Older People in Poverty in Ireland:
An Analysis of EU-SILC 2004

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1.1 Abstract

The purpose of this study is to update existing data on the issue of older people in poverty in Ireland using the most up-to-date information available, namely the 2004 round of EU Survey on Income and Living Conditions (EU–SILC). The results show that older people have higher rates of income poverty than younger age groups but that they have lower levels of deprivation on most items. The exception, however, is in relation to housing standards, which show older people are more likely to live in accommodation with problems such as damp walls. The results suggest that health status is related to living conditions and consistent poverty. The policy implications of these findings are examined.

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EXECUTIVE SUMMARY

The main objective of this study was to update existing knowledge on the issue of older people in poverty in Ireland. The research questions were:

- What is the extent of poverty among older people?
- Are particular sub-groups of older people more vulnerable to poverty?

Within these questions the study was also concerned with the associated factors of poverty for older people in relation in health and living conditions and the role of social transfers in the incomes of older people.

Methodology

Measures of poverty

Two measures of poverty are used in this study: income poverty and consistent poverty. These are relative measures, i.e. they measure poverty as a particular level of income or amenities in relation to other members of society.

- Income Poverty
  People who have incomes that are less than a particular threshold are said to be income poor. A threshold is set usually at 60 per cent of the median income but 70 per cent and 50 per cent are sometimes used.[1]

- Consistent Poverty
  Consistent poverty is the official Irish government definition of poverty (it is also referred to as the National Anti-Poverty Strategy (NAPS) definition of poverty). Consistent poverty measures income but also recognises the enforced lack of non-monetary items due to lack of money in the form of enforced deprivation. Deprivation is the enforced lack of material items that are seen by the majority of the population as attainable, and the exclusion that this can lead to.

  There are eight non-monetary indicators used in EU–SILC. These items are seen as forming elements of basic deprivation (Whelan et al, 2003). The term 'consistent poverty' refers to having less than 60 per cent of the median income but also lacking one or more of these basic items. When this measure is used in surveys, respondents are asked if they found themselves in one of more of the following scenarios due to lack of money:

  - Having had no substantial meal on at least one day in the previous two weeks
  - Being without heating at some stage in the previous year
  - Experiencing debt problems arising from ordinary living expenses
  - Unable to afford two pairs of strong shoes
  - Unable to afford a roast once a week
  - Unable to afford a meal with meat, chicken or fish every second day

[1] The median value is preferable to the mean value as it is less sensitive to extreme values (in this case, extremely low or high incomes) and so gives a more accurate representation.

- Unable to afford new (not second-hand) clothes
- Unable to afford a warm, waterproof coat.

Dataset

The dataset used in this study was the 2004 round of the EU–SILC (Survey on Income and Living Conditions) which was accessed through the Irish Social Sciences Data Archive. The sample consisted of 2,399 people aged over 65 years.

Results

Income Poverty

- When compared to younger age groups, older people had the highest rate of income poverty, at 27.1 per cent. In terms of numbers of people, this means that approximately 122,860 older people were deemed to be income poor in 2004. The rate for people aged 15 to 64 years was 17.6 per cent (485,951 people) and for children it was 21.1 per cent (179,315 children).
- When the data for sub-groups of older people were examined, the results suggested that some older people had a higher risk of poverty than others. In particular, rural dwellers, and those who lived alone, those who lived in the Border, Midland and Western regions had higher rates of poverty. Women had a higher rate than men but the gap has narrowed since 2003.

Consistent Poverty

- However, the results for deprivation and consistent poverty were different. Older people had a consistent poverty rate of 3.3 per cent (15,170 people) which was lower that the 15-64 age group at 6.5 per cent (179,875) and the youngest age group of 0-14 year which had a rate of 9.5 per cent (80,616 children). The exception is housing deprivation, which older people are more likely to experience.

CONTENTS

Abbreviations

CSO	Central Statistics Office
ESRI	Economic and Social Research Institute
EU	European Union
EU-SILC	EU Survey on Income and Living Conditions
GAIE	Gross Average Industrial Earnings
NAPS	National Anti-Poverty Strategy
SLÁN	Survey of Lifestyle, Attitudes and Nutrition

1 Background to the Study

1.1 Introduction

The main aim of the study is to update existing knowledge of the issue of older people in poverty in Ireland. The study examines levels of poverty among different groups of older people and also compares older people with other age groups. Relative income poverty and consistent poverty are the main indicators used. The data source for the study is the 2004 round of EU–SILC. This is the first independent analysis by Combat Poverty Agency of this data source and is a timely update of existing data.

Section 1 begins by presenting the policy context in Ireland and the EU. It then moves on to review the relevant literature and finally explains the methodology used in the study. Section 2 compares different age groups in relation to income, income poverty, consistent poverty rates and levels of deprivation. Sections 3 and 4 present results for sub-groups of older people on income poverty and deprivation/consistent poverty, respectively. In Section 5, the subject of health is examined and finally, Section 6 presents conclusions and recommendations.

1.2 Policy Context

1.2.1 Ireland

The National Anti-Poverty Strategy 2003-05 suggested that older people require a special focus, particularly those living alone. 'The overall objective is to eliminate consistent poverty for older people and to improve their access to appropriate health, care and housing supports, and to support older people to live independent and fulfilling lives' (*Building an Inclusive Society*: 15). Specifically, the strategy aims to reduce the consistent poverty rate for older people to less than 2 per cent by 2007 and to ensure adequate heating systems are in place in all local authority rented dwellings for older people by the end of 2007.

The new social partnership agreement, *Towards 2016*, adopts a lifecycle policy framework. This framework recognises key life stages: Children, People of a working age, Older people and People with disabilities. The framework aims to view policy from the perspective of the individual, thereby encompassing all of the individual's policy needs. A number of priority areas have been identified for older people, particularly health and social care services, and educational and employment opportunities.

In relation to income, the agreement commits to the ideal that all older people should have an income that allows them to maintain an acceptable standard of living. This goal is clearly important, as the value of pensions has fallen relative to Gross Average Industrial Earnings (GAIE) in recent years. In 1987 the state contributory pension was worth 38 per cent of GAIE but by 2005 this had fallen to 31 per cent. While the new agreement incorporates some of the objectives of the NAPS 2003-5, it fails to identify specific targets.

Relative poverty persists in Ireland despite recent unprecedented economic growth. Data show that relative income poverty increased from 15.6 per cent in 1994 to 21.9 per cent of the general population in 2001.[2] In 2004, 19.4 per cent of the total population were

[2] Living in Ireland surveys.

income poor (Whelan et al, 2003). The rate of poverty differed according to age groups. Of particular concern are the trends in poverty rates for older people throughout the 1990s. In 1994, the income poverty rate was 5.9 per cent for those aged over 65 years but by 2001 it had increased to 44.1 per cent. In comparison, the 18-64 age group saw a decrease from 21.1 per cent in 1994 to 17.1 per cent in 2001 (Whelan et al, 2003).

1.2.2 European Union

Poverty indicators are used by Eurostat to compare the performance of EU states on social inclusion issues. Relative income poverty is the official EU indicator of poverty. There are eighteen official EU indicators, known as the Laeken indicators. Ireland has been found to have a high income poverty rate when the general populations are analysed. According to 2003 data, in a European context Ireland's income poverty rate is among the highest, along with Slovakia and Greece (Guio, 2005).

In relation to older people, in 2003 the average poverty rate for the EU25 countries for people aged over 65 years was 18 per cent, but in Ireland the figure was much higher at 40 per cent (Zaidi, 2006). This is considerably higher than the rate which the CSO in Ireland arrive at.[3] In fact, the poverty rate, at 40 per cent, was second only to Cyprus at 52 per cent.

Ireland's population is growing older due to increased life expectancy and lower birth rates. The numbers of people aged over 65 years are projected to increase from the 2001 level of 430,000 to over 1.1 million by 2036. If trends in poverty rates continue to rise as in the 1990s there will clearly be an even larger number of older people living in poverty in the future. The issue of older people in poverty is therefore a crucial issue for Ireland in the twenty-first century.

1.2 Literature Review

There is increasing interest in the social situation of older people as part of the lifecycle approach. For example, *A Social Portrait of Older People in Ireland* has recently been completed by the ESRI. The current study focuses on the issue of older people in poverty.

The key study regarding older people in poverty in Ireland is by Layte, Fahey and Whelan (1999). The study, entitled *Income, Deprivation and Well-Being Among Older Irish People*, was published by the Economic and Social Research Institute in conjunction with the National Council on Ageing and Older People. As a data source, it used the 1994 and 1997 waves of the Living in Ireland survey and also the 1987 survey of Poverty, Income Distribution and Usage of State Services.

The main findings of this study were that older people had higher income poverty rates than younger groups but had lower rates of deprivation and, consequently, lower consistent poverty rates. The authors found that some sub-groups of older people, e.g. women who lived in rural areas, were more vulnerable to poverty. They also found housing deprivation to be high in terms of problems, e.g. living in damp conditions.

[3] When calculation income, Eurostat do not include income from private pensions while our national calculations include it. Additionally, contributions to non-private pensions are deducted from gross income when calculating the EU definition of disposable income.

In 2003 Whelan et al updated some of the findings of Layte et al. They found that the percentage of older people in income poverty increased from 5.9 per cent in 1994 to 44.1 per cent in 2001. These rates were considerably higher than for those in the 18-64 age group, who experienced an increase from 12.1 per cent in 1994 to 17.1 per cent in 2001. The Living in Ireland data showed that gender influenced whether or not an individual was likely to be income poor. According to the 2001 data, women aged 65 and over had a poverty rate of 22.2 per cent compared to 12.9 per cent of men aged 65 years and over.

In summary, Whelan et al (2003) found that, according to the Living in Ireland surveys, income poverty rates for those aged over 65 years increased from 1994 to 2001, with women having considerably higher income poverty rates than men. In relation to consistent poverty, they found that older people had slightly lower rates (3.9 per cent at 70 per cent of median) than people aged 18-64 years (4.3 per cent at 70 per cent of median).

A qualitative study currently being undertaken by the National Council on Ageing and Older People and Combat Poverty Agency will examine the issues surrounding quality of life for older people in Ireland. Qualitative data will augment understanding of issues that an analysis of quantitative data raises.

The most recent data are from the EU–SILC survey and have shown that in 2003 the income poverty rate for older people was 29.8 per cent. The rate for consistent poverty was 5.8 per cent.

1.3.1 Vulnerable Groups

Previous research has shown that older people as a group tend to have higher income poverty rates than the general population but that some sub-groups of older people are especially vulnerable to poverty.

Women

Layte et al (1999) found that elderly women were two and a half times more likely to be income poor than elderly men (the income threshold used was 50 per cent of mean income). This finding was supported by Stratton in 2004. Such vulnerability has been explained as being a result of women's domestic role, which meant they were not part of the formal economy. This is true even in Sweden which is regarded as having an advanced social welfare system (Gunnarsson, 2002).

Gunnarsson argues that elderly women do not become poor upon becoming old; being poor is the result of a longer process throughout their life course. The fact that women work in the home or work part-time has also been suggested as a reason for women's higher rate of poverty (Wamala and Agren, 2002). These studies highlight the importance of participation of women in the labour market in relation to poverty.

Women and Health

Ageing and being female have been identified as risk factors in developing a chronic illness (Layte et al, 1999). It has been found that poverty has a definite influence on illness and disability among older people and that being female also increases the likelihood of having poor health (Fahey and Murray, 1994). These findings indicate that older women are more likely to have poor health than older men, but also that poverty has an influence on illness. As women have been shown in previous research to have higher rates of

poverty, it seems they are more likely to experience multiple disadvantage in the form of illness and poverty.

This is supported by Layte et al (1999) who suggest that the relationship between consistent poverty and chronic illness is due to long-term deprivation and that women are more likely to experience deprivation resulting in significant effects on their health. Given this situation, it is important in the current study to examine poverty levels among older women.

People who Live Alone

National and international studies have found that those living alone have a higher risk of poverty than those who live with someone. Whelan and Vaughan (1982) found that older people living alone were more likely to have lower incomes and be living in poorer housing conditions than other elderly people. A Central Statistics Office budget survey of 1999-2000 found that 38 per cent of older people were in the lowest income quintile and elderly women living alone had a high rate of poverty (Stratton, 2004).

In their 2005 analysis of data from the Luxembourg Income Study database for the US, Canada, UK, Italy, Germany, Finland and Sweden, Smeeding and Sandstrom also found that the poverty effect of living alone was stronger for women.

Location

The SLÁN (Study of Lifestyle, Attitudes and Nutrition) data of 1998 and 2002 showed significant differences in income levels between urban and rural areas, with those living in rural areas having lower incomes. Other findings suggest that rural standards of living are lower throughout life and that old age intensifies this. Again, gender appears to be associated with an increased risk of poverty, as Stratton found that older women who live alone in rural areas face high risks of poverty. The analysis of Layte et al (1999) showed that rural older people, especially those living alone, are more likely to experience housing deprivation than those of the same age group who live in urban areas.

Housing Tenure and Deprivation

Looking at existing research on tenure status for those aged 65 plus, it is clear that persons living as private sector tenants are significantly more likely to lack amenities such as adequate heating compared to those who own their own homes. According to Layte et al (1999), 11.1 per cent of private sector tenants report having a leaking roof versus 3.8 per cent of owner-occupiers. Poor housing quality has been linked to self-reported health standards. Arber and Cooper note: ‘housing tenure is also significantly associated with self-reported health for both sexes. Older people living in local authority housing have higher odds of reporting poor health for both sexes’ (2000:143).

According to the National Council on Ageing and Older People, sub-standard housing can have significant effects on health. For example, living in damp conditions can have adverse effects and old electrical wiring may be more likely to cause a fire (NCAOP *Housing*, factfile no. 5). Stratton (2004) reported that some council/corporation tenants complained that there was a waiting list of up to 3 years to have repairs carried out.

1.3.2 Role of Social Transfers

Layte et al (1999) found that older people are very reliant on social welfare pension incomes, although some people have occupational pensions. This means that many older

people have the same level of income and that any changes to the level of social welfare pensions would be widely felt. The authors found that older people are most likely to be in the lowest half of income distribution, with the rural single elderly having particularly low incomes. They conclude that while older people have relatively high income poverty rates, their non-cash benefits have quite a positive effect on their situation.

Metz and Underwood (2005) report that in the UK, welfare benefits make up almost half of the income of 70 per cent of pensioners (for 15 per cent of pensioners welfare accounts for their entire income). It is estimated that up to a third of pensioners in the UK do not claim the full benefit they are entitled to and that this may be because they are not aware of their full entitlements or because of the perceived stigma of receiving benefits.

The authors contend that the poverty rate of pensioners in the UK would be lowered if entitlements were fully taken up. They point out, however, that low income throughout working life, as it limits the individual's ability to make social security contributions, is the main reason for poverty in older age. Those who work in low-paid jobs or who have broken work service records are less likely to provide pensions. Women are more likely to have broken work periods than men, less engagement with the formal economy throughout their lives and consequently less income when they are older.

1.4 Methodology

1.4.1 Research Questions

The overall aim of this study is to explore the issue of poverty among older people in Ireland in 2004. This involves determining the extent of two types of poverty, identifying associated factors such as health and living conditions, examining the importance of social transfers and identifying groups of people who are particularly vulnerable to poverty. The research design used is cross-sectional, meaning that data were collected once only, so there will not be a time dimension to the analysis.

The other characteristics of such a design are that interventions are not applied; rather, the existing differences in the independent variable are allowed to emerge, and finally, random allocation to particular groups does not take place (De Vaus, 2001). This means that groups will be analysed according to their existing differences rather than applying an intervention as in the case of an experimental design. These existing groups will be compared and differences will emerge to form the basis of the analysis.

The research questions are best served by the use of quantitative data in the form of a survey that can be analysed to determine the extent of poverty and any correlations with demographic groups or factors such as health. This method of data collection allows the systematic analysis of the target groups.

To be effective, social policy must be based on accurate representations of the needs of society in the form of empirical evidence. The evidence requires the analysis of the patterns of poverty that has been undertaken by previous studies, e.g. analysis of the Living in Ireland studies which have identified older people as a high risk group in relation to poverty. Older people have also been identified as a vulnerable group in the National Anti-Poverty Strategy (NAPS) which was introduced in 1997. Therefore, in order to update current knowledge, this study proposes to examine poverty in relation to older people in

Ireland based on the most up-to-date data available: the EU Survey on Income and Living conditions 2004 (EU–-SILC, 2004).

Previous research has shown the importance of social transfers to the incomes of older people (Layte et al, 1999). The role of social transfers will be analysed to update current knowledge regarding the importance of social transfers for older people and to assess what impact increases in old-age pensions have had in relation to poverty.

Poverty has far-reaching effects on the life experience of an individual. This study examines associated factors of poverty for older people in terms of health and living conditions as a way of showing how poverty shapes the daily life of the elderly poor.

To enable policy to be tailored to address the particular needs of the more vulnerable members in society, the data will be analysed to try to identify older people who appear to be more vulnerable to poverty than older people in general, e.g. women and those who live alone. These sub-groups have been identified by previous research as having particularly high rates of poverty (Layte et al, 1999).

In summary, the overall aim of this analysis is to update current knowledge on the issue of Ireland's older people in poverty, using the latest national dataset which is the EU–SILC of 2004. The research questions the study is concerned with are as follows:

- What is the extent of poverty among older people?
- Are particular sub-groups of older people more vulnerable to poverty?

Within these questions the study will also be concerned with the associated factors of poverty for older people in relation in health and living conditions and the role of social transfers in the incomes of older people.

1.4.2 Poverty Indicators

Two main indicators are used in this study: income poverty and consistent poverty. These are relative measures, i.e. they measure poverty as a particular level of income or amenities in relation to other members of society.

Income Poverty

People who have incomes that are less than a particular threshold are said to be income poor. A threshold is set usually at 60 per cent of the median income but 70 per cent and 50 per cent are sometimes used.[4]

Consistent Poverty

Consistent poverty is the official Irish government definition of poverty (it is also referred to as the National Anti-Poverty Strategy (NAPS) definition of poverty). Consistent poverty measures income but also recognises the enforced lack of non-monetary items resulting from lack of money in the form of enforced deprivation. Deprivation is the enforced lack of material items that are seen by the majority of the population as attainable, and the exclusion that this can lead to.

[4] The median value is preferable to the mean value as it is less sensitive to extreme values (in this case, extremely low or high incomes) and so gives a more accurate representation.

Eight non-monetary indicators are used in EU-SILC. These items are seen as forming elements of basic deprivation (Whelan et al, 2003). The term 'consistent poverty' refers to having less than 60 per cent of the median income but also lacking one or more of these basic items. When this measure is used in surveys, respondents are asked if they found themselves in one of more of the following scenarios due to lack of money:

- Having had no substantial meal on at least one day in the previous two weeks
- Being without heating at some stage in the previous year
- Experiencing debt problems arising from ordinary living expenses
- Unable to afford two pairs of strong shoes
- Unable to afford a roast once a week
- Unable to afford a meal with meat, chicken or fish every second day
- Unable to afford new (not second-hand) clothes
- Unable to afford a warm, waterproof coat.

These eight indicators have been reviewed by the ESRI and the new basic deprivation set will in future include the following items. The survey will ask if respondents are/were unable to afford:

- To keep the house adequately warm
- To buy presents for friends and family once a year
- To replace worn-out furniture
- To have family or friends for a meal or a drink once a month
- To have an afternoon/evening out for entertainment in the previous two weeks.

The primary aim of the study was to carry out descriptive research that would provide a factual description of the levels of poverty for older people in Ireland in 2004. A nationally representative sample of the population of older people in Ireland was essential in order to provide accurate data on which to base conclusions. The EU–SILC dataset was used because it met these requirements. This study was therefore a secondary analysis of the 2004 EU–SILC dataset. Secondary data analysis is the process of analysing data that have already been collected for another purpose.

The dataset concerned is known as Survey on Income and Living Conditions. EU–SILC has now replaced the European Household Panel Survey (ECHP) which ran throughout the 1990s. The ECHP was the main source of poverty data from 1994 to 2001. The Living in Ireland surveys (LIIS), administered by the Economic and Social Research Institute, were the Irish component and were used to set targets for the NAPS.

EU–SILC collects data on income and living conditions from a random representative sample. The data are cross-sectional but there is also a longitudinal element, with some households surveyed for a number of years. It is an EU-wide survey which in Ireland is conducted by the Central Statistics Office and is overseen at an EU level by Eurostat. The dataset was accessed through the Irish Social Sciences Data Archive.

Methodological discontinuities between EU–SILC and the Living in Ireland surveys means that consistent poverty and deprivation rates cannot be directly compared.

1.4.3 Techniques

The equivalence scale used in this study is the national scale. This scale attributes particular numerical values to each member of a household according to the household composition. The first adult is given a value of 1, any other adults (aged 14 years and over) are given a value of 0.66, and each child is given a value of 0.33. So a family of 2 adults and 2 children would have an equivalised household size of 2.32 (1 + 0.66 + 0.33 + 0.33). The equivalised household size is then used to calculate equivalised income. For example, a household with an income of €40,000 would have an equivalised income of €17,241.38 (CSO, 2005).

The data were weighted to take into account non-responses and also to ensure that the sample represented the population.

The survey was administered face-to-face, with the information being collected on laptops using Computer-Assisted Personal Interview (CAPI) software.

Bi-variate statistics use two variables: whether a person is income poor (the first variable) and what part of the country he/she lives in (the second variable). There are many types of bi-variate statistics but the main technique used in this paper is cross-tabs. Cross-tabs were used in this study as they allow for the examination of differences between groups of people, e.g. the difference in income poverty rate between older men and older women.

2 Poverty According to Age Groups

2.1 Introduction

This section begins by presenting demographic data of the sample. This is followed by an examination of levels of income for older people and then by a comparison of such income with income levels for younger age groups. Children are defined as between 0 and 14 years and the middle age group consists of people aged between 15 and 64 years. Those in the 65 years and over category are referred to as older people. A comparison is then made of rates of poverty and deprivation for older people with people in the other two age groups. Lastly, in this section there is a comparison of consistent poverty rates by age group.

2.2 Demographics

- The sample consisted of 2399 individuals aged 65 years and over.
- 1,315 (54.8 per cent) of the sample were female and 1,084 (45.2 per cent) were male.
- 47.3 per cent (1135) were married, 33.6 per cent (807) were widowed and 17.2 per cent (412) were single.
- Men were more likely to be married or single (82.3 per cent, 893) than women (49.7 per cent, 654).
- Women were more likely to be widowed (48.6 per cent, 639) than men (15.5 per cent, 168).
- 53.6 per cent (1,287) lived in urban areas and 46.4per cent (1,112) lived in rural areas.
- Most respondents, 69.4 per cent (1666), lived in the East and South region, while 30.6 per cent (733) lived in the Borders, Midland and West region.

- The majority owned their homes (2142, 89.3 per cent) while 257 (10.7 per cent) rented in the private sector or were local authority tenants.
- 39.9 per cent of respondents (958) lived alone, 46.7 per cent (1,120) lived with 1 other adult and 11.7 per cent (280) lived with 2 other adults.
- There was a significant gender difference in whether a person lives alone or not, with women being more likely to live alone [$\chi^2(1)=64.496$, $p<.001$]; 47.2 per cent (621) of women live alone compared to 31.1 per cent (337) of men.
- 47.8 per cent (1146) of the sample described their economic status as ‘retired’; 40.7 per cent (976) said they were on home duties and 7.1 per cent (171) were working.
- 59.1 per cent (1417) reported their general health status as good or very good.

All analysis refers to people aged 65 years and over unless stated otherwise.

In summary, the sample of people aged 65 years and over contains slightly more women than men. Most respondents live in urban areas and in the Southern and Eastern regions of the country. Most owned their own homes and were not living alone. As would be expected for a sample of this age, most respondents were not in paid employment.

2.3 Income Pre Social Transfers

We can look at the role of social policy by measuring the income poverty rate before and after social transfers are included in the calculations. Income poverty is defined as having an income that is less than 60 per cent of the median income. The median income is the middle income when all incomes are included.

The first step in the analysis of incomes was to measure levels of income of older people when social transfers (cash payments and various allowances) were excluded. This stage of income measurement is referred to as 'pre social transfers' income. Looking at this stage of income allows for an analysis of the role that social policy in the form of social transfers plays in reducing poverty.

The average equivalised pre social transfers income of older people in 2004 in Ireland was €3,303.72 per year. As mentioned above, the median can be more representative than the mean and in this case the median was €.00 which means that the norm was for older people to have no income without social transfers. As the median is less sensitive to extreme values, this suggests that most of the sample clustered around lower end of values and that the average may be skewed by relatively few high incomes.

2.4 Measuring Income Poverty

The 60 per cent of median income is referred to as the poverty threshold or poverty line. People who have less income than 60 per cent of the median are therefore below the poverty line. In real terms, the 60 per cent poverty line was €185 per week or €9,680 per year in 2004 values. In 2004 the non-contributory pension rate for those aged under 80 years was €154 which means that those who relied on this pension as their sole source of income would automatically be below the poverty line; they would be income poor according to this definition.

If we measure the risk of income poverty at this level of income measurement (before social transfers) the rate is 87.4 per cent which means that without social transfers the poverty rate would be 87.4 per cent among older people.

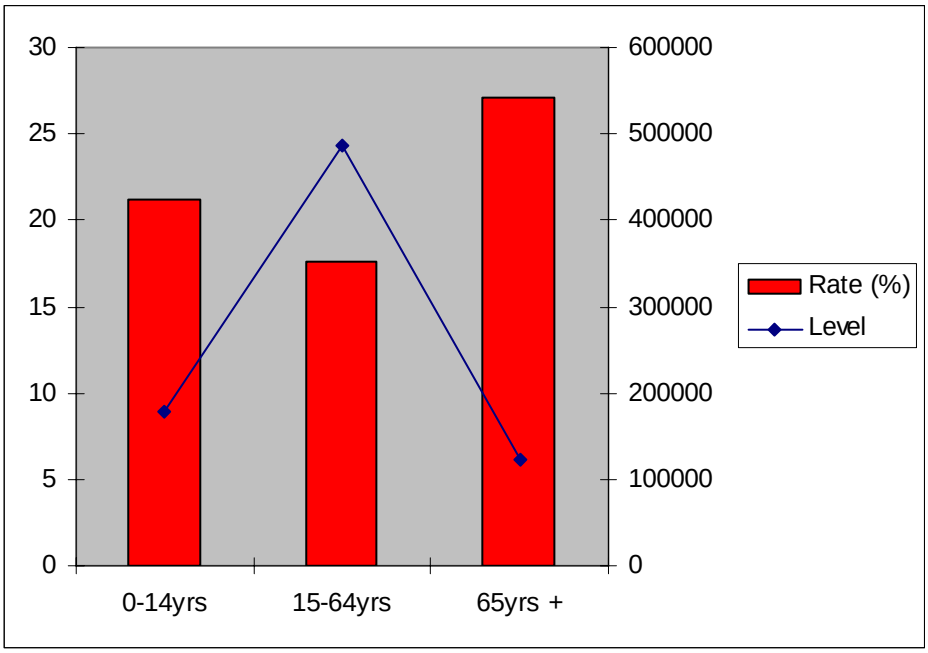
Including social transfers in the calculation of income, the average income for older people was €13,934.58 (again the median is lower at €10,856.99 which suggests that the average is skewed by relatively few high incomes) as shown in Table 2.1. Social transfers made up on average €10,630.86 of the annual income of an older person in Ireland. In fact, this means that 76.2 per cent of average income of those aged 65 and over was made up of social transfers. At this level of income measurement the income poverty rate for older people is 27.1 per cent or 122,860 people for 2004. This is the official rate of income poverty in Ireland for those aged 65 and over.

We can use the difference in income poverty rates before and after social transfers to calculate the 'poverty reduction effect' of social transfers. In this case social transfers have a poverty reduction effect of 68.9 per cent for those aged 65 years and over, as shown in Table 2.1.

In 2004 people aged 65 years and over had a higher income poverty rate than the two younger age groups (0-14 years and 15-64 years), as illustrated in Figure 2.1. The lowest income poverty rate is for those aged between 15 and 64 years (17.6 per cent of people in this age group were income poor in 2004). This means that 485,900 people in this age

group had a weekly income that was less than €185 per week). The next highest rate was for children aged between 0 and 14 years with a poverty rate of 21.2 per cent or 179,315 children. Finally, older people had the highest rate at 27.1 per cent or 122,860 people.

Figure 2.1: Income poverty rates by age group



2.5 Income Situation of Those Aged 15-64 Years

In contrast, the data show that social transfers were worth an average of €3,468.46 to those aged 15-64 years, with a poverty reduction effect of 46 per cent. Table 2.1 shows that average pre social transfer income for those aged 15-64 years was €16,391.89 and €19,860.935 post social transfers.

Table 2.1: Pre and post social transfers incomes by age group

	Mean pre social transfers Income	**Mean Post social transfers Income**	**Value of social transfers**	**Poverty reduction effect**	**Income poverty rate**
0-14 yrs	€14,382.17	€17,814.03	€3,431.86	44%	21.2% (179,315)
15-64 yrs	€16,391.89	€19,860.93	€3,468.46	46%	17.6% (485,951)
65 + yrs	€3,303.72	€13,934.58	€11,063.36	68.9%	27.1% (122,860)

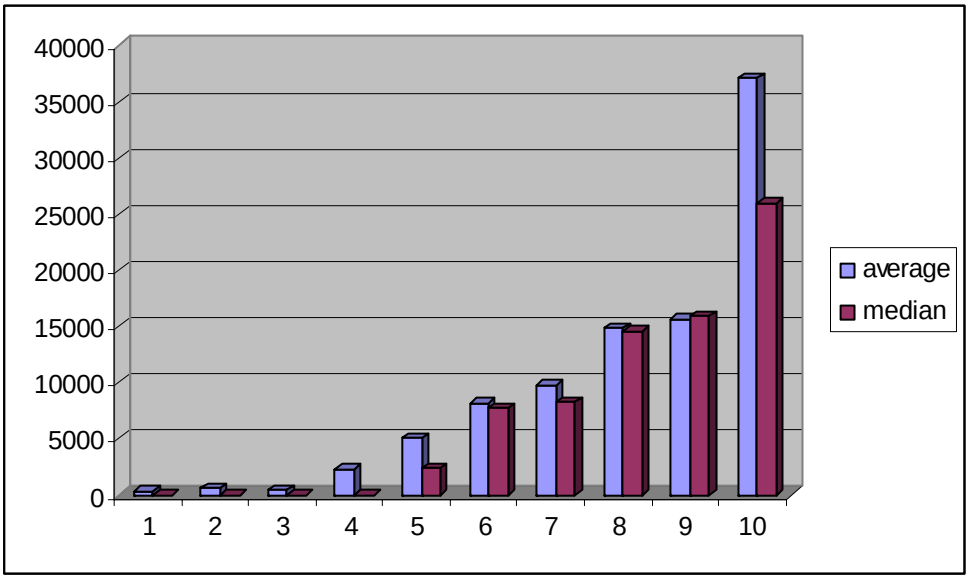
This clearly shows the importance of social transfers to the incomes of those aged 65 plus years. The role of social policy is to redistribute resources. The point has been made that the old age pension is a way of redistributing income across life cycles rather than across individuals (Dennis and Guio, 2003). The important role played by social transfers, and in particular old age pensions, is clear from the results of the current study.

The vast majority of the sample were not in employment. So it is not surprising that the analysis shows that people aged 65 and over relied heavily for their income on social transfers, particularly old age pensions and survivors' benefits. Social transfers made up over three-quarters of the income of older people, compared to less than one-fifth of the incomes of those aged 15-64 years. This finding was expected, as previous research such as the 1997 Living in Ireland survey also showed that elderly people were reliant on pensions for income (Layte et al, 1999).

2.6 Distribution of Income Among Older People

Figure 2.2 shows how much income older people had before they received any social transfers. We can see that in the lowest 4 deciles the median income was zero (exact amounts of income can be seen in Table 2.2) before social transfers were received.[5] The average values were higher than the median in almost all deciles. This means that a few relatively high incomes were skewing the results and, in fact, the median was more representative of the norm.

Figure 2.2: Average and median equivalised income pre social transfers by income decile of older people



[5] Income deciles are used to look at the distribution of income among a group of people. This is done by dividing the population into tenths according to level of income. So the first income decile (decile number one) contains the one-tenth of the population with the lowest income, the second decile has the second lowest and so on (the tenth decile has the richest one-tenth of the population).

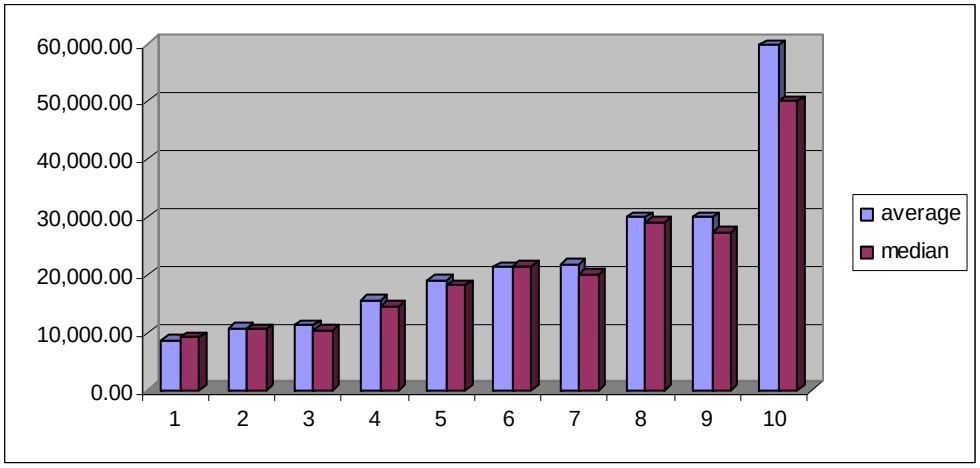
Table 2.2: Median income by income decile pre and post social transfers

Decile of household	Median equivalised income pre social transfers	Median equivalised income post social transfers
1 (lowest)	.00	€9,168.74
2	.00	€10,480.60
3	.00	€10,334.45
4	.00	€14,497.00
5	€2,362.63	€18,121.93
6	€7,683.69	€21,459.75
7	€8,255.03	€20,143.17
8	€14,570.17	€29,197.01
9	€15,928.70	€27,390.71
10 (highest)	€25,973.27	€50,190.08
Total	.00	€10,536.11

2.7 Income Post Social Transfers

We now examine the income situation when social transfers are included in the measurement of income. Comparing Figures 2.2 and 2.3, we see that social transfers make a considerable difference to income levels, particularly to those in the lowest income deciles. For example, Table 2.2 shows that the median income of people in the lowest income decile had increased from zero income to €9,168.74. Figure 2.3 illustrates the post social transfers income situation.

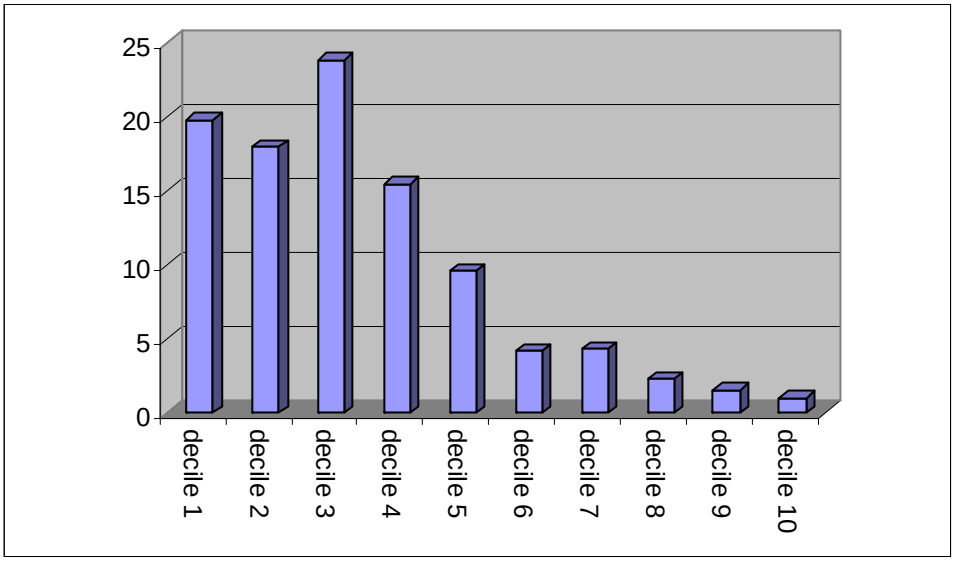
Figure 2.3: Average and median income post social transfers by income decile of older people



2.8 Position of Older People in Income Distribution of All Ages

Figure 2.3 shows the income distribution of older people among the total population. This reveals that 86.8 per cent of older people were in the bottom half of the distribution.

Figure 2.4: Distribution of older people by income decile (among all age groups)



This is the situation using the 60 per cent of median income poverty line. However, if we use a different line we can access some interesting data about the position of older people.

2.9 Depth of Poverty

The reliance on social transfers means that the income of those aged 65 plus tends to cluster around a particular value. We have already seen that 27.1 per cent of older people were under the poverty line, using the 60 per cent threshold (€9,680 per year or €185 per week). If, however, we look at poverty rates using a different poverty line/threshold we see that the picture changes. Using a poverty line of 70 per cent of median income (€11,293 per year or €216.43 per week) the income poverty rate increases to 53 per cent or 241,551 people. Using the 70 per cent threshold adds another 26 per cent of older people to the definition of income poverty.

If we lower the threshold to 50 per cent (€8,067 per year or €154.59 per week) the rate is 8.2 per cent which means that 8.2 per cent or 37,186 older people fall under this poverty line.

2.9.1 Compare with 15-64 Age Group

To put the situation of older people in context, it is useful to present findings on the same analysis for those aged 15-64 years. For this age group 10.9 per cent were income poor using the 50 per cent threshold (0-14 years = 13.4 per cent) and at 70 per cent the rate is 24.2 per cent (29.9 per cent for 0-14 years). Increasing the threshold to 70 per cent adds another 6 per cent of those aged 15-64 years to the definition of income poverty. This again shows that older people's incomes tend to be clustered close to the poverty thresholds. In contrast, the incomes of younger people tend to be more evenly distributed.

This reliance on social transfers raises the issue of their importance in terms of preventing poverty. The data showed that the income received by older people was essential to staying out of poverty. In fact, analysis indicated that without social transfers 87.4 per cent of older people would be income poor. When social transfers are included the income poverty rate dropped to 27.1 per cent.

While the monetary amount of social transfers has increased in recent years, the increases have not kept pace with increases in average industrial earnings, with the result that people who rely on social transfers are much more vulnerable to income poverty (Whelan et al, 2003). For example, the value of the contributory pension relative to Gross Average Industrial Earnings fell from 38 per cent in 1987 to 31 per cent in 2005. The answer to this problem is to bring social welfare payments into line with average industrial earnings.

In contrast, if we look at the income situation of people aged 15-64 years we see that 17.4 per cent of their income comes from social transfers. The average pre social transfers income for the 15-64 years age group is €16,391.89 (median was €14,717.25) and risk of poverty for this level of income measurement is 32.6 per cent.

The average for people aged 15-64 years when we include social transfers is €19,860.93 (median was €15,154.46). This shows that social transfers make up €3,469.04 of the average income of people who are aged 15-64 years. The poverty rate for those aged 15-64 years is 17.6 per cent (486,000 people).

2.10 Deprivation

This section details the rates of deprivation on individual deprivation indicators. We now compare rates of deprivation between the three age groups (people aged between 15 and 64 years, children aged 0 to 14 years and older people).

2.10.1 Basic Deprivation Items

When levels of deprivation on the original eight items were compared between older people and the other two age groups, the results showed that older people had the lowest levels of deprivation on all eight items, as shown in Figure 2.5. Table 2.3 displays the exact rates of deprivation. Among the age groups, children had the highest levels of deprivation. For example, 7.3 per cent of children lived in a household that had to go without heating at some stage in the previous 12 months due to lack of money; 7.5 per cent of children live in a household that cannot afford to buy new, rather than second-hand clothes. In contrast the deprivation rates for older people on these items were 3 per cent and 3.6 per cent respectively.

While income poverty rates are higher for older people, their deprivation rates tend to be lower in general. Possible explanations for this lower level of deprivation than would be expected are that non-cash transfers play an important role in reducing the amount of necessary expenditure for an older person. Patterns of consumptions and levels of expectation have also been suggested as possible contributors to this result (Layte et al, 1999).

Figure 2.5: Basic deprivation indicators by age group

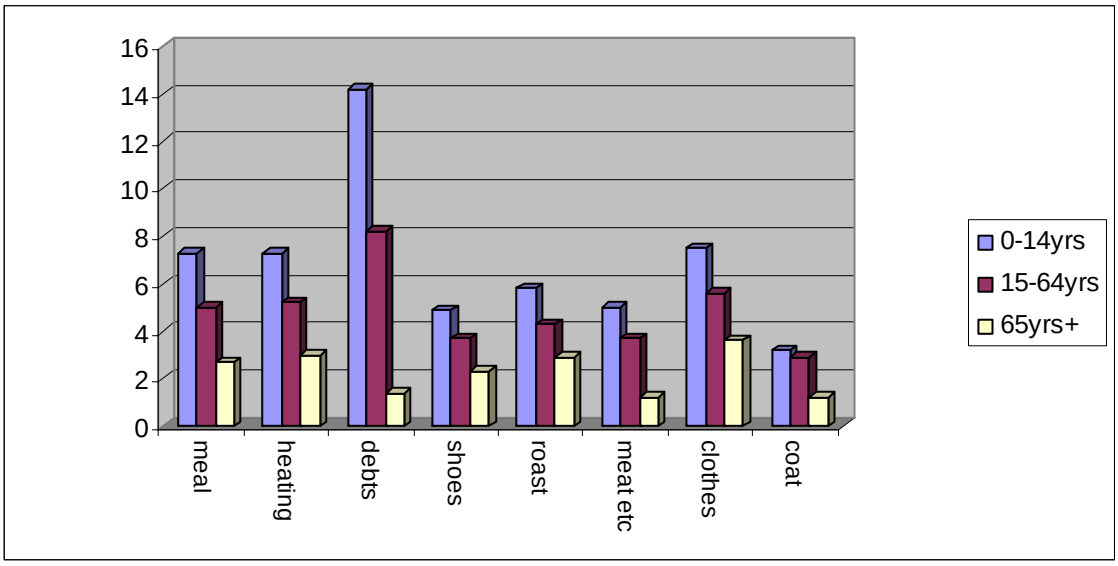


Table 2.3: Original deprivation indicators by age group

	Meal	Without heating	Debts	2 pairs shoes	Roast once a week	Meat etc	New clothes	Coat
0-14yrs	7.3%	7.3%	14.2%	4.9%	5.8%	5%	7.5%	3.2%
15-64yrs	5%	5.2%	8.2%	3.7%	4.3%	3.7%	5.6%	2.9%
65+	2.7%	3%	1.4%	2.3%	2.9%	1.2%	3.6%	1.2%

2.10.2 New Deprivation Items

The results for the five new deprivation items reveal a similar pattern to the original eight items. However, it is clear that deprivation rates are higher on these items for all groups. This suggests that these new items are better at capturing the experience of deprivation than the original items.

Again, older people have lower rates of deprivation on these indicators than younger people. For example, 17.9 per cent of children live in households that cannot afford to replace worn-out furniture, while the rate for older people is 7.9 per cent.

Figure 2.6: New deprivation indicators by age group

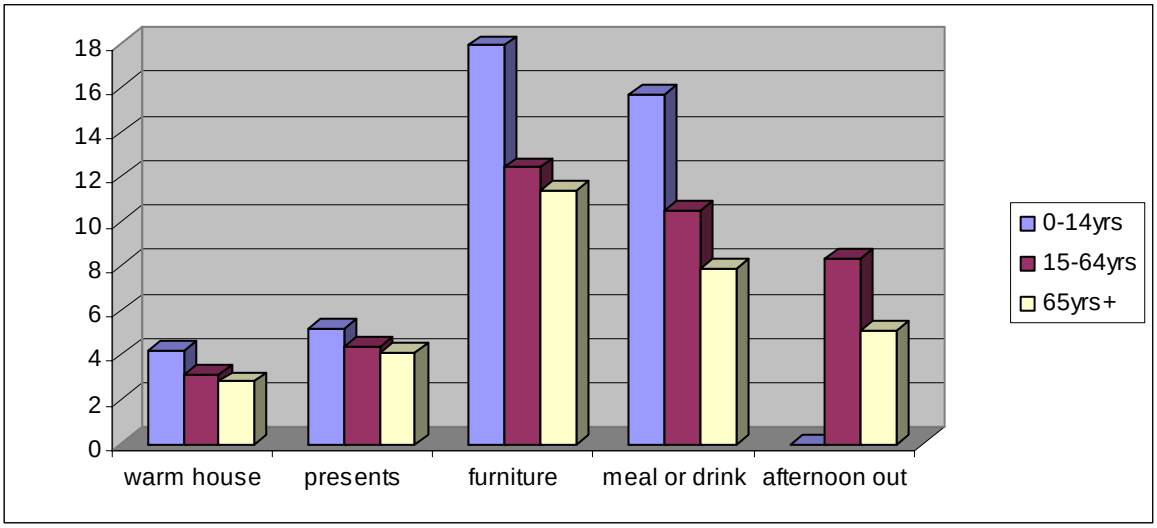


Table 2.4: New deprivation items by age group

	Warm House	Presents	Furniture	Meal or drink	Afternoon out
0-14yrs	4.2%	5.2%	17.9%	15.7%	n/a*
15-64yrs	3.1%	4.4%	12.4%	10.5%	8.3%
65+	2.8%	4.1%	11.4%	7.9%	5.1%

*data for children not available.

2.10.3 Other Deprivation Indicators

These items, while not in the official set of indicators, can offer an insight into what Whelan et al called the 'potentially poor', i.e. people who are deprived of these items (2003: 56). This means that while certain individuals may be not deprived of any of the basic set of items, they may be suffering a form of secondary deprivation of items that are just outside the definition of basic items.

The age pattern is again repeated for these other deprivation items, with older people again having lower levels of deprivation except for the variable about the ability to save some income regularly. For this item, older people had a very similar rate to those aged 15-64 years. The high rate of deprivation for both age groups is worrying. It suggests that almost 60 per cent of people aged 15-64 years and 65 and over cannot save some income regularly.

This means that if many people of a working age cannot save income regularly they will not have savings or a pension plan to support themselves upon retirement from the formal economy. They are then likely to be dependent on the state pension and consequently, as we have seen, will have a high chance of experiencing poverty. This inability to save some income regularly during the working phase of life therefore creates a form of persistent poverty from which it is difficult to escape. Thus the working people of today who cannot save are the poor older people of tomorrow.

Figure 2.7: Other deprivation indicators by age group

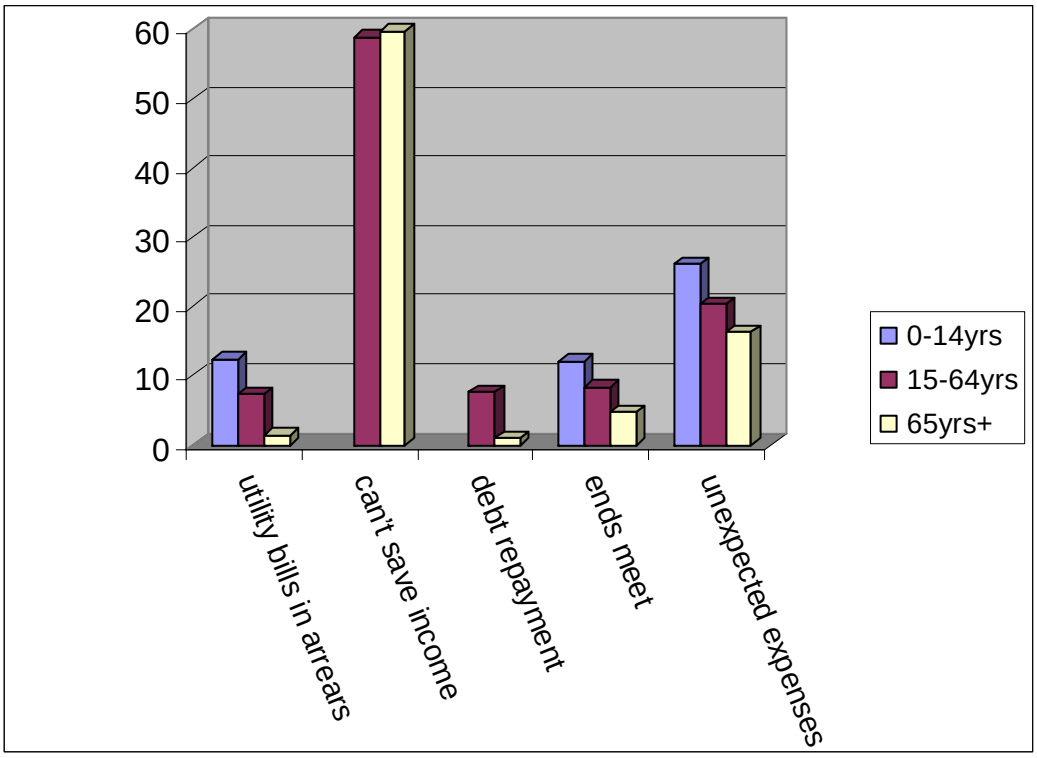


Table 2.5: Other deprivation indicators by age group

	Utility bills arrears	Cannot save some income regularly	Debt repayment is a heavy burden	Great difficulty in making ends meet	Cannot pay unexpected expenses
0-14yrs	12.4%	n/a*	n/a*	12.1%	26.1%
15-64yrs	7.3%	58.9%	7.7%	8.3%	20.4%
65+	1.4%	59.8%	1%	4.7%	16.2%

*data for children not available.

2.11 Housing Deprivation

The data suggest that older people have the highest rates of deprivation of housing-related items when compared to other age groups. Analysis of single item housing indicators shows that older people are less likely to have central heating, a bath/shower, hot water, running water and a toilet in their homes than younger people, as shown in Table 2.6. They are also more likely to have damp walls/a leaking roof/rotting doors and windows.

This confirms previous research (Fahey and Murray, 1994; Layte et al, 1999) which has revealed that older people are less likely than younger age groups to experience basic deprivation but more likely to experience housing deprivation. This may be explained by the fact that older people tend to live in older houses and so after a certain amount of time these buildings need maintenance or improvements. Layte et al (1999) point out that older people tend to be less likely to engage with the inconvenience of having home improvements carried out, but also that because the housing stock in which they live tends to be older and therefore in worse condition, the costs of the necessary work tend to be high.

The current policy position is to support older people who wish to remain living in the community for as long as they wish as opposed to entering full-time residential care. These results seem to suggest that the schemes that have been put in place to improve living conditions appear to be inadequate. It seems that, despite home improvement schemes aimed specifically at this age group, many older people still do not have basic housing amenities.

Studies have shown reluctance on the part of older people to leave their homes in favour of other accommodation, even when their home is sub-standard in some way. Fahey and Murray found that even among those older people who lived in defective housing, only 20 per cent would consider moving to more suitable accommodation (1994: 170). According the results of this study, the highest rates of deprivation on housing-related items were for a lack of central heating, and having damp walls/a leaking roof/rotting windows or doors.

Table 2.6: Housing deprivation by age group

	Bath/shower	Central heating	Hot water	Running water	Damp walls etc	Too dark	Toilet
0-14yrs	.4 %	6.7%	.9%	.6%	13.1%	6.9%	.4%
15-64yrs	1%	7.6%	1.5%	.9%	13.2%	6%	.6%

65+	2.5%	17.7%	4.2%	1.3%	15.5%	5.4%	1.2%

Having looked at levels of income, rates of income poverty and deprivation indicators, we now move on to examine the issue of consistent poverty.

2.12 Consistent Poverty

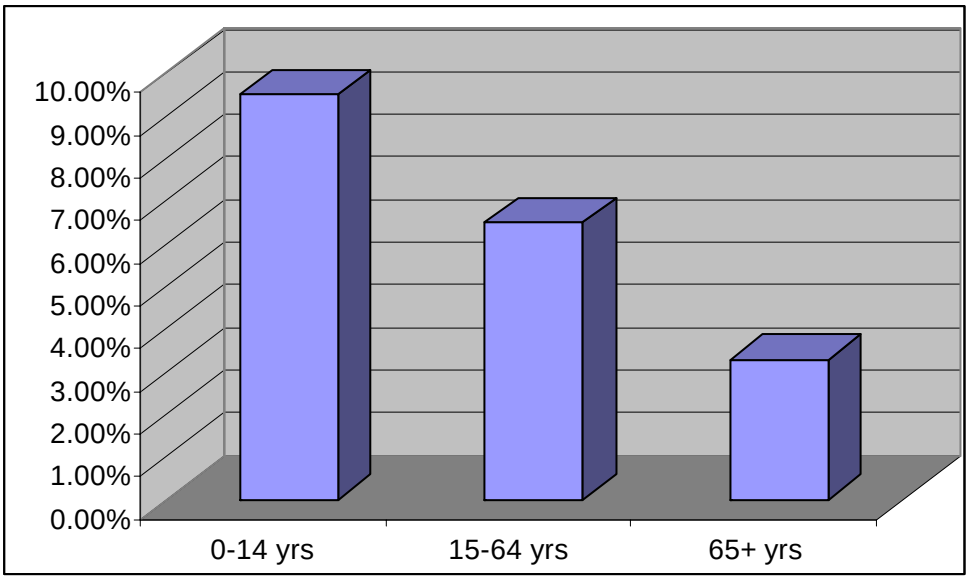
Almost 275,661 people (6.8 per cent) of the total population were in consistent poverty according to the 2004 data. There was little gender difference in consistent poverty rates in the general population: 7.4 per cent for women (150,781) and 6.2 per cent (124,880) for men. This may be because while income applies very much on an individual basis, some items measured on the deprivation scale, e.g. lack of heating, would apply to all members of a household. For example, while women may have less income than men, they may share such facilities in a household.

There were, however, significant age group differences. While income poverty rates increased with older age groups the opposite is true in relation to consistent poverty. Children had a much higher rate of consistent poverty (9.5 per cent, 80,616 children) than those in the 15-64 years group (6.5 per cent, 179,875 people) or the 65 plus years group (3.3 per cent, 15,170 people), as shown in Figure 2.8.

Older people may have lower consistent poverty rates because they have accumulated assets throughout life. The relatively low rates of consistent poverty may be related to services and non-cash benefits received by older people. Younger people who do not receive such benefits must pay for fuel, for example, out of their income and so may be forced to go without such items if they are experiencing financial difficulties.

Layte et al (1999) pointed to the importance of the quality and availability of social care and health services for the quality of life of an older person. Poor quality or expensive services can mean that older people who need but cannot access these services may be in a position of enforced deprivation.

Figure 2.8: Consistent poverty rate by age group



2.13 Conclusion

This section presented results on the extent of poverty by age group. Older people had the highest rate of income poverty, at 27.1 per cent. In terms of numbers of people, this means that approximately 122,860 older people were deemed to be income poor in 2004. The rate for people aged 15-64 years was 17.6 per cent (485,951 people) and for children it was 21.1 per cent (179,315 children).

However, the results for deprivation and consistent poverty were different. Older people had a consistent poverty rate of 3.3 per cent (15,170 people), which was lower than the 15-64 age group at 6.5 per cent (179,875) and the youngest age group of 0-14 years which had a rate of 9.5 per cent (80,616 children). The exception, however, was housing deprivation, which older people are more likely to experience.

3 Income Poverty Among Older People

3.1 Introduction

Section 2 looked at different types of poverty rates for older people compared to the other age groups. This section examines income poverty rates among older people. The data show that some groups of older people are better off than others. We examine these sub-groups in detail. They will be used to examine income poverty in this section and also to examine deprivation, consistent poverty and health in subsequent sections. These sub-groups are based on whether the person –

1. Is male or female
2. Lives in an urban or a rural area
3. Lives in the Border, Midland and Western region or the South and East region
4. Owns or rents his/her home
5. Lives alone or not, and
6. Has formal education up to lower secondary level or upper secondary and above.

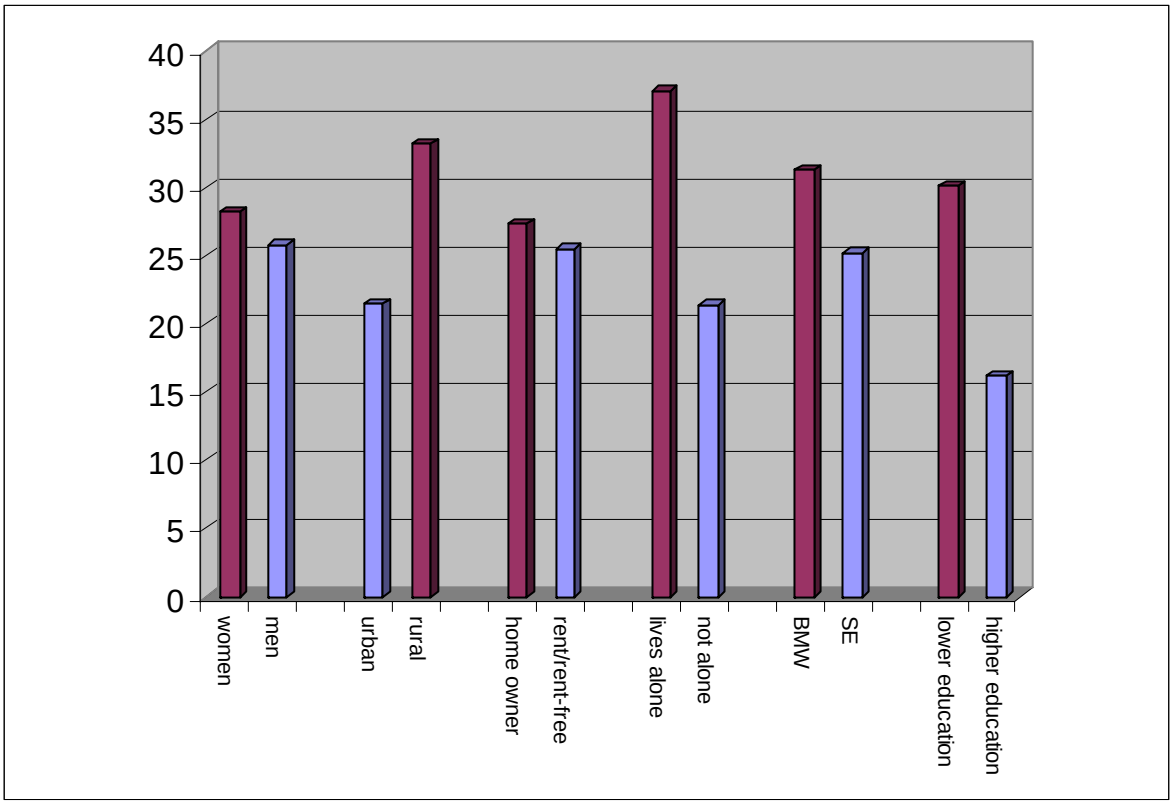
Table 3.1: Income poverty rate by sub-groups of older people

Sub-group	Rate of Income Poverty
Women	28.2%*
Men	25.8%
Urban	21.5%*
Rural	33.2%
Home owner	27.3%*
Rent/rent-free	25.5%
Lives alone	37.1%*
Not alone	21.4%
BMW	31.3%*
SE	25.2%
Lower education	30.1%*
Higher education	16.2%

* p<.001

Some sub-groups of older people are more vulnerable to income poverty than others, as illustrated in Figure 3.1. For example, 33.2 per cent of those who live in rural areas were income poor, compared to 21.2 per cent of those who lived in urban areas. People who lived alone had twice the rate of poverty of those who lived with someone. People with lower levels of education also had twice the rate of those with higher levels of education.

Figure 3.1: Income poverty rate by sub-group of older people



3.2 Gender

The first sub-group of older people we examine is women. Women had lower incomes than men, as shown in Table 3.2. For women the average income before social transfers were included was €2,931.93 and for men it was €3,781.40 [t(410572.8)= 40.122, p<.001]. When social transfers are included women had an average income of €13,484.51 and men had €14,512.85 [χ^2 (419967.5) = 41.43, p<.001]. The value of .004 for eta squared suggests that the difference between men and women is small.

As women had lower incomes, it is therefore not surprising that women had a higher income poverty rate than men. After social transfers, the poverty rate for women was 28.2 per cent which was slightly higher than 25.8 per cent for men [χ^2 (1) = 322.881, p<.001]. The value for Cramer's V was .027 which suggests that the difference in poverty rates was small. In effect, this means that social transfers had a poverty reduction effect of 68.2 per cent for women and 69.8 per cent for men. However, because there are more older women the actual number of people affected is quite different (51,105 men, 71,155 women).

This finding supports previous research. Layte et al (1999) found that an individual living in a household that was headed by a female would be two and a half times more likely to be poor. Women's lower income levels have been explained by their labour market status in earlier stages of their lives. This may be due to the fact that because many women who are now in the older age group worked full-time in the home and were unpaid (Wamala and Ågren, 2002) they are therefore less likely to have a contributory or occupational

pensions to boost their income. Instead many are reliant on the state non-contributory pension.

In support of this argument, Gunnarsson (2002) argues that women do not become poor upon reaching old age; rather it is the culmination of a life-long process. The result of women working full-time in the home is that they are now reliant on lower value pensions than men who are more likely to received occupational or contributory pensions.

It is likely that there is relatively little gender difference in younger people's incomes because more women are in the paid labour force now, while women who are now aged 65 years and over would have been less likely to have been in paid employment in the formal economy. For example, the abolition of the marriage bar in 1973 allowed women a greater opportunity to work outside the home than had previously been available, though it must be noted that while progress has been made since pre-1973, there is still a long way to go in terms of workplace equality for the sexes. The absence of women from the paid labour force meant they were not eligible for contributory or occupational pensions; this is evident in the 2003 data. Therefore without the benefits of social transfers older women would have an even higher income poverty rate.

Layte et al (1999) found that those who relied on pensions other than the contributory old age and occupational pensions were significantly more likely to experience poverty. Women are more heavily reliant on such pensions. Women's lack of other direct income is evident in the fact that women are significantly more likely to be income poor before social transfers including pensions and survivor's benefits than men (i.e. men have higher incomes even before social transfers).

Older women are poorer because they rely more on social welfare pensions and payments, increases in which have not kept pace with wage increases. Women are less likely to have an occupational pension and its value is likely to be smaller than for a man because women spend a shorter time in the formal economy and probably earned less while they were working (Hughes and Watson, 2005).

Table 3.2: Pre and post average social transfers incomes by gender

	Pre social transfers	Post social transfers	Value of social transfers	Poverty reduction effect	Income poverty rate
Women	€2,931.93	€13,484.51	€10,552.58	68.2%	28.2%*
Men	€3,781.40	€14,512.85	€10,731.45	69.8%	25.8%

*p<.001

3.3 Type of Area

There was little difference between urban and rural before social transfers. However, urban dwellers had higher incomes post social transfers (mean = €15,254.21) than rural

dwellers (mean = €12,513.25) [χ^2(414782.3) = 114.55, p<.001]. The value for eta squared was .03. Not surprisingly, the poverty rate was therefore higher for rural dwellers (33.2 per cent) than for urban (21.5 per cent). [χ^2 (1)=7820.255, p<.001]. The value for Lambda was .1 which suggests that type of location has a moderate effect on the likelihood of being income poor.

The data showed that there were significant differences in levels of income between urban and rural areas, and consequently there were significant differences in rates of income poverty for those aged 65 plus years. (Rural dwellers aged 15-64 years also had a higher poverty rate at 22.3 per cent than urban dwellers at 14.8 per cent.) The rate of poverty for those aged 65 and over living in rural areas was over 10 per cent higher than for urban dwellers. While there was also a difference for younger people, it was not as pronounced.

The Combat Poverty report *Mapping Poverty* (2005) found that rural areas, including villages, had a higher risk of income poverty than urban areas. A SLÁN report using 1998 and 2002 data also found that rural dwellers had lower incomes than urban dwellers. Layte et al (1999) found that elderly people living alone and in rural areas were 40 per cent more likely to be in poverty than other elderly people. The increased vulnerability of the rural population has been recognised by the National Anti-Poverty Strategy as an issue requiring action.

Table 3.3: Pre and post average social transfers incomes by type of area for older people

	Pre social transfers	Post social transfers	Value of social transfers	Poverty reduction effect	Income poverty rate
Urban dwellers	€3,236.83	€15,254.52	€12,017.69	75.2%	21.5%*
Rural dwellers	€3,375.75	€12,513.25	€9,137.50	62.2%	33.2%

* p<.001

3.4 Region

People living in the Border, Midland and Western (BMW) region had lower average incomes post transfers incomes (€12,786.16) than South and East residents (€14,469.50) [χ^2(360633) = -70.65, p<.001]. The income poverty rate was higher for people living in the BMW (31.3 per cent) than S & E (25.2 per cent) [χ^2 (1) =1862.652, p<.001]. The value for Cramer's V was .064 which suggests a moderately strong effect.

This finding is supported by Combat Poverty's publication *Mapping Poverty* study (2005) which found that the border region was the most clearly disadvantaged area, followed by the West and South-West. It is supported by the data which show than those living in the Border, Midland and West regions have a significantly higher risk of poverty *before* social transfers than those living in urban areas. This means that those living in rural areas have less direct income and that without social transfers they would be at a greater risk of poverty than people living in the Southern and Eastern region.

Table 3.4: Pre and post average social transfers incomes by region for older people

	Pre social transfers	Post social transfers	Value of social transfers	Poverty reduction effect	Income Poverty rate
Border, Midland & West	€2,694.03	€12,786.16	€10,092.13	64.8%	31.3%*
South & East	€3,587.70	€14,469.50	€10,881.80	70.9%	25.2%

*p<.001

3.5 Tenure Status

The vast majority (89.3 per cent) of older people in Ireland owned their homes in 2004. The data showed that owner-occupiers had higher incomes than renters/rent-free, as shown in Table 3.5. After social transfers the average income for home-owners was €14,107.50, compared to €12,426.68 for those who rented or were rent-free [χ^2 (59882.96) = 44.39, p<.01]. The value for eta squared was .03 which suggests a weak effect.

However, the income poverty rate is slightly higher for owner-occupiers (27.3 per cent) than for renters/rent-free (25.5 per cent) [χ^2 (1) =69.037, p<.001]. The value for Cramer's V was .012.

Further analysis revealed that the median income for both categories was very similar (€10,988.00 for owners, €10,362.83 for renters). The mean incomes appear to have been positively skewed by relatively few extremely high incomes. So while the mean incomes give the impression that owners have higher incomes, the median shows that, in fact, both categories are quite similar.

We have already seen that a disadvantage of home ownership among the elderly is that these older houses are more likely to have problems such as dampness or lack hot water.

Table 3.5: Pre and post average social transfers incomes by tenure status for older people

	Pre social transfers	Post social transfers	Value of social transfers	Poverty reduction effect	Income Poverty rate
Owner	€3,417.51	€14,107.50	€10,689.99	68.5%	27.3%*
Rent/Rent-free	€2,311.43	€12,426.68	€10,115.25	72.9%	25.5%

* p<.001

3.6 Household Composition

The vulnerability of older people who live alone is a theme that emerged during the analysis of the data. Older people living alone had lower incomes than those who lived with someone. Those living alone had a poverty rate of 37.1 per cent, compared to 21.4 per cent for those living with someone [$\chi^2(1) = 13103.56$, $p<.001$]. The value of Cramer's V was .17 which suggests that tenure status has a strong relationship with the likelihood of a person being in poverty.

The data show that, despite economic growth, older people living alone are still particularly vulnerable to poverty. Similar findings were made by Hughes and Watson (2005). The current study found that older people living alone had lower incomes at all stages of income measurement and had a significantly higher rate of income poverty than people who lived with someone. Figures suggest that 'the number of older people living alone will increase substantially between 2002 and 2021, in line with the growth in the overall number of older people. By 2021 there will be 211,000 older people living alone, representing just over 30 per cent of all those aged 65 and over' (Connell and Pringle, 2004).

The response to the vulnerability of older people living alone has been in the form of the living alone allowance which has a current value of €7.70 per week for those aged between 66 and 79 (for those aged 80 and over it is €10 per week). However, this allowance has not increased since 1995.

Table 3.6: Pre and post average social transfers incomes by household composition for older people

	Pre social transfers	Post social transfers	Value of social transfers	Poverty reduction effect	Income poverty rate
Lives alone	€1,316.41	€12,589.15	€11,272.74	61.5%	37.1%*
Lives with 1 or more people	€4,436.44	€14,701.45	€10,265.01	73.9%	21.4%

* $p<.001$

3.7 Education

Analysis showed that lower levels of education were linked to lower levels of income and, consequently, higher levels of income poverty. Those with formal education up to lower secondary had an average pre social transfers income of €2,839.78 which was lower than that of people with upper secondary education and above (€4,992.76) [$t(10460938) = 157.297$, $p<.001$]. eta sq = .002.

The average equivalised income post social transfers of people with up to lower secondary level was €12,489.36. People with upper secondary and above had an average income of €19,259.40. The income poverty rate for both categories was 30.1 per cent and 16.2 per cent, respectively.

Table 3.7: Pre and post average social transfers incomes by education level for older people

	Pre social transfers	Post social transfers	Value of social transfers	Poverty reduction effect	Income poverty rate
Up to lower secondary	€2,839.78	€12,489.36	€9,649.58	66%	30.1%*
Upper secondary and above	€4,992.76	€19,259.40	€14,266.64	80.2%	16.2%

*p<.001

3.8 Conclusion

This section examined different levels of poverty among older people. The results suggested that some older people had a higher risk of poverty than others. In particular, rural dwellers, those who lived alone, and those who lived in the Border, Midland and Western regions had higher rates of poverty. Women had a higher rate than men but the gap has narrowed since 2003.

4 Deprivation and Consistent Poverty Among Older People

4.1 Introduction

This section presents results on deprivation items for sub-groups of older people. The analysis shows that certain sub-groups of older people are more likely to experience deprivation than others.

4.2 Gender

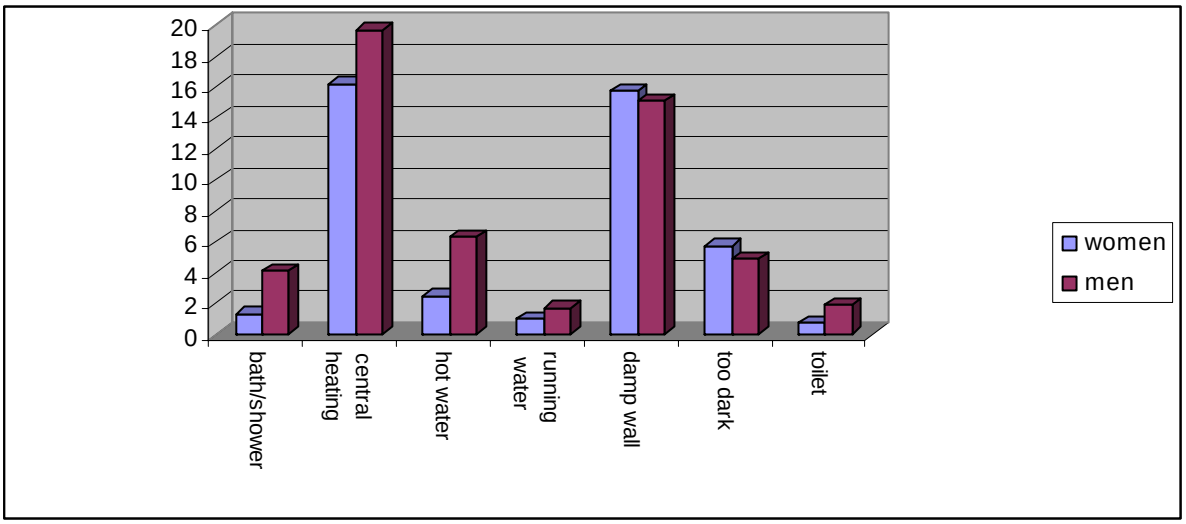
Women and men tend to have similar rates of deprivation on the original eight items (as shown in Table 4.1). However, they have slightly higher rates on the new five items and a clearly higher rate of deprivation on items regarding replacing worn-out furniture and having family and friends for a meal or drink once a month.

On the other items, women tend to have similar or slightly higher rates of deprivation (e.g. 64.4 per cent of women cannot save some income regularly, compared to 53.8 per cent of men). This is not surprising due to the fact that women have a (albeit slightly) higher rate of income poverty. In terms of deprivation on housing-related items, overall, men had higher rates of housing deprivation than women, particularly regarding a bath/shower, hot water and central heating.

Table 4.1: Rates of deprivation of older people on new deprivation items by gender

	Warm House	Presents	Furniture	Meal or drink	Afternoon out
Women	3.2%	4.3%	12.7%	9.6%	4.6%
Men	2.3%	3.7%	9.7%	5.7%	5.6%

Figure 4.1: Housing deprivation of older people by gender

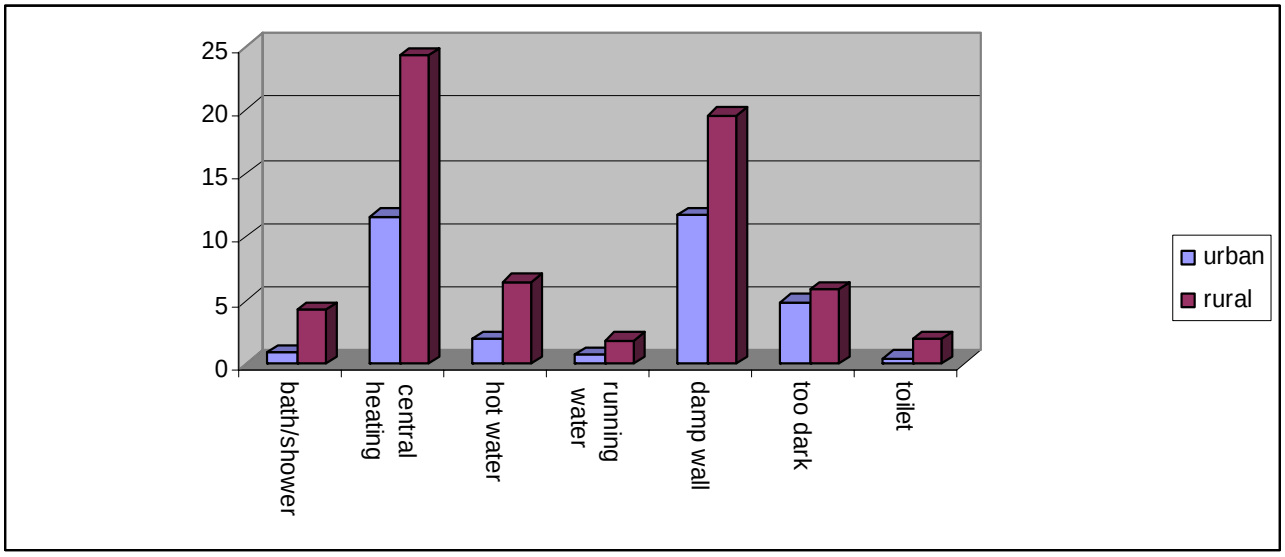


4.3 Type of Area

Overall, there appears to be little difference in deprivation levels between urban and rural dwellers. Layte et al (1999) found rural dwellers to have similar rates of deprivation to urban dwellers on basic items but higher rates on secondary items such as saving some income regularly. This pattern appears to have shifted somewhat in that rural dwellers had higher rates on some items such as inability to save income regularly (rural = 62.6 per cent, urban = 57 per cent) but lower on others such as the inability to pay unexpected expenses.

This study found that rural dwellers had higher rates of deprivation on every housing-related item. There were particularly large differentials on central heating and damp walls/a leaking roof. These findings support the conclusions of Layte et al (1999) that the rural elderly are more deprived on housing items than urban dwellers. In particular, they found that rural dwellers were more likely to live in accommodation with damp and rotting windows and this situation does not appear to have changed, based on the findings of the current study.

Figure 4.2: Housing deprivation of older people by type of area



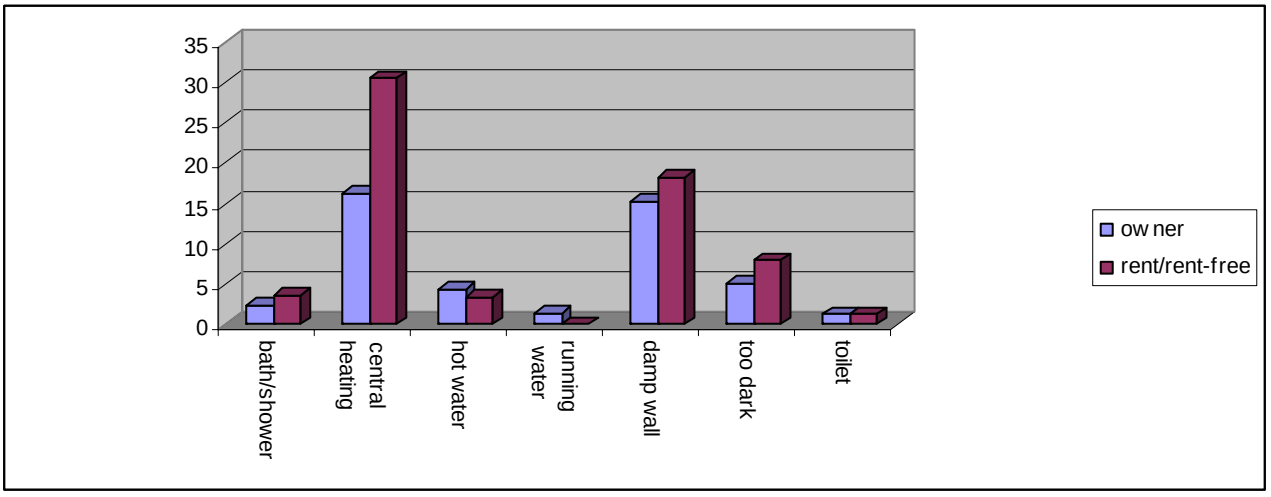
4.4 Tenure Status

Older people who rent their homes, either from a local authority or as private tenants, had higher rates of deprivation on almost all items. Some items are particularly clear. For example, tenants were almost four times more likely to be unable to afford new rather than second-hand clothes (10.7 per cent for tenants, 2.8 per cent for owners), twice as likely to be unable to afford to replace worn-out furniture (20.6 per cent of tenants, 10.3 per cent of owners), and twice as likely to be unable to afford an afternoon or evening out for entertainment (10.6 per cent of tenants, 4.5 per cent of owners).

Tenants were also twice as likely as home-owners to be unable to pay unexpected expenses (29.9 per cent of tenants, 14.6 per cent of owners). While income poverty rates were similar for home-owners and renters, there was a clear difference in deprivation rates.

Hughes and Watson's (2005) research concluded that people who own their homes are less likely to experience hardship than people who rent either in the private sector or from local authorities. The current study shows that there are significant differences in levels of deprivation based on tenure status. Stratton (2004) found that some older people living in social housing did not have central heating and could not get a grant to do it themselves. The current research found that people who are renting or are rent-free are less likely to have central heating, a bath/shower and are more likely to have damp walls. The delays in having such amenities installed under a home improvement scheme are likely to exacerbate the situation.

Figure 4.3: Housing deprivation of older people by tenure status



4.5 Household Composition

Those who lived alone had higher rates of deprivation than those who lived with someone. For example, 4.7 per cent of those living alone had to go without heating at some stage in the previous 12 months due to lack of money, compared to 2.1 per cent of those who live with someone. Older people who lived alone also had higher levels of deprivation on the new deprivation indicators. For example, 16.2 per cent of those living alone could not afford to replace worn-out furniture compared to 8.7 per cent of those who lived with one or more people; 6.7 per cent could not afford to buy presents for friends or family once a year.

This may be because two or more people living together may be able to afford more food or fuel, for example, based on economies of scale, whereas one person living alone may not be able to afford it. Utility bills shared among more than one person frees up income for expenditure on other items but one person living alone must bear the cost alone.

Older people living alone had particularly high levels of housing deprivation. Over one quarter did not have central heating while almost 8 per cent did not have hot water. Almost 6 per cent did not have a bath or shower and 3 per cent did not have an indoor toilet. These findings support the conclusions of Layte et al (1999) that elderly people living alone are more likely to experience housing deprivation.

Figure 4.4: Housing deprivation of older people by household composition

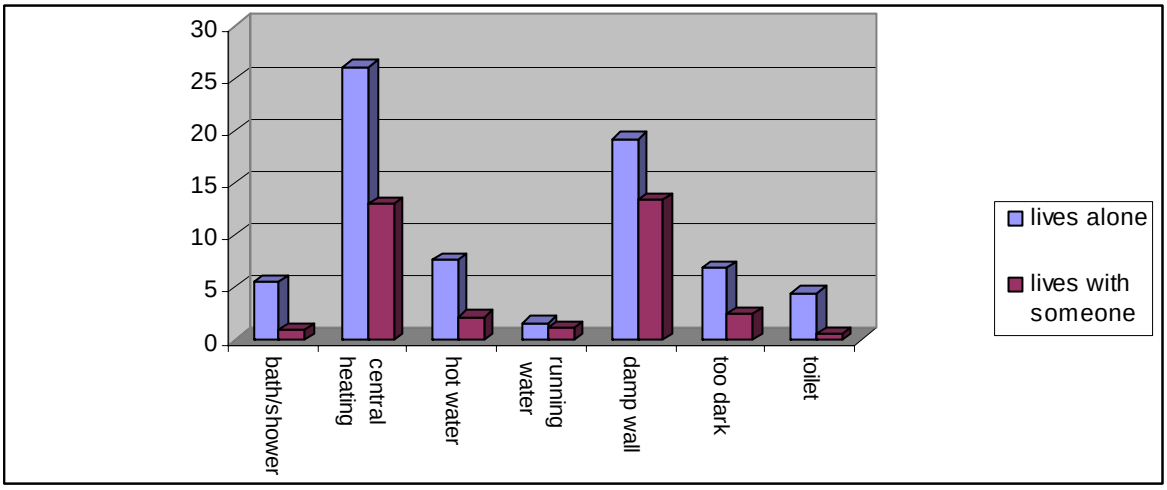
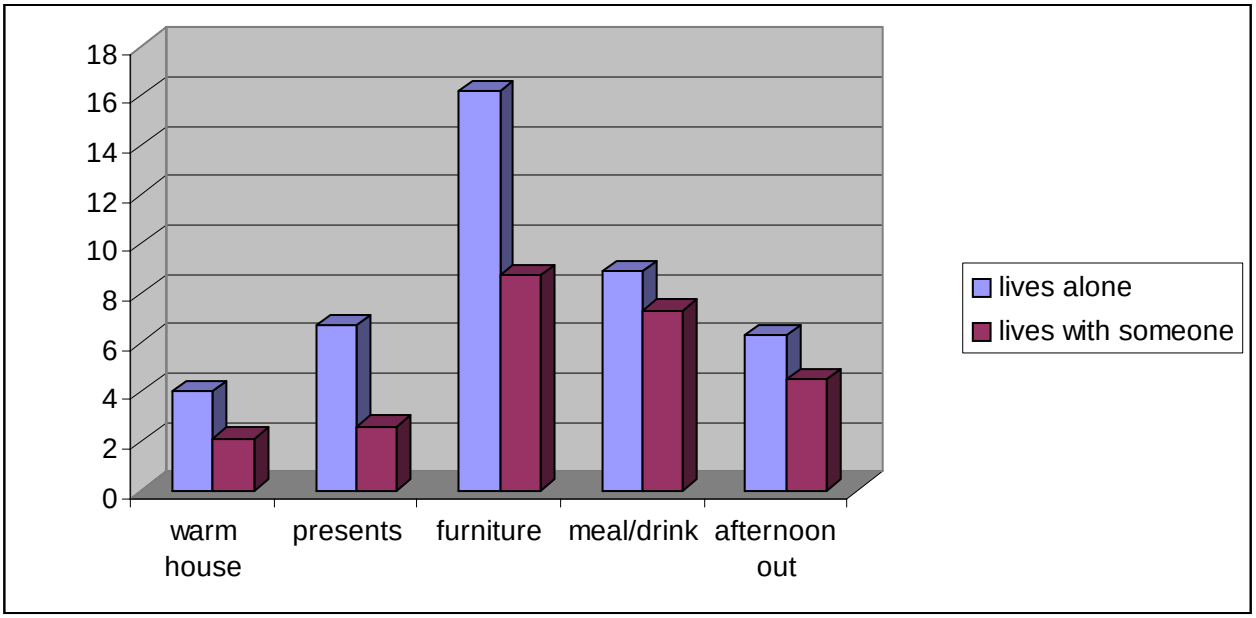


Figure 4.5: Levels of deprivation of older people on new deprivation items by household composition



4.6 Level of Education

Lower education is associated with higher levels of deprivation for all items. Indicators regarding the inability to buy presents once a year, inability to afford new furniture and the inability to have family or friends for a meal or a drink once a month are particularly clear. Those with lower levels of education also reported higher levels of housing deprivation such as lack of central heating, a bath/shower, toilet and running water.

Figure 4.6: Rates of deprivation of older people on household items by education level

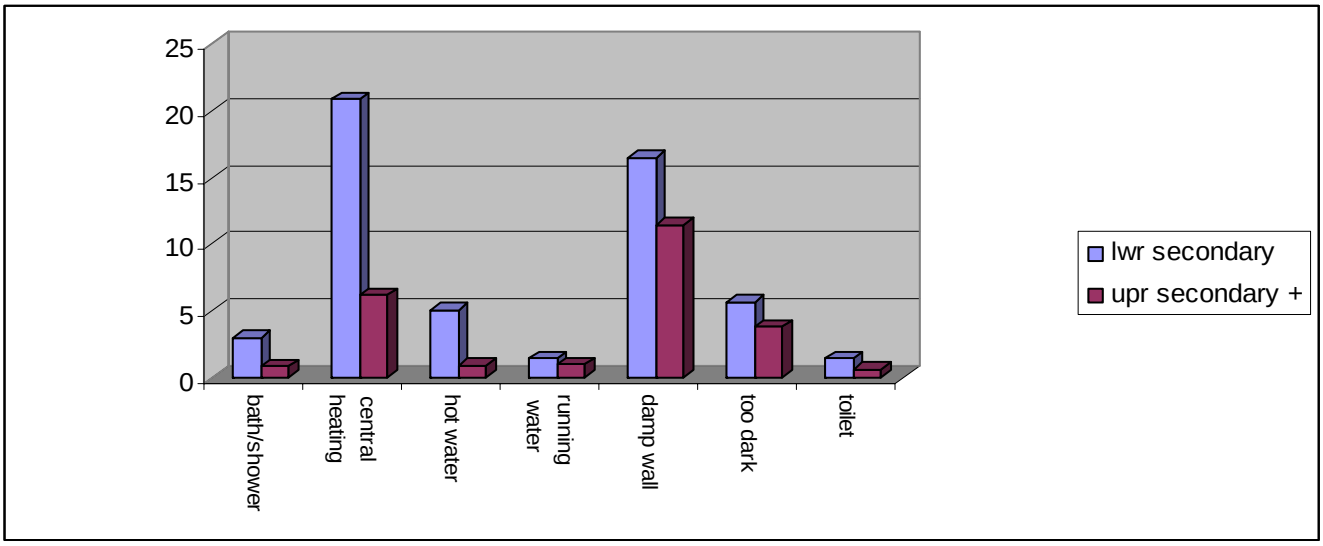
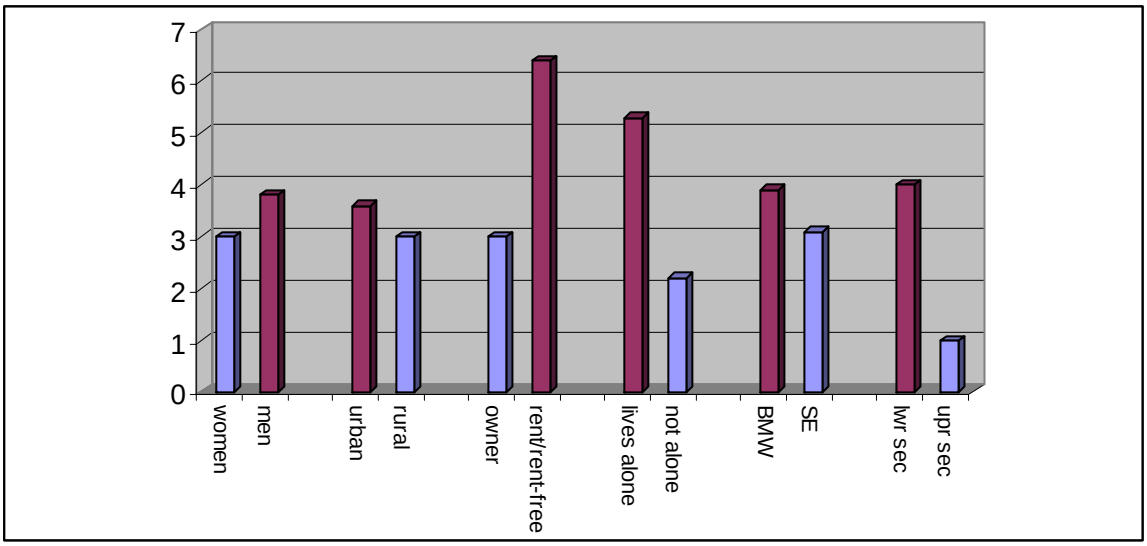


Table 4.2: Rates of deprivation of older people on other indicators by education level

	Utility bills arrears	Can't save	Debt repayment is a heavy burden	Great difficulty to make ends meet	Can't pay unexpected expenses
Up to lwr secondary	1.3%	63.7%	1%	5.1%	18.4%
Upper secondary and above	1.7%	45.7%	1%	3.1%	7.8%

4.7 Consistent Poverty

Figure 4.7: Consistent poverty rates of older people by sub-group



We have seen that income poverty is highest for older people when compared to the two younger age groups but that older people tend to have lower rates of deprivation and consistent poverty in general. This suggests that relatively low incomes does not necessarily result in deprivation for older people. This is likely to be the result of non-cash transfers which lower the amount of income needed to access services such as transport, a telephone, electricity.

Hence, older people do not appear to experience the levels of deprivation one would expect based on their relative income poverty rates. The exception however is in relation to housing deprivation, to which older people are particularly vulnerable.

We now move on to look at rates of consistent poverty among sub-groups of older people. Figure 4.7 illustrates consistent poverty rates among sub-groups of people aged 65 plus years.

There are clear differences in consistent poverty rates among certain sub-groups of older people. Those with lower levels of education have much higher levels (4 per cent compared to .8 per cent) [$\chi^2(1)=2358.642$, $p<.001$]. The value of Lambda was .072 which suggests a moderate effect.

Rates of consistent poverty are also higher among those who live alone (5.3 per cent as opposed to 2.2 per cent), [$\chi^2(1)=3139.48$, $p<.001$]. As Lambda was .014, it appears that living alone has a moderate effect on the likelihood of being in consistent poverty.

People who rent their homes also have higher rates (6.4 per cent compared to 3 per cent), [$\chi^2(1)=1471.74$, $p<.001$], Cramer's V = .057 (moderate effect) as do urban dwellers [$\chi^2(1)=131.16$, $p<.001$]. Cramer's V = .017 (weak effect).

Those who live in the Border, Midland and West region are more likely to be in consistent poverty than those who live in the South and East [$\chi^2(1)=191.12$, $p<.001$]. Cramer's V = .021 (weak effect).

Men have a slightly higher rate of constant poverty, at 3.8 per cent, than women (3 per cent) [$\chi^2(1)=270.80$, $p<.001$]. Cramer's V = .024. However, at less than 1 percentage point, in reality the difference is small. This means that while women have slightly higher rates of income poverty and deprivation on some items, combined measures of consistent poverty indicate that there is little gender difference in rates of poverty. This suggests that relatively low income does not necessarily mean deprivation for older women.

4.8 Conclusion

This section presented results on deprivation items and consistent poverty for sub-groups of older people. The analysis shows that certain sub-groups of older people are more likely to experience this type of poverty than others. People who rented their homes, and those who lived alone were particularly vulnerable to deprivation and consistent poverty.

5 Health

5.1 Introduction

This section begins by presenting some data on general health-related issues. The information for older people is compared to those aged 15-64 years and is then analysed to see if there is a link between health outcomes and poverty. The analysis will concentrate on three topics:

1. Whether respondents had a chronic illness or not
2. How they rated their general health
3. If their activities were limited by a health problem.

5.2 General Health

When asked about their general health status, 58 per cent of people aged 65 years and over said their health was good or very good. However, 50.7 per cent said that they suffered from a chronic illness. This seems to be a rather high figure, given that 58 per cent said their health was good or very good. It may be explained by a possible lowering of health expectations in older people as suggested by Layte et al (1999), i.e. despite the fact that rates of chronic illness are high, older people appear to think their health is relatively good considering their age.

With a high rate of chronic illness relative to younger people (15-64 years = 17.3 per cent had a chronic illness) we would expect that older people are more likely to have their activities affected by their health. In fact, 47.1 per cent said their activities were limited or strongly limited by a health problem. In contrast the figure for 15-64 year olds was 15.2 per cent.

5.2.1 Smoking

When asked if they smoked, 14 per cent that they were smokers at the time of the survey. This appears to have decreased substantially since the 1993 Survey of over-65s, when almost a quarter of elderly respondents said they were current smokers (Fahey and Murray, 1994).

5.2.2 Private Health Insurance/Medical Card

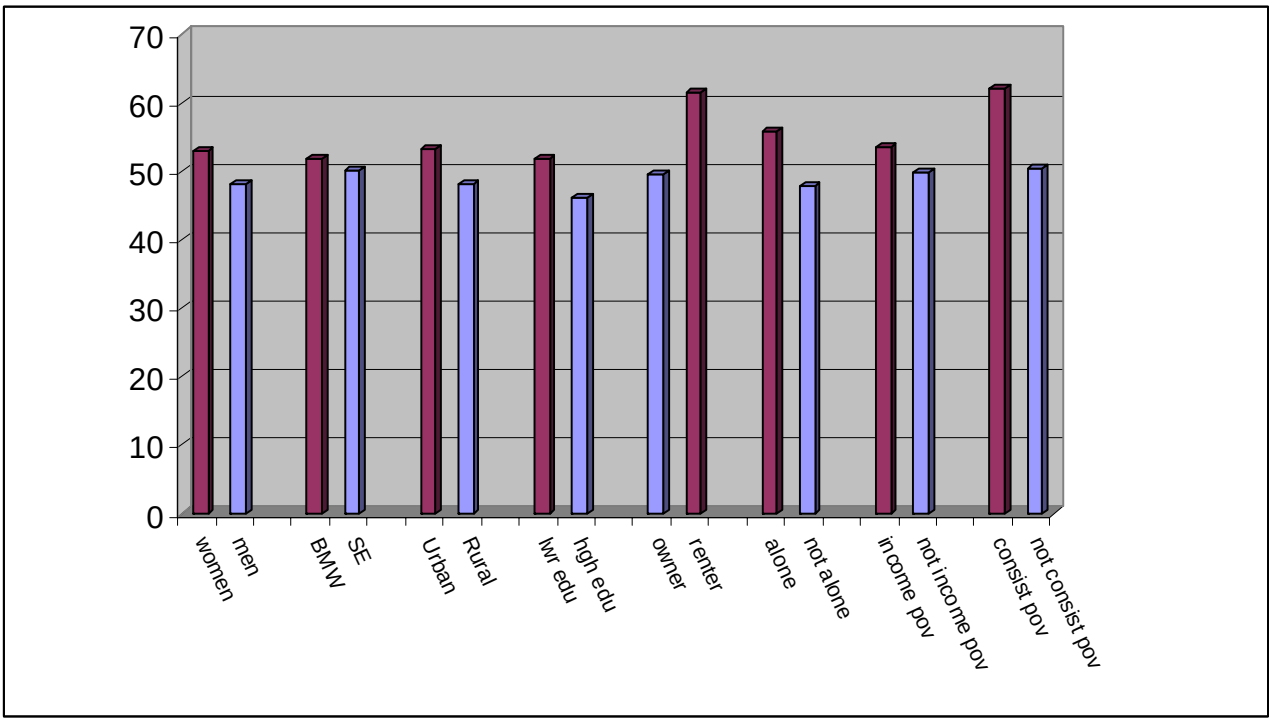
One third of the sample had private health insurance, either in their own name or as a family member. Coverage by private health insurance has therefore increased since 1997 when the figure was 25.3 per cent (Layte et al, 1999). In contrast, just over half (51.3 per cent) of those aged 15-64 years had private medical insurance, either in their own name or as a family member. In 2004, 16.8 per cent of those aged over 65 years (76,000) were not covered by a medical card. This rate has increased since 1997 when the figure was 10.8 per cent (Layte et al, 1999).

5.2.3 Hospital Stay

Considering that older people have relatively high rates of chronic illness, it is not surprising that almost one in five (19.1 per cent) had spent a night in hospital as an in-patient over the previous 12 months compared to 8.8 per cent of those aged 15-64 years. We now move on to look at rates of chronic illness by sub-groups.

5.3 Chronic Illness

Figure 5.1: Chronic iIllness rates of older people by sub-groups



The data suggest that women are more likely to have a chronic illness or condition (53 per cent) than men (48 per cent) [$\chi^2(1)=1040.30$, $p<.001$]. (The value for Cramer's V was .048.) This is to be expected, as women live longer than men and are therefore more likely to develop illnesses associated with old age, as Fahey and Murray (1994) found.

Education has a significant relationship with chronic illness, as 52 per cent with lower secondary or less education have chronic illness compared to 46 per cent with upper secondary or above [$\chi^2(1)=934.883$, $p<.001$], but the effect is quite weak as Cramer's V was .046.

Tenure status has a moderately strong relationship with the likelihood of having a chronic illness as tenants have a rate of 62 per cent compared to 50 per cent of owner-occupiers. [$\chi^2(1)=2419.03$, $p<.001$] (Cramer's V = .073). Forty-six per cent of owner-occupiers and 59 per cent of tenants/rent-free reported that their activities were limited or strongly limited by a health problem [$\chi^2(1)=3122.537$, $p<.001$] (Cramer's V = .083). Arber and Cooper (2000) also found tenure status to be significantly related to health status. Higher levels of chronic illness for those in the rental/rent-free category may be related to poorer living conditions and higher levels of poverty.

Looking at the relationship between poverty and the likelihood of having a chronic illness the data suggest that those in consistent poverty are more likely to have a chronic illness (62 per cent) than those who are not consistently poor (50 per cent) [$\chi^2(1)=809.513$, $p<.001$]. Cramer's V was .042 which suggests a weak effect.

People in consistent poverty are also more likely to report that their activities are limited by a health problem (54 per cent) than those who are not consistently poor (47 per cent) [$\chi^2(1)=301.460$, $p<.001$] Cramer's V = .026.

Again, this finding supports previous work, particularly by Layte et al (1999) who suggest that material deprivation should be a better indicator of health than income alone. This is because of the 'snapshot in time' nature of the income-only measure, whereas consistent poverty can capture a lack of resources that long-term lack of income would influence.

This finding suggests that there is an element of long-term deprivation in relation to poor health. 'Vulnerability arises not only from the present-day circumstances of the groups being examined but also from their life-history backgrounds. For example, some old people may be vulnerable to ill-health because of present-day low income or poor living standards but these may be less significant than long-term poverty in the past' (Fahey and Murray, 1994: 172).

One of the strengths of the consistent poverty concept is that it measures factors that are more likely to be a long-term influence on the life of an individual than low income alone. While income may be low at a particular time of year, due perhaps to the seasonality of an income source, for example, the consistent poverty measure includes the concept of deprivation. An individual who is experiencing enforced deprivation of an item that is viewed by society as basic is likely to have been living on a relatively low income for some time. Therefore, the relationship between poor health and consistent poverty suggests that long-term deprivation has a negative health effect.

5.4 Living Conditions and Health

The *Adding Years to Life, Life to Years* report acknowledged the importance of good housing conditions to older people's health (Brenner and Shelly, 1998). 'Improvements in accommodation can reduce health care costs, so there are gains to be made in the long-term by addressing current housing needs, both from the older person's view and that of the government's' (Stratton, 2004: 42). Long-term poor housing conditions are believed to be likely to have adverse effects on health. For example, damp housing is likely to lead to respiratory problems, according to O'Shea and Kelleher (2001).

While this finding does not refer to older people in particular it seems logical to infer that the longer a person lives in poor housing conditions the more cumulative the effect on health may be. The current study found significant health differences between those who lived in damp-free dwellings and those who lived in damp dwellings.

5.4.1 Chronic Illness

In 2004, 64.3 per cent of older people living in accommodation with damp walls/a leaking roof/rotting windows had a chronic illness compared to 48.2 per cent who were in damp-free accommodation [$\chi^2(1)=6169.828$, $p<.001$]. As Cramer's V was .117, this suggests there is a moderately strong relationship between damp living conditions and having a chronic illness.

Other poor living conditions also appear to be linked to health problems as 65 per cent of those living in areas with pollution, grime or other environmental problems reported having

a chronic illness compared with 50 per cent of those who did not report these issues [$\chi^2(1)=1652.989$, $p<.001$]. Cramer's V = .074 (moderate effect).

There was a significant but weak effect of central heating on the likelihood of having a chronic illness: 56 per cent of those without central heating, 50 per cent of those who have central heating [$\chi^2(1)=884.802$, $p<.001$]. Cramer's V = .044.

Figure 5.2: Relationship between damp living conditions and health for older people

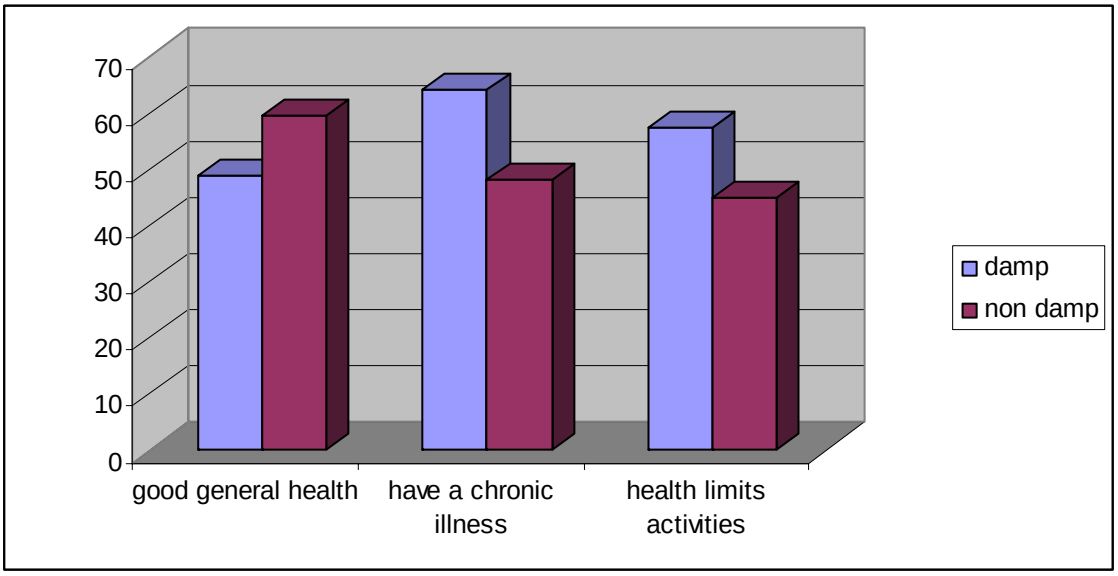


Figure 5.3: Relationship between central heating and health for older people

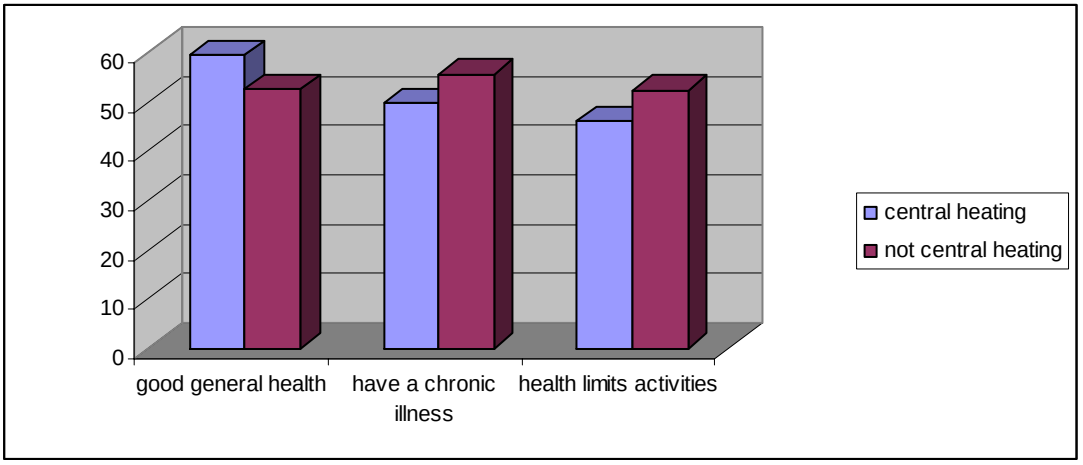
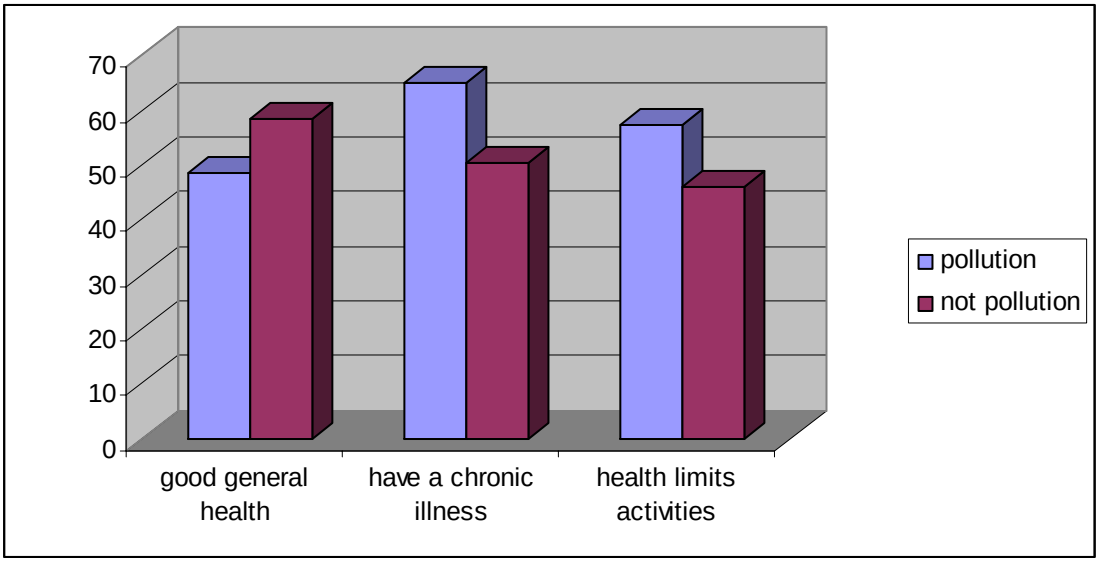


Figure 5.4: Relationship between pollution and health for older people



5.5 Conclusion

This chapter presented findings that show a relationship between consistent poverty and the risk of having a chronic illness. Rates of chronic illness are also higher for people who have poor living conditions such as dampness and pollution.

6 Conclusions and Recommendations

The purpose of this research was to update knowledge on the issue of older people living in poverty in Ireland. In particular, the aims were to measure the extent of poverty and to identify any sub-groups of older people who may be particularly vulnerable.

When compared to younger age groups, older people had the highest rate of income poverty, at 27.1 per cent. In terms of numbers of people, this means that approximately 122,860 older people were deemed to be income poor in 2004. The rate for people aged 15-64 years was 17.6 per cent (485,951 people) and for children it was 21.1 per cent (179,315 children).

When the data for sub-groups of older people were examined, the results suggested that some older people had a higher risk of poverty than others. In particular, rural dwellers, those who lived alone, and those who lived in the Border, Midland and Western regions had higher rates of poverty. Women had a higher rate than men but the gap has narrowed since 2003.

However, the results for deprivation and consistent poverty were different. Older people had a consistent poverty rate of 3.3 per cent (15,170 people) which was lower that the 15-64 age group at 6.5 per cent (179,875) and the youngest age group of 0-14 year which had a rate of 9.5 per cent (80,616 children). The exception, however, is housing deprivation, which older people are more likely to experience.

The analysis shows that certain sub-groups of older people were more likely to experience this type of poverty than others. People who rented their homes and those living alone were particularly vulnerable to deprivation and consistent poverty. The differing rates of poverty for older people, depending on whether the income-only measure is used or if deprivation is included, show the value of the consistent poverty measure. Income poverty refers to income only; it does not take account of assets a person has or expenditure patterns. The deprivation measure is therefore useful as it can give a more rounded picture of how people are living.

Note that deprivation levels are higher for all age groups on the five new indicators. This suggests that these new indicators capture levels of deprivation that the original eight indicators did not. However, it could be argued that older people may be experiencing forms of deprivation that are different to younger people, for example, access to health services. It is for this reason that one of the recommendations of this study is to collect data on such current data gaps.

On the issue of health there appeared to be a relationship between consistent poverty and the risk of having a chronic illness. Rates of chronic illness were also higher for people who had poor living conditions such as dampness and pollution.

1.2 Recommendations

1. Older people are highly dependent on social transfers for their income. In order to reduce the higher poverty risk for older people it is necessary to link pension rates to wages. The new social partnership agreement, *Towards 2016*, has made some

progress on increasing the value of the state pension relative to GAIE (Gross Average Industrial Earnings) but targets have not been made clear.

2. Older people have lower rates of consistent poverty and deprivation than younger people but higher levels of housing deprivation. Existing home improvement schemes need to be reviewed as the analysis has shown that many older people are living in sub-standard accommodation. Results of this study showed a relationship between damp living conditions and adverse health outcomes.

3. Some sub-groups of older people are more vulnerable to poverty than others. This analysis of the 2004 data has shown that older people who live alone are particularly vulnerable to poverty and deprivation. Accordingly, it would beneficial to increase the living alone allowance. This allowance has a current value of €7.70 per week for those aged between 66 and 79 (for those aged 80 and over it is €10 per week). However, this allowance has not been increased since 1995.

4. With numbers of older people expected to increase in the future, the numbers of income-poor people among that demographic group will increase unless the issue of income inadequacy is tackled. In 2004, 58.9 per cent of people aged between 15 and 64 years said they could not afford to save some income regularly. This suggests that a large group of people are unlikely to have any savings/pension for when they leave the formal economy. Some form of compulsory pension scheme is necessary to ensure greater pension coverage.

5. Due to the fact that older people seem to experience deprivation in different ways, it would be very useful to have more data on issues that may constitute deprivation for older people, e.g. access to services, and availability of public transport and social interaction. This could be particularly pertinent, for instance, for rural dwellers who have a higher rate of poverty but who may also be experiencing a form of social exclusion in the form of inability to access services. This has not been examined because of a current lack of data. Data on mental health would also be very useful. EU–-SILC has data on physical health only. It is important to augment this with data on mental health.

   It must be noted that EU–SILC collects information on persons who live in households and so excludes people who live elsewhere such as Travellers or those who are homeless or live in institutions. This is particularly important in the case of older people, many of whom live in care institutions. Data on those living in institutions are needed to give an accurate representation of older people in Ireland, e.g. what percentage of older people are living in institutions.

Bibliography

Arber, S. and Cooper, H. 2000. 'Gender and inequalities in women's health across the life course'. In E. Annandale and K. Hunt (eds), *Gender Inequalities in Health*. Buckingham: Open University Press.

Barrington, R. 2004. *Poverty is Bad for your Health.* Dublin: Combat Poverty Agency.

Blackwell, S., Watson, D., Whelan, C.T., Williams, J., 2005. *Mapping Poverty: National, Regional and County Patterns*. Dublin: Combat Poverty Agency.

Brenner, H. and Shelly, E. 1998. *Adding Years to Life, Life to Years … A Health Promotion Strategy for Older People*. Report no. 50. Dublin: National Council on Ageing and Older People.

Bryman, A. 2004. *Social Research Methods*. Oxford University Press.

Building an Inclusive Society, 2002. Dublin: Office for Social Inclusion.

CSO: Central Statistics Office. December 2005. EU Survey on Income and Living Conditions.

Connell, P. and Pringle, D. 2004. *Population Ageing in Ireland: Projections 2002- 2021*. Dublin: National Council on Ageing and Older People.

Dennis, I. and Guio, A. 2003. *Poverty and Social Exclusion in the EU after Laeken – part 1.* Statistics in Focus. Population and Social Conditions. Eurostat.

De Vaus, D. 2001. *Research Design in Social Research*. London: Sage.

Fahey, T. and Murray, P. 1994. *Health and Autonomy over the over 65-s in Ireland*. Dublin: National Council on Ageing and Older People.

Fahey, T., Maitre, B., Nolan, B., Whelan, C. T., 2007. *A Social Portrait of Older People in Ireland.* Dublin: The Stationery Office.

Guio, A. 2005. *Income Poverty and Social Exclusion in the EU25*. Statistics in Focus. Population and Social Conditions. Eurostat.

Gunnarsson, E. 2002. 'The vulnerable life course: poverty and social assistance among middle-aged and older women'. *Ageing and Society* 22:6:709-727.

Hughes, G. and Watson, D. 2005. *Pensioner's Incomes and Replacement Rates in 2000*. Dublin: The Economic and Social Research Institute.

Layte, R., Fahey, T. and Whelan, C.T. 1999. *Income, Deprivation and Well-Being Among Older Irish People.* Dublin: National Council on Ageing and Older People.

Maître, B., Nolan, B. and Whelan, C.T. 2006. *Reconfiguring the Measurement of Deprivation and Consistent Poverty in Ireland*. Policy Research Series No. 58. Dublin: Economic and Social Research Institute.

Metz, D. and Underwood, M. 2005. *Older, Richer, Fitter*. London: Age Concern.

O'Shea, E. and Kelleher, C. 2001. 'Health Inequalities in Ireland'. In S. Cantillon, C. Corrigan, P. Kirby and J. O'Flynn (eds), *Rich and Poor: Perspectives on tackling inequality in Ireland.* Dublin: Oak Tree Press in association with the Combat Poverty Agency.

National Council on Ageing and Older People, *Housing,* factfile no. 5.

National Economic and Social Council. 2005. *The Developmental Welfare State.* Dublin: National Economic and Social Development Office.

SLÁN. 2005. *Older people in Ireland: a profile of health status, lifestyle and socio-economic factors from SLÁN*. Dublin: National Council on Ageing and Older People.

Smeeding, T.M. and Sandstrom, S. 2005. *Poverty and Income Maintenance in Old Age: A Cross-National View of Low Income Older Women. Working Paper no. 398.* Luxembourg Income Study. Working Paper Series.

Stratton, D. 2004. *The Housing Needs of Older People*. Dublin: National Council on Ageing and Older People.

Wamala, S. and Agren, G. 2002. 'Gender Inequity and Public Health' *European Journal of Public Health* 12: 163-165.

Watson, D., Whelan, C.T., Williams, J. and Blackwell, S. 2005. *Mapping Poverty: National, Regional and County Patterns.* Dublin: Combat Poverty Agency.

Whelan, B.J. and Vaughan R.N. 1982. *The Economic and Social Circumstances of the Elderly in Ireland*. Dublin: Economic and Social Research Institute.

Whelan. C.T., Layte, R., Maître, B., Gannon, B., Nolan, B., Watson, D. and Williams, J. 2003. *Monitoring Poverty Trends in Ireland: Results from the 2001 Living in Ireland Survey*. Policy Research Series Paper No. 51. Dublin: Economic and Social Research Institute.

Wiepking, P. and Maas I. 2005. 'Gender Differences in Poverty: A Cross-National Study' *European Sociological Review*, 21:3 July 2005 pp 187-200.

Zaidi, A. '*Poverty of Elderly People in EU25'*, Policy Brief August 2006, European Centre for Social Welfare Policy and Research.