 2, 2002

Table 12 indicates that for over two fifths of carers (42.9%), caring takes up over ten hours a week.

Indeed for a minority (16.7%) it is the equivalent of a full time job.

**Table 12 Hours per week spent caring**

	%		
	Males	Females	All
Under 10 hours	47.8	44.0	45.7
10-19 hours	16.9	16.9	16.7
20-34 hours	12.7	8.8	10.5
35 hours or more	16.8	16.5	16.7
Varies	5.6	14.3	10.5
Total (N=162)	100.0	100.0	100.0

Source: Northern Ireland Household Panel Survey, Wave 2, 2002

Finally, it can be noted that further analysis indicated that carers in the 50-64 years age group had poorer mental health than non-carers, with mean GHQ12 scores of 11.89 and 10.88 respectively.

## Grandparenting responsibilities

Recent research indicates that 43.2% of females and 31.4% of males in the 50-64 years age group are grandparents (Northern Ireland Life and Times Survey, 2004). Table 13 shows that the majority of grandparents report that they often put themselves out to help look after their grandchildren. Nearly one fifth of grandmothers reported giving up paid work or reducing their hours so that they could help look after their grandchildren. The table also indicates a fairly strong feeling that the help grandparents give is undervalued and that, as the number of mothers in employment continues to rise, grandparents will have to give more and more help.

**Table 13: Indicators of role and attitudes of grandparents**

	% agreeing		
	Males	Females	All
I have often put myself out to help look after my grandchildren	61.5	80.0	73.3
To help look after my grandchildren I have had to cut down on or give up work	10.8	19.1	16.1
People today don't place enough value on the part grandparents play in family life	71.0	66.2	68.3
With so many working mothers, families need grandparents to help more and more	89.8	97.0	93.9

Source: Northern Ireland Life and Times Survey, 2004

Grandparents aged between 50 and 64 years were asked how often, if at all, in the past year they had looked after their grandchildren aged 12 years and under during the day and in the evening. Tables 14 and 15 detail the substantial amount of help given, by grandmothers in particular, with child care during the day and in the evening.

**Table 14: Extent of help by grandparents with babysitting/child care during the day**

	%		
	Males	Females	All
Once a week/more often	21.8	39.6	33.3
Several times a month	9.1	13.9	12.2
Gives less frequent help	32.7	29.7	30.8
Gives no help	36.4	16.8	23.7
Total	100.0	100.0	100.0

Source: Northern Ireland Life and Times Survey, 2004

**Table 15. Extent of help by grandparents with babysitting/child care in the evening**

	%		
	Males	Females	All
Once a week/more often	16.1	27.5	23.4
Several times a month	7.1	19.6	15.2
Gives less frequent help	33.9	36.3	35.4
Gives no help	42.9	16.7	25.9
Total	100.0	100.0	100.0

Source: Northern Ireland Life and Times Survey, 2004

Finally, it can be noted that 21.8% of grandparents are also carers. Of these, 77.5% agreed with the statement “I have often put myself out to help look after my grandchildren” and were clearly heavily involved with meeting the needs of their grandchildren as well as caring for someone with ill health/disability.

### Attitudes, caring and employment status

In this final section of our report we look at the interaction of some of the variables considered above. Table 16 indicates that carers are more likely to consider that older people are treated worse because of their age.

**Table 16: Attitudes concerning the treatment of older people**

% considering that:	%		
	Is <b>not</b> a carer	Is a carer	All
Older people are treated better	11.9	8.0	11.1
Older people are treated worse	46.1	56.2	48.1
Older people are treated the same	38.6	33.8	37.7
Don't know	3.4	1.9	3.1
Total	100.0	100.0	100.0

Source: Northern Ireland Life and Times Survey, 2003

Table 17 indicates that carers are also more likely to consider that the authorities do not do enough for older people.

**Table 17 Attitudes on whether authorities do enough for older people by caring responsibilities**

% considering that:	%		
	Is not a carer	Is a carer	All
Authorities do all they can for older people	20.8	18.6	20.4
Authorities do too much for older people	.8	-	.6
Authorities do not do enough for older people	69.8	76.5	71.1
Don't know	8.6	5.0	7.9
Total	100.0	100.0	100.0

Source: Northern Ireland Life and Times Survey, 2003

Table 18 indicates that - far from enjoying life free from the cares of work - there is a substantial volume of dissatisfaction with life in general amongst those who are not in employment as a result of ill health and disability.

**Table 18: Dissatisfaction with life in general by employment status and gender**

	% dissatisfied with life	
	Males	Females
In employment	6.6	3.6
Long term sick/disabled	30.6	36.8
Other	-	10.5
Total	11.5	10.5

Source: Northern Ireland Household Panel Survey, Wave 2, 2002

## Conclusion

In this report we have focussed on older people in the 50-64 years age group. While more research is needed, it is clear that this cohort of adults appears to be under strain from a number of directions. As we note above, current policy places considerable emphasis on encouraging and enabling a higher proportion of this age group to remain in employment up to and beyond retirement age. Our data suggest two causes for concern with regard to this strategy. First, it is clear that this age group provides a substantial amount of help on an unpaid basis to their parents, their children and grandchildren. Increasing economic activity rates amongst this group is desirable for many reasons, but the possibility of gaps in care-giving opening up as a result needs to be considered. Second, with regard to those not in employment due to sickness and disability, policies promoting a return to work need to be supportive and sensitive, and not an added source of strain for this age group.

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**Older People in Northern Ireland:  
Report 5: Older People in the  
Republic of Ireland**

**Eileen Evason and Paula Devine**

June 2005

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- Report 1: Setting the scene (November 2004)
- Report 2: Financial circumstances (December 2004)
- Report 3: Health and wellbeing (March 2005)
- Report 4: The Angry Generation (May 2005)

Copies of these reports are available online at  
<http://www.governance.qub.ac.uk/olderpeople.html>

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## Introduction

This is our fifth and final report in a series of publications relating to the needs and circumstances of older people. The first four reports focussed on Northern Ireland. We commenced with a broad overview of the position of older people in this part of the United Kingdom. The second report dealt with income and poverty amongst persons of pensionable age. This was followed by a review of data relating to the health of older people and their caring responsibilities. In the fourth report we looked at the special pressures and sources of strain facing those aged between 50 years and pensionable age. To round off the project, in this report we look at data relating to older people in the Republic of Ireland to enable some comparison to be made of the positions north and south.

## How many older people are there in the Republic of Ireland?

In Northern Ireland 15.89% of the population is of pensionable age. Table 1 indicates that the position in the Republic is slightly different with 13.14% being in this category. As would be expected there is a sharp variation by gender and the majority of pensioners (63.1%) are women.

**Table 1: Estimated population of pensionable age, Republic of Ireland, 2003**

	Male		Female		Total	
	n	%	n	%	N	%
60-64 years			79,800	3.99	79,800	2.01
65-69 years	66,100	3.34	69,200	3.46	135,300	3.40
70-74 years	53,100	2.69	60,500	3.02	113,600	2.86
75-79 years	37,400	1.89	52,300	2.61	89,700	2.25
80-84 years	23,300	1.18	38,300	1.91	61,600	1.55
85+ years	13,000	0.66	29,800	1.49	42,800	1.08
<b>All pensioners</b>	<b>192,900</b>	<b>9.76</b>	<b>329,900</b>	<b>16.48</b>	<b>522,800</b>	<b>13.14</b>
Total population	1,977,200		2,001,700		3,978,900	

Source: Population Estimates, 2003, Central Statistics Office

## How long can people in the Republic expect to live?

Table 2 indicates the gains made - which parallel closely those that have occurred in Northern Ireland - over the past fifty years with regard to life expectancy. It can be noted that life expectancy amongst women at birth has increased by eleven years over the past half century. The gains made by males have been rather more modest, however. What perhaps stands out from the table is the length of time over which change has occurred. In our first report we discussed the alarmist tone which surrounds much of the pensions debate which is suggestive of sudden change and crisis. In practice, as the table indicates, change occurs more gradually giving time for thought and preparation.

**Table 2: Life expectancy by gender and selected years**

	Life expectancy at ...			
	Birth		Age 65 years	
	Males	Females	Males	Females
1950-52	64.5	67.1	12.1	13.3
1970-72	68.8	73.5	12.4	15.0
1990-92	72.3	77.9	13.4	17.1
1995-7	73.0	78.5	13.8	17.4

Source: Central Statistics Office, 2003

## How many older people will there be in the future?

Table 3 indicates that it is projected that the number of older people will rise as a proportion of the population from 13.1% in 2001 to 23.4% in 2036. Whilst there is a tendency in some circles to view such projections with deep anxiety and to predict grave consequences for, for example, health care systems, there is a need for caution in thinking about the implications of these figures. Older people today are fitter and healthier than they were 20 or 30 years ago. Older people in 30 years time may well be healthier than older people today. It cannot be assumed that the need for health care will rise directly in line with a growing number of older people. Clearly extra demand will come from the increase in the number of persons aged 85 years or over who are those most likely to need substantial care, but they will account for only 2.8% of the total population in 2036.

**Table 3: Projected population (000s)**

	2001	2021	2036
60/65-74 years	318.4	571.3	775.7
75-84 years	146.8	231.1	391.9
85+ years	40.4	74.7	158.5
Total older population	505.6	877.1	1326.1
Total population	3847.2	5069.9	5668.7
<b>Older persons as a % of total population</b>	<b>13.14</b>	<b>17.30</b>	<b>23.39</b>

Note: based on current demographic trends (M1F2); Source: Central Statistics Office, 2004

Table 4 indicates that the excess of births over deaths in the Republic is the highest in the British Isles.

**Table 4: Components of population change**

	000s		
	Births	Deaths	Natural change
England	560.5	497.0	63.5
<b>Republic of Ireland (2003)</b>	<b>61.5</b>	<b>28.8</b>	<b>32.7</b>
<b>Northern Ireland</b>	<b>21.5</b>	<b>14.2</b>	<b>7.2</b>
Wales	30.1	32.8	-2.7
Scotland	51.2	57.3	-6.1

Source: ONS, Regional Trends, 2004; Central Statistics Office, Database Direct

## How many older people have partners to help and support them?

Table 5 indicates the consequences for women of their greater longevity: they are less likely to have a partner in their later years and will therefore be more at risk of living alone. Data for 2002 indicate that 21.4% of males aged 65 years or more in private households lived alone compared with 33.9% of females aged 65 years or more in private households. For those aged 75 years or over, the figures rise to 26.1% for males and 42.7% for females.

**Table 5: Marital status by gender and age**

	%					
	Males			Females		
	65-74	75+	All pensioners	60-74	75+	All pensioners
Married/remarried	68.5	53.4	62.8	57.4	19.5	43.5
Widowed	8.8	23.5	14.4	26.8	62.1	39.7
Single	19.4	21.8	20.3	12.1	17.7	14.2
Divorced/separated	3.2	1.3	2.5	3.7	0.7	2.6

Source: Census of Population, 2002

## Where do older people live?

Table 6 indicates that older people in the Republic are more likely than those in younger age groups to live in rural areas. This clearly has implications for the delivery of health and social care services which will obviously cost more when the population served is more scattered. It can be noted that only one third of persons aged 60 years or over in Northern Ireland live in rural areas.

**Table 6: Age by dwelling location**

	%	
	Urban	Rural
20-24 years	69.8	30.2
25-39 years	64.2	35.8
40-59 years	56.1	43.9
60-74 years	56.3	43.7
75+ years	53.2	46.8
All ages	59.6	40.4

Source: Census of Population, 2002

## How healthy are older people?

Table 7 underlines our observations above with regard to life expectancy. It can be seen that older people in the Republic are the most likely in the British Isles to report their health as being “good”. It can be noted that there is a very sharp variation here between Northern Ireland and the other nations. (The age range of respondents varied among the different national surveys, and so comparison can only be made for 18-74 year olds).

**Table 7: Self reported ‘good’ health**

Country	%					
	18-24	25-34	35-44	45-54	55-64	65-74
Northern Ireland	72	64.1	63.9	50.4	39.4	32.1
England	84.2	84	81.6	74.1	67.4	60.2
Scotland	88.3	84.6	82.9	75.9	62.8	59.1
Wales	93.3	90.9	86.3	78.1	66.6	60.1
Republic of Ireland	94.3	94.4	91	86	76.1	62.3

RoI source: SLAN (Survey of Lifestyle, Attitudes and Nutrition) 1998

From: Miller et al, 2003

Table 8 provides more detail on reported health status in the Republic. It can be seen that nearly one third of persons aged 65 years or over (29.8%) rate their health as excellent or very good and only 6% describe their health as poor. Table 9 indicates that a significant minority of older people report some disability but overall the position is more positive than might have been expected from popular debates.

**Table 8. Self-reported health, respondents aged 65 years or over**

	%
Excellent	8.0
Very good	21.8
Good	39.3
Fair	24.6
Poor	6.0
Other	0.3

Source: Quarterly National Household Survey, 2001

**Table 9: Disability by age and gender**

	%		
	Males	Females	All
15-24 years	3.4	2.7	3.1
25-44 years	4.9	5.0	4.9
45-64 years	11.8	10.5	11.1
65+ years	27.4	34.0	31.1
All ages (15+)	9.3	10.6	9.9

Source: 2002 Census of Population, CSO

### **How many older people have caring responsibilities?**

It is important to remember in the debate on ageing that older people are care givers as well as receivers of care. In the Republic, 3.6% of males aged 65 years or over in private households are providing assistance to someone else. For women the figure is 4.0% (based on data from the 2002 Census of Population). Table 10 demonstrates the substantial volume of help provided by older people. For half of all carers (49.9%), caring is the equivalent of a full time job - if not more.

**Table 10: Hours of caring given by people aged 65 years or over**

Hours per week	%
1-14	36.9
15-28	7.7
20-42	5.4
43+	49.9
N	16571

Source: 2002 Census of Population, CSO

## **Are older people in the Republic working on past retirement age?**

In the United Kingdom a central element of current policy is to encourage older people to work up to and beyond retirement age. In Northern Ireland data for 2002 indicated that only 8.4% of pensioners (women aged 60 years or over and men aged 65 years or over) were still in employment. The data in Table 11 relates to persons aged over 65 years or over, but it is evident that, north and south, the great majority of older people have left the labour force.

**Table 11: Current economic activity (65+ years)**

	%		
	Male	Female	All pensioners
Employed	11.3	2.5	6.3
Retired	81.5	48.2	62.7
Long-term sick	5.6	6.8	6.2
*Other	1.6	42.5	24.8

\*includes looking after home/family

Source: 2002 Census of Population, CSO

## **How many older people live in poverty?**

In our second report we demonstrated that many pensioners in Northern Ireland are hard pressed financially. For methodological reasons we cannot make exact comparisons, but it is clear that pensioner poverty is a significant problem in the Republic also. Table 12 indicates that poverty affects over one third of pensioners in the Republic and, as elsewhere, women are more likely to be poor than men.

**Table 12: At risk poverty rate (after social transfers, 60% threshold)**

	%		
	Male	Female	All
0-14 years	25.7	22.2	23.9
15-64 years	19.6	20.6	20.1
65+ years	30.6	40.7	36.4

Source: 2003 EU Survey on Income and Living Conditions  
[http://www.cso.ie/eusilc/at\\_risk\\_of\\_poverty.htm](http://www.cso.ie/eusilc/at_risk_of_poverty.htm)

## Attitudes towards older people in Northern Ireland and the Republic of Ireland

Recent research (Evason and Dowds, 2004) has examined attitudes towards older people in Northern Ireland and the Republic. Whilst the data produced suggest that there are many areas of common concern, attitudes in the Republic are significantly more positive. Table 13 indicates that people in Northern Ireland are much more likely to consider that older people are treated worse because of their age. People in the Republic are nearly twice as likely to say older people are treated better because of their age.

**Table 13: Do you think that older people are, on the whole, treated better or worse than people in the general population in this country because of their age?**

Northern Ireland								
	18-24	25-44	45-49	50-59	60-64	65-74	75+	All
	%	%	%	%	%	%	%	%
Better	18	11	8	6	11	9	21	11
Worse	35	51	48	57	52	45	36	48
The same	40	34	42	36	36	43	41	38
Don't know	7	3	2	1	2	3	2	3
Republic of Ireland								
Better	13	14	17	22	26	30	44	19
Worse	33	42	32	37	35	29	17	36
The same	50	39	45	40	37	39	36	41
Don't know	4	5	6	1	2	3	3	4

Source: Evason and Dowds, 2004

Table 14 indicates that people in Northern Ireland are more likely to report that they find they are treated with less respect as they get older and there is a particularly strong view on this in the 50-64 years age group. The majority of people in the Republic report that they feel they are treated with the same or more respect.

**Table 14: As you get older, do you find that people treat you with more respect or less respect?**

<b>Northern Ireland</b>								
	18-24	25-44	45-49	50-59	60-64	65-74	75+	All
	%	%	%	%	%	%	%	%
More respect	36	22	29	15	16	21	34	24
Less respect	25	36	35	44	42	39	33	36
Same	31	40	36	39	42	38	32	38
Don't know	9	2	1	2	0	2	1	3
<b>Republic of Ireland</b>								
More respect	65	31	28	26	23	31	49	36
Less respect	8	22	20	25	27	23	20	20
Same	20	43	52	48	50	45	30	41
Don't know	7	4	1	1		2	1	3

Source: Evason and Dowds, 2004

Finally, Table 15 suggests that the majority of people in Northern Ireland and the Republic think that the authorities could do more for older people. Here, again, however, attitudes seem more positive in the Republic.

**Table 15: Do you think that the authorities in Northern Ireland/ the Republic of Ireland do all they should for older people, do too much, or do not do enough?**

<b>Northern Ireland</b>								
	18-24	25-44	45-49	50-59	60-64	65-74	75+	All
	%	%	%	%	%	%	%	%
Do all they should	15	17	21	20	23	25	41	20
Do too much	2	1	0	1	0	1	1	1
Do not do enough	63	74	72	77	74	71	53	71
Don't know	20	9	8	3	3	4	5	8
<b>Republic of Ireland</b>								
Do all they should	20	19	23	29	30	46	51	26
Do too much	0	1	0	1	1	1	0	1
Do not do enough	70	77	72	68	65	52	48	69
Don't know	10	4	5	3	4	2	2	5

Source: Evason and Dowds, 2004



## Conclusion

This is our fifth and final report on older people in which we have focussed on persons of pensionable age in the Republic of Ireland. In the United Kingdom the debate on ageing has been characterised by negativity and, indeed, alarmism but, at many points in our presentation of data for Northern Ireland, we found there was a more positive story to tell than popular discussion would suggest. The same is true for the Republic. For example, old age is often seen as synonymous with living alone and in isolation. In fact, the majority of older people in the Republic do not live alone, though obviously the risk increases with age. For example, growing older is associated with severe ill health and frailty. In the Republic of Ireland the majority of those aged 65-74 years report their health as good and they are more likely to do so than those in the same age group in the rest of the British Isles.

Clearly, older people in the Republic face difficulties. As in Northern Ireland, a significant proportion of older people can be described as hard pressed financially and it can be noted that in both Northern Ireland and in the Republic the majority of the populations generally consider that more help should be given to older people. At the same time, attitudes towards older people do seem to be more positive in the Republic than in Northern Ireland. For example, older people in the Republic are much less likely to feel that older people are treated worse because of their age than those in the same age group in Northern Ireland. They are also more likely to feel that they receive the same or more respect.

This report, together with the previous four reports in the series, highlights the value of analysing data from primary and secondary sources of information and presenting it in an accessible way. Firstly, it enables us to understand the situation of older people in our society. Secondly, it helps dispel stereotypes and myths about the economic cost of an ageing population and address the challenges ahead in a more measured way. Thirdly, it provides empirical evidence to help inform policy in a range of sectors.

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