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NOVEMBER 2012

# Deprivation

and its Measurement in **Later Life:**

Findings from a Mixed-methods Study in Ireland

By

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### Disclaimer

The authors are solely responsible for the views, opinions, findings, conclusions and recommendations expressed, which are not attributable to the Department of Social Protection. This report has been peer reviewed.

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# Executive Summary

UNDERTAKEN AT A TIME OF MAJOR SOCIAL AND ECONOMIC UPHEAVAL, OUR STUDY OFFERS SOME EVIDENCE THAT UNDERSTANDINGS OF POVERTY AND DEPRIVATION MAY BE CHANGING UNDER THE INFLUENCE OF THE RECESSION.

## Research aims

Against the background of an ageing population and the current economic recession, the research reported here explores deprivation, and its measurement, for diverse groups of older people living in Ireland. We assess the effectiveness of existing measures of deprivation – in particular the 11-item basic deprivation index used in official statistics in Ireland – and explore how the perceptions and experiences of older people, from different backgrounds, can be used to inform how we think about and measure disadvantage for older people. The research has five objectives:

- To identify the most appropriate national dataset for exploring deprivation and poverty amongst different groups of older people;
- To analyse the degree to which different groups vary in their responses to deprivation indicators;
- To explore perceptions and lived experiences of deprivation and poverty amongst different groups of older people and the impact of these experiences on older people's quality of life;
- To evaluate the relevance and effectiveness of current measures of deprivation and poverty for different groups of older people;
- To consider the potential for alternative deprivation indicators for older people in Ireland, and their influence on estimates of deprivation and poverty amongst older people.

## Research design

The research objectives are addressed using a mixed-method approach, involving both quantitative and qualitative components.

## Quantitative component

We conducted a secondary analysis of older adult household data on deprivation from the 2009 Irish component of the EU Survey of Income and Living Conditions (EU-SILC). In addition to the 11-item basic deprivation index, the dataset includes a range of other indicators that address different forms of deprivation.

The quantitative analysis focused on self-reported deprivation for older people belonging to one-person and two-person older adult households across age, gender, urban-rural residence, and chronic illness status. Data from 861 one-person households (aged 65 years and over) and 641 two-person households (where both occupants were aged 65 years and over) were included in the analysis, yielding a total sample of 1,502 older adult households and 2,143 older adult individuals.

Summary statistics were prepared for a range of deprivation indicators, including the 11-item basic deprivation index. In addition to providing insight into deprivation rates for the older population relative to the general population, the summary statistics helped to compare reported levels of deprivation across different groups of older people. A multivariate analysis, in the form of a binary logit model, was also conducted. This sought to account for any potential and influential differences between the characteristics of older and younger individuals, and between the characteristics of different categories of older adult within the study sample.

## Qualitative component

The qualitative research involved focus groups and interviews with people belonging to nine different participant groups: older people living alone; people aged 80 years and over; ethnic minority groups; urban deprived residents; suburban residents; rural residents; nursing home residents; older family carers; and older people with chronic ill health and/or disability.

Eighty-three older people, 21 men and 62 women ranging in age from 55 to 95 years, participated in the research. Nine focus group discussions and 21 individual in-depth interviews were conducted. In addition to capturing perceptions and experiences of deprivation, the qualitative component sought to explore links between quality of life, deprivation and poverty in participants' lives.

The interviews and focus groups also included a 'necessities of life' exercise. Participants were presented with graphical representations of different deprivation indicators on a series of show-cards and asked if they considered the items to be necessities or not. The items, which included goods, activities, services and resources, were adapted from indicators in the EU-SILC 11-item basic deprivation index and were supplemented by items used in a UK measure.

### Adjusted deprivation index

The 'necessities of life' exercise was used to construct an 'adjusted deprivation index' based on a new combination of existing EU-SILC indicators. This approach generated an illustrative example of the impact of using different subsets of individual indicators within a composite measure. Using the new measure, we were able to reassess deprivation rates amongst older households relative to the general population in the EU-SILC survey.

## Findings

### Quantitative analysis

On the composite measure of the 11-item basic deprivation index, older households tend to report lower levels of deprivation on average when compared to the overall population. While there are limited dimensions across which older adult population diversity and deprivation can be explored in EU-SILC, analysis indicates that reported deprivation varies across age, gender, health status and household composition of older households. Households where an older person lives alone, is aged between 65 and 74 years, has a disability or chronic ill health, or is female tend to report higher levels of deprivation.

The multivariate analysis suggests that, after controlling for variation in household, socio-economic and demographic variables, one-adult older households and two-adult older households are respectively 6.1% and 6.4% less likely to be classified as deprived using the standard composite measure than a single person aged less than 65 years and living alone.

However, our findings indicate that patterns of deprivation amongst older households become more complicated when considering reported deprivation on individual indicators that make up the 11-item basic deprivation index. This suggests that measured deprivation depends on the choice of individual indicators contained within the composite measure and that some indicators may be less relevant to older people than others.

The secondary analyses not only point to our lack of knowledge concerning subgroups of the older adult population with respect to deprivation, but also raise questions around the appropriateness of existing deprivation measures in terms of older adults' lives. The limited sample size and lack of data on dimensions of diversity are just some of the dataset limitations that restrict the secondary analysis.

### Qualitative analysis

Participant groups viewed quality of life in rather different ways: vulnerable participant groups, such as urban deprived residents and members of the Traveller community, were more likely perceive quality of life in terms of shelter, heat and money for basic provisions; participants who were more affluent and less marginalised were more likely to refer to a sense of overall well-being encapsulating social contact, health, transport, services, and broader civic opportunities.

By contrast, 'what makes life not so good' led to common responses across participant groups and included: health problems; sub-standard housing and accommodation; social connection and integration issues; poor accessibility; discrimination and exclusion; place and marginalisation; crime and fear; and the economic recession. Life-course factors, such as disadvantage experienced over a person's life due to low socio-economic status, and life transitions, including ill health and bereavement, could also significantly influence well-being in later life.

Research participants' views about poverty varied, typically according to individual expectations and life histories. Many participants related poverty to a lack of basic provisions arising from insufficient financial resources. While some suggested that poverty no longer existed in Ireland, others reported direct personal experience of poverty. In other cases, poverty was viewed as a multifaceted phenomenon with a complex set of causes, thus emphasising the relative and dynamic nature of poverty and deprivation. In general, though, participants were more comfortable relating their experiences to ideas of disadvantage and deprivation rather than to poverty.

Life-course roles and opportunities tended to shape the availability of financial resources in old age. Some participants had disrupted employment histories, fewer opportunities for labour market participation, and more difficulty in generating, maintaining and existing on financial resources. Particular groups of older people, such as people with disabilities, family carers and members of the Traveller community, and specific members of groups, including women and bereaved partners, were more likely to experience income and pension issues. In turn, life-course transitions, relating for example to the onset of disability or the assumption of caring activities, sometimes underlay the experiences of these groups and individuals.

The findings also highlight risk factors that could increase the potential for deprivation in later life. Such factors included: the economic recession (in terms of cuts to services, direct income payments and welfare benefits, as well as the need to assist adult children); issues of vulnerability and marginalisation (e.g. ill health and disability, costs of care, living alone, and lack of support); place (e.g. service provision and social cohesion); and low-levels of income. Deprivation risk factors encompassed those relevant to the general older population, to specific members of the older population, and to particular subgroups.

### Measuring necessities of life and deprivation

The 'necessities of life' exercise indicated that only some of the deprivation indicators presented were directly relevant to older participants in this study. Overall, participant groups were more likely to identify items related to housing and accommodation, food and food quality, household bills and clothing as necessities. Indicators addressing items that were less likely to represent utility or function, were more commonly judged to be non-necessities. This included, for example, factors such as taking a holiday away from home or being able to afford to replace worn-out furniture. Depending on response categories available, this suggests that preferences, expectations and prioritisation play a role in assessments of deprivation.

Levels of reported deprivation amongst older households were reassessed using only those indicators that were deemed to be necessities by participants in the qualitative study. Two 'adjusted composite measures' were constructed drawing on eight indicators from the standard 11-item basic deprivation index and other indicators included in EU-SILC. Applying these measures to data from

one-adult and two-adult older households, our study shows that using alternative sets of individual indicators can lead to substantially different relative rates of measured deprivation.

### Next steps

The study concludes by identifying implications arising from the empirical work for deprivation measurement, further research, and potential policy considerations. Engaging with issues around these implications is both necessary and timely. It may also help to improve further our understanding of, and ability to capture, older people's experiences of deprivation and poverty in later life.

### Deprivation measurement

- The research supports the view that in order to achieve a holistic assessment of older people's material disadvantage, multiple measures should be used to assess deprivation. However, older people appear to respond differently to standard deprivation indicators. As a result, the measured deprivation of older adults in Ireland may not reflect actual levels of deprivation.
- At the very least, there is a need to explore alternative individual deprivation indicators that better reflect the realities of older people's lives and that are in line with the lived experiences of different subgroups of the older population. Involving older people directly in indicator development and testing is likely to assist in this process.
- It may be worthwhile to develop a stand-alone deprivation index for older people to capture more comprehensively deprivation amongst Ireland's older population. An older person deprivation measure might encompass a multi-dimensional range of indicators as basic necessities, access to core services, health and social care, environmental supports, and transportation. Even though necessities of certain subgroups of the older population vary, there are necessities of broad relevance to all groups (e.g. housing and warmth) and necessities that become relevant given certain life-course transitions (e.g. care and support).
- A range of methodological approaches should be explored to assist in the development of indicators and/or deprivation measures for older people. These include cognitive testing of both current and alternative deprivation indicators to help identify why older people respond to deprivation indicators in a particular way, and weighting

of indicators to reflect better the value attributed by older people to different items.

- There is value of adopting mixed-method techniques when measuring poverty and deprivation. Our study shows that there is potential to introduce procedures that might generate a more appropriate measure of poverty and deprivation.
- There is also merit in measuring deprivation and poverty amongst a much larger older population. This would provide a deeper understanding of deprivation amongst the general older population and in-depth knowledge of the situation of older adult subgroups. The Irish Longitudinal Study of Ageing (TILDA) represents one potential means of generating larger sample sizes to facilitate analysis of deprivation and poverty.

### Further research

- Research and policy tend to accept relative conceptualisations of poverty. However, our qualitative work shows that poverty is often conceived of by older people themselves in absolute rather than relative terms. This poses a philosophical challenge. There are clear arguments in favour of better reflecting older people's perspectives in the type of poverty and deprivation measurement used. By implication, and arising from our study, this would lead to a much-reduced measure of deprivation. An equally strong case might be made for supporting an alternative perspective that would represent a more aspirational view of ageing. This would extend beyond measuring basic necessities towards including other items and activities, as is presently the case in the 11-item official measure. Researchers have a role to play in spelling out, contributing to, and resolving these arguments.
- Evidence from this mixed-methods study showed that some older people appear to be more at risk of deprivation and poverty than others. However, there is also emerging evidence that some of the taken-for-granted assumptions about which groups are most adversely affected might be changing. This requires further investigation, as do analyses that explore the situation of particularly marginalised subgroups of the older population in Ireland.
- Further research is required to monitor and interpret the experience of deprivation during Ireland's ongoing recession. Undertaken at a time of major social and economic upheaval, our study offers some evidence that understandings of poverty and deprivation may be changing

under the influence of the recession. Research could usefully explore ways in which the recession may lead (older) people to reconsider what constitute 'necessities of life'.

- Individual preferences and perspectives on poverty are shown in this study to vary over time, as a result of both predictable and unpredictable transitions associated with ageing. There is a challenge for researchers to develop appropriate methodologies to address such change, as well as to account for these factors in conceptualising deprivation and poverty dynamics.

### Policy implications

- The existing evidence is consistent in highlighting the fact that deprivation rates are declining amongst older people in Ireland. However, policy makers should not be complacent. Albeit based on a relatively small study, our work suggests that official measures may under-report older people's deprivation and poverty. Even then, poverty and deprivation continue to affect the lives of many older people. Concerted action remains necessary to meet older people's material needs. In particular, supports are needed for highly marginalised groups of older people, and for those who become vulnerable to poverty and deprivation at key points of transition in their lives.
- The perspective that older people have largely been protected during the current recession is heard increasingly often in public debates. This may, at least in part, be attributable to the under-reporting of deprivation by people aged 65 and over. Equally, while the value of state pensions has been maintained, many participants in this study were struggling to cope with the loss of other forms of support at a time when there were also additional draws on their finances. Reducing any further the value of financial supports available to maintain older people's incomes may have unintended negative consequences, not only for older people themselves but also for other groups in Irish society.
- This study emphasises the value of using a range of deprivation and poverty measures for older people. Where explicit targets for poverty reduction are set by policy makers, these should reflect the strengths of different measurement approaches, whilst also acknowledging their weaknesses. Establishing a national poverty reduction target and aligning this with Ireland's National Positive Ageing Strategy would help to focus attention on an issue regarded by many older people as being of central importance.





## 1

## Introduction

**THE** focus of this research report is on deprivation, and its measurement, amongst different groups of people aged 65 years and over in Ireland today. The research, therefore, reflects the two key contextual trends in Irish society of demographic change and economic and social disadvantage. However, it is primarily concerned with the methodological challenges associated with assessing and measuring deprivation for an increasingly diverse older population. An additional concern is with how the perceptions and experiences of older people with respect to deprivation, and related ideas of poverty and quality of life, can be used to inform how we think about and measure disadvantage for older people.

For older people in Ireland, as with much of the general population, the current economic climate is both complex and uncertain. In both depth and scale, the economic recession has proved comprehensive and unyielding. High rates of unemployment and a significant programme of austerity characterise much of our economic and social landscape. Understandably, fears about the prevalence and nature of deprivation and poverty in Ireland have emerged from all sectors of society, highlighting the vulnerability not only of certain marginalised groups but of other previously 'mainstream' sections of the population. This is also true for the older population, where concerns have been raised by national stakeholders for the well-being and financial security of older people in the economic recession (Age Action, 2009; Boyle and Larragy, 2010). In many ways, we as a society are participants in, or perhaps more accurately are subjects of, a period of substantial social and economic transition. Consequently, accurately capturing the disadvantage within our society is more important now than perhaps ever before. There are, nevertheless, questions about how best to conceptualise and assess this disadvantage.

Much of the contemporary discourse on poverty has moved from a narrow and 'absolute' income view of disadvantage to a relative understanding, drawing on holistic ideas

around generalised deprivation (Nolan and Whelan, 1996a; Nolan and Whelan, 2010). Poverty is now more likely to be seen as a dynamic construct that encompasses deprivation across material, social and cultural resources and necessities (Menton, 2007). Although this shift in conceptual thinking has been evident since the late 1970s (e.g. Townsend, 1979), the corresponding shift to multi-dimensional measurement approaches is much more recent. Nevertheless, acknowledgement of limitations in income-based measures has led to the development and adoption of broader indices of material and social deprivation across European and international contexts. These indicators are also routinely combined with relative income measures to facilitate an assessment of *consistent poverty*. Ireland was one of the first countries to adopt such an approach (Russell et al., 2010) and uses a statistically refined 11-item basic deprivation index as one of the main components in poverty measurement (see Maître et al., 2006; Nolan and Whelan, 1996b). Therefore, our understanding of poverty and how we assess poverty has shifted to embrace the concept and measures of deprivation. While such developments have introduced a welcomed multidimensional frame for assessing poverty in later life, they have also given rise to a number of potential methodological issues with respect to measuring deprivation, and thus poverty, amongst an increasingly diverse older population.

Researchers have suggested that deprivation measures can sometimes lack relevance for the lives of older people, not to mention diverse groups of older people, and as a result fail to measure actual deprivation amongst the older population (Daly, 2010). In part, this concern relates to the use of the consensual approach for developing such indices, where an attempt is made to ascertain a societal consensus on necessities of life. Daly (2010) points to how this process implicitly assumes that such necessities apply homogeneously across an entire population. In essence, what is a necessity for an older person and



what is a necessity for the general population may differ considerably. Measures of deprivation may, therefore, be influenced by preferences and expectations, rather than deprivation levels. Indeed, over time, expectations, priorities and values can change leading a person to prioritise necessities very differently across the course of their lives. Recent research has also shown how much the framing of individual questions on material deprivation can significantly affect the numbers of older people shown to experience deprivation and consistent poverty (Berthoud et al., 2006; Daly, 2010). This indicates the sensitive interrelationship between people's attitudes to money and their responses to such items.

However, in general, how such factors influence the measurement of deprivation for older people has received little attention in the international literature. In Ireland, there has not been a comprehensive analysis of these issues and what the implications are for our understanding of deprivation amongst older people in Ireland.

Nor has research explored how older people conceptualise poverty and deprivation in relation to contemporary Irish society, and in relation to their own quality of life and well-being. There is a tendency to ignore the diversity of the

To some extent, old age poverty and deprivation has become more complex due to the emergence of what may seem like conflicting trends. Historically, older people were one of the most 'at risk of poverty' groups in Ireland (Prunty, 2007). However, recent analyses of survey data suggest that older adults now represent one of the groups with the lowest poverty risk (CSO, 2011A). It is important to recognise such data trends, and the prevalence of a growing lobby that suggests older people have been protected from the economic recession and should bear a greater share of austerity measures. Nonetheless, it should also be acknowledged that other information sources suggest that deprivation and the recession are very much a reality for some older people in Ireland (Goodman et al., 2011; Walsh et al., 2012). This applies in particular to 'hard-to-reach' groups (CSO, 2011A). In the main, however, and apart from some notable exceptions (e.g. Hillyard et al., 2010), our understanding of how older people have fared in the current economic climate is based only on limited sets of evidence.

As an issue, deprivation amongst older people, and its measurement, is unlikely to lose relevance. The older adult population in Ireland is increasing in number and in demographic and ethnic diversity. Growing from 11 per cent

THERE ARE IMPLICATIONS FOR OUR UNDERSTANDING OF OLDER PEOPLE'S PERCEPTIONS AND EXPERIENCES OF DEPRIVATION AND THEIR PATHWAYS TO POVERTY. THERE ARE IMPLICATIONS FOR WHAT WE CONSIDER NECESSITIES OF LIFE FOR OLDER PEOPLE. THERE ARE IMPLICATIONS FOR HOW WE CHOOSE TO MEASURE DEPRIVATION AND POVERTY IN LATER LIFE. HOWEVER, PERHAPS MOST IMPORTANTLY, THERE ARE IMPLICATIONS FOR HOW WE THINK ABOUT DEPRIVATION AND OLDER PEOPLE IN IRELAND TODAY, AND FOR HOW WE CHOOSE TO DEVELOP BOTH POLICY AND PRACTICE INTERVENTIONS.

older population, in terms of demographic subgroups and individual life-course patterns, when thinking about poverty and inequality in Ireland (Daly, 2010). This is evidenced by many of our national datasets collecting only limited information on different groups of older people. Previous work in other jurisdictions has shown how such factors can shape perceptions and experiences of poverty in later life (Scharf et al., 2006). Without capturing differences in subjective and experiential elements of old age deprivation our capacity to interpret trends in quantitative data is very much restricted (Commins, 2004) – as is our ability to appreciate the more nuanced facets of the poverty process and the margins that exist between reasonable standards of living and deprivation.

in 2006, older people now constitute 12 per cent of the Irish population, with a 22 per cent increase in the number of people aged 80 years and over (CSO, 2012). The Irish older population is projected to grow to 21 per cent by 2035 (Barrett and Rust, 2009). While our population may be considered relatively young when compared to some of our European and international counterparts, such demographic trends cement old age deprivation as a crucial issue for policy makers now and into the future.

At the time of writing we still await the promised National Positive Ageing Strategy. While it is hoped that this document will engage with old age deprivation in a meaningful way, there is currently no dedicated policy

focusing on older people and deprivation in Ireland. Instead, a relevant policy framework comes from Ireland's commitment to the European Council's strategy for combating poverty in the form of the National Action Plan for Social Inclusion 2007-2016. Building on a series of anti-poverty strategies and action plans, this document views poverty as encapsulating exclusion and both social and economic deprivation, and is underpinned by the consistent poverty measure and the 11-item basic deprivation index. In overall terms, the susceptibility of older people to poverty and exclusion is recognised, as is the need to have a policy and practice focus on combating poverty for older people. This is reflected in the fact that high-level targets concerning older people, poverty and deprivation were set and have largely been met. Nevertheless, these documents do not address potential issues around deprivation, poverty and diversity of the older population. Nor are the intersections between different vulnerable groups (e.g. older people and carers) considered.

Ultimately, the gaps in our knowledge concerning deprivation, and its measurement, amongst a heterogeneous older population have implications. There are implications for our understanding of older people's perceptions and experiences of deprivation and their pathways to poverty. There are implications for what we consider necessities of life for older people. There are implications for how we choose to measure deprivation and poverty in later life. However, perhaps most importantly, there are implications for how we think about deprivation and older people in Ireland today, and for how we choose to develop both policy and practice interventions.

This research report aims to explore deprivation, and its measurement, for a diverse group of older people living in Ireland. The report assesses the effectiveness of existing measures of deprivation – in particular the 11-item basic deprivation index – and explores how the perceptions and experiences of older people, from different backgrounds, can be used to inform how we think about and measure disadvantage for older people. Given the current programme of austerity, and the proposed spending cuts for older people (e.g. home care provision), this research report is particularly timely. The research, which uses quantitative and qualitative information, has five objectives:

- To identify the most appropriate national dataset for exploring deprivation and poverty amongst different groups of older people;

- To analyse the degree to which different groups vary in their responses to deprivation indicators;
- To explore perceptions and lived experiences of deprivation and poverty amongst different groups of older people and the impact of these experiences on older people's quality of life;
- To evaluate the relevance and effectiveness of current measures of deprivation and poverty for different groups of older people;
- To consider the potential for alternative deprivation indicators for older people in Ireland, and their influence on estimates of deprivation and poverty amongst older people.

In Chapter 2 we present an overview of the national and international literature on the conceptualisation and measurement of poverty, and a review of empirical findings on poverty and deprivation amongst different groups of older people. In Chapter 3 we outline the methodology of the research and the quantitative and qualitative elements of the study. In Chapter 4 we present quantitative findings in the form of secondary analyses of poverty and deprivation amongst older people in Ireland. In Chapter 5 we discuss qualitative findings concerning the perceptions and experiences of different groups of older people with respect to deprivation and poverty. In Chapter 6 we present a mixed-method analysis of necessities of life for participants in this research, and assess the relevance of current measures and the potential for alternative measures of deprivation. In Chapter 7 we offer concluding comments on our work, discussing the findings with reference to the international literature and the implications for measurement and policy.



# 2

## Conceptualising and Measuring Poverty and Deprivation of Older People: A Review of the Literature

**THE** conceptualisation and measurement of poverty and deprivation have been the subject of longstanding debate, involving both academic researchers and the policy community. In this chapter, we summarise key dimensions of this debate and explore the ways in which the issues raised relate to the situation of older people in Ireland. The prime focus of our study is on the measurement of deprivation in an increasingly diverse older population, and in particular on the appropriateness of the measures currently used in official statistics in Ireland in terms of older people's perceptions and lived experiences. However, it is helpful to locate this approach within the broader context of contemporary debates about how best to conceptualise and measure poverty and deprivation.

The chapter begins by exploring different ways of conceptualising poverty. We then review a range of techniques that have been used in research and policy making to measure poverty and deprivation, emphasising some of the main strengths and weaknesses associated with each. This is done chronologically, but in doing so we acknowledge the shift towards the concept of deprivation and its related measures, and the relationship between these measures and other poverty measures. This forms the basis for a discussion of poverty and deprivation amongst older people in Ireland. In particular, we examine the available evidence concerning the degree to which different groups within the older population experience such forms of disadvantage. The arguments presented in this chapter, and summarised in a concluding section, are important in that they provide the context for the empirical work to follow.

### **2.1: Conceptualising poverty: absolute and relative approaches**

In general, poverty has been conceptualised in terms of both absolute and relative approaches. Absolute poverty

is judged to arise when individuals' basic material needs are not met. The focus is on access to a basic diet, shelter and clothing, with no explicit reference to the broader social context or prevailing social norms (Pantazis et al., 2006). According to Tovey et al. (1996), "an absolute view of poverty assumes that it is possible to determine in some 'scientific' or 'value-free' way what counts as a minimal acceptable standard of living" (p.10). Poverty refers to an inability to attain this standard. In practice, this approach involves an 'expert' judgement about what constitutes a sufficient diet as well as other basic necessities that are required for survival (Scharf et al., 2006).

Until the mid-1970s, absolute understandings of poverty underpinned most research and policy development across Europe (Townsend, 1979). In the UK, for example, the post-war welfare state drew on these ideas to set social security benefits at a level that would eliminate poverty on the basis of meeting individuals' basic material needs. However, over time, as the relatively rich societies of the global North became more economically developed and living standards improved, absolute views of poverty appeared increasingly outdated (Menton, 2007).

Relative approaches conceptualise poverty by recognising "the way in which the general standard of living in a society influences what is regarded as a minimum standard of subsistence in that society" (Menton, 2007: 4). What is considered a decent standard of living is defined in relation to the general level of prosperity in a society at a given point in time. As Nolan and Whelan (1996a: 10) suggest, "What is considered adequate, what are generally perceived as needs, will change over time and differ across societies: poverty is in that sense relative."

Societies, with their specific socio-economic, educational and occupational systems, engender varying levels of expectations and want through the manner in which they are structured and organised (Lister, 2004). Perceptions of need

are largely determined by the prevailing standards, norms and values of a society; that needs are socially determined, and pertain to the social and cultural as well as the physiological, is a fundamental notion underlying relative understandings of poverty (Lister, 2004). This is reflected in Peter Townsend's (1979) influential definition of relative poverty:

"Individuals, families and groups in the population can be said to be in poverty when they *lack the resources* to obtain the type of diet, participate in the activities and have the living conditions and amenities which are customary, or at least widely encouraged, or approved in the societies to which they belong. Their resources are so seriously below those commanded by the average individual or family that they are, in effect, *excluded from* ordinary living patterns, customs and activities"

(Townsend, 1979: 31, *emphasis added*).

Townsend's approach conceptualises poverty as exclusion from the everyday life of society because of a lack of resources. Nolan and Whelan (1996a) point out that the emphasis on exclusion versus participation highlights the relative nature of the concept. This was important in challenging static notions of poverty, narrowly defined in terms of basic physical needs. According to this conceptualisation, a person is poor if they have a low income *and* a low standard of living (Gordon et al., 2000).

The relative approach to conceptualising poverty underpins policy development in many developed nations and has been particularly influential in European Union thinking. It has also characterised recent policy making in Ireland, with the National Anti-Poverty Strategy (NAPS) of 1997 advocating a relational, multidimensional conception of poverty and adopting a relative definition along the lines of that proposed by Townsend (1979). In Ireland, poverty is conceptualised as a low standard of living in terms of a lack of social, cultural and material resources (Layte, Nolan and Whelan, 2001). As the conceptualisation of poverty has moved towards a more relative approach, it has evolved to encompass the notion of relative deprivation and associated ideas of social exclusion and marginalisation (Levitas, 2005; Nolan and Whelan, 1996a; Room, 1995; Scharf and Keating, 2012). Conceptualising poverty in terms of 'generalised deprivation' and 'social exclusion' draws attention not only to the dynamics of poverty, but also to the processes involved in bringing it about (Dagum, 2002; Nolan and Whelan, 2010).

## 2.2: Measuring poverty and deprivation

Despite emerging agreement on the most appropriate means of conceptualising poverty, views differ more sharply on the how best to measure it. A variety of approaches to poverty measurement have been developed, with each eliciting a different picture of the rates and nature of poverty. At best, when taken on their own, the different measurement techniques generate only a partial view and understanding of poverty (Atkinson, 1987). There are consequently strong arguments in favour of combining different measurement techniques in order to provide a more rounded view of poverty (Scharf et al., 2006). For the purpose of analytical clarity, approaches to poverty measurement can be organised into three broad categories: relative income poverty measures; non-monetary or deprivation measures; and combined relative income and deprivation measures (Menton, 2007).<sup>1</sup> Each approach yields different information and highlights variations in the degree to which particular groups are affected by poverty.

### 2.2.1: Measuring relative income poverty

Reflecting the relative approach, the most common method of measuring poverty has been to establish a benchmark against which to judge whether individuals and households can maintain a standard of living that reflects the norms of a given society. This typically involves setting the poverty line as a particular proportion of average household income of that society. The measure that is typically used in European nations, and forms part of Ireland's official poverty measure, deems households with incomes below 60 per cent of the national median household income to be 'at-risk-of-poverty'. This measure is typically used by European governments when setting targets to reduce poverty or in relation to other policy-making objectives (Nolan and Whelan, 2010).

A key advantage of this approach to poverty measurement is its relative simplicity. However, a growing body of research questions the adequacy and reliability of poverty measures that are based solely on income (e.g. Callan et al., 1993; Gordon et al., 2000; Layte, Nolan and Whelan, 2001; Mack and Lansley, 1985; Nolan, 2002; Nolan and Whelan, 1996b; Pantazis et al., 2006; Ringen, 1987). Such measures are essentially 'indirect' measures of poverty, addressing solely the 'resources' aspect of Townsend's definition (Menton,

<sup>1</sup> For the sake of brevity, we do not review the 'budget standards' approach here. This combines resources and consumption elements into a single approach (see Deeming, 2011; Piachaud, 1987).

2007; Nolan and Whelan, 1996b; Ringen, 1987). Indirect approaches to poverty measurement may underestimate the degree to which particular types of household are prone to poverty (Callan et al., 1993; Nolan and Whelan, 1996b; Perry, 2002). Other criticisms of an income-based approach to poverty measurement concern the arbitrariness of establishing the median income poverty line (Daly, 2010; Nolan and Whelan, 1996b); the fact that poverty lines drawn in this way set up a 'cliff edge' of measurement, where a single euro may represent the difference between being in poverty or not being in poverty; the time frame over which income is considered and the static account of poverty generated by income measures (Menton, 2007); the assumption that price levels do not vary across geographies within the same national context, which might imply the need to establish different poverty lines within a single country; and the failure of income-based measures to take into account the role of non-cash benefits and other resources in determining poverty outcomes (Layte, Whelan et al., 2001). Zaidi (2012) notes that measures based on a lack of income alone fail to adequately reflect older people's exclusion from material resources. However, as Nolan and Whelan (1996a) note, the key issue is conceptual:

"the fundamental issue about reliance on income is not simply one of measurement: it is whether income, properly measured, in fact tells us what we want to know when we set out to measure poverty" (p. 61).

A central argument emerging from the literature is that income-based poverty measures are not consistent with the relative definition of poverty that has been widely adopted. If poverty is to be conceptualised as exclusion due to lack of resources, a multidimensional approach to measuring poverty is required. This should include both 'direct' and 'indirect' measures (Maitre et al., 2006; Perry, 2002; Ringen, 1988). In Ireland, researchers affiliated with the Economic and Social Research Institute (ESRI) have consistently argued that measuring poverty involves more than merely distinguishing the poor from the non-poor by means of income poverty lines. While relative income poverty lines continue to be used to measure poverty in Ireland, they are often augmented by other non-monetary indicators of deprivation.

### 2.2.2: Measuring deprivation

Debates highlighting the limitations of income-based approaches to poverty measurement have led researchers

to explore more closely the relationship between poverty and relative deprivation. This has given rise to the so-called deprivation indicator (or consensual) approach to poverty measurement. In this case, poverty is measured by drawing on a broader assessment of living standards that considers the significance of both material and social resources (Scharf et al., 2006).

Reflecting Townsend's view of poverty, early critiques of income-based approaches emphasised the need to conceptualise and measure poverty in terms of deprivation of resources. Ringen (1987, 1988) argues that low income fails to distinguish households that are experiencing basic levels of deprivation due to a lack of resources. He draws attention to a fundamental problem with the way that poverty has been measured in developed countries. While poverty is conceptualised *directly* in terms of deprivation in consumption, it is typically measured *indirectly* in terms of income resources. According to Ringen (1987, 1988), relative income measures of poverty fail to do justice to the approach taken to defining poverty in many developed countries. The paradoxical finding that many of those with low incomes do not experience deprivation in consumption, while many with adequate incomes do, supports the argument that income is an unreliable measure of poverty (Nolan, 2002; Perry, 2002). Poverty defined as exclusion from ordinary living standards due to a lack of resources – recognised as a state of generalised deprivation – must therefore be characterised by a low income and a low pattern of consumption. The deprivation indicator approach identifies those experiencing enforced deprivation in material and social resources as experiencing poverty.

Key to the concept of deprivation is the idea that those affected are "*denied* the opportunity to have or do something" (Nolan and Whelan, 1996a). According to Nolan and Whelan (1996a), "to constitute deprivation, lack of the item or failure to participate must reflect what most people would regard as an *inability* to participate." In the context of deprivation measurement, this inability must be "attributable to lack of resources rather than to other factors" (p. 71-2). This is important in distinguishing whether an individual or household is experiencing deprivation due to an 'enforced lack' of resources over and above other factors such as personal choice or differences in preferences (Nolan and Whelan, 1996a: 80).

In this approach, deprivation is measured in accordance with the societal consensus of what constitutes a basic living standard. The deprivation indicator approach emphasises

homogeneity across society in relation to perceived necessities of life (Menton, 2007). Poverty measurement according to this approach involves three stages. First, a systematic attempt is made to identify the types of goods and activities that people in a society regard as being necessities of life; this usually entails conducting a national survey. Secondly, a follow-up survey is undertaken to determine the extent to which people can afford those items regarded by most people in society as being necessities. Finally, those people who lack access to a specific number of items on the grounds of their unaffordability are judged to be in poverty (Gordon et al., 2000; Scharf et al., 2006).

Several attempts have been made to develop measurement scales that take account of the multidimensional nature of deprivation (e.g. Gordon et al., 2000; Mack and Lansley, 1985). Nolan and Whelan (2010) highlight five underlying dimensions of deprivation that can be reflected in consensual measures of poverty:

- Basic lifestyle deprivation: consisting of items such as food and clothing;
- Secondary lifestyle deprivation: consisting of items such as access to a car and having a colour television or telephone in the home;
- Housing facilities: consisting of items relating to housing facilities, such as the presence of a bath or shower and hot and cold running water;

- Housing deterioration: consisting of items such as dampness in the home and rotten window frames;
- Environmental problems: consisting of items relating to noise, crime and vandalism.

In Ireland, researchers at the ESRI argue that the 11-item 'basic deprivation' index – Ireland's official measure of deprivation – is well suited to revealing an underlying condition of generalised deprivation. Moreover, items included in the index have a high rate of 'socially perceived necessity', with an average of 80 per cent of adults regarding them as necessities for living. The 11 items are intended to serve as indicators of persistent exclusion from what are widely considered by Ireland's citizens to be ordinary living arrangements (see Figure 2.1) (Maitre et al., 2006). The basic deprivation index represents one of the main approaches to poverty measurement in Ireland, underpinning, for example, the current National Action Plan for Social Inclusion (Government of Ireland, 2007). Individuals or households are identified as deprived if they report an enforced lack of two or more of the 11 index items.

As a means of measuring poverty, deprivation indicators have several advantages. For example, direct measures of deprivation can address the fact that many people on low incomes are not experiencing deprivation – a key difficulty associated with relative income measures (Nolan, 2002; Nolan and Whelan, 2010; Perry, 2002). Deprivation indicators also provide helpful insights into the underlying trajectory of

**Figure 2.1: 11-Item Basic Deprivation Index**

Respondents are asked whether they lack any of the following because they can't afford them:	
1	Two pairs of strong shoes
2	A warm waterproof coat
3	Buy new, not second-hand clothes
4	Eat meals with meat, chicken, fish (or vegetarian equivalent) every second day
5	Have a roast joint or its equivalent once a week
6	Had to go without heating during the last year through lack of money
7	Keep the home adequately warm
8	Buy presents for family or friends at least once a year
9	Replace any worn-out furniture
10	Have family or friends for a drink or meal once a month
11	Have a morning, afternoon or evening out in the last fortnight for entertainment

an individual's or household's overall well-being and standard of living (Atkinson et al., 2002; Menton, 2007; Nolan and Whelan, 2010). Subject to regular updating in accordance with changing societal standards and expectations (Maitre et al., 2006; Hills et al., 2009), deprivation indicators can help to move beyond static perspectives of poverty, highlighting changes in the ways in which poverty is socially perceived over time (Menton, 2007).

However, using deprivation indicators to assess poverty has its shortcomings. As Piachaud (1987) notes, experts "are not so easily disposed of" (cited in Menton, 2007: 29). When attempting to classify and define the basic standard of living for a society, someone inevitably has to develop the questions for the surveys to be used and interpret the resulting findings. In this sense, normative indicators essentially "reflect 'external' or 'objective' conceptions of deprivation" (Commins, 2004: 72). Using qualitative research methodologies to aid the development of deprivation indicators that can better reflect the subjective, lived experience of deprivation is regarded as one potential response to such issues (Commins, 2004; Daly, 2010).

In similar vein, Daly (2010) questions whether a single deprivation index can be used successfully across all adult groups, as is currently the practice in Ireland. She calls instead for deprivation measurement to recognise better the heterogeneity of needs and expectations of different social groups. In effect, Daly (2010) challenges the assumption underlying the deprivation indicator approach to poverty measurement, namely that there is homogeneity across society in relation to what constitute the necessities of life. In particular, Daly (2010) questions whether the 11 items that underpin deprivation measurement in Ireland adequately reveal the degree of poverty and deprivation amongst older people, and signals the need to develop 'older people-specific indicators' (discussed further below). Although the indicators used in the 11-item basic deprivation index are deemed to reflect a multidimensional approach (Maitre et al., 2006), they tend to emphasise material rather than social or cultural facets. Daly (2010) suggests that indicators should also be considered that better reflect exclusion from participation in social and cultural aspects of life.

### **2.2.3: Measuring 'consistent poverty'**

The deprivation indicator approach has numerous advantages and has helped to bring poverty measurement closer to a relative conceptualisation.

However, as noted above, it also has its shortcomings. As a consequence, some researchers and policy makers have adopted an approach to poverty measurement that seeks to combine the advantages of income-based and deprivation-based measures.

Ringen (1988) proposed that poverty, conceptualised as exclusion from the life of one's society due a lack of resources, should be measured using the dual criteria of income and deprivation in consumption. In this way, one can assess the extent to which people with low incomes are excluded from taking part in social and material activities that are considered the norm in society (Menton, 2007). Such an approach enables poverty to be measured using both 'direct' (deprivation of resources) and 'indirect' (income) measures. It also produces a more "robust separation" between the poor and non-poor by identifying a subset of people who are significantly more disadvantaged than others in society at a given point in time (Hills, 2004: 43). In short, a combined approach can serve as an important alternative poverty measure, providing a more holistic and comprehensive picture of the scope and experience of poverty than is elicited when relying solely on income-based or deprivation measures (Menton, 2007).

Ireland was one of the first countries to initiate a combined approach to poverty measurement, with the 'consistent poverty' measure now serving as the country's official poverty measure. This technique combines relative income and basic deprivation measures to identify people in poverty. Individuals or households with an income below the relative income poverty threshold (i.e. 60 per cent of median income) *and* reporting an enforced lack of two or more items from the 11-item basic deprivation index are judged to be 'consistently poor' (Russell et al., 2010).

A key benefit of the consistent poverty measure is its apparent parsimony and efficiency; it provides a single combined measure of two different types of resources/situations, namely income and lifestyle/possessions. However, as Daly (2010) notes, this can also be posited as a shortcoming. Highlighting the fact that the consistent poverty measure systematically yields lower rates of poverty than other approaches, she questions whether the choice to base policy development solely on this measure is, at least in part, due to its political appeal. Hills et al. (2009) also question the appropriateness of combined poverty measures, suggesting that they tend to rely on statistical techniques that are not made apparent. Other concerns are of a more practical



nature. For example, seeking to measure change over time is more difficult if the items included in the deprivation component of the measure are modified on a regular basis. Equally, if these items are not revised in accordance with changing needs and preferences, the combined measure can, in effect, become an absolute measure of poverty.

### 2.3: Measuring poverty and deprivation of older people

Against the background of broader debates about the conceptualisation and measurement of poverty and deprivation, we now review briefly some of the key implications of such debates as they relate to the situation of older people. Here we can draw on an emerging body of research evidence that has begun to question the appropriateness of current poverty and deprivation measures in relation to older people. Concerns have been identified about the degree to which the different approaches to measuring poverty and deprivation, outlined above, present an accurate picture of older people's experiences of material disadvantage in countries such as Ireland (Daly, 2010; Price, 2006; Scharf et al., 2006; Zaidi, 2012). The empirical study presented in subsequent chapters of this report seeks to respond to some of these concerns by exploring in particular the appropriateness of prevailing deprivation indicator approaches in Ireland. In this respect, we build on a growing body of research that highlights the need to extend debates around deprivation indicators and, by extension, the consistent approach to poverty measurement (Legard et al., 2008; McKay, 2008, 2010; Prunty, 2007; Scharf et al., 2006).

In the Irish context, Daly's (2010) work is helpful in raising four key issues about the suitability of the consistent poverty approach for use with older people:

- First, UK research shows that older people are more likely to report not wanting an item rather than not being able to afford the item (McKay, 2004). However, in order to be identified as deprived (or consistently poor), individuals and households need to be shown to experience 'enforced deprivation'. Older people's reluctance to admit that their material deprivation is related to their low income represents a substantial measurement problem (Price, 2006). In Ireland, older people have typically lived through times when low income and enforced deprivation constituted the societal norm. As a result, they may have different values to younger generations in relation to expectations of their material and social needs. Indeed

Scharf et al. (2006) found older people in the UK to exhibit low expectations of life and stoic attitudes, often linked to favourable comparisons between their current circumstance and early-life experiences.

- Second, older people's income and material deprivation are often mediated by other factors, including their health, access to savings, and the degree to which they receive help from others. For example, some older people may have access to consumption and other items due to support from family and friends (Dominy and Kempson, 2006; Rendall and Speare, 1995). Standard poverty measures take no account of factors such as these, which can be vital in reducing poverty levels amongst older people (Daly, 2010).
- Third, some of the items used to measure deprivation and consistent poverty in Ireland may not be as essential for older people as they are for people belonging to other social groups (Daly, 2010). As a result, older people can appear to be better off than is actually the case. The argument presented is that the indicators that constitute the 11-item basic deprivation index fail to take sufficient account of the varying consumption patterns of older and younger people. UK research demonstrates that while older people are less likely to report being unable to afford necessities than younger people (making them appear better off), younger people are much more likely than older people to possess luxury items, such as hi-tech items, which are not included in the measure of deprivation. As a consequence, younger people may actually be better off than older people (Berthoud et al., 2006).
- Fourth, Daly (2010) highlights concerns around the absence of items from deprivation indices that are of particular value to older people, including access to services and amenities. In Ireland, service deprivation has been identified as a key aspect of potential deprivation for older people (Prunty, 2007).

In sum, Daly (2010) argues that there are good grounds to question the use of the current deprivation approach for judging the poverty of older people in Ireland. She follows Prunty (2007) in recommending the incorporation into the current deprivation measure of indicators better suited to older people's circumstances. Were the above points taken into consideration and the current deprivation measure altered, significantly different patterns of poverty amongst older people may emerge.

## 2.4: Prevalence of poverty and deprivation of older people

Having reviewed different approaches to conceptualising and measuring poverty, and outlined some of the reasons for reconsidering existing approaches in terms of the experiences of older adults, we now report on the prevalence of poverty and deprivation of older people according to the various measurement techniques currently used in Ireland. To reflect the need to consider the increasing diversity within Ireland's ageing population, we also present available evidence relating to key subgroups of older people. Although much of the evidence on poverty in later life treats older people as a homogeneous social group, considerable differences exist *amongst* older people in terms of poverty and living standards (Baroni and O'Donoghue, 2009; Walker, 2002). Even though previous research on poverty and deprivation amongst older people has considered variation between different categories of older people (Fahey et al., 2007; Layte et al., 1999; Scharf et al., 2006), there is a need for more research of this type, especially in Ireland (Daly, 2010).

### 2.4.1: Relative income poverty of older people

In the past, older people in Ireland typically had a greater risk of experiencing relative income poverty than people of working age (Layte et al., 1999; Prunty, 2007; Whelan et al., 2003). With the 'at-risk-of-poverty threshold' set at 60 per cent of median income, one quarter of people aged 65 years and over were income poor in the mid-2000s (Fahey et al., 2007). More recently, official data show a steep decline in the 'at-risk-of-poverty' rate for people aged 65 and over; between 2004 and 2010 the rate fell from 27 per cent to just under 10 per cent (CSO, 2012). In comparison with other age groups, older people currently have one of the lowest 'at-risk-of-poverty' rates.

In general, the decline in relative income poverty reflects the role of state pensions and other social transfers in preventing poverty amongst older people (Daly, 2010; Layte et al., 1999). Prior to receipt of social transfers, 85 per cent of older people in Ireland are 'at-risk-of-poverty' (Fahey et al., 2007). This is echoed in an ESRI study of poverty trends in Ireland between 2004 and 2007; 73 per cent of older people were dependent on social transfers for three-quarters or more of their household income in comparison with 15 per cent of the household income of working age

adults (Russell et al., 2010). Social transfers have been shown to reduce poverty amongst older people by 69 per cent (Prunty, 2007).

In the past, older people who were in relative income poverty tended also to be at considerable risk of experiencing persistent poverty.<sup>2</sup> This was primarily attributed to the stability of their incomes over time (Whelan et al., 2003) and to the fact that people have few opportunities to improve their incomes after retirement (Zaidi et al., 2006). This mirrors the situation in the UK, where the persistence of relative income poverty is much higher for older people than for the general population (Price, 2006). More recently in Ireland, persistent poverty rates have fallen for older people. In 2008, the most recent year for which data are available, 3.8 per cent of people aged 65 and over were persistently poor; the equivalent proportion for the adult population as a whole was 9.5 per cent (Maitre et al., 2011: 10). However, Maitre et al. (2011) emphasise that older people's risk of poverty (and thereby persistent poverty) is highly sensitive to the income thresholds used to determine poverty. If persistent poverty is measured using a 70 per cent of median household income threshold, the rate of persistent poverty increases to 28.2 per cent (Maitre et al., 2011: 11). This reflects similar patterns in other jurisdictions, where many older people are clustered around the poverty line, with incomes only marginally above the 60 per cent median (Price, 2006).

In terms of a diverse older population, evidence points to differential poverty risks for key subgroups of older people. In relation to gender, for example, historic data and a variety of research studies have tended to suggest that income poverty is feminised, with older women consistently being more vulnerable to poverty than men (Duwury et al., 2012; Layte et al., 1999; Prunty, 2007; Whelan et al., 2003). However, gender differences in relative income poverty rates are narrowing and even, according to recent evidence, reversing. While the 'at-risk-of-poverty' rate for women aged 65 and over was two percentage points higher than that for men in 2010 (Russell et al., 2010), 10 per cent of men were in poverty compared to 9 per cent of women (CSO, 2012). This shift is attributed to changes in the benefit system, which have led both to a decline in the gap between the value of contributory and non-contributory

2 'Persistent poverty' refers here to the share of persons with an equivalised disposable income below 60% of the national median equivalised disposable income in the current year and in at least two of the preceding three years.

pensions, and to a narrowing of differences between the value of state pensions and the 60 per cent of median income line (Russell et al., 2010).

In relation to other characteristics of diversity, the evidence is more limited. While some subgroups of older people consistently report higher poverty risks, for others poverty trends are less clear cut. Regarding age, for example, while 'at-risk-of-poverty' rates were lower for successive age groups in the mid-2000s, there is no longer a clear pattern associated with age; in 2010, people aged 70-74 years had the highest risk of poverty (17.6 per cent) while those aged 65-69 years had the lowest (4.6 per cent) (CSO, 2012: 18). Older people who live alone typically have lower incomes and are therefore at greater risk of poverty than those living in two-person households (CSO, 2011A, 2012; Prunty, 2007; Russell et al., 2010). Rural residence also tends to be associated with greater risk of income poverty in later life than does urban residence (Russell et al., 2011). In 2010, the 'at-risk-of-poverty' rate for rural older people was 14.7 per cent, compared to 5.4 per cent for those who lived in urban areas (CSO, 2012). Moreover, the odds of being in poverty were 3.7 times greater for older non-Irish nationals than for older Irish nationals in 2007 (Russell et al., 2010: 89).

In emphasising the diversity that exists within the older population in terms of the risk of poverty, it is evident that particular challenges arise for people who simultaneously

alone based on the fact that 65 per cent of older people living alone were female in 2006.

## 2.4.2: Deprivation amongst older people

In 2010, just over 9 per cent of people aged 65 and over in Ireland experienced deprivation on the basis that they could not afford two or more of the 11 items included in the basic deprivation index (CSO, 2012). This figure has remained relatively static since 2004. In general, older people experience lower levels of deprivation than other groups in society (CSO, 2011A, 2012). Indeed Layte et al. (1999) noted that most older households manage to avoid extremes of deprivation. Commentators attribute this finding to a range of factors, including the value of non-cash benefits, such as medical cards and free travel; older people's lower housing costs; their ability to draw on accumulated resources; the receipt of support from family members; and age-related differences in consumption patterns and expectations (Fahey et al., 2007; Layte et al., 1999).

In terms of the various forms of deprivation, described earlier, Layte et al. (1999) found that older person households were more likely than younger person households to experience housing deprivation. They identified three possible reasons for this. Firstly, older people tend to have their houses longer, so household items may be of poorer quality due to age. Secondly, older people are more likely to exercise caution and be sensitive to the

WHILE THE MULTIFACETED NATURE OF POVERTY HAS BEEN RECOGNISED CONCEPTUALLY FOR SOME TIME, IT HAS ONLY BEEN MORE RECENTLY THAT THIS HAS BEEN REFLECTED IN THE METHODS ADOPTED FOR ITS MEASUREMENT. AS THE CONCEPT OF POVERTY HAS EVOLVED TO ENCOMPASS THE NOTION OF RELATIVE DEPRIVATION, THE MEASUREMENT OF POVERTY HAS MOVED FROM A NARROW FOCUS ON INCOME TO A BROADER APPROACH THAT ALSO CONSIDERS NON-MONETARY INDICATORS FOR ASSESSING DEPRIVATION.

belong to multiple 'at-risk' categories. The likelihood of experiencing poverty typically increases for individuals and households in line with the number of 'at-risk' groups to which they belong. In Ireland, for example, Layte et al. (1999) found that older people living alone in rural areas were 40 per cent more likely to experience income poverty than other categories of older people. Rural-dwelling women reliant on non-contributory or widow's pensions were at particular risk of relative income poverty (Layte et al., 1999). In similar vein, where Daly (2010) considers the high levels of poverty amongst women and those who live alone in Ireland, she acknowledges that there is likely to be an interaction effect between gender, poverty and living

hassle involved in renovation and household improvement. Finally, as their houses are older, they are more likely to be in need of repair. This increases costs and reduces the likelihood of the work being undertaken.

In relation to population diversity, there is relatively little evidence about the prevalence of deprivation amongst different subgroups of the older population. With regard to gender, Layte et al. (1999) found older females to be at greater risk of experiencing basic and secondary deprivation than males. Basic deprivation was more likely amongst rural-dwelling people aged 75 years and older than amongst those who were younger (Layte et al., 1999). Rural-dwelling

older people also experience higher rates of deprivation on housing-related items, with particularly large differentials on central heating and leaking roof or damp walls (Prunty, 2007).

Older people who live alone tend to be more vulnerable to deprivation than those living in dual older-person households (Prunty, 2007). In 2010, 8 per cent of people aged 65 and over living alone were deprived on the basis of the 11-item measure; the equivalent proportion for two-person older households was zero (CSO, 2012: 18). This reflects the fact that people who reside with others can pool their resources and may be better able to afford essential items due to economies of scale. Similarly, utility bills are more affordable when there is more than one income coming into a household, leaving households with more income for other outgoings. Indeed, research suggests that living alone costs an older woman approximately 80 per cent of what it costs an older couple (Lundström, 2009). The concentration of fuel poverty amongst older people who live alone is a further reflection of this group's vulnerable position (Goodman et al., 2011; Healy and Clinch, 2004).

Deprivation rates are also considerably higher for older people who report a chronic illness or health problem. In 2010, 13 per cent of people with such a condition were identified as being deprived, compared with 5 per cent of those without a chronic illness or health problem (CSO, 2012: 18). In this respect, expensive medical bills may result in individuals or households having to forego items considered to be necessities (Russell et al., 2010).

#### **2.4.3: Consistent poverty of older people**

In 2004, 3.9 per cent of older person households in Ireland experienced consistent poverty. This figure decreased to 2 per cent in 2007 and to 0.9 per cent in 2010 (CSO, 2011A, 2012; Russell et al., 2010). As there was no significant change in the level of enforced deprivation for the older population between 2004 and 2010, the reduction in consistent poverty over this period has primarily been attributed to the decline in the 'at-risk-of-poverty' rate, as discussed above (CSO, 2011A, 2012). The rate of consistent poverty is significantly lower for people aged 65 years and over than for those of working age (CSO, 2012; Fahey et al., 2007; Prunty, 2007; Whelan et al., 2003).

Given the relatively low proportion of older people in consistent poverty, few substantial variations exist between subgroups of the older population. This applies, for

example, to differences based on gender; the consistent poverty rate for men aged 65 and older was 1.2 per cent in 2010 compared with a figure of 0.6 per cent for women (CSO, 2012; Prunty, 2007; Russell et al., 2010). One study reported those who live alone being six times more likely to experience consistent poverty than people living in couple households (Russell et al., 2010); in 2010, the risk of consistent poverty for single older-person households was lower than the average figure for all older person households (CSO, 2012: 18). Older people with chronic or activity-limiting conditions (Russell et al., 2010) or who report having bad or very bad health (CSO, 2012) are significantly more likely to experience consistent poverty than the general population of older people. Equally, those living in consistent poverty are more likely to have a chronic condition (62 per cent) than older people who are not consistently poor (50 per cent) (Prunty, 2007).

## **2.5: Discussion: what the literature suggests**

The focus of this report is on deprivation, and its measurement, amongst different groups of people aged 65 years and over in Ireland today. This chapter helps to contextualise the research documented in this report within the long history of debate in policy and research on the topic of poverty measurement. As suggested in this chapter, there are strengths and weaknesses associated with all approaches to measuring poverty. A key concern expressed in the relevant academic literature is the need to ensure that poverty measures match the most widely accepted conceptualisation of poverty – i.e. that poverty is a condition of generalised deprivation and exclusion from the life of one's society due to a lack of resources. While the multifaceted nature of poverty has been recognised conceptually for some time, it has only been more recently that this has been reflected in the methods adopted for its measurement. As the concept of poverty has evolved to encompass the notion of relative deprivation, the measurement of poverty has moved from a narrow focus on income to a broader approach that also considers non-monetary indicators for assessing deprivation. Research now provides a more dynamic view of poverty and is better able to draw attention to processes that lead to poverty.

The range of measures discussed highlights the multifaceted nature of poverty. However, it is important to reiterate that there is no single 'objective' measure of poverty. Different approaches to poverty measurement elicit

startlingly different results. Empirical research highlights a discrepancy between poverty measured through indirect income approaches and poverty measured directly in terms of non-monetary indicators of deprivation. The mismatch is significant and is typically reported to be in the range of 50–60 per cent, indicating that almost half of those on a low income do not experience enforced deprivation (Perry, 2002). Similarly, discrepancies occur between relative and combined approaches to poverty measurement, with findings typically showing that the consistent poverty measure yields much lower rates of poverty than income-based measures (Daly, 2010; Layte et al., 1999; Prunty, 2007; Russell et al., 2010). In light of this, Maitre et al. (2006) argue that:

“When dealing with a phenomenon as complex and multi-faceted as poverty, there is a strong argument for not relying on any single measure or indicator, but instead adopting a multidimensional approach” (p. 47).

This means that comparisons across measures are not appropriate. Indeed, comparisons across jurisdictions are also often infeasible given the absence of comparable measures on poverty, as shown by Patsios et al. (2012) in an analysis of Irish and Northern Irish data.

Ireland has been influential in pioneering multidimensional approaches to poverty measurement. However, as Daly (2010) notes, concerns have been expressed about relying solely on the consistent poverty measure for directing public policy. Rather, a case should be made for adopting multiple measures of poverty to inform the trajectory of policy. In this respect, further research is needed that recognises the heterogeneity of the adult population and assesses the degree to which the experience of poverty and deprivation

varies across key subgroups in society. The research reported here builds on such a critique to explore poverty and deprivation amongst older people in Ireland. Given that the 11-item basic deprivation index is fundamental to our understanding of deprivation and consistent poverty in Ireland, considering the relevance of this composite measure to the lives of older people is worthwhile.

In doing so, it is essential that due attention is paid to the heterogeneity that exists amongst the older population in terms of poverty and deprivation. Where the appropriate evidence is available, research has demonstrated considerable variation in relative income poverty, deprivation, and consistent poverty amongst subgroups of older people. Variations in poverty rates amongst subgroups of older people do not occur once people reach 65 years, but are borne out of personal life-course events that influence income dynamics and people's living conditions in the short and long term (Daly, 2010). However, while some subgroups of older people are repeatedly highlighted in the literature as being disadvantaged, such as those who live alone or people living with chronic illness or health problems, other subgroups, such as older people living in institutional settings, older members of the Traveller community, people belonging to minority ethnic groups and family carers, have gone relatively unexplored in the Irish context. This is concerning from a policy perspective, as the needs of many older people are overlooked when considering measures to alleviate poverty amongst older people in general. Furthermore, the fact that certain groups, such as those living alone, are repeatedly highlighted as being at greater risk of experiencing poverty and deprivation suggests that policy makers may be overlooking the available evidence and failing to make adequate provisions to improve the circumstances of relatively large groups within Ireland's ageing population.





# 3 Methodology

## 3.1: Study design

Reflecting recent trends in research on this topic, we sought to explore deprivation, and its measurement – with particular reference to the 11-item basic deprivation measure – for a diverse group of older people using an approach that incorporated both quantitative and qualitative components (see also Adato et al., 2006; Baulch and Davis, 2008; Lawson et al., 2006). Such a mixed-methods design benefits from the representativeness associated with the structured methodology of quantitative data collection and analysis, and the subjective and the experiential insights that arise from qualitative work (Bryman, 2008). It also reflects similar approaches used by the Department for Work and Pensions in the UK to develop material deprivation measures for older people (McKay, 2008). The quantitative component involved a secondary analysis of a nationally representative dataset and provided an overview of measured deprivation amongst the older population in Ireland. The qualitative component is based on interviews and focus groups with diverse groups of older people. This dimension of the study was of particular value, given our desire to explore individuals' perceptions and lived experiences of deprivation and poverty over the course of their lives, and to capture the influence of life-course factors on such experiences.

Our approach combined qualitative and quantitative methods in two ways. First, we employed these techniques in sequence. The secondary analysis was used to identify information gaps concerning deprivation rates for different groups of older people on the 11-item basic deprivation index. This in turn helped to determine the participant groups and deprivation topics to be included in the study's qualitative element. A review of the international literature further informed the selection of participant groups, leading us to include older people from a range of residential contexts and with a variety of demographic backgrounds: older people living alone; people aged 80 years and over;

older members of ethnic minority groups; older residents of urban deprived and of rural areas; nursing home residents; older family carers; and older people with chronic ill health and/or disability (Baroni and O'Donoghue, 2009; Layte et al., 1999; Prunty, 2007; Walker, 2002). Based on the findings of the qualitative component, we then used an adjusted deprivation index to reassess levels of deprivation amongst older people in the secondary analysis. Second, the quantitative and qualitative components were treated as complementary and supporting sources of information. This meant that findings from both the qualitative and quantitative analyses were integrated at the level of interpretation (Moran-Ellis et al., 2006) and used together to inform our work's conclusions. In the following sections, we describe in more detail the purpose, procedures and participants involved in each aspect of the work.

## 3.2: Quantitative component

### 3.2.1: Data

To identify the most appropriate national dataset for exploring deprivation amongst different groups of older people in Ireland, a comprehensive review of the available data was conducted, including datasets from a range of different sources, such as the Irish Social Science Data Archive (ISSDA), the Central Statistics Office (CSO) and the Economic and Social Research Institute (ESRI). Given its prominence in deprivation measurement and its role in underpinning the Irish National Anti-Poverty Strategy, the chosen dataset would also have to include the 11-item basic deprivation index. Amongst the datasets considered were the EU Survey of Income and Living Conditions (EU-SILC), The Irish Longitudinal Study on Ageing (TILDA), the Survey of Health, Ageing and Retirement in Europe (SHARE), the Quarterly National Household Survey (QNHS), the Household Budget Survey (HBS), and others. In addition to the inclusion of information pertaining to the standard 11-item basic deprivation measure, it was also



deemed important that the chosen dataset would provide the means to undertake a comparative assessment of deprivation amongst older households vis-à-vis other household categories. This implied that EU-SILC was by far the most appropriate and extensive dataset available in this context. In addition, the EU-SILC data for 2009 included an ad hoc module on material deprivation, further enhancing its usefulness. The other datasets considered either do not include appropriate deprivation data (e.g. SHARE), and/or do not allow for a comparative analysis (e.g. TILDA).

Drawing on our review of potential data sources, the quantitative element of the study involved secondary analysis of the Irish component of the 2009 EU-SILC.<sup>1</sup> Conducted by the Central Statistics Office (CSO) since 2003, EU-SILC is an annual survey of a representative random sample of different types of households in Ireland. Overall, 5,183 households were included in the analysis in 2009. While individual data are also included in the dataset, the majority of indicators are reported at a household level and, as is standard in such analysis, we focus exclusively on household-level data in our analysis. As stated, the EU-SILC dataset also allows for a comparison of the relative position of older households vis-à-vis other household types, and consequently it is commonly used to construct material deprivation indicators. In addition to the 11-item basic deprivation index, the survey includes a number of other indicators that address basic lifestyle deprivation, secondary lifestyle deprivation (e.g. leisure activities) and housing deprivation.

### 3.2.2: Sample

To facilitate the analysis, we only considered households where each member was aged 65 years or over. In all, data from 861 one-person households (aged 65 years and over) and 641 two-person households (where both occupants were aged 65 years and over) were included in the analysis, yielding a total sample of 1,502 older adult households and 2,143 older adult individuals.<sup>2</sup> It should be noted that this sample selection approach excluded a small proportion of older individuals who lived in households with someone who was aged less than 65 years. For example, of the 728

households in EU-SILC classified as "2 adults, at least 1 aged 65+ years, with no children aged under 18", a total of 87 households (12 per cent) included one person aged 65 years or over and one person aged less than 65 years. This was done for reasons of presentational and analytical clarity. Table 3.1 presents a breakdown of the one-person and two-person older adult households by age group across different population subgroups. The breakdown is helpful in indicating the feasibility of using the EU-SILC dataset to explore deprivation across different subgroups of the older adult population.

For example, there are reasonably large numbers of males and females in the primary age categories, a relatively even split across urban and rural households and a large number of people with and without a chronic illness. By contrast, there are very few observations on older persons who are not Irish nationals and only a limited number of observations for other subgroups of the older population. Variables reflecting other dimensions of interest are not included in the EU-SILC dataset, for example ethnic identity, people belonging to the Traveller community, nursing home residents, residents of deprived urban communities, and family carers.

### 3.2.3: Analysis

On the basis of the available data, the quantitative analysis focused on self-reported deprivation for older people belonging to one-person and two-person older adult households across age, gender, urban-rural residence, and chronic illness status. Summary statistics were prepared for a range of deprivation indicators in the dataset. This included the 11-item basic deprivation index and a number of other indicators relating to basic and secondary lifestyle deprivation and housing deprivation. In addition to providing insight into deprivation rates for the older population relative to the general population sample, the summary statistics helped to compare reported levels of deprivation across different groups of older people.

In order to account for the potential importance of other differences in the characteristics of household types, we also conducted a multivariate analysis, in the form of a binary logit model, which examined variation in deprivation rates across households. In this analysis we controlled for a range of household characteristics, including household composition, urban/rural residence, region, tenure status, income, principal economic status,

1 The 2010 EU-SILC dataset was not available at the time of analysis and does not include the additional deprivation indicators available in the 2009 survey.

2 There were a small number of three-adult older households, but these were excluded from the analysis due to the relatively small sample size.

**Table 3.1:** Number of one-person and two-person older households, EU-SILC 2009

SUBGROUPS	AGE GROUP OF INDIVIDUAL							
	65 to 74 Years		75 to 84 Years		85+ Years		All Years (65+)	
	One-person	Two-person	One-person	Two-person	One-person	Two-person	One-person	Two-person
<b>Gender</b>								
Male	147	228	112	126	37	18	296	372
Female	207	178	247	71	111	20	565	269
<b>Total</b>	<b>354</b>	<b>406</b>	<b>359</b>	<b>197</b>	<b>148</b>	<b>38</b>	<b>861</b>	<b>641</b>
<b>Urban/Rural</b>								
Urban	206	233	180	93	78	22	464	348
Rural	148	173	179	104	70	16	397	293
<b>Total</b>	<b>354</b>	<b>406</b>	<b>359</b>	<b>197</b>	<b>148</b>	<b>38</b>	<b>861</b>	<b>641</b>
<b>Irish Nationals</b>								
Irish	352	391	354	193	147	37	853	621
Non-Irish	2	15	5	4	1	1	8	20
<b>Total</b>	<b>354</b>	<b>406</b>	<b>359</b>	<b>197</b>	<b>148</b>	<b>38</b>	<b>861</b>	<b>641</b>
<b>Chronic Illness</b>								
Yes	193	188	206	92	86	20	485	300
No	161	218	153	105	62	18	376	341
<b>Total</b>	<b>354</b>	<b>406</b>	<b>359</b>	<b>197</b>	<b>148</b>	<b>38</b>	<b>861</b>	<b>641</b>

and chronic illness (or condition) in the household. The aim of this analysis was not to explore the causes of material deprivation in later life, but to attempt to account for any potential and influential differences between the characteristics of older and younger individuals and between the characteristics of different older adult cohort groups within the study sample.

### 3.3: Qualitative component

#### 3.3.1: Approach

The qualitative research involved focus groups and interviews. It built on a set of methodologies developed in earlier work (Scharf et al., 2006) to capture perspectives on deprivation of diverse subgroups within the older population. In this research, we included the following participant groups: older people living alone; people aged 80 years and over; ethnic minority groups; urban deprived residents; suburban residents; rural residents; nursing home residents; older family carers; and older

people with chronic ill health and/or disability. While it is not possible to generalise across entire populations from the findings of qualitative research, similar methods have been used previously to explore deprivation amongst older people and to assess the effectiveness of deprivation measures (Dominy and Kempson, 2006; Legard et al., 2008; McKay, 2008). Although such methods do not offer representativeness in terms of sample size, they can provide representativeness in terms of the diversity of a population. Thus, and as shown elsewhere (Scharf et al., 2006), qualitative techniques are particularly useful in capturing the real-life insight of 'hard-to-reach' or 'seldom-heard' groups, such as those included in this study.

As outlined previously, the participant groups were identified as subgroups of the older population that were identified in the Irish and international literature as being disproportionately vulnerable to deprivation and marginalisation (Baroni and O'Donoghue, 2009; Layte et al., 1999; Prunty, 2007; Walker, 2002). Many of the groups were also not captured or were under-represented in the

EU-SILC dataset, meaning that relatively little is known about their experiences of deprivation. However, even though these groups were potentially vulnerable, for ethical and methodological reasons it was not possible to identify which individuals, if any, were or were not experiencing deprivation and/or poverty ahead of starting fieldwork. While some of these groups are more likely to suffer from income poverty (e.g. urban deprived), they may not necessarily experience deprivation. It is for this reason, and in line with the original objectives of the research, that we sought to capture the perspectives of these groups, including both perceptions and past and current experiences. There was also a desire to include a participant group that was not selected on the basis of fulfilling a particular identity of income poverty. In addition to representing an additional residential context, this was the justification for including a suburban group of older people in the research. This group also offered the potential to draw out universal and cross-cutting themes relating to ageing and to explore how issues relating to income poverty and deprivation can sometimes arise independently of one other.

### 3.3.2: Participants and participant recruitment

Nine focus group discussions with 62 participants and 21 individual in-depth semi-structured interviews were conducted. Overall, the qualitative component of the study

involved 83 older people, 21 men and 62 women, drawn from the various subgroups of interest. Forty-two per cent of the sample were married, 37 per cent widowed, 12 per cent single, and 9 per cent separated or divorced. Participants ranged in age from 55 years to 95 years, with a mean age of 71 years (standard deviation = 10). Twenty-seven per cent of the sample were aged from 55 to 64 years. It became clear at an early stage in this research that for certain subgroups of the population (e.g. Traveller community, ethnic minority groups) identifying and recruiting people aged 65 years and over would be particularly difficult. It is for this reason that the qualitative work adopted a lower age limit of 55 years. While this is not ideal, in that it distorts potential comparisons with the quantitative analysis, it is standard practice in the international literature when trying to engage smaller subgroups of the older population in empirical research. Adopting a more fluid definition of older age is also useful for cross-group comparisons of the ageing experience and, potentially, for capturing life-course experiences leading into later life.

Participants were recruited through a variety of strategies, some of which related to specific groups (e.g. ethnic minority community associations) and their locations. However, in general, participants were recruited through a combination of snowball sampling and contacts with community and religious groups, representative organisations (e.g. Irish

**Table 3.2:** Qualitative participant sample by participant group, sex, age and region of recruitment

PARTICIPANT GROUPS	NUMBER OF PARTICIPANTS	MALE	FEMALE	NUMBER AGED 55 TO 64	RECRUITMENT REGION
Aged 80 plus <sup>1</sup>	4	3	1	0	Galway City
Living alone <sup>1</sup>	6	0	6	1	Galway City
Disability and/or chronic ill health	13	6	7	7	County Galway
Family carers	5	0	5	0	County Clare
Rural	9	0	9	1	County Wicklow
Urban deprived	16	1	15	3	Limerick City
Nursing home	5	2	3	0	Midlands public facility
Traveller community	7	1	6	3	Dublin City, County Galway
Ethnic minority	9	5	4	6	Cork, Dublin and Galway Cities
Suburban	9	3	6	0	Galway City
<b>Total Sample</b>	<b>83</b>				

<sup>1</sup> Participants belonging to the 80-plus and the living-alone groups participated in the same focus group. Older people aged 80-plus and living alone were also involved in other participant groups and overall accounted for 18 and 31 participants respectively.

Wheelchair Association, Caring for Carers) and their mailing lists, health and social care networks, and local and national stakeholder agencies (e.g. The Society of St. Vincent de Paul). The role of these groups and organisations was not only to assist in identifying potential participants, but also to serve as gatekeepers and intermediaries for contacting and recruiting participants from specific communities. Participants were also recruited from a number of different regions to allow for regional differences in costs of living. Table 3.2 presents the list of participant groups, the number of participants from each group, their sex, the number of participants aged 55-64 years in each group, and the geographic region from which

they were recruited. It should be noted that given that much of Ireland's ethnic minority population is foreign born and has arrived relatively recently, the ethnic minority participant group primarily included individuals who migrated to Ireland through asylum and labour migration channels. Participants included people from Poland, Lithuania, Iran, Nigeria and Somalia.

For information purposes, Table 3.3 presents the most up-to-date information at the time of writing, and where available, on the total numbers of each of these subgroups of the older population in Ireland.

**Table 3.3:** Number of people belonging to each subgroup in the total Irish older population

SUBGROUPS	TOTAL POPULATION IN IRELAND
Aged 80 plus	128,529
Living alone	392,000
Disability and/or chronic ill health	204,069
Carers*	24,746
Rural	227,413
Urban deprived	n/a
Nursing home	20,802
Traveller community	734 (1,806 aged 55 years and over)
Ethnic minority	3,798 (11,380 aged 55 years and over)
Suburban group	n/a

Note: All data are for older people aged 65 years and over unless otherwise stated.

Source: Census 2011, (CSO, 2011b).

\*Data not available for family carers specifically.

**Table 3.4:** Breakdown of participants' income sources

PRIMARY INCOME SOURCES	PROPORTION OF SAMPLE (%)
Employment	11
Jobseeker's Allowance	4
State Pension (Contributory)	28
State Pension (Non-Contributory)	24
Occupational Pension	14
Disability Allowance	6
Family Support	7
Partner's Pension	1
Personal Savings	1
Other and combined incomes	4*

\* Two of these individuals were receiving a Carer's Allowance in addition to a State Pension

Table 3.4 shows the breakdown of income sources for the 83 participants in this research. This breakdown shows a diverse set of income sources, reflecting the inclusion of different groups of older people, of working and retirement age, with different employment trajectories.

### 3.3.3: Data collection

The data were collected between December 2011 and June 2012. Focus groups and individual interviews were held at locations and times that were convenient for participants. The interview schedule and focus group guide, presented in Appendix 1, were developed to address the same broad topics of interest for all subgroups. Apart from the 'living alone' and the 'aged 80 plus' groups, the focus groups only included members of a particular participant group and were not mixed. This allowed participants to discuss particular risk and life-course factors that were specific to their group, and which may otherwise have been lost in a discussion that involved people from other population groups or the general (older) population.

In addition to capturing perceptions and experiences of deprivation, the interviews and focus groups aimed to explore links between quality of life, deprivation and poverty in participants' lives. We sought to identify factors that shape participants' understandings of these concepts. We

also wished to gather information about specific risk factors that arise at different stages of the life course for people belonging to each of the participant groups and which are associated with social and economic deprivation in later life. In focus group discussions and interviews, participants were invited to talk about their life-course experiences and were probed about the ways in which such experiences touched on the themes of deprivation and poverty.

A significant feature of the focus groups and individual interviews was the discussion of necessities of life and the relevance of national deprivation indicators to these necessities. This element of the study drew on a methodology adapted from earlier research (Scharf et al., 2006) and involved the graphical representation of different material goods, activities, resources and services on a series of show-cards (see Appendix 2 for examples). Participants were asked to group the show-cards into items that they regarded either as necessities or as non-necessities. The methodology used a consensus-building approach. For that reason, while the show-cards were still useful for exploring perceptions about necessities of life in the individual interviews, the approach was more appropriate for the focus groups. The indicators depicted on the show-cards were adapted from the EU-SILC 11-item basic deprivation index and were supplemented by items drawn from the UK Department for Work and Pensions'

**Table 3.5:** UK DWP deprivation indicators included in show-card exercise

	INDICATOR DESCRIPTION
1	Heating, electrics, plumbing and drains working
2	Home kept in good state of repair
3	Have a damp-free home
4	Able to replace cooker if it broke down
5	Have hair done or cut regularly
6	Able to pay regular bills
7	Able to pay unexpected expense of €200
8	Have a telephone to use, whenever needed
9	Have access to car or taxi, whenever needed
10	Unable to afford one filling meal per day
11	Unable to afford to see family or friends once a month
12	Unable to afford a social outing on your own or as a part of a group
13	Take a holiday away from home
14	Able to attend funerals

Pensioner Material Deprivation measure (Department for Work and Pensions, 2010). These items were included as they were the product of a recent and significant programme of qualitative and quantitative research into measuring deprivation in later life. The additional indicators from this measure (apart from one – keep house adequately warm – which is already part of the 11-item basic deprivation index) are presented in abridged form in Table 3.5. Participants were also asked if there were any additional necessities that were not covered in the show-cards. This allowed the research team to identify and discuss potential indicators of deprivation that were considered important to each of the participant groups.

Finally, all participants were asked to fill out a short profile questionnaire (also presented in Appendix 1) at the end of the interview/focus group. The questionnaire collected demographic details and general information on income and financial stability, and health and well-being.

### 3.3.4: Analysis

All focus groups and individual interviews were audio-recorded and transcribed verbatim. From an initial reading of the transcripts, inductive codes were identified from the data and used as a basis for developing a provisional coding framework. The framework was further refined as a full thematic analysis was performed on the transcripts using NVivo 10 qualitative analysis software.

### 3.3.5: Ethical approval

Ethical approval was received for this research from the Research Ethics Committee of NUI Galway. An informed consent process, involving study information sheets and consent forms, was used in the recruitment of all participants.

## 3.4: Adjusted deprivation index

The results of the necessities of life exercise in the qualitative component helped us to identify which items, and therefore which deprivation measures, were of most relevance to older people and to the assessment of older adult deprivation. Using this information, we constructed an adjusted deprivation index based on a new combination of existing EU-SILC indicators (both items from the 11-item basic deprivation index and alternative measures). A reassessment of deprivation rates for the older household sample in EU-SILC compared to that of the total population

in EU-SILC was then made using this new measure.

The purpose of this exercise was not to develop a new composite measure for assessing deprivation amongst older households. Rather, this element of the study sought to set out an illustrative example of the impact of using different subsets of individual indicators, in this case those identified by older people as being important, within a composite measure.

## 3.5: Discussion: Limitations and challenges

As with any empirical study, it is helpful to acknowledge the limitations associated with the research presented in this report. A brief discussion of these methodological issues follows.

In terms of the quantitative work, limitations primarily concern the availability of data. There is generally a lack of large-scale datasets exploring social and economic aspects of life in Ireland. This becomes even more challenging when one is interested in the older population (although the new Irish Longitudinal Study of Ageing [TILDA] will become a key source of data as it progresses). Furthermore, while EU-SILC includes a large number of older adult households and represents the best available dataset, the sample size is limited for examining the deprivation of subgroups of the older population. Under such conditions, gaining access to disaggregated datasets across variables, such as age and geographic location, can be problematic because of issues involving participants' privacy and can take a substantial amount of time. For the same reason, accessing and analysing the disaggregated 2010 EU-SILC data within the timescale of the project was not feasible by the time of its release. The small subgroup sample sizes also have implications for the type of statistical analyses that can be performed, with more sophisticated procedures requiring larger samples. More importantly, many of the participant groups targeted in this research are either not categorised in the EU-SILC dataset or are not included in the EU-SILC sample. Although EU-SILC was not designed to pick up such groups, such surveys fail to account sufficiently for the diversity that exists within key population groups, including older people. Finally, because EU-SILC collects the majority of deprivation data at the level of the household, we are limited in terms of what we can say about individual behaviours and experiences.

Limitations and challenges were also encountered in our qualitative work. Even though we worked closely with representative organisations and other stakeholder agencies, it proved difficult to identify participants who were living in deprivation and to recruit these individuals into the study. This is partly because ethical guidelines advise against the use of health and social work professionals to identify and recruit adults regarded as being 'vulnerable'. Ultimately though, it is due to the fact that deprivation and poverty are rarely acknowledged even at a very local level, and are consequently often invisible. It was more feasible to focus on capturing a mixture of perception and current and past experiences of deprivation. Moreover, identifying and recruiting some marginalised and 'hard-to-reach' groups was also problematic. This was particularly the case in relation to the ethnic minority group. As a result, fieldwork had to be completed in three different regions and over a period of more than eight months in order to achieve a sufficient sample size. In a similar way, while the overall sample is reasonably large for a qualitative study, some of the participant groups remain relatively small. This is understandable, given the scale and scope of the research and the fact that we were seeking to include 'hard-to-reach' groups in the research. Finally, it is necessary to acknowledge the relatively low number of male participants in the qualitative work. Despite our efforts to recruit similar numbers of men and women, this proved impossible. In part, the lower participation levels of men are likely to reflect the gender imbalance in older age groups. While this remains a limitation of the sampling strategy, there were still sufficient male participants to capture potentially contrasting gender perspectives in the fieldwork.







## 4

# Quantitative Findings: Secondary Analysis of EU-SILC 2009

**THIS** section presents findings arising from the quantitative component of the research. Summary statistics detailing the response patterns for a range of deprivation measures for one- and two-person households identify the levels of deprivation experienced by different types of older adult households. They also provide a means of comparing the situation of older adult households with that of the general population. The findings provide an initial indication of the measures or indicators that are particularly important to consider when exploring deprivation amongst older people in Ireland. The section concludes with a multivariate analysis, which explores the influence of different household factors on the variance between reported deprivation of older adult households and base-population households.

## 4.1: Summary statistics

### 4.1.1: Old-age deprivation and age group

We begin our analysis by exploring data disaggregated by age group. Tables 4.1 and 4.2 present data for one-adult older households on each of the standard deprivation measures that make up the 11-item basic deprivation index used in official statistics in Ireland. The data are disaggregated across households on the basis of the age group of the individual, in the case of the one-adult older households, and on the basis of the age group of the head of household for the two-adult older households. For comparative purposes, Tables 4.1 and 4.2 also include the deprivation measures for all one-adult and two-adult older households, as well as the total population. While details of the statistical significance of differences between these groups are not presented here,<sup>1</sup> it is notable that in

<sup>1</sup> A detailed statistical analysis of differences across subgroups would necessitate the inclusion of outputs from a number of statistical tests (e.g. p-values). For example, it would be possible to compare differences across age groups, between separate age groups and all older persons, between age groups and other cohorts, and between cohorts and the total population. For reasons of brevity and clarity, these tests are not presented and discussed here, but were considered in the data analysis and are referred to where appropriate.

overall terms the composite deprivation measure is lower for the one-adult older households, and substantially lower for the two-adult older households, than it is for the total population.<sup>2</sup> This suggests that, based on these standardised measures, the prevalence of deprivation amongst the older population is on average less than that for the general population. This finding is in line with deprivation figures previously calculated from the 2009 EU-SILC data (CSO, 2011A).

The picture becomes more complicated when focusing on data for the one-adult older households by age group. Using the composite deprivation measure, Table 4.1 shows that the deprivation rate amongst older persons living alone and aged between 65 and 74 years is higher than for those living alone and aged 75 to 84 years and aged 85 years or above. Deprivation is also higher on average than for the total population, although this difference is not statistically significant.

Examining the deprivation rates reported for the individual indicators provides further insights. For older people living alone and aged between 65 and 74 years, higher rates of deprivation were reported on nine of the 11 measures when compared to the total population sampled. Even though this figure shrinks to three of the 11 measures and none of the 11 measures for older people living alone aged 75-84 years and older people living alone aged 85 years or above respectively, higher rates of deprivation were reported on five of the 11 measures by the total older population (though not all differences are statistically significant at the usual levels of significance). These patterns are not evident for two-adult older households, which may reflect the protective role arising from having two people in a household (see Table 4.2).

Overall, these findings suggest that while deprivation rates based on the standard measures of deprivation are

<sup>2</sup> Both differences are statistically significant.

**Table 4.1: One-person older households – standard deprivation measures by age group of individual**

	AGE GROUP OF INDIVIDUAL				
	65 to 74 Years	75 to 84 Years	85+ Years	All Yrs (65+)	Total Pop.
Household had to go without heating in the last 12 months through lack of money	8.2%	7.6%	3.2%	7.2%	7.3%
Inability of household to afford a morning, afternoon or night out in the last fortnight	6.1%	1.1%	1.0%	3.2%	14.9%
Inability of household to afford two pairs of strong shoes for each household member	2.2%	1.3%	0.0%	1.4%	2.1%
Inability of household to afford a roast joint (or equivalent) once a week	5.6%	3.2%	0.3%	3.6%	3.4%
Inability of household to afford to eat meals with meat, chicken, fish (or vegetarian equivalent) every second day	2.2%	1.5%	0.0%	1.5%	2.1%
Inability of household to afford new rather than second-hand clothes	8.3%	5.6%	1.4%	5.8%	4.5%
Inability of household to afford a warm waterproof coat for each household member	2.7%	0.6%	0.0%	1.4%	1.1%
Inability of household to afford to keep the house adequately warm	5.4%	6.9%	0.3%	5.1%	4.1%
Inability of household to afford to replace worn-out furniture	18.5%	15.3%	10.1%	15.6%	16.3%
Inability of household to afford to have family or friends for a drink or a meal once a month	8.0%	11.0%	2.8%	7.8%	9.4%
Inability of household to afford to buy presents for family or friends at least once a year	3.9%	6.4%	2.6%	4.4%	3.4%
Composite deprivation indicator	17.6%	14.3%	3.8%	13.9%	17.3%

Source: Analysis of EU-SILC microdata for Ireland for 2009

lower on average for older people than for the general population in Ireland, there is considerable variation across age groups, particularly for the one-adult households. The findings also highlight the need to consider the type of measures that are being used to assess deprivation before making judgements on the relative welfare of the older adult population in comparison to the general population.

The EU-SILC dataset also includes a range of other potential measures of deprivation that may be of relevance to older people and for which summary statistics were also prepared. These data are presented in Table 4.3 for one-adult older households and in Table 4.4 for two-adult

older households. The measures include indicators relating to community and neighbourhood characteristics (e.g. 'noise from neighbours' and 'crime and vandalism in the area'), the standard of housing and accommodation (e.g. equipped with bath or shower, double glazing and running water), housing costs and utility bills, making ends meet and personal debt. In terms of these alternative measures, it is notable that older households generally report higher deprivation for indicators encompassing community and neighbourhood characteristics, and housing and accommodation. By contrast, they report lower deprivation on indicators of personal debt and capacity to meet day-to-day needs. Again, there is evidence of variation across

**Table 4.2:** Two-person older households – standard deprivation measures by age group of head of household

	AGE GROUP OF HEAD OF HOUSEHOLD				
	65 to 74 Years	75 to 84 Years	85+ Years	All Yrs (65+)	Total Pop.
Household had to go without heating in the last 12 months through lack of money	3.5%	7.3%	6.7%	4.7%	7.3%
Inability of household to afford a morning, afternoon or night out in the last fortnight	2.5%	3.2%	0.0%	2.5%	14.9%
Inability of household to afford two pairs of strong shoes for each household member	2.1%	0.4%	0.0%	1.5%	2.1%
Inability of household to afford a roast joint (or equivalent) once a week	2.0%	0.2%	0.0%	1.4%	3.4%
Inability of household to afford to eat meals with meat, chicken, fish (or vegetarian equivalent) every second day	1.7%	0.2%	0.0%	1.2%	2.1%
Inability of household to afford new rather than second-hand clothes	3.2%	0.7%	6.6%	2.8%	4.5%
Inability of household to afford a warm waterproof coat for each household member	0.5%	0.0%	0.0%	0.3%	1.1%
Inability of household to afford to keep the house adequately warm	3.5%	0.2%	0.0%	2.8%	4.1%
Inability of household to afford to replace worn-out furniture	5.7%	11.0%	8.3%	7.3%	16.3%
Inability of household to afford to have family or friends for a drink or a meal once a month	4.4%	5.8%	0.0%	4.5%	9.4%
Inability of household to afford to buy presents for family or friends at least once a year	1.9%	4.3%	1.8%	2.5%	3.4%
Composite deprivation indicator	7.3%	10.6%	8.3%	8.3%	17.3%

Source: Analysis of EU-SILC microdata for Ireland for 2009

the age groups concerning certain indicators (e.g. making ends meet). On the other hand, when it comes to other indicators, deprivation rates are relatively constant across age groups (e.g. noise from a neighbour or the street).

#### 4.1.2: Old-age deprivation and gender

With a typical male and female gender split in two-adult households, it was decided to focus on gender differences in deprivation amongst one-adult older households. In terms of the standard deprivation measures, data on the composite deprivation indicator suggest that while older males and females report lower rates of deprivation than

the total population, older females report higher levels of deprivation than older males, a difference that is statistically significant (Table 4.5). When examining individual indicators, patterns are once again more complicated. Older women living alone consistently report higher rates of deprivation than older men across all measures apart from one (i.e. inability to afford new rather than second-hand clothes). Older women living alone also report higher levels of deprivation on seven of the 11 measures when compared to the total population.

Gender differences also exist with respect to the other deprivation measures. For example, as shown in Table

**Table 4.3: One-adult older households – other deprivation measures by age group of individual**

	AGE GROUP OF INDIVIDUAL				Total Pop.
	65 to 74 Years	75 to 84 Years	85+ Years	All Yrs (65+)	
Crime, violence or vandalism in the area	16.0%	6.0%	11.9%	11.3%	14.0%
Making ends meet with some or more difficulty	56.3%	49.1%	38.3%	50.3%	62.0%
Housing costs are a burden	66.7%	62.0%	56.1%	63.0%	78.7%
Noise from neighbour or the street	10.3%	10.0%	11.7%	10.4%	11.1%
No bath or shower	0.0%	0.0%	0.0%	0.0%	0.3%
No double glazing	26.6%	30.8%	26.5%	28.3%	17.0%
No running water	0.4%	0.9%	0.0%	0.6%	0.6%
Dwelling has leaking roof, damp walls or rot in the doors, window frames or floor	23.8%	17.1%	13.8%	19.4%	14.2%
Inability of household to afford a week's annual holiday	42.8%	42.2%	35.0%	41.2%	38.8%
Household had to go into debt in the last 12 months to meet ordinary living expenses	4.7%	0.6%	0.0%	2.2%	13.1%
Respondent for household had a day in last fortnight when respondent did not have a substantial meal due to lack of money	3.0%	2.2%	3.7%	2.8%	4.5%
Household utility bills have been in arrears in the last 12 months	3.3%	3.7%	0.8%	3.0%	11.2%

Source: Analysis of EU-SILC microdata for Ireland for 2009

4.6, gender and deprivation can also intersect for older men. Older men and older women report higher levels of deprivation relative to each other on an equal number of measures. When compared to the total population, older men also report higher levels of deprivation on a range of indicators, primarily those related to housing and accommodation.

#### **4.1.3: Old-age deprivation, urban/rural residence and chronic ill health**

Deprivation rates were also explored in relation to older persons' place of residence (urban or rural) and in terms of their health. These analyses are presented in Tables A1 to A6 (see Appendix 3).

For both one-adult and two-adult older households, some differences in deprivation rates were evident across urban and rural locations for the standard deprivation measures and for the alternative deprivation measures (Tables A1 to A4). In the main, rural older people were more likely to report higher rates of deprivation on housing and accommodation items. By contrast, urban older people were more likely to report higher rates of deprivation on basic lifestyle and secondary lifestyle items. While there was some variation across individual indicators, the composite deprivation indicators for the standard deprivation measures point to lower rates of deprivation amongst all older adult households when compared to the total population.

Substantial differences in terms of reported levels of deprivation exist between older people with and without a

**Table 4.4: Two-adult older households – other deprivation measures by age group of head of household**

	AGE GROUP OF HEAD OF HOUSEHOLD				
	65 to 74 Years	75 to 84 Years	85+ Years	All Yrs (65+)	Total Pop.
Crime, violence or vandalism in the area	10.7%	14.0%	4.3%	11.1%	14.0%
Making ends meet with some or more difficulty	36.9%	51.1%	59.8%	42.1%	62.0%
Housing costs are a burden	60.0%	65.1%	70.7%	62.1%	78.7%
Noise from neighbour or the street	7.3%	17.3%	6.3%	9.9%	11.1%
No bath or shower	0.1%	0.0%	0.0%	0.1%	0.3%
No double glazing	21.4%	21.4%	31.6%	22.1%	17.0%
No running water	0.0%	0.0%	0.0%	0.0%	0.6%
Dwelling has leaking roof, damp walls or rot in the doors, window frames or floor	13.4%	14.7%	13.9%	13.8%	14.2%
Inability of household to afford a week's annual holiday	22.2%	29.6%	58.9%	26.6%	38.8%
Household had to go into debt in the last 12 months to meet ordinary living expenses	0.4%	1.0%	0.0%	0.6%	13.1%
Respondent for household had a day in last fortnight when respondent did not have a substantial meal due to lack of money	3.0%	1.8%	0.0%	2.5%	4.5%
Household utility bills have been in arrears in the last 12 months	2.0%	0.0%	5.6%	1.7%	11.2%

Source: Analysis of EU-SILC microdata for Ireland for 2009

chronic illness (or condition) (see Tables A5 and A6, which focus on one-adult older households). It is striking that deprivation rates are significantly greater for people with a chronic illness for the vast majority of the deprivation indicators considered. Furthermore, in the case of many items, particularly the standard measures, deprivation rates are higher for one-adult households reporting a chronic illness than for the total population. This is reflected in the higher value for the composite deprivation indicator (Table A5), a difference that is statistically significant. These findings suggest that chronic ill health can have a significant impact on individuals' financial resources and, as a result, their relative ability to afford different goods and services. These differences once again highlight the heterogeneity in rates of deprivation across different groups of older people.

## 4.2: Multivariate Analysis

While the summary statistics provide a useful overview of the relative position of different types of older-person households vis-à-vis the overall population, they do not account for the potential importance of other household characteristics in shaping these patterns. In order to investigate the influence of these potential differences, we constructed a binary logit multivariate model in which deprivation was the dependent variable and in which a range of household characteristics were controlled for, including household composition, urban/rural location, region, tenure status, income, principal economic status and chronic illness in the household. In this model, the dependent variable (Deprivation) takes a value of 1 if the household is classified as deprived on the basis of the

**Table 4.5: One-adult older households – standard deprivation measures by gender**

	MALE	FEMALE	TOTAL POP.
Household had to go without heating in the last 12 months through lack of money	4.3%	8.5%	7.3%
Inability of household to afford a morning, afternoon or night out in the last fortnight	1.9%	3.8%	14.9%
Inability of household to afford two pairs of strong shoes for each household member	0.9%	1.6%	2.1%
Inability of household to afford a roast joint (or equivalent) once a week	3.3%	3.7%	3.4%
Inability of household to afford to eat meals with meat, chicken, fish (or vegetarian equivalent) every second day	1.2%	1.7%	2.1%
Inability of household to afford new rather than second-hand clothes	7.4%	5.0%	4.5%
Inability of household to afford a warm waterproof coat for each household member	0.3%	1.9%	1.1%
Inability of household to afford to keep the house adequately warm	2.5%	6.4%	4.1%
Inability of household to afford to replace worn-out furniture	12.8%	16.9%	16.3%
Inability of household to afford to have family or friends for a drink or a meal once a month	5.9%	8.8%	9.4%
Inability of household to afford to buy presents for family or friends at least once a year	3.8%	4.7%	3.4%
Composite deprivation indicator	11.6%	15.0%	17.3%

Source: Analysis of EU-SILC microdata for Ireland for 2009

standard 11-item composite deprivation measure and a value of 0 if it is not. For the purposes of the analysis and comparison, the base case is a one-adult household where the individual is aged less than 65 years, lives in an urban area in the Border region, owns their own home, is employed and does not suffer from a chronic illness.

The results of the multivariate analysis are presented in Table 4.7. The table reports the estimated marginal effects at the mean of each variable. The results suggest that, after controlling for variation in household factors, older households are on average less likely to be deprived when compared to the base case (one-adult-aged-less-than-65-years households). More specifically, one-adult older households and two-adult older households are respectively 6.1 per cent and 6.4 per cent less likely to

be classified as deprived using the standard composite measure than a single person aged less than 65 years and living alone. These differentials are greater, for example, than for two-adult households without children where at least one member is aged less than 65 years (3.0 per cent less likely to be deprived than the base case) and for three-adult households with no children (3.9 per cent less likely to be deprived than the base case). There is no statistical difference between the likelihood of deprivation for single-adult households with a child under 18 years or two-adult households with between one and three children aged under 18 years, when compared to the base case.

We also tested for non-linearities in the association between deprivation and income, first by adding a quadratic term for income to the model, and second by including the natural

**Table 4.6: One-adult older households – other deprivation measures by gender**

	MALE	FEMALE	TOTAL POP.
Crime, violence or vandalism in the area	11.2%	11.3%	14.0%
Making ends meet with some or more difficulty	50.6%	50.2%	62.0%
Housing costs are a burden	61.4%	63.8%	78.7%
Noise from neighbour or the street	12.9%	9.2%	11.1%
No bath or shower	0.0%	0.0%	0.3%
No double glazing	39.2%	23.1%	17.0%
No running water	1.5%	0.1%	0.6%
Dwelling has leaking roof, damp walls or rot in the doors, window frames or floor	18.6%	19.7%	14.2%
Inability of household to afford a week's annual holiday	41.8%	41.0%	38.8%
Household had to go into debt in the last 12 months to meet ordinary living expenses	2.4%	2.2%	13.1%
Respondent for household had a day in last fortnight when respondent did not have a substantial meal due to lack of money	2.5%	2.9%	4.5%
Household utility bills have been in arrears in the last 12 months	2.0%	3.5%	11.2%

Source: Analysis of EU-SILC microdata for Ireland for 2009

log of income. Neither was found to improve the model fit in any significant way or to change the main conclusions. We also considered a range of additional specifications as well as different subsets of variables in order to test the robustness of our findings. Furthermore, we excluded variables relating to education and social class due to multicollinearity.<sup>3</sup> Overall, our results suggest that even after controlling for differences in a range of household, socio-economic and demographic variables, overall deprivation rates are lower on average for older households based on this measure.

In terms of the other variables presented in Table 4.7, the coefficients are generally consistent with *a priori*

expectations. There is no statistically significant difference in deprivation across urban and rural households, although some regional effects are evident. Households that own their homes, have a higher income, and a higher principal economic status are less likely to be deprived. By contrast, households with a member who has a chronic illness are 4.8 per cent more likely to be deprived.

### 4.3: Dynamic analysis

The data analysed above relate to 2009 only and therefore do not permit a dynamic analysis of deprivation amongst the older population, nor an assessment of the impact of the ongoing recession on deprivation of older people relative to other groups. In order to consider this, we looked at data for one-adult older households on the

<sup>3</sup> Further details of all of these estimations are available from the authors on request.



**Table 4.7: Estimated marginal effects: binary logit model**

VARIABLE	DY/DX	Z
<b>Household Composition</b>		
1 adult aged <65, no children u18 (Base category)	-	-
1 adult aged 65+, no children u18	- 0.061***	(6.80)
2 adults, at least 1 aged 65+, no children u18	- 0.064***	(6.94)
2 adults, at least 1 aged < 65, no children u18	- 0.030***	(2.81)
3+ adults, no children u18	- 0.039***	(3.49)
1 adult, 1+ children u18	0.029	(1.63)
2 adults, 1-3 children u18	- 0.017	(1.51)
Other households with children u18	- 0.029**	(2.52)
<b>Urban/Rural</b>		
Urban (Base category)	-	-
Rural	- 0.002	(0.28)
<b>Region</b>		
Border (Base category)	-	-
Midlands	- 0.011	(0.67)
West	- 0.010	(0.67)
Dublin	0.012	(0.87)
Mid-East	- 0.036***	(3.00)
Mid-West	- 0.040***	(3.59)
South-East	- 0.020	(1.59)
South-West	- 0.003	(0.27)
<b>Tenure Status</b>		
Tenure: owned (Base category)	-	-
Tenure: rented	0.084***	(4.30)
Tenure: other	0.156***	(8.73)
<b>Income</b>		
Equivalised household income	- 5.40e-06 ***	(12.59)
<b>Principal Economic Status</b>		
Principal economic status: employed (Base category)	-	-
Principal economic status: unemployed	0.147***	(5.43)
Principal economic status: student	0.078*	(1.87)
Principal economic status: home duties	0.044***	(3.33)
Principal economic status: retired	0.010	(0.71)
Principal economic status: ill/disabled	0.110***	(4.08)
Principal economic status: other	0.110*	(1.70)
<b>Chronic Illness</b>		
Chronic Illness: No (Base category)	-	-
Chronic illness: Yes	0.048***	(5.15)
<b>Statistics</b>		
LR c2	978.35	
Prob > c2	0.0000	
Pseudo R2	0.223	
Number of Observations	5140	

Notes: The table reports the estimated marginal effects at the mean of each variable. Absolute values of z statistics are presented in parentheses. \*\*\* denotes significant at 1%, \*\* denotes significant at 5%, and \* denotes significant at 10%.

**Table 4.8:** Percentage of single person older households reporting deprivation for selected years

	2004	2007	2010
Household had to go without heating in the last 12 months through lack of money	8.0%	3.7%	9.4%
Inability of household to afford a morning, afternoon or night out in the last fortnight	10.1%	3.4%	3.2%
Inability of household to afford two pairs of strong shoes for each household member	4.4%	1.7%	2.5%
Inability of household to afford a roast joint (or equivalent) once a week	7.7%	2.2%	1.6%
Inability of household to afford to eat meals with meat, chicken, fish (or vegetarian equivalent) every second day	4.6%	1.2%	1.2%
Inability of household to afford new rather than second-hand clothes	7.4%	3.4%	6.4%
Inability of household to afford a warm waterproof coat for each household member	2.2%	0.7%	1.1%
Inability of household to afford to keep the house adequately warm	5.7%	2.4%	5.9%
Inability of household to afford to replace worn-out furniture	17.8%	15.7%	17.6%
Inability of household to afford to have family or friends for a drink or a meal once a month	12.2%	4.6%	6.3%
Inability of household to afford to buy presents for family or friends at least once a year	8.6%	2.1%	4.6%

Source: Analysis of EU-SILC reports for Ireland

individual indicators that comprise the standard composite deprivation measure for three selected years, namely 2004, 2007 and 2010. These data are taken from the CSO's annual EU-SILC reports for Ireland and are set out in Table 4.8. While reported deprivation for all of the individual indicators fell from 2004 to 2007 for this group, it is notable that a number of these individual measures of deprivation have increased since then. In fact, three of the indicators are at levels close to or above those in 2004. It is also notable that although five of the individual indicators have not returned to 2004 levels they have increased since

2007, while the remaining three have remained the same or decreased slightly. This is not surprising as it is associated to some extent with the impact of the recent severe economic downturn on this cohort. Similar patterns are, however, also evident for other subgroups of the population and the population as a whole (data not presented here). In most instances these other groups have fared worse during the recession than the population of older people, based on these deprivation measures. Of course, the same caveats and limitations of these measures (as discussed above) apply to the data presented in Table 4.8.

#### 4.4: Discussion: patterns and limitations

The results from the quantitative element of our work are derived from a detailed analysis of EU-SILC data from 2009. On the basis of the standard individual and composite measures of deprivation that are routinely used, they suggest that levels of measured deprivation in older households tend to be lower on average when compared to the overall population. As mentioned previously, this appears to be in line with at-risk-of-poverty figures and findings on enforced deprivation for the same dataset (CSO, 2011A). However, and while there are limited dimensions across which older adult population diversity and deprivation can be explored, the evidence also suggests that there is considerable heterogeneity in measured deprivation across different groups of older people. In particular, our analysis indicates that reported deprivation can vary across age, gender, health status and household composition of older households. These patterns lend further support to previous deprivation analyses reported in the scientific literature (Layte et al., 1999; Price, 2006; Prunty, 2007; Russell et al., 2010).

The findings also suggest that levels of deprivation amongst older households that are based on composite measures of individual indicators are likely to be sensitive to the choice of individual indicators contained within the composite measure. In fact, depending on the individual items used, deprivation amongst the older population relative to the overall population may be under- or over-stated. Of course

this may be true for any group of households. However, there is a legitimate question of relevance to older people with respect to certain indicators. For example, one-adult older households for the most part did not report deprivation on secondary lifestyle items, such as inability to afford a morning, afternoon, or night out in the last fortnight. However, these households consistently reported higher rates of deprivation on a number of basic lifestyle and housing items (e.g. inability to afford to keep house adequately warm). It is possible that some secondary lifestyle factors may not be prioritised or actually feature at all in the lives of older people.

However, in the main, these analyses point to our lack of knowledge concerning subgroups of the older adult population with respect to deprivation, and to the inappropriateness of existing deprivation measures in terms of older adults' lives. The limitations of the quantitative analysis that were outlined in the methodology of this report are worth revisiting here. The limited sample size, the lack of data collected on dimensions of diversity, and indeed the lack of information collected on other aspects of personal economic and social context are all factors. As with most studies of deprivation, our analysis is conducted at a household level. The household focus inevitably limits our ability to capture individual preferences, behaviours and experiences with respect to economic expenditure, material and service acquisition and prioritisation, and financial resources. It is for these reasons that we also added a qualitative component to the research. Findings arising from the qualitative work are presented in the next chapter.





## 5

## Qualitative Findings from Focus Groups and Interviews

**I**n this chapter, we describe the perspectives of different subgroups of older people on deprivation and poverty. It is difficult to disentangle the degree to which these perspectives are informed by perceptions and/or by past and current experiences. That said, we present data on how older people think about poverty and deprivation, drawing on personal opinions and past experiences; income dynamics relating to employment history and life transitions – based on past experiences – and to present income – based on current experiences; and finally risks of deprivation, drawing on current experiences. First, however, to provide insight into what is important to older people, we explore perceptions of quality of life and what currently makes life not so good for older participants in our study. A number of case studies are also presented in Appendix 4 to contextualise individual experiences, and are referred to where appropriate in this chapter.

### 51: What is quality of life for older people?

Participants' opinions of poverty and their assessment of poverty-related experiences were often rooted in their understanding of quality of life. Differences, however, were evident across participant groups.

Individuals who were more affluent, physically independent and generally less marginalised described quality of life as encapsulating a sense of overall well-being. These participants referred to social contacts, health, transport, services, and broader civic opportunities. In doing so, there appeared to be recognition that quality of life was multidimensional and was not restricted to survival or simply getting by. Choice often featured strongly in people's descriptions. For some, it was about the choice to engage socially, or indeed not to engage, whereas for others it was about the capacity to choose particular services, such as community long-term care.

By contrast, participants who belonged to potentially more marginalised groups (e.g. Traveller community, urban deprived, ethnic minority, and disability or chronic ill health) were more likely to view quality of life in relation to essential provisions. Food, shelter and basic income were often cited by these participants as being the most important features of quality of life. In these cases, participants seemed not to consider anything beyond a necessity-based existence. In effect, issues of vulnerability appeared to narrow quality-of-life-related aspirations. Sets of needs specific to particular participant groups sometimes dictated what was considered important in life. For example, nursing home residents and older people with a disability regarded access to care and support as the primary determinant of quality of life. Family carers tended to relate their quality of life to the well-being of the person they were caring for rather than any direct interests of their own.

Some participants had, however, clearly reinterpreted their understanding of quality of life in line with a particular life-course transition (e.g. the onset of disability, becoming a family carer, or death of a spouse). This is illustrated by a female nursing home resident when describing her changed understanding of quality of life:

**Participant:** *To me it's being looked after here, you know and having the staff that's prepared to give us what we need, you know, and willing...*

**Interviewer:** *When you lived in the community did quality of life mean something different to you?*

**Participant:** *I presume it would, I'd say. You know, being able to get out and about... and do my own shopping and visit my friends and go out for lunch with my neighbours... To me now that was quality of life then. That has changed now.*

*(Interview with older woman in nursing home)*

Beyond these life transitions, past experiences and generational attitudes pervaded some participants' perceptions of what quality of life should mean:

*It's like, it all stemmed from the fifties. When you first got married, money was very scarce, so some people then progress along with that. But I have always penny-pinched. I put every single thing into a box every week in an envelope. The ESB [Electricity Supply Board bill], the insurance for the house... I'm doing that all my life and what's left over then, I have to manage on it but the bills come first.*

*(Interview with older woman living alone)*

## 5.2: What makes life not so good?

Analysis of interviews and focus group discussions revealed a number of factors that participants felt detracted from the quality of their lives. While some of these detractors were specific to certain participant groups, others were common across the different groups involved in the study. In all cases, and to varying degrees, these detractors impacted on participants' capacity for choice and related to aspects of social and economic deprivation.

### 5.2.1: Health problems

Health conditions and health decline could act as barriers to the fulfilment and pursuit of roles, responsibilities and interests. Several participants with disabilities and/or chronic ill health conditions spoke extensively about the restrictions on their lives:

*My disability [reduces my quality of life]. Not being able to walk and not being able to be independent... Not being able to drive. I don't have a car now. Not being able to walk out into the garden. You know, walk to the shop or even down the road to a friend. Simple things I miss. I sound like a 95-year-old!*

*(Interview with older woman with a disability)*

However, health issues cross-cut the experiences of many of the other participant groups, and were therefore a common theme to emerge from discussions on reduced quality of life.

### 5.2.2: Sub-standard housing and accommodation

Housing conditions were sometimes a source of concern. Heating (i.e. insulation and fuel costs) was raised in the majority of interviews and focus groups. However, descriptions of sub-standard accommodation were most common amongst urban deprived and Traveller community participants. In the case of the former, housing was said to be often of poor quality and susceptible to a range of problems:

*The first thing I'd say is the houses...are sub-standard... There is loads of houses up here without central heating... just an open fire... Just one fire and that's it...*

*(Interview with older man in urban deprived community)*

It was not just sub-standard accommodation that was problematic for older members of the Traveller community. The inadequate facilities in some Traveller sites, such as the lack of mains electricity and of adequate toilet facilities, significantly reduced the quality of daily life. The environs of some Traveller sites, especially unofficial sites, could also be problematic and, in some instances, posed serious health risks:

*There was waste getting dumped [near us]... When the dump got closed down, the rats got hungry and they came over where the Travellers were, looking for grub... I walked up along one day and it was the summertime and I brought one or two of the grandchildren with me and when I was walking up along the road, a big load of bluebottles, I mean millions of them, came out and I was trying to keep them away from the children. But I looked in to see what was causing them and there was a dead foal. A horse and he was destroyed now with the rats and everything!*

*(Female participant, Traveller community focus group)*

### 5.2.3: Social connection and integration issues

Social connectedness was universally considered as essential for quality of later life. Older people living in both urban and rural areas, those living alone and those aged 80 years and over highlighted the implications of low levels of contact for feelings of isolation and loneliness. Broader

issues of social integration were also of concern for many participants belonging to the ethnic minority group. Language and communication difficulties amongst some of these participants could contribute to feeling detached from local Irish society. As is also evident from Amir's story (see Case Study 1), problems in building social connections had a significant impact on some people's sense of belonging in Ireland:

*My age now is above 65. I can say I have basic life, for example, I have shelter. I have food... I get health treatment when I go to my GP. But the life is not only that. Socially, I am feeling I am not okay socially. Morally or emotionally I am not okay... I am like a person in a confined place who cannot go outside of that and just move within that space in a confined area and I feel I am like that... Trapped a little bit. No-one has made that trap for me. But the situation has made that trap. I don't know another family to visit. I don't know friend to visit... So, you just wake up in the morning, do some activity at home and go to sleep again... So, what I am worrying is will your life be ending in that way?*

*(Interview with older man, ethnic minority)*

#### 5.2.4: Poor accessibility

Access and accessibility were key issues for many study participants. While negative experiences were most common amongst individuals with physical disabilities, accessibility was also an issue for participants with minor mobility problems. Using services, negotiating the built environment and going on social outings sometimes proved challenging. In some cases, the issue was less about difficulty in accessing a particular resource and more about feelings of disconnection and social marginalisation arising from such difficulties. One older woman noted that even the simplest of outings could become complicated:

*I wouldn't ask to go into town because there's so many places you can't get into... I couldn't be bothered going to the trouble of going somewhere where you don't know where you're going. Town now is gone cat [catastrophic] all together. You go into shops and... there's no aisle big enough... It's terrible.*

*(Female participant, disability and chronic ill health focus group)*

However, it was not just the public environment that posed difficulties. Participants from different groups described the importance of accessibility within their own homes.

#### 5.2.5: Discrimination and exclusion

Some research participants felt that their lives were impinged on by discriminatory and exclusionary processes. These processes could underlie some of the other issues that made life not so good, and could create and reinforce positions of inequity.

Participants with disabilities suggested that accessibility problems were sometimes, either directly or indirectly rooted in discriminatory practices. Many described the apparent lack of concern for the rights of disabled individuals, on the part of both the state and society as a whole. People belonging to this group referred to feelings of civic dislocation, where a sense of citizenship was compromised:

*...governments and a lot of the public still to this day are not thinking, you know. Disability to me makes you automatically – when you go in a chair – a second-class citizen. No matter how they talk about it or how they sway around it, you're a second-class citizen.*

*(Interview with older man with a disability)*

Discrimination and exclusion also featured in the narratives of participants from the Traveller community. While issues around employment and access to health services were raised, many older Travellers considered problems around accommodation and Traveller site locations as the primary issues. Other individuals referred to the legacy of a long-standing societal stigmatisation of Traveller people:

*No matter what's mentioned or not mentioned in the Dáil and no matter what comes up with the government, a Traveller is never, ever mentioned... Why is the Traveller always left under the carpet?*

*(Female participant, Traveller community focus group)*

Such feelings were not restricted to specific groups. Some participants suggested that in some corners of society older people were discriminated against. In itself, ageing was seen by many individuals as a basis for discrimination and inequity:



*So, when you come to a certain age, you know, you're dispensable... We're just pushed aside... Your usefulness has gone... You're just excluded. You're no more use. Your youth has been spent... you're not needed, and to be needed is a big part of mental stability.*

*(Interview with older woman, urban deprived community)*

### 5.2.6: Place and marginalisation

Participants living in certain residential contexts referred to a sense of place-based marginalisation. Older people living in rural areas highlighted some of the exclusionary elements in their communities, including lack of transport, fragmented social connections, service decline and, as this older rural woman describes, inequity of community care provision:

*I think this side of the country is forgotten about where [homecare] is concerned. If we went off the map altogether they'd be quite happy.*

*(Female participant, family carers' focus group)*

Participants living in urban deprived neighbourhoods expressed a similar sense of marginalisation. While place-based elements of disadvantage were mentioned, such as unemployment and social problems, people belonging to this group were most concerned with recent processes of exclusion embedded in urban regeneration initiatives. While participants praised the original goals of these schemes, they highlighted several negative by-products of the process. These included partial or complete de-population of streets, dispersal of residents across other parts of the city, dereliction and demolition of residential properties, and negative impacts on social cohesion. For one older woman, who had been moved to a more affluent area, the regeneration process represented a form of both emotional and geographic dislocation:

*In [neighbourhood name] I was on the same level as everyone else. Everyone is the same. There's no distinction. And where I am now there's a class distinction... So, [I am] exploding in a sense. You're isolated...*

*(Interview with older woman, urban deprived community)*

### 5.2.7: Crime and fear

Several participants living in urban and rural places highlighted exclusionary issues with respect to crime and fear. In rural communities, while focus group participants acknowledged the relative safety of their localities, they also commented on the sense of fear that can become pervasive when a break-in does occur. Some urban participants referred to rising crime levels in their neighbourhoods and the implications that this had for their sense of safety:

*Well, once the darkness comes in... I have to go around and lock everything up. Everything has to be locked. I lock this door so if anyone gets in that door, they have to go through that door. So, I lock that from the hall and I lock myself into the bedroom... when you're listening to all that's happening you're saying, 'what would I do in a situation?'*

*(Interview with older woman, living alone)*

Crime, vandalism and anti-social behaviour were more troubling features of urban-deprived neighbourhoods. These problems were described as deep-seated community characteristics, to the extent that they had become part of the social milieu and appeared to shape daily routines and restrict social engagement:

*Participant 1: We're all tending to be indoors. Because if you do [go out] and you see a gang of lads, though they might be no harm, you feel intimidated...*

*Participant 2: But then there are other groups and they kind of watch when you are going out. They could know how long you're going to be and they could break into the house.*

*(Female participants, urban deprived focus group)*

### 5.2.8: The economic recession

Detractors from older people's quality of life in this research also stemmed from the ongoing economic recession. According to participants, reduced state spending had led to considerable cuts in service provision. The reduced allocations of home help and personal assistance (PA) were of most concern:

*I think really the only thing that's reducing my quality of life at the moment is... I'm not getting enough PA cover. That is the biggest problem... They don't have the money see. They don't have the money. Where did the money go? They didn't burn it and they didn't drown it. Where is it? I don't think we ever had it like. We had it from German banks. It has to go back to them.*

*(Interview with older man with a disability)*

There was a strong sense that those individuals who were already at the margins of society were being marginalised further. In the current economic context, there was also a sense that longevity was viewed as a burden rather than an achievement:

*You need more from the government. Instead of giving, they're taking. They keep on taking and taking until they're just fed up with us living too long... I think that's what it is. We're living too long. So, what they're doing with their little bitsy pension, and their little perks that they gave us, one by one they're taking them.*

*(Interview with older woman living alone)*

### 5.2.9: Disconnection across the life course

A key finding that can be drawn from participants' descriptions of their quality of life is the influence of life-course factors in constructing well-being in older age. There was evidence that reduced quality of life could reflect long-standing disadvantage, manifesting as a cumulative process over the course of individuals' lives. Some participants were acutely aware of the ongoing impact of disadvantage experienced earlier in the life course. This is evidenced in the previous discussion, for example, where marginalisation was linked to capabilities, ethnic origin, socio-economic status and residential location. Lack of access to formal education could also shape quality of life experiences in adulthood and later life:

*...it's a pity in my days there wasn't education... when you were a Traveller years ago you wouldn't be left long enough in one parish. You could go to school one day and the Guards would come tomorrow and move you to another place... You're going to go tomorrow looking for a place [for instance].*

*You're looking for the sign... You could pass that sign out ten times. When you can't read, what good is the sign to you?*

*(Interview with older man, Traveller community)*

Other life-course factors also influenced the quality of later life. These included particular life-course events with respect to health, bereavement, employment and, as one older man explained, patterns of migration stemming from conflict:

*...we have a situation where every person has fled out of the country... My people come here from the poorest area to Ireland. Most of them, they don't have qualifications. The reason they fled out of the country is for safety only... So, we are in zero place still. You know nothing. We have no qualification. So, that's the problem.*

*(Interview with older man, ethnic minority)*

The influence of such life-course factors is key to understanding what makes life not so good for some older people. As we will see in the next section, it is also key to understanding perceptions and experiences of deprivation and poverty.

## 5.3: Poverty and deprivation

The previous sections contextualised what older people from different groups valued and were concerned about in their lives. This provides a useful reference point from which to explore participants' perspectives on poverty and deprivation.

### 5.3.1: Meaning and prevalence

Most participants, regardless of their background, perceived poverty to be a lack of basic provisions stemming from deficient financial resources and financial insecurity. Some suggested that 'real poverty' no longer existed in Irish society because of the current level of welfare provision, and was primarily to be found elsewhere in the world:

*I think in general that nobody need to go to bed hungry in this country today full stop. I mean, they shouldn't have to go to bed hungry... I suppose again that's in other countries. That's where you see real poverty where they walk across the deserts...*

*(Interview with older man with a disability)*

Many individuals suggested that poverty and deprivation were something they had witnessed and experienced in the past, exhibiting a relative appreciation for what they and society as a whole possess today. This was also true for some older migrant participants who had left harsher economic and social conditions in their countries of origin. One older woman described poverty as a characteristic feature of her upbringing and as a pervasive element in society at that time:

*I mean I was used to... really having nothing, you know, growing up, because the funds weren't there... Sure we got on with it. There was poverty, you know... but then at the same time, I suppose, everybody had nothing... Everyone was equal in that sense, you know.*

*(Interview with older woman in rural community)*

Often such experiences were contrasted with the attitudes of younger generations, where younger people often failed to appreciate the potential routes to deprivation. This is evident in Mary's story (Case Study 2). It is for such reasons that many older people in this research considered that the poverty and deprivation that does exist is typically the outcome of individual behaviour and an inability to manage money. The role of dysfunctional families and risk behaviours, such as alcohol abuse, in the construction of poverty was mentioned by several participants. Yet it was the absence of a personal sense of responsibility that was highlighted as the key issue in creating poverty and deprivation:

*Now, I know things are tough in certain areas, but I think myself, my own personal opinion, I think people has brought it on themselves by going too far... By too much spending and never thought about what's in the future you know...*

*(Interview with man aged 80-plus)*

Other participants, however, noted that poverty often had more complex and multi-faceted roots, and could be derived from multiple demands on an individual's resources. This was echoed by a number of individuals, who felt that particular circumstances meant that poverty was never far away:

*Participant 7: It [poverty] certainly does [exist].*

*Participant 6: I'd associate it with [disability and old age].*

*Participant 2: You don't have to go very far to see poverty.*

*(Male and female participants, disability and chronic ill health focus group)*

As a result of the different draws on finances and obligation to family, participants could find themselves in extremely difficult situations. These first-hand experiences, although rare, highlighted that deprivation was very much a reality for some people:

*...once or twice it was so bad, you know, I just had to go to bed. 'Cos I'll give you an example: I woke up one morning and, ahm, I hadn't butter. I hadn't milk. And, ahm, I said 'how did I get here', and it's so easy to fall into... I'd get back into bed and stay in bed for a few days. Made a cup of tea. There was no milk to put in the tea. But when it gets down so low, it's very, very hard. It's heartbreaking.*

*(Interview with older woman, urban deprived community)*

It is also important to note that, although in the minority, some individuals viewed poverty as involving more than just lower-order needs, encapsulating other dimensions of disadvantage. Several participants felt that poverty was about the absence of key support structures, such as family. Others believed that poverty had changed and was continuing to change. People's personal benchmarks for deprivation had altered to reflect improved standards of living:

*Yes [poverty has changed] in the sense that we now expect more comforts than years ago... Like the insulation, it's wonderful, it's necessary. But years back... the houses were cold, draughty and horrible and it was taken as the norm. The norm is different now to what it was 50 years ago, that's the point.*

*(Female participant, suburban focus group)*

It was clear, therefore, that participants in this study viewed poverty in contrasting ways, which were typically linked to their expectations and life histories. In general though, older people were more comfortable relating their experiences to ideas of disadvantage and deprivation than to poverty.

### 5.3.2: Income, employment and pensions

We now present findings on the influence of life-course roles and opportunities in shaping the availability of financial resources in later life.

According to Table 3.4, presented in Chapter 3, a large proportion of individuals of pensionable age were reliant on occupational and Contributory State Pensions. This indicates that a substantial number of participants had access to regular employment throughout their lives. However, the significant reliance on Non-Contributory State Pensions amongst participants also indicates that many participants did not. Interviews and focus groups revealed disjointed patterns of labour market participation with consequences for individuals' past and current income levels.

The work-life histories of several interviewees showed that employment opportunities and progression in the labour market had sometimes been restricted by limited access to formal education. Such patterns reflect the cumulative disadvantage surrounding education experienced by some participants, and in particular members of the Traveller community. For other participants, fragmented or early termination of labour market participation was related to the onset of health and disability conditions. In many cases, it came to a point where continuing to work was no longer feasible. As described in Sheila's story (Case Study 3), leaving employment and relying on the Disability Allowance can have implications for disposable income and for quality of life. Some participants who had experienced the onset of disability or chronic ill health earlier in life were able to continue to work. While they benefited from the extra pension entitlements they earned during this period, they reflected on the effort and sacrifice that was needed to maintain their labour market participation:

*I sacrificed my social life to continue working really... because [a] full-time job is something to keep going. I used to spend Saturday in bed sometimes... to be able to work the next week.*

*(Interview with older man with a disability)*

The intersection between gendered roles and income generation emerged as a significant theme amongst older women across participant groups. As a result, many female

participants were concerned about their future finances. Having lived through an era which saw some women having to cease employment upon marriage and, in many cases, assume primary responsibility for care activities, these participants often had inadequate social insurance contributions to receive a Contributory State Pension. Nor did they have access to occupational pensions:

*Well... what's worrying me now, I should be retiring so I mean I didn't work during my lifetime until 12 years ago... But now I'll be giving up my job in a couple of years, right, so I am now living courtesy of my husband on his pension... If he dies, I get only half that which really won't run the house but still have to pay for everything. That's the point...*

*(Female participant, family carers' focus group)*

As a result of such gendered income dependency major life transitions, such as becoming widowed or marital breakdown, led to a significant drop in standards of living for some older female participants. Sometimes this happened earlier in the life course, having cumulative effects on income and pension entitlements in later life. Bereavement in these instances meant that there was both an emotional trauma and a financial transition to cope with. This is evident, for example, in Elaine's story (Case Study 4). In some cases, participants had to rear a family while solely reliant on the Widow's Pension (Non-Contributory):

*...when he died, I had five kids and I got eight pounds a week pension for all of us... and out of that came the rent because it was a council house at that time and that was... two pounds so that left six pounds. That was a pound per person to feed, clothe and pay the bills... That was terrible. That was absolutely, absolutely terrible. You ended up doing sausages and mash one day. Egg and mash another day, you know, all this. You couldn't afford meat. You couldn't afford anything like that and counting the slices of bread...*

*(Interview with older woman, living alone)*

However, the disadvantage caused by this gendered income dependency was not just an issue that surfaced for women. Some male participants relayed how they had to

support two people on a single pension and how this could pose serious difficulties, especially when there were other significant draws on income:

*Well, in my case I'm on a pension. My wife would never get the old age pension, which she was very annoyed over because she wouldn't qualify under my pension. Now, as it happens, she is in a nursing home and I get in my pension in one hand and I pay it out to the nursing home in the other and there's nowhere for me to go to say 'look, I'm on the breadline'.*

*(Male participant, suburban focus group)*

The main source of income for the majority of participants in this study was a state pension, either non-contributory or contributory. However, there were differing perceptions regarding the value of state pensions both between and within the various groups. Such perceptions appear to be anchored in life-course experiences, cumulative advantage or disadvantage, and expectations. For some older people, particularly older women who never previously had a stable or guaranteed income, the State Pension improved their standard of living after retirement:

*It depends I think on your expectations too. I have to admit that I'm on, as I said, a state pension [non-contributory], nothing else, and I was never as well off in my life. And I know a few ladies myself that are living on their own and because you can manage, I mean I never drove so I don't have to have a car and I have enough fuel to keep me going...*

*(Female participant, suburban focus group)*

For others, the state pension was just adequate for survival. The reality of living on a state pension becomes more complicated in circumstances where there is an intersection between pension income and cumulative factors of dependency and expectation. This is evidenced again by Elaine's story (Case Study 4).

In some cases, participants were not old enough to receive a state pension and did not (yet) have access to an occupational or personal pension. Yet these participants were effectively at a life stage whereby they had ceased employment permanently. The following comment, in response to a question about a telephone being a

necessity, is illustrative of how some older people can 'fall between the gaps':

*[Yes, it is] a necessity, but cannot afford it... but when I become 65, I'll be entitled to get a phone and I'll get so many units free...*

*(Interview with older woman, urban deprived community)*

Other participants who were of working age continued to look to employment for their main source of income. Such individuals were primarily migrant workers and belonged to the ethnic minority group. While a number of people remained active in the labour market, for some it proved increasingly difficult to find employment after redundancy due to recession-induced employment cuts. For others, poor language proficiency hindered job mobility and progression. Being older and lacking work led some of these participants to be concerned about future sources of income and concerned that they would not be given further opportunities to secure employment:

*In my opinion, the first important factor would be... work availability for older people... to extend the offer of jobs for older people... For myself, I'm 60 at the moment and I would like to work... maybe ten, fifteen years I don't know. At the moment I feel myself very strong and full of energy to work and I have a lot of experience in the past. So, but I am still not certain about my future and about my work.*

*(Male participant, ethnic minority focus group)*

### 5.3.3: Deprivation and risk

The nature of welfare provision in Ireland, in the shape of the Non-Contributory State Pension and non-income older adult welfare benefits, led a small number of participants to question whether older people as a group were at risk of poverty or deprivation (e.g. Mary's story - Case Study 2). By comparison, some participants felt that the recession had disproportionately affected the living standards of members of the younger generation, who had high mortgages and low incomes.

However, on the whole, our research findings suggest a more complex picture surrounding poverty and deprivation for older people. Participants referred to key challenges and risk factors that can influence deprivation and poverty trajectories in later life. These often represented the fine margins between being able to manage and no longer being able to cope.

What was clear from some narratives was that a person's financial circumstances could change relatively quickly with real and long-term consequences for their lives. Also evident was an awareness that the various risk factors could combine to construct complex and multi-layered deprivation patterns spanning an older person's life course.

Just as the economic recession had an impact on older participants' quality of life, so too did it increase the risk of deprivation. The majority of older adults in this research highlighted the additional difficulties in making ends meet during the recession. The decrease in government expenditure across a variety of health and social structures affected participants' ability to manage their financial resources. Despite the fact that the state pension had not been reduced, levels of absolute and disposable income were said to be affected by the recession. Participants spoke in detail about the reductions to direct income payments and welfare benefits. This included the abolition of the social welfare Christmas Bonus payment and cuts in fuel and other allowances. As one older carer described, some participants felt a real sense of injustice:

*Yeah, wait until I tell you now, I think at the moment the way they have treated us [is so bad]. For instance now, we got a bonus at Christmas. That bonus was whipped like you'd whip a carpet from under your leg. Then the fuel allowance... That was 320 [euro] from Christmas taken from us. We have respite. Carers get a respite every year and that's about 200... That's gone from us now unless we find it some other way..*

*(Interview with older woman, family carer)*

The perception of some participants was that the cumulative impact of austerity measures, stemming from the combination of cuts to payments, benefits and service provision, amounted to a form of financially driven exclusion. Many research participants felt that it was often the most vulnerable individuals who were being repeatedly targeted by reductions in state expenditure. This led to often palpable feelings of despair in participants' accounts of the impact of successive cuts:

*Yeah, you're getting a raw deal no matter what way you're looking at it. We're being cut with everything. When the lady rang me up now the other day about the home help*

*and she said to me 'I have to come out and have a word with you, we're cutting the home help as you know'. 'No', I said, 'I don't know. God', I said, 'what next are you going to cut?' But then I said 'you don't have anything else to cut, do you? ... We're after being cut in the fuel allowance and we're being cut in the ESB [Electricity Supply Board electricity unit allowance] and now', I said 'you're cutting me with the home help.' I said 'there's nothing left'.*

*(Female participant, disability and chronic ill health focus group)*

The economic recession could also influence an older person's standard of living in more indirect ways. There was evidence of a downward flow of economic resources from older people to their children, which appeared to be more common than resources being passed from children to parents. As a consequence, the financial stability of older participants could be threatened. In some cases, transfers from parents to children were much more substantial:

*...our middle daughter... her husband is out of work now over three years. They have children, so we have to try and help them. [Daughter's husband] is trying. He's started their house a few years ago and they need to be in their house for space and that. And any money that we have now has kind of gone into that house do you know what I mean...*

*(Interview with older woman, rural community)*

It was apparent that some older parents were willing to compromise their own standard of living in order to ensure the welfare of younger family members. Even though one participant referred to going without many necessary items, she was committed to using part of her income to help her son:

*One of my lads got a loan from somebody... and hasn't a way of paying it back and I have to pay... I wasn't the guarantor, but I know if I didn't pay it, it would go to court or something... he doesn't have very much either and he told me not to pay it but I feel, you know... I paid [it] so my conscience is clear because he is my son. I'd do anything for any of my children. I'd help them any way I could.*

*(Interview with older woman, urban deprived community)*

Issues surrounding vulnerability and marginalisation also appeared to exacerbate the risk of deprivation and finance-driven exclusion. For many individuals, this vulnerability was epitomised by health transitions and the onset of care needs. As health was generally a cross-cutting concern for all participant groups, there was a general awareness of the significant financial burden that can accompany health problems. Joanne's story (Case Study 5) illustrates this point with reference to the onset of disability. Participants from contrasting backgrounds noted that people who had ill health were more likely to experience a poor standard of living, with costs of care and health treatment combining with social isolation to intensify deprivation.

Participants living with a disability referred to the costs of accessing care services and the additional resources required for equipment and day-to-day utility bills:

***You need a wheelchair if you're not able to walk... People with disabilities need a lot more heat because we're sitting all the time and you're not running around and you get cold very easily... You know and you need more heat. That's a drawback.***

*(Female participant, disability and chronic ill health focus group)*

Similarly, family carers commented on the cost of providing care to a family member. Health treatment, equipment, medication and bandages were some of the care-related costs described as featuring heavily in weekly expenditure. For some family carers in this research, there was also an opportunity-cost associated with care provision. The carer allowance itself was considered to be relatively low and a reflection of the general lack of recognition given to family carers. Several participants also mentioned having to put their careers on hold and to forsake paid employment in order to care for relatives. In some cases, this involved returning to Ireland after living abroad. For these carers, and for carers in general, the transition to care delivery was sometimes frustrated by difficulties in accessing the allowance.

While recognising that particular circumstances can contribute to poor standards of living, several participants noted that susceptibility to poverty was still connected with an individual's ability to manage their financial resources. Budgeting, careful planning or not being 'flaithiúlach' (reckless) with money were often cited as being key to averting financial problems. Because of traditional gendered social roles, several participants noted that some older men

living alone may be more likely to have difficulty managing resources and thus may be more at risk of deprivation. In a similar vein, older people with no family or a lack of informal support were highlighted as a particularly vulnerable group. For other participants, identifying deprivation itself was the issue. Several people referred to the difficulty in finding those who are most vulnerable within communities and highlighted how pride and stigma can sometimes mask deprivation, increasing vulnerability further:

***...they're going to be hit with this fuel allowance and that and they'll be too ashamed to go out and say it and too ashamed to say that they haven't enough money to feed themselves.***

*(Male participant, disability and chronic ill health focus group)*

Place also mattered. The limited availability of services in particular geographic locations could enhance the potential for deprivation and the costs involved in accessing services elsewhere. The general level of cohesion within an area, and the extent of feelings of personal belonging to a community, can be important factors in protecting against material deprivation. In this context, one older woman compared her current place of residence with where she had lived previously:

***...you see where I am now, nobody speaks to you, nobody tells you anything. I know I keep referring back to [my previous neighbourhood] because everyone knew everyone else's circumstances and I have seen pots being handed over the back fence if someone had something left over... they would go over next door where there might be a house with five, six kids, you know... We were like one big family if you can understand. Nobody was any better than anyone else.***

*(Interview with older woman, urban deprived community)*

There was evidence to suggest that experiences of deprivation were sometimes related to particular income sources and income levels, whether this was the Non-Contributory State Pension or other benefit payments if the person was under retirement age. Terms such as 'head above water' were sometimes used by participants to describe the narrow margins by which they were able to manage their finances. Budgeting strategies and the

need for constant trade-offs between necessity and non-necessity items were a part of everyday living. This is described by one older woman receiving the Non-Contributory State Pension:

*We are below the poverty line definitely... I mean you're worrying if someone says I'll meet you tomorrow in town for coffee. You're worrying well now, that cup of coffee... you're counting it up in how many loaves of bread will I get for that? You know or something like that... You're counting it up in food.*

*(Interview with older woman, living alone)*

In some cases, trade-offs had to be made on goods that were necessities:

*...I have worry of my income is limited, very short. And the weather here is difficult to me. I have to get heating most of the time. If I switch my heater then I will be charged more money, 200, 300... I cannot afford that. So, I have to switch off my heater in order to be able to pay my bills. So, I feel cool so many times. And sometimes my children saying 'We are feeling cool'. I don't allow them to switch my heater. Because I will get very high bills.*

*(Interview with older man, ethnic minority)*

In other cases, cost-saving strategies and budgeting appeared not always to work. Pointing again to gendered income dependency, one older woman who had previously relied on her late husband's income was now dependent on assistance from her daughter to augment her Non-Contributory State Pension:

*I find it very hard to live on what I'm getting and if I wasn't getting help from my daughter I just don't know how I'd manage. And every time one of these increases is announced, I panic you know. What's going to happen to me now? Because I can't keep expecting [her] to be handing out to me all the time.*

*(Female participant, suburban focus group)*

However, when relying on family for assistance was not an option, on occasion more financially risky alternatives had to be considered:

*It is because I never looked at what I had in my trolley when I was working. I just went to the shelves, picked what I wanted and put it in. Now, I have to write a list and put prices and add it up. See the balance of money. I find that very hard. Very, very hard, and there's the temptation to go to moneylenders.*

*(Interview with older woman, urban deprived community)*

Drawing these threads together, we have already seen how different life-course trajectories and transitions can shape individuals' potential for deprivation and poverty in later life. Data collected in this study, however, suggest that deprivation can also be a product of long-standing generational disadvantage. Judging by what some participants had to say, it was clear that disadvantage was not only cumulative across an individual's life course, but that it could span multiple generations of a family (e.g. grandparents, parents and children). Some people who were born into disadvantage often found it extremely difficult to attain a higher standard of living. This meant that in comparison with the general population these individuals were experiencing the same sort of disadvantage as previous generations. However, and as illustrated in Sheila's story (Case Study 3), it could also mean that some individuals were re-living in a very real way the experiences of previous generations.

## 5.4: Discussion: differences and similarities across groups

The question may be asked to what extent the various findings relate to (1) the general older population; (2) specific members (e.g. men and women) of the older population; (3) all vulnerable groups; and (4) particular subgroups.

Certainly, there were differences in terms of quality of life, with vulnerable groups holding a basic view of the construct. Some specific detractors of quality of life, such as wheelchair access or urban regeneration issues, were also distinct to certain groups. However, the broad themes of health, accommodation, social connections, accessibility, place, crime and fear, and the economic recession hold for the majority of older people in this research, and are likely to hold for the majority of the general older population in Ireland. Experiences of discrimination and exclusion are perhaps the exception. But even in this case, the potential for age discrimination can establish a sense of exclusion that cross-cuts the older population. Similarly, while life-



course factors such as educational disadvantage may have a disproportionate impact on some groups (e.g. Travellers), life transitions such as those surrounding ill health and bereavement have the potential to impact on participants from all groups.

Similar patterns were evident in relation to poverty and deprivation. While personal context, i.e. expectations and relative appreciation, was shown to influence perceptions of poverty and deprivation, this was often connected to reasonably generic life-course factors for older people (e.g. limited economic resources in earlier life) rather than particular group membership. The findings thus emphasised the relative and dynamic nature of poverty and deprivation. Income dynamics prior to and during the later life of older people revealed that particular groups of older people (e.g. people with disabilities, carers, Traveller community) and specific members of groups (e.g. women, bereaved partners) were more likely to experience income and pension issues. In turn, life-course transitions (e.g. disability onset, caring activities, bereavement) and other factors (e.g. access to education, gendered roles) could underlie the experiences of these groups and individuals. Deprivation risk factors in later life were a mixture of those relevant to the general older population, specific members of the older population (e.g. women and men living alone) and particular subgroups. For example, the economic recession and cost of care, while having a significant impact on vulnerable groups, could potentially impact on the lives of all older participants. Deprivation stemming from low levels of income was experienced by those primarily with interrupted work histories or reduced opportunities for labour participation during their life course.

In conclusion, while the specific ways in which, and the extent to which, the various issues presented in this chapter are experienced are likely to differ for particular groups (e.g. older people with chronic ill health experiencing health problems) and specific members of groups (e.g. older women experiencing income dependency), there are significant intersections and shared experiences across all participants.





## 6

# Measuring Necessities of Life and Deprivation

**I**n this chapter we use quantitative and qualitative data from this research to assess the relevance and effectiveness of current measures of deprivation for different groups of older people. We also consider the potential for alternative deprivation indicators for older people in Ireland. To do this, we first present qualitative data from the necessities of life exercise on the relevance and effectiveness of current deprivation indicators to the lives of older people. Then, based on these findings, we return to the 2009 EU-SILC data and use an adjusted deprivation index to assess the implications of our research for reported levels of deprivation amongst older people. Next, we consider some potential indicators of deprivation for the future that emerged from the qualitative findings of this research. Finally, we discuss alternative approaches to measuring deprivation and required areas for future work.

## 6.1: Relevance of deprivation indicators

As described in the methodology section, research participants were presented with show-cards depicting the indicators used in the 11-item basic deprivation index in EU-SILC and in the UK DWP Pensioner Material Deprivation measure (see Appendix 2 for examples). Participants were then asked whether being able to afford each item was a necessity or not a necessity. Reasons for this judgement were then discussed.

Table 6.1 summarises the focus group findings on the necessities of life exercise. Broadly, the necessity categorisations that emerged from the focus group discussions were in line with those measures that registered high rates of deprivation for older people in the quantitative analysis presented in Chapter 4. While some items were easily categorised as necessities or non-necessities, other items were contested and generated substantial debate amongst participants. This further illustrates the heterogeneity of participant groups and highlights

the differences in life experiences, perspectives and expectations across participants within the various groups.

The key necessities can be grouped under housing and accommodation, food and food quality, household bills, and clothing. These items relate to traditional ideas of necessity and, as evident from discussions around this exercise, appeared to be linked to notions of survival and personal dignity. Participants' responses echo the narrow conceptualisation of poverty (i.e. shelter, heat and food) expressed by many older people in the previous chapter. In addition, however, responses point to certain higher-order needs concerning well-being. Mobility also featured as a necessity, with eight out of the nine participant groups stating that being able to afford access to a car or a taxi whenever needed was a necessity. All participant groups regarded being able to afford a telephone as a necessity.

Overall, focus group participants appeared to be less concerned with what might be considered lifestyle factors, such as taking a holiday away from home or going out for entertainment. Although participants felt that these items can be important and contribute to quality of life, they did not regard them as essential. In the main, when an indicator addressed an item that was less likely to represent utility or function, it was more likely to be judged as a non-necessity. For example, being able to afford to replace worn-out furniture was considered by many participants to be a non-necessity because the furniture was still usable in functional terms. This suggests that, depending on response categories available, a non-deprived response to these items could be based on preferences, expectations and prioritisation, as much as any assessment of deprivation. Similar findings have been documented by McKay (2008) in the UK context.

Participants sometimes found it difficult to identify the cost element associated with some items. They thus found it difficult to assess the item's importance

**Table 6.1: Necessity and non-necessity items by participant group**

Indicator description	Rural	Family carers	General population	Traveller community	Nursing home	Disability and chronic ill health	Urban deprived	Ethnic minority and migrant	Living alone/ 80 plus
1 #Without heating at some stage in the last year due to lack of money	✓	✓	✓	✓	N/A	✓	✓	✓	✓
2 #*Unable to afford to keep the home adequately warm	✓	✓	✓	✓	N/A	✓	✓	✓	✓
3 *Heating, electrics, plumbing and drains working	✓	✓	✓	✓	N/A	✓	✓	✓	✓
4 *Home kept in good state of repair	✓	✓	✓	✓	N/A	✓	✓	✓	✓
5 *Have a damp-free home	✓	✓	✓	✓	N/A	✓	✓	✓	✓
6 #Unable to replace any worn-out furniture	✗	-	✗	✗	N/A	✓	○	✓	○
7 *Able to replace cooker if it broke down	✓	✓	✓	✓	N/A	✓	✓	✓	✓
8 #Unable to afford two pairs of strong shoes	✓	✓	○	✗	○	✓	✓	✓	○
9 #Unable to afford new (not second-hand) clothes	✓	✗	✓	○	✓	✓	✓	✓	○
10 #Unable to afford a warm waterproof coat	✗	✓	✓	○	✗	✓	✓	-	✓
11 *Have hair done or cut regularly	✓	○	✓	✗	✓	✓	✓	✓	○
12 *Able to pay regular bills	✓	✓	✓	✓	N/A	✓	-	✓	✓
13 *Able to pay unexpected expense of £200	✓	✓	✓	✗	✓	✓	○	✓	✓
14 *Have a telephone to use, whenever needed	✓	✓	✓	✓	✓	✓	✓	✓	✓
15 *Have access to car or taxi, whenever needed	✓	✓	✓	✓	✓	✓	✗	✓	✓
16 #Unable to afford a meal with meat, chicken or fish every second day	✓	✓	✓	○	N/A	✓	✓	✓	○
17 #Unable to afford a roast once a week	✗	✗	✗	✗	N/A	✓	✓	✗	✗
18 *Unable to afford one filling meal per day	✗	✓	-	-	-	✓	-	-	○
19 #Unable to afford a morning, afternoon or evening out in the last fortnight	✓	✓	✓	✗	✓	✗	✗	✓	✗
20 #Unable to afford to have family or friends for a drink or meal once a month	✗	✗	✗	✗	○	✗	✗	-	✗
21 *Unable to afford to see family or friends once a month	✓	✓	-	-	○	✓	✓	-	✓
22 *Unable to afford a social outing on your own or as a part of a group	✓	✓	-	-	✓	-	✓	-	-
23 #Unable to afford to buy presents for family or friends at least once a year	✗	✓	✗	○	✓	✓	✗	✓	○
24 *Take a holiday away from home	✗	✓	✗	✗	✗	✗	✗	○	-
25 *Able to attend funerals	○	○	✓	✓	✗	✓	○	✓	○

✓ = Necessity

○ = Contested

#11-item basic deprivation index

✗ = Non-necessity

- = Information not available

\*UK DWP Pensioner Material Deprivation measure

as a material necessity. Being able to attend funerals (indicator 25) is an example of an indicator that generated uncertainty amongst participants in relation to the cost dimension. Participants also felt that being able to afford to have family or friends for a drink or a meal was not as important as being able to afford to meet family or friends. However, participants also suggested that this item was less dependent on cost (despite contemporary social norms), and more dependent on other factors, such as personal mobility or proximity to family and friends. Even in the case of being able to afford a morning, afternoon or evening out for entertainment, there was a question about whether such social outings would inevitably incur a cost. While being able to afford a social outing on your own or as part of a group generated a more favourable response, the cost element still remained unclear to some participants. Many older people in this study relied on local friendship groups or active retirement groups for their weekly social events and, as a result, did not consider social outings to be a drain on their financial resources.

It was clear that some indicators captured qualities of deprivation other than the simple absence of goods, resources or services. For example, being unable to afford a meal with meat, chicken or fish every second day not only addressed the costs of certain foods in some participants' views, but also the costs of maintaining an appropriately nutritious diet. While being able to afford one filling meal a day was judged to be a simpler indicator in structure, it was noted that it did not capture the meal's quality or nutritional value. In a similar way, access to a telephone and a car/taxi were considered necessities for reasons that reached beyond communication and transportation: both were deemed by older people to be essential in case of emergencies.

The phrasing of certain indicators was also questioned. In some cases this related to the need for clarity and simplicity in the structure of indicators. For example, indicator 1 – 'without heating at some stage in the last year due to lack of money' – typically required further explanation as to its meaning. In the case of other indicators, participants asked for further details to be provided in the description to help assess their importance. For instance, for indicator 25 – 'able to attend funerals' – a number of individuals requested to know whose funeral it was. In relation to indicator 13 – 'able to pay unexpected expense of €200' – participants asked for examples of what an unexpected expense may involve. This would suggest that consideration must be given to

how older people apply such indicators to their own lives and how further contextualisation may be helpful.

Other more subtle response patterns were also identifiable from this exercise. Gender differences were evident for particular items. While a number of older men and women said that being able to afford to have your hair done or cut regularly was a necessity, female participants were more likely to emphasise the social ritual involved in attending a hair salon. In order to feel included in family activities, older female participants were also more likely to emphasise the importance of buying presents for family or friends.

Due to the personal contexts of some participants, items that were broadly considered to be necessities were viewed in a more complex way. For example, older members of the Traveller community acknowledged that several items were indeed necessities. However, due to inadequate financial resources they could not afford these items and therefore, rarely considered them when prioritising spending. This is evidenced by the relatively large number of items in Table 6.1 that are denoted as non-necessities or as contested by Traveller participants. In a similar way, participants who had a disability or chronic ill health noted that although certain items held a fundamental value they were effectively outside their frame of reference. For example, one older man described how logistical and financial limitations meant that taking a holiday away from home was just not feasible or considered.

Residential contexts also played a role in shaping what was and what was not a necessity. As shown in Table 6.1, nursing home residents who participated in this research considered a range of items (or at least the cost of those items) to be not applicable to their lives in a long-stay care facility. These items included those related to housing and accommodation, payment of household bills, and the cost of food. The provision of such items was managed by the nursing home administration and, as these residents qualified for a place in a public institution, their cost was met by the state. In this case, the nursing home facility appeared to protect individuals from deprivation across necessity items. Private fee-paying residents were not included in this research and it was suggested by nursing home participants that these individuals may be in a more precarious financial position in having to meet the costs of their care from their own personal resources.

## 6.2: Reassessing deprivation amongst older people

The previous section demonstrated that only some of the indicators presented in the necessities of life exercise were directly relevant to the older people who participated in this study. This also illustrated that for those indicators judged to be of less relevance in terms of participants' daily lives, personal preferences and prioritisation are likely to play a role in generating a 'non-deprived' response. Returning to the 2009 EU-SILC data, we wanted to reassess levels of reported deprivation amongst older households using only those indicators that were actually deemed to be necessities by participants in our qualitative fieldwork (see Table 6.1). We already knew from the quantitative findings, reported in Chapter 4, that estimates of deprivation amongst older households based on composite measures are likely to be sensitive to the choice of individual indicators contained within those composite measures. To investigate this further, we set out an illustrative example of the impact of using different subsets of individual indicators, in this case those identified by older people as being important, within a composite measure. In this example, presented here for illustrative purposes, we use data from one-adult and two-adult older households broken down by age group of individual/head of household.

From Table 6.1, we know that indicators numbered 1 to 5 and 7 to 16 were deemed by older people in this research to be primary necessities of life. These indicators were

considered necessities by the majority of the participant groups – with the exception of nursing home residents due to their residential context. Unfortunately, only those indicators included in the EU-SILC data set were available to us in this research. Therefore, while we included items that were as similar as possible, we could not include the specific indicators from the UK DWP Pensioner Material Deprivation measure.

The individual indicators chosen for the adjusted composite measure are presented in Table 6.2. They include five indicators from the standard 11-item basic deprivation index, as well as three additional indicators relating to whether a dwelling has a leak, damp or rot (to equate to indicator 5 in Table 6.1); whether the household can afford a fixed-line telephone (to equate to indicator 14 in Table 6.1); and whether a household can afford to pay unexpected required expenses (to equate to indicator 13 in Table 6.1). We refer to this measure as 'adjusted composite measure 1'. Since indicator 8a in 'adjusted composite measure 1' represents an issue for 55 per cent of the full EU-SILC sample (a much higher percentage than for the other indicators), we also consider an alternative individual indicator in its place – whether a household has had utility bills in arrears in the previous year – constructing 'adjusted composite measure 2'. This replacement indicator (8b) partially reflects indicator 12 in Table 6.1. Although indicator 1 in Table 6.1 (without heating at some stage in the last year due to lack of money) was found to be unclear in the qualitative research, we included it in the adjusted composite measures as it was deemed to be a necessity by all participants.

**Table 6.2: Indicators included in adjusted composite measures**

INDICATOR DESCRIPTION	
1	#Without heating at some stage in the last year due to lack of money
2	#Unable to afford two pairs of strong shoes
3	#Unable to afford new (not second-hand) clothes
4	#Unable to afford a warm waterproof coat
5	#Unable to afford to keep house warm
6	Dwelling has leaking roof, damp walls or rot in the doors, window frames or floor
7	Household cannot afford a fixed-line telephone
8a	Household cannot afford to pay unexpected required expenses
8b	Household utility bills have been in arrears in the last 12 months

*#Items included in 11-item basic deprivation index*

**Table 6.3:** One-adult older households – adjusted composite deprivation measures by age group of individual

	AGE GROUP OF INDIVIDUAL				
	65 to 74 Years	75 to 84 Years	85+ Years	All Yrs (65+)	Total Pop.
<b>Adjusted composite measure 1</b>	22.4%	14.4%	6.3%	16.5%	15.2%
<b>Adjusted composite measure 2</b>	12.7%	7.3%	1.1%	8.5%	12.4%
<b>11-item Standard composite measure</b>	17.6%	14.3%	3.8%	13.9%	17.3%

Source: Analysis of EU-SILC microdata for Ireland for 2009

Table 6.3 sets out the adjusted composite deprivation indicators for one-adult older households, as well as for the total population. It also includes, for comparative purposes, the composite values for the 11-item basic deprivation index presented in Chapter 4.

The results show that using alternative sets of individual indicators can lead to substantially different relative rates of measured deprivation. For example, using the 'adjusted composite measure 1' (based on items 1 to 8a in Table 6.2), measured deprivation is higher for one-adult older households than for the overall population (16.5 per cent versus 15.2 per cent), although this difference is not statistically significant at the usual levels of significance. Moreover, measured deprivation is found to be considerably higher for 65-74-year-old one-adult older households (22.4 per cent) when using this measure. When the 'adjusted composite measure 2' is used, the picture changes once again. This further highlights the sensitivity of the composite measures to their constituent indicators. This pattern is also borne out in Table 6.4, which presents similar data for two-adult older households.

The purpose of the analysis presented here was not to propose the adoption of a new composite measure for assessing deprivation amongst older households. Any alternative measure of deprivation would require a much more involved development process, which would likely include a large-scale representative survey of deprivation amongst older people, a factors analysis of collected data to establish key dimensions, and a range of statistical procedures and further field-testing to establish statistical rigour and validity. Such a process is outside the aim and scope of the study reported here. Nor indeed was the purpose of this exercise to simply create a measure that would portray older people as deprived.

The purpose of conducting this analysis was two-fold. First, the exercise illustrates the differential impact of including different subsets of individual indicators in a composite measure. With as much as a 3.7 per cent increase in measured deprivation amongst older households aged 65 years and over, and a drop of 2.1 per cent in measured deprivation amongst the general population, the adjusted composite measures demonstrate how using different

**Table 6.4:** Two-adult older households – adjusted composite deprivation measures by age group of head of household

	AGE GROUP OF HEAD OF HOUSEHOLD				
	65 to 74 Years	75 to 84 Years	85+ Years	All Yrs (65+)	Total Pop.
<b>Adjusted composite measure 1</b>	10.5%	13.7%	20.5%	12.0%	15.2%
<b>Adjusted composite measure 2</b>	6.0%	3.4%	6.7%	5.3%	12.4%
<b>11-item Standard composite measure</b>	7.3%	10.6%	8.3%	8.3%	17.3%

Source: Analysis of EU-SILC microdata for Ireland for 2009



combinations of indicators can result in relative changes in direction and magnitude in deprivation values. Most importantly, however, this relatively simple exercise demonstrates what may happen to levels of measured deprivation amongst older households when indicators that are more relevant to the lives of older people are used in composite measures. Of course, our analysis is still restricted by the lack of information collected in the EU-SILC survey on the different subgroups of older people. Therefore, we still cannot compare and contrast reported levels of deprivation across these groups. The analysis is also limited by the availability of existing indicators. Nevertheless, this example illustrates the value in assessing the relevance of current measures of deprivation to the lives of older people.

### 6.3: Potential indicators of deprivation

In the interviews and focus groups with older people, we were also interested in exploring other necessities of life beyond those represented in the EU-SILC survey or the UK DWP Pensioner Material Deprivation measure. Participants were asked to identify any additional items that they considered necessities and thus potentially important indicators of deprivation for older people. Typically, the additional necessities were items that had been referred to previously in relation to discussing 'what was not so good about life' and deprivation and risk. The necessities related to particular areas of vulnerability, life-course transitions, and anticipated life-course transitions.

#### 6.3.1: Care and respite

In the context of concerns over deficient public care provisions, many participants suggested that being able to afford private home help or personal assistance was a necessity:

*Care is the highest [necessity]. Enough of care. After that, you'll survive. Care is the most important and I don't think people are not caring. They are caring, but they're just overloaded with all the, you know, all the red tape. And... they'll tell you 'we have no hours' and they have no nothing.*

*(Interview with older man with a disability)*

While accessing care and support was a particular issue for participants who had health and mobility problems at

the time of interview, it was also a matter of concern for individuals who anticipated needing support in the future. In general, being able to afford long-term care, whether provided in an institutional or home setting, featured as a key concern for many participants.

In similar vein, older family carers stated that being able to afford support to assist them in the delivery of care or to provide them with respite was a necessity. Family carers also suggested that this was of increasing importance as they progressed in age and as state support seemed to be receding further.

#### 6.3.2: House modifications

Housing adaptations were regarded as a necessity by older people belonging to several participant groups. Given the current difficulty in accessing home modification grants in some regions, such modifications were also seen as a necessity that participants may need to fund through personal resources. Accessible bathrooms, grab-rails and ramps were regarded as routine home modifications that would be necessary for most older people at some point in their lives. Substantial adaptations, such as lowered kitchen countertops and cabinets, lifts and more technologically driven modifications were also mentioned as necessities for people with specific and advanced disabilities.

#### 6.3.3: Personal alarms and security

Personal security devices, such as pendant or wrist alarms, were highlighted as a necessity for emergency communication. Many study participants had personal alarms and commented on their importance should they experience a fall or health problem. The value of such a device was recognised by the majority of participants, and specifically by those unable to obtain such devices:

*I also applied for a [personal] alarm in case I was sick during the night because I have angina and I have quite a lot of illnesses. Because I was not 64 I didn't qualify for it, but what does a person do in my situation who has ill health, lives alone... as I say [interviewer name], I have another year to wait before, but what could happen in that 12 months?*

*(Interview with older woman, urban community)*

Pendant alarms were also mentioned as a security precaution. In general, participants stated that being able to afford to make one's home secure and safe was very much a necessity in later life. While this was highlighted in some locations more than others (e.g. urban deprived areas and rural communities), security and crime was of general concern to all participants.

#### 6.3.4: Social integration

Older people from the ethnic minority and migrant group suggested that the ability to afford English classes was a necessity for them. Similarly, one participant suggested that translations of public information should be available in the language of the larger migrant communities (e.g. the Polish community). In later life, the sense of isolation and disconnection stemming from poor language proficiency appeared to be more significant, particularly in relation to social connectedness and service access. The following quotation, which features one older Polish man interpreting for another older Polish man, illustrates this:

Alexis [pseudonym] prefers government to look after better integration of older people with local community by offering [language] courses or training. Yes, because he feel himself alienated in this country...

*Alexis: I don't speak English. [Laughs].  
It is stress, problem.*

*(Male participants, ethnic minority and migrant focus group)*

The influence of such issues on instances of deprivation and poverty is perhaps more indirect than some other factors. Yet several participants, especially those from non-European countries, spoke in detail about why integration programmes are a necessity for older in-migrants:

*So, still I'm feeling that I'm apart from the community. Still standing alone. Living alone. So, that's the problem and I see that there's not any plan that the government made for people like me who come to the country... Just I am like a bird taken from one country and dropped to another, and set free. That bird doesn't know that country, where to go, how to live. So, everything when you are set free and told this is Ireland, you have full right that the Irish people have. You can live wherever you like. You can go to school. You*

*can get health treatment. You are given like that, and set free. But, everything needs us to see, to ask, and get some introduction, some knowledge... I think I'm feeling that it is good if people are like me are given introduction time, training time for about six months... I could integrate and understand more than I know now.*

*(Interview with older man, ethnic minority and migrant)*

#### 6.3.5: Essential services and community resources

Several participants mentioned the need to have access to essential services within their local community as a necessity in later life. In part, this was related to a person's ability to afford what were considered crucial goods and services. However, it was also related to structural components of deprivation that can impact on an individual and their residential community. The concern was that without access to such an infrastructure not only were people deprived of key resources, but they were also likely to incur the additional cost of having to access those resources elsewhere. People living in rural areas and people living in urban deprived communities highlighted this as a significant issue.

#### 6.3.6: Recession and financial support

Other cues for additional indicators of deprivation come directly from the findings presented in Chapter 5.

Picking up the impact of the economic recession on older people would seem useful. While the dynamic impact of economic conditions can be assessed by analysing the various waves of EU-SILC survey data (as illustrated in Table 4.8), an explicit indicator that captures the additional difficulty in affording the necessities of life since the advent of the recession may be worthwhile. This would help to individualise the experience of deprivation to households and gather information on perceptions of the influence of the economic recession.

Reflecting the budgeting strategies that many older people spoke about, and discussed in the previous chapter, capturing the trade-offs that have to be made to make ends meet would be particularly insightful. This would help to gather information on the extent that such strategies are employed by older people and indicate the degree to which

limited financial resources are limiting choice and facilitating exclusion from goods and services.

Finally, the downward flow of economic resources from older people to younger family members featured prominently in this research. Capturing this informal economic support would be useful in understanding the dynamics of familial relations and financial reliance. It would also be useful for contextualising the role of such transfers in limiting the choices of older people and, potentially, enhancing their vulnerability to deprivation. In a similar way, an indicator that addresses the various options open to older people when they require financial support would be helpful.

#### **6.4: Discussion: towards new measurement approaches**

There are a number of points arising from this research that help us to think about how to measure disadvantage for older people.

The findings suggest that conceptualising disadvantage using the notion of necessities of life, and indeed the broader concept of deprivation, is useful for understanding the needs of older people. The qualitative findings presented in the previous chapter demonstrate that while older people have difficulty in relating to the concept of poverty, in its narrow income-based form, the concept of deprivation allows them more readily to consider how deficient material and social resources can impact on their standards of living. However, the findings also suggest, as have other researchers (Berthoud et al., 2006; Daly, 2010;

of living. Others interpreted such constructs in terms of experiences and standards of living at earlier stages of life. For that reason, regular and extensive consultation with different older adult population subgroups is necessary to ensure consistent consensus and relevance with respect to the chosen deprivation measures.

Cognitive testing of individual indicators included in a deprivation index would assist in ensuring clarity of structure and relevance. Such methods have been used successfully elsewhere to explore low response rates, the appropriateness of certain goods/resources for use in survey items, and the clarity of language and wording. For example, Legard et al. (2008) used this approach in testing and developing deprivation survey questions for older people. Cognitive testing meant that these authors were able to identify and address issues around phrasing, the complexity of reasons for having or not having certain items, and problems with items being inappropriate or confusing for older people (Legard et al., 2008).

Outside of those used in the 11-item basic deprivation index, different kinds of response categories were not explicitly considered in the qualitative fieldwork undertaken in this study. This is a limitation of the work. Previous research has shown that for items that are not relevant to older people, narrow and closed response categories, such as those used in the 11-item basic deprivation index (e.g. Yes (have item); No (have not item) because cannot afford; No (have not item) other reason), result in a disproportionately large number of replies of 'do not need/want' (McKay, 2008). Any future work on developing deprivation measures for older people should consider

**AT SOME POINT DURING THE AGEING PROCESS, ALL OF US ARE LIKELY TO REGARD CARE, SECURITY AND SAFETY, AND LOCAL SERVICES AS NECESSITIES. IN TERMS OF THE APPROPRIATENESS OF THEIR INCLUSION IN A DEPRIVATION INDEX, IT IS LIKELY TO BE A FUNCTION OF THE USE OF APPROPRIATE PHRASING AND THE BALANCE ACROSS ITEMS.**

Scharf et al., 2006), that it is necessary to assess the relevance of existing deprivation measures in relation to the real lives of older people. Otherwise, indices and individual indicators are as likely to capture preferences, expectations and prioritisations, as much as the actual experience of deprivation. Additionally, the qualitative findings highlighted the dynamic and relative nature of poverty and deprivation. For some older participants, the meaning of poverty and deprivation had clearly changed over the course of their lives, in line with societal norms, values and standards

adopting more comprehensive response categories and explore the relationship of different response options with reported deprivation levels.

The additional indicators presented in the previous section represent necessities of life for older people that may usefully capture dimensions of deprivation that are currently not addressed. Tapping into issues of quality of life and risk factors for deprivation, some of these indicators relate to the general older population, some to specific members of the

older population, and some to specific subgroups included in this research. A case could certainly be made for including these items in any deprivation index or deprivation survey for older people. However, once again, the relevance of these indicators will depend on the background and, perhaps more crucially, on the life-course stage of the respondent. At some point during the ageing process, all of us are likely to regard care, security and safety, and local services as necessities. In terms of the appropriateness of their inclusion in a deprivation index, it is likely to be a function of the use of appropriate phrasing and the balance across items.

Our research findings indicate that capturing the personal contexts of individuals would be helpful to develop an understanding of the dynamics of deprivation in old age, and to provide further insight in interpreting reported levels of deprivation. For instance, being able to assess the relationship between deprivation levels and available family support structures, place characteristics (e.g. local service provision and measures of social cohesion), and life-course transitions (e.g. bereavement, onset of health issues) may be particularly insightful. Certain indicators commonly used to capture neighbourhood environment deprivation and health status of head of household (Whelan, 2007) could also be useful in this endeavour. However, more involved measures would be required to address particular connections across deprivation and personal contexts. While establishing the role of personal contexts in the deprivation process may help to contextualise deprivation for older people, further work is necessary to ascertain if this is feasible within the confines of a deprivation survey.

Finally, a fundamental challenge in measuring deprivation amongst older people concerns the prioritisation given to a particular item or a range of items. This also affects the validity of comparing deprivation across multiple items. Even though such a challenge may be partially addressed through processes of periodic consultation and cognitive testing, it is likely to remain an issue. Even for a range of accepted necessities, different participants in this research considered some items more of a necessity than others. Consequently, being deprived on one item versus another is unlikely to have the same meaning for different individuals. Such challenges reflect the differential understandings of poverty and deprivation, noted in Chapter 5, but also people's individual preferences. Therefore, a means of assigning prioritisation to ratings on individual items should be explored. In the UK, prevalence weighting has now

been incorporated into composite deprivation measures to address this challenge (DWP, 2010). This involves giving a larger weighting to items that are more commonplace within society (linked to prevalence of ownership in the overall pensioner population), and thus the absence of which reflects more severe deprivation. However, the method is reliant on the accuracy of the process for establishing what is commonplace, and the relationship between notions of 'commonplace' and 'necessity'. What may be more appropriate would be for respondents to indicate their personal prioritisation of broad areas of necessities, before completing a deprivation index. A weighting could then be assigned to individual items providing a more personalised composite measure of deprivation. Future research needs to consider these and other means of establishing a more valid comparison across deprivation items and a more appropriate overall composite deprivation measure.



# 7 Conclusions

**THE** research presented in this report has sought to explore the perceptions and experiences of deprivation and poverty amongst diverse groups in Ireland's ageing population. A particular focus has been on addressing the appropriateness of existing ways of measuring older people's material and social circumstances. Using a mixed-method design, we set ourselves five key objectives:

- To identify the most appropriate national dataset for exploring deprivation and poverty amongst different groups of older people;
- To analyse the degree to which different groups of older people vary in their responses to deprivation indicators;
- To explore perceptions and lived experiences of deprivation and poverty amongst different groups of older people and the impact of these experiences on older people's quality of life;
- To evaluate the relevance and effectiveness of current measures of deprivation and poverty for different groups of older people;
- To consider the potential for alternative deprivation indicators for older people in Ireland and their influence on estimates of deprivation, and poverty, amongst older people.

In this chapter, we summarise our key findings in relation to each of these objectives. Where appropriate, we draw on the discussion presented elsewhere in the report to show how our research extends existing knowledge about deprivation and poverty in later life. In a final section, we address the implications of our study in relation to three issues: first, the measurement of deprivation amongst Ireland's (increasingly heterogeneous) older population; second, an assessment of issues and unresolved challenges facing researchers working on the theme of

poverty and deprivation; and third, the potential policy responses that emerge from the work undertaken.

## 7.1: Data sources

On the basis of our understanding of the relevant scientific literature and a review of potential alternative datasets, we opted to use the 2009 Irish component of EU-SILC for the quantitative element of our analysis. This is currently the only dataset of its type to provide a sufficiently large and representative sample of older person households and an appropriate set of variables to address our study's major questions. Most importantly, EU-SILC includes a range of poverty measures, including the 11-item basic deprivation index that underpins policy development in Ireland, as well as a number of other indicators that address different forms of deprivation. However, as we have seen, while EU-SILC has a range of advantages, it also has limitations in terms of its ability to describe the poverty and deprivation of an increasingly diverse older population. It is limited, for example, in relation to providing relevant information about particular categories of older person, such as those who belong to the Traveller community, who provide informal care for family members or who live in long-stay care settings. Also, as a study of households, EU-SILC inevitably falls short when it comes to exploring the dynamics of poverty and deprivation within households.

## 7.2: Quantitative analysis: older people's measured deprivation

Notwithstanding such limitations, our analysis of EU-SILC data from 2009 provides valuable information about the ways in which different groups of older people vary in their responses to questions that underpin the official measurement of deprivation and poverty in Ireland. Using the standard individual and composite measures of deprivation that are routinely used, the quantitative analysis

shows that levels of deprivation in older households tend to be lower on average when compared to those of the overall population. This is in line with data reported elsewhere (CSO, 2011A, 2012).

However, examining measured deprivation more closely in relation to key dimensions of diversity that characterise Ireland's ageing population identifies considerable variation. Reported deprivation varies according to such factors such as age, gender, health status and household composition. These patterns are broadly consistent with findings of earlier work on this topic (Layte et al., 1999; Price, 2006; Prunty, 2007; Russell et al., 2010). Rather than portraying a general situation in which older people report less deprivation than the overall population, our analyses show a more differentiated picture. While some groups appear to be doing much better than the general population, including people aged 85 and over who live alone and those who live in two-person households, other groups are doing rather less well. For example, reported deprivation amongst people aged 65-74 years of age who live in one-person older households was higher than that of the overall population. In this context, the patterns of response vary across older person groups in sometimes unanticipated ways. Moreover, as our dynamic analysis shows, response patterns change over time, often to a considerable degree and again in unpredictable ways. This highlights the need to undertake further careful analyses of EU-SILC data (as discussed in more detail below).

Our quantitative analyses also suggest that measured deprivation amongst older person households drawing on composite measures, such as the 11-item basic deprivation index, is highly sensitive to the choice of indicators included within the measure. We acknowledge that the official measure was not designed with the intention of addressing the deprivation of particular population subgroups. However, the quantitative analysis suggested that some indicators used in the basic deprivation index appear to be of limited relevance to particular older person households. The clearest examples of this are evident in those situations where selected categories of older person households reported no deprivation whatsoever on particular indicators. For example, in one-person households of someone over the age of 85 years, zero deprivation was recorded on three of the 11 items included in the basic deprivation index; in two-person households headed by someone aged 85 or more, this applied to seven of the 11 items. Similar anomalies are reported in the Central Statistics Office's

most recent analysis of EU-SILC where, for example, zero deprivation is reported for two-person older households and for those older people who have never married (CSO, 2012: 18). Without further analysis it is difficult to say why such unusually low rates are present in the data. However, such findings could represent a methodological issue as much as a genuine absence of deprivation for relatively large groups of older people in Ireland.

### **7.3: Qualitative analysis: perceptions and lived experiences of poverty and deprivation**

Some of the issues encountered in the quantitative analysis were developed further in the qualitative component of our study, which set out to examine the lived experiences of poverty and deprivation amongst different groups of older people and the impact of these experiences on older people's quality of life.

Analysis of the data generated through focus groups and in-depth interviews with a diverse sample of older people centred on participants' understandings of poverty and deprivation. However, in order to contextualise older people's views about their material circumstances, we initially set out to capture participants' perspectives on the quality of their lives. Opinions differed across participant groups, not only in terms of the components of quality of life but also their associated meanings. Individuals belonging to groups that were typically more affluent, physically independent and generally less marginalised tended to describe quality of life in terms of a general sense of well-being in multiple aspects of life. This encompassed social contacts, good health, access to transport and services, and broader civic opportunities. The dimension of personal choice also featured strongly in such accounts, with some participants choosing to engage socially while others opted for less engagement. Participants belonging to more marginalised groups tended to view quality of life in relation to essential provisions rather than a more holistic sense of well-being. Food, shelter and basic income were often cited as being the key features of such individuals' interpretations of quality of life. Individuals' life experiences, limited material circumstances, or longstanding exposure to deprivation tended to reduce understandings of quality of life to a necessity-based existence. Whichever group participants belonged to, life-course transitions, associated for example

with bereavement or the onset of disabling conditions, led people to reassess their understanding of quality of life.

In general, participants' understandings of poverty and deprivation drew on their expectations and life histories, as well as their personal resources and circumstances. Regardless of individual background or group identity, most participants viewed poverty in absolute rather than relative terms, perceiving it to be the absence of material and financial resources required for basic day-to-day living. Lack of food, shelter or other basic provisions were often mentioned in this regard. Defining poverty in such narrow terms led many research participants to question whether poverty still exists in Ireland. Many older people in this study considered that the poverty which exists in Ireland today is typically the outcome of individual behaviour and, in particular, individuals' inability to manage their personal incomes responsibly. Numerous participants linked such views to reflections on the levels of spending during the period of Ireland's economic boom prior to the ongoing recession.

Notwithstanding such views, poverty was a central feature of some research participants' daily lives. Our findings tend to align with other work that explores older adults' experiences of poverty and deprivation (Boyle and Larragy, 2010; Scharf et al., 2006). High household costs, financial support for family members, and their own reduced incomes meant that some participants in our study found themselves in extremely challenging circumstances. Such first-hand experiences, while rare, highlighted the damaging effects of poverty and deprivation on the lives of those affected. Other participants felt that they themselves were living somewhat precarious lives. Still others recognised that particular sets of circumstances meant that poverty might be just around the corner. In this respect, many participants described active budgeting strategies and the need for constant trade-offs between necessity and non-necessity items as being part of everyday life. In some cases, this involved making trade-offs on goods that, while not considered essential, were regarded as beneficial to health. In other cases, participants cut back on energy use in order to make ends meet.

The economic recession was also felt to play a role. On occasion, the recession was judged to have increased participants' risk of poverty in both direct and indirect ways. In direct terms, while there was gratitude that the value of the state pension had not been reduced,

participants – especially family carers and those with disabilities who reported additional costs associated with their situation – commented on the ways in which public expenditure cutbacks in health and social support provision had made making ends meet more challenging. Previous work on the island of Ireland documented similar findings (Patsios et al., 2012). Participants also referred at length to the loss of the annual Christmas Bonus, and cuts in fuel and other allowances. Some participants felt that such cuts disproportionately affected some of society's most vulnerable individuals. The recession was also having an impact in more indirect ways. Widespread concern for younger family members meant that participants were often providing financial support to children and, on occasion, grandchildren. Such financial transfers were more common than those flowing from children to older parents, although these were also mentioned in some participants' accounts. Our study identified a number of older parents who were evidently making major financial sacrifices in order to support the welfare of their adult children.

As discussed in the concluding section of Chapter 5, there were also similarities and differences across subgroups of older people involved in this research. There were findings that were specific to (1) the general older population, (2) specific members of the older population, (3) all vulnerable subgroups, and (4) particular subgroups. Likewise, there were findings that were common to all groups. This indicates the co-existence of both similarity and diversity of perceptions and lived experiences with respect to deprivation and poverty in later life.

## **74: Relevance and effectiveness of current measures of deprivation for a diverse older population**

These findings have a direct bearing on the fourth objective of our study, which sought to evaluate the relevance and effectiveness of current measures of poverty and deprivation for different groups of older people. Identifying the different material goods, services and resources that are considered essential by older people represents a key concern for researchers and policy makers seeking to provide appropriate measures of poverty and deprivation in later life (Legard et al., 2008; McKay, 2008, 2010; Patsios et al., 2012; Zaidi, 2012).



In our study, we presented participants with show-cards depicting a variety of existing deprivation indicators and asked them to identify which items they regarded as necessities and which they did not. It is not too surprising that our findings from the focus group discussions largely mirror those from the quantitative analyses. Indicators associated with high rates of deprivation for older people in the quantitative analysis tended to be regarded as necessities in the qualitative study. Those that were under-represented in measured deprivation in the quantitative study were more likely to be perceived as non-essential in the qualitative exercise. Such general patterns masked disagreement both within and between subgroups of the older population in relation to particular items, reflecting both the heterogeneity of participant groups and differences in participants' life experiences, perspectives and expectations.

The key necessities identified by older participants from across the groups typically reflected an absolute rather than relative conceptualisation of poverty. The basic essentials of life encompassed items relating to housing and accommodation, food and food quality, household bills, and clothing. Other essentials pointed to the necessity of such higher-order needs as mobility (access to transport) and communication (use of a telephone). While participants felt that lifestyle factors (such as an annual holiday or going out for entertainment) were important, they tended not to be viewed as necessities regardless of the groups to which they belonged. This mirrors findings emerging from comparable work in the UK (Scharf et al., 2006).

## 7.5: Potential for alternative deprivation indicators for older people

The final objective of our study sought to investigate alternative deprivation indicators for older people in Ireland. In this respect, we also sought to capture views about alternative items that participants regarded as necessities for older adults. In this regard, our findings also mirror those reported earlier by Scharf et al. (2006) for the UK. The suggested items tended to reflect participants' views about what provides for a good quality of life but are still very much essential items. For example, while accessing care and support in all its forms was a key concern for participants with health and mobility issues and for family carers, it also mattered to those who anticipated needing care and

support in the future. Other local services also featured in some participants' views of essential resources. Housing adaptations, such as accessible bathrooms, grab-rails and ramps, were felt to be necessary by people belonging to a number of participating groups. Adaptations, including lowered kitchen countertops and cabinets, lifts and other technological modifications, were regarded as essential by people with disabilities. Others considered personal alarms to be a necessity for emergency communication and home security to be essential for personal well-being. Older people belonging to the ethnic minority and migrant group highlighted the necessity of being able to afford English classes. As per the general qualitative findings on perspectives concerning deprivation and poverty, while some of these items are particular to the requirements of specific participant groups, in the main these additional necessities reflect the broad needs of the older population, i.e. care, support, security and social connection.

We also explored alternative deprivation indicators for older people by reverting to the secondary analysis of EU-SILC 2009, examining the potential influence of such indicators on estimates of poverty and deprivation. We reassessed levels of deprivation amongst older households using only the indicators that were deemed as necessities by participants in our qualitative fieldwork. Although limited by the range of indicators available in EU-SILC, we were able to generate an adjusted composite measure of deprivation. Our analysis suggests that using alternative sets of individual indicators can lead to substantially different relative rates of measured deprivation. The aim in this regard was not to propose a new composite indicator for measuring deprivation amongst older households, or indeed an indicator that will portray older people as deprived. Instead, we sought to illustrate the differential impact of including different subsets of individual indicators in a composite measure. Most importantly, however, this exercise showed the degree of sensitivity in relation to measured deprivation amongst older person households when indicators that older people themselves feel to be important in their lives are included in measurement indices.

## 7.6: Implications of the research

The research reported here has sought to provide new insights into the understanding and measurement of deprivation and poverty in later life in Ireland. Our focus has been on consensual approaches to poverty measurement, drawing on the main deprivation indicator

methodologies. In meeting our research objectives, using a unique mixed-methods approach, we have contributed to national and international knowledge on poverty and deprivation. In particular, we have highlighted the ways in which older people's perspectives – influenced by personal characteristics, the groups to which they belong and experiences across the life course – shape their views about poverty and deprivation. We have also added weight to the argument for improving on currently used methods to assess poverty and deprivation in Ireland's ageing population. While recognising the fundamental value of the deprivation indicator approach to poverty assessment, reflecting as it does a relative conceptualisation of poverty, questions persist about the extent to which the method adequately represents older people's experience of deprivation. These findings have a range of implications in relation to the measurement of deprivation, the need for further research, and potential policy considerations.

A first set of issues concerns the measurement of deprivation and poverty amongst Ireland's increasingly heterogeneous older population. A review of the literature showed that researchers and policy makers are in broad agreement that there is no single 'objective' measure of poverty and that material disadvantage is most appropriately addressed using a range of complementary approaches. That said, in relation to the deprivation indicator methodology that forms the core focus of this research, at least seven issues arise.

First, the evidence presented in this report, supplemented by earlier work undertaken in Ireland and other comparable nations, highlights a need to explore alternative indicators that better reflect the realities of older people's lives. In particular, there is a need to develop such indicators in line with the lived experiences of different sub-groups of the older population. Involving older people directly in the process of indicator development and testing might be one way of generating more appropriate indicators. Our study also suggests that there is a reasonable case to be made for developing alternative indicators and composite measures in parallel with further analysis of the official deprivation measure. Such activity might usefully draw on the recent careful work undertaken by researchers on behalf of the UK Department for Work and Pensions (Department for Work and Pensions, 2010; Legard et al., 2008).

Second, also building on work developed in the UK (Legard et al., 2008; McKay 2008), our research findings

emphasise the potential value of undertaking cognitive testing of both current and alternative deprivation indicators in relation to older people. This would help to identify why older people in Ireland respond to particular deprivation indicators as they do. As part of this process, further work is needed to develop further the response categories available to older people whose deprivation is being assessed. Existing approaches are good at capturing respondent's ability to afford items. However, our study shows that older people may not have access to particular items or be able to participate in culturally approved social activities for reasons other than affordability. Extending the available response options would be one means of addressing this methodological challenge.

Third, in relation to methodology, our study also suggests that the potential exists to consider developing a stand-alone deprivation measure that is better suited to the situation of older people. This would encompass a suitable range of deprivation indicators that hold greater meaning for different groups of older people. Such a step would parallel ongoing trends towards establishing deprivation indices that relate to children and families. Obviously, it would not be sensible or feasible to generate a plethora of measures that seek to reflect the highly contrasting situations of a diverse range of population groups. However, the evidence presented in this report points to the fact that older people appear to respond differently to standard deprivation indicators than the general population. As a result, the measured deprivation of older adults in Ireland might not reflect the true circumstances of an ageing population. The evidence presented in this report also suggests that while the perceptions, experiences and requirements of certain subgroups of the older population vary, there are likely to be both necessities of broad relevance to all groups (e.g. housing and warmth) and necessities that become relevant given certain life-course transitions (e.g. care and support). In particular, an alternative older person deprivation measure might encompass indicators that reflect the value to older people of items that reach beyond basic and life-style deprivation to include, for example, access to core services, such as health and social care, environmental supports, and transportation.

Fourth, a fundamental challenge concerns the potential need to weight the indicators included within composite deprivation measures to better reflect the value attributed by older people to different indicators. While there are good arguments to increase the weighting of items that

most older people possess which reflect the normatively proscribed socio-cultural activities they value, it is unclear what types of weight might be assigned to different indicators. It is also unclear at this moment what such 'normative' items for older people would be. Further work might usefully consider existing methodologies for developing weighting processes (e.g. Department for Work and Pensions, 2010) and an appropriate means of identifying 'normative' items.

Fifth, as emphasised in the literature review, reliance on single approaches to poverty measurement reveals only a partial view of older people's material disadvantage, and one that is clouded by a range of methodological uncertainties. This is also borne out in the findings of our empirical study. As a result, the measurement of deprivation, using a basic deprivation index or a version of this approach, should continue to be supplemented by other forms of measurement, including assessments of relative income poverty. 'Budget standards' approaches, which draw on consensual measures to identify the cost of a normatively acceptable basket of goods and activities, were not a focus in this study. However, they may represent a further useful means of extending the current measurement approaches used in Ireland.

Sixth, while challenging in methodological terms, our study highlights the value of adopting mixed-method approaches to the measurement of poverty and deprivation. Such techniques are particularly helpful in understanding patterns and processes that lead to deprivation and poverty in later life. Building on the approach used in this study, and extending empirical work to engage with other groups within Ireland's ageing population, there is potential to initiate a process that can lead to more appropriate measurement of poverty and deprivation.

Seventh, in our quantitative analysis we focused on the EU-SILC survey as a key data source. In time, and following a suitably robust process of indicator development and testing, our study suggests that there is merit in measuring deprivation and poverty amongst a much larger older population. This is the only way sufficient attention can be given to key subgroups of older people. The Irish Longitudinal Study of Ageing (TILDA) represents a major resource within the context of work on ageing in Ireland. At present, this representative survey of older adults does not include deprivation indicators. Were such indicators to be included in TILDA, this would not only offer a more

representative perspective on deprivation amongst older people in Ireland, it would also permit such deprivation to be tracked over time and facilitate more sophisticated multivariate analyses than are currently possible with EU-SILC data.

A second set of implications arising from the research relate to issues and unresolved challenges facing researchers working on the theme of poverty and deprivation. In particular, further research is needed concerning four dimensions of debates about deprivation and poverty in an ageing population.

First, our study raises fundamental issues about the way in which older people in Ireland conceptualise poverty (and thereby deprivation). While research and policy tends to accept relative conceptualisations of poverty, the evidence of our qualitative work suggests that poverty is often conceived of by older people themselves in terms of absolute rather than relative approaches. This finding poses a philosophical challenge. On the one hand, there is a clear argument that would favour better reflecting older people's perspectives in different types of poverty and deprivation measurement. On the other, there might be an equally strong case for supporting an alternative perspective that might acknowledge a more aspirational view of ageing (i.e. one that emphasises a set of needs in later life that reach beyond a basic set of essentials), and one that acknowledges that older people's perspectives may, to a greater or lesser extent, be socially constructed through societal norms of engagement and consumption and through previous years of low standards of living. There is a clear role for research to spell out the arguments that underpin such debates. This might usefully involve researchers schooled in critical gerontology approaches as well as those with broader interests in philosophical questions associated with population ageing and social justice. Research that explores more fully the different perspectives of older people belonging to a range of subgroups might play a role in informing such debates.

Second, the research presented in this report also emphasises the value associated with addressing issues around diversity in an increasing older population. The evidence from both the quantitative and qualitative components of our study showed that some older people appear to be more at risk of deprivation and poverty than others – whether these are specific groups (e.g. people with disability and chronic ill-health) or specific members of the

older population (e.g. older women with interrupted labour market participation). However, there is also emerging evidence that some of the taken-for-granted assumptions about which groups are most adversely affected might be changing and demand further interpretation. This is especially evident in the Irish context in terms of the changing deprivation rates that affect older men and women and those relating to different age groups within the older population (CSO, 2011A, 2012). Closely related to this is the need to develop further our conceptual thinking around population diversity and the processes that underpin different groups' vulnerability to deprivation and poverty. Equally, ethnographic studies of groups that are systematically marginalised in Irish society - including older people from the Traveller community, those who belong to ethnic minority communities, people with disability and chronic ill health, and people who live in urban deprived communities - are urgently required in order to develop a suitable evidence base for policy interventions to alleviate such groups' material disadvantage.

Third, our research highlights a role for the scientific community to monitor and interpret the experience of deprivation during Ireland's ongoing recession. In this respect, it is important to note that the fieldwork for our qualitative study was undertaken at a time of major social and economic upheaval. While we have some evidence to support the contention that understandings of poverty and deprivation – and, by extension, a readiness to admit to experiencing such phenomena – may be influenced in no small measure by the recessionary context, we cannot know this for certain. Indeed, for many older participants these understandings appeared also to be influenced by the difficult economic periods of their past. Research might explore the ways in which the recession may lead (older) people to reconsider what constitute the necessities of life and the degree to which this is associated with greater unpredictability in relation to responses to particular deprivation indicators and composite measures.

Fourth, the research presented here also emphasises the potential for individual preferences and perspectives on poverty to vary over time. In terms of the human life course, such factors are also related to a range of both predictable and unpredictable transitions associated with ageing, including retirement, the onset of ill health, the assumption of caring responsibilities, and loss and bereavement. There is a challenge for researchers to develop appropriate methodologies to address such change, as well as to

account for these factors in conceptualising deprivation and poverty dynamics. In this regard, there is likely to be a valuable role to be played by analysis of TILDA data as it extends beyond its first and second waves.

A third and final set of implications relate to the potential policy responses that emerge from the empirical work undertaken as part of this study. Here, we highlight three areas that merit further consideration from a policy perspective:

First, based on the existing 11-item basic deprivation index and the available survey data, the existing evidence is consistent in highlighting the fact that deprivation rates are declining amongst older people in Ireland. At one level, this clearly represents good news and reflects the value of the material security provided by a range of welfare supports, especially the Contributory and Non-Contributory State Pensions. However, there is no reason for policy makers to be complacent about older people's material circumstances. Albeit based on a relatively small-scale study, our work suggests that official measures of deprivation and consistent poverty may under-report older people's deprivation and poverty. Even so, our research also shows that poverty and deprivation continue to cast a dark shadow over the lives of some older people. Moreover, the incidence of deprivation and poverty varies quite considerably across subgroups of the older population. Where poverty and deprivation exist, especially within groups that have traditionally been cut off from improved living conditions, action is required to meet older people's material needs. In our study, this relates, for example, to people ageing within the Traveller community and those living in urban deprived communities. Other people become vulnerable at key points of transition in their lives, such as at the point where they assume caring roles. Better coordinated supports that address people's needs at such transition points might assist in supporting people to fulfil their caring roles without having to endure the additional pressures associated with insufficient incomes.

Second, the research reported here adds further weight to those who seek to counteract a prevailing perspective that older people have largely been protected during the recession. On the one hand, evidence arising from both the quantitative and qualitative components of the study suggests that older people's deprivation is under-reported. This is, at least in part, likely to be responsible for the relatively low levels of deprivation reported in EU-SILC and,

by extension, the low consistent poverty rates amongst people aged 65 and over. On the other hand, while the value of state pensions has been maintained, it is clear that many older people are struggling as a result of the loss of other forms of support and a range of additional calls on their finances (including, in some cases, the desire to support younger family members who are experiencing material hardship). Reducing any further the value of financial supports available to maintain older people's incomes may have unintended negative consequences, not only for older people themselves but also for other groups in Irish society.

Third, our study emphasises the merits for policy arising from the use of a range of deprivation and poverty measures for older people. Where explicit targets for poverty reduction are set, these should reflect the strengths of different measurement approaches, whilst also acknowledging their weaknesses. Using different measures of deprivation and poverty is useful in that such measures typically assess different characteristics of material disadvantage in later life. In this context, it is useful for policy makers to support the development of an evidence base relating to improving the measurement of poverty and deprivation in later life. Once such an evidence base exists,

it might also be appropriate to establish a national poverty reduction target that acknowledges the damage that poverty does to older people's lives. Such a target could form a central part of Ireland's National Positive Ageing Strategy, thereby helping to focus the attention of policy makers on an issue which older people regard as a matter of central importance.

Given our particularly uncertain economic climate and the promise of continued austerity measures, for the general population as well as people in older age, engaging with issues around measurement, further research and policy is both necessary and timely. While the focus of this research report was on deprivation amongst different groups of older people in Ireland today, these issues appear to be of utmost relevance to everyone in the older population. The shared experiences across the participant groups, the cross-cutting membership of these groups and the life-course transitions that create multiple identities all emphasise the relevance of deprivation to Ireland's older population. In time, we hope that research and policy might build on the findings of the work reported here to further improve our understanding of issues relating to deprivation and poverty in later life and, ultimately, to more accurately reflect older people's experiences.







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# 9

## Appendices

### Appendix 1: Qualitative data collection instruments

#### Focus Group Guide

##### Poverty and the Life Course

The following agenda provides a general structure for the focus group sessions. The sub-topics and their ordering function as a general guide, rather than a prescribed format. There is inevitably some overlap between the topics. While the topics listed represent the broad areas of interest for comparability, there is scope for tailoring the discussion for each group. The time allotted to each topic is also only a guide. Each focus group is likely to last between 1.5 and 2 hours.

- 
- = Topics of interest
  - = Examples of sub-topics that can be covered during discussion
  - = Examples of probe areas
- 

##### ● General Introduction

##### ● Participant Introduction

##### ● Quality of life

- *What is it that makes life good for people like you/in your circumstances?*
- What is it that makes life bad for people like you/in your circumstances?
- Which one of these things (good or bad) do you consider to be the most important for quality of life of older people in [your group/residence-type/cultural-background]?

##### ● Standard of living

- *What do you think is necessary for you or someone like you in order to have a good standard of living?*
- In general do you think older people in Ireland have a good standard of living?
- Who do you think has a poor standard of living?
- What sorts of things do you/people in your circumstances feel you need in order to have a good standard of living?

##### ● Poverty

- *What does the term 'poverty' mean to you?*
- Is it about:
  - Access to services/amenities
  - Financial resources
  - Material wealth
  - Social resources
- How has your understanding of poverty changed over your lifetime?
- Is it a cause (e.g. cannot afford to go out for a night) or a consequence (e.g. lack of employment opportunities)?
- Do you have to be in a particular set of circumstances to be in poverty? If so, what kind of circumstances?
- Do you have to belong to any particular group to be in poverty?

##### ● Necessities of life – using show-cards

The cards show some items that some people may consider necessary to have a decent standard of living. We would like you to think about these things and to hear your views about whether you think that the items are necessities or not.

As a group, we will try to separate the cards into two piles. The first will represent items/activities that are necessities. The second will represent things that you feel are not necessities.

○ **Why do you consider these items to be necessities?**

- Explore differences between material goods and social opportunities

**\*\*Check for alternative phrasing using UK indicators**

(i.e. at least one filling meal a day; see friends or family at least once a month; go out socially either alone or with other people at least once a month).

○ **Are there any other items or activities that you would regard as necessities for older people in [your group/residence-type/cultural-background]?**

- Transport
- Security
- Mobility aids
- Home assistance
- Entitlements

○ **Are there any things in general that you think older people in [your group/residence-type/cultural-background] have to do without?**

- What are these things?
- And how does not having such things limit life?

E.g. on:

- Social relationships
- Participation in civic activities
- Access to services
- Community engagement

● **Contributors to poverty**

We are interested in the ways in which experiences earlier in life affect how one views things in later life. Thinking about older people in [your group/residence-type/cultural-background].

○ **Is there anything that you feel would increase the risk of poverty or a low standard of living for older people in [your group/residence-type/cultural-background]? E.g:**

- Age itself
- Health issues and transitions
- Access to employment during life
- Characteristics of place of residence
- Access to training and educational opportunities during life

○ In general, is there anything that you feel policy makers should take account of in terms of the specific characteristics of older people belonging to this group?

● **Close and thanks**

## Semi-Structured Interview Guide

### Poverty and the Life Course

#### Introduction

Before beginning the interview, describe to the participant the structure of the interview and outline the aim of the research once again. See below:

In the study, researchers are examining the issues that affect older people's quality of life and standard of living. This involves listening to the experiences of older people. We have invited you to help in this research, because the views of older people are sometimes overlooked. We would like to find out about how you perceive your quality of life and standard of living.

#### Instructions

**Questions in bold** = Main questions that have to be asked.

○ = Sub-questions that can be asked if not covered by answer to main questions.

■ = Example of probe areas to stimulate conversation (don't have to be used).

#### Daily Routines

Let us discuss your quality of life

#### **1. I am interested to hear about your experiences of daily life. Could you please describe for me a typical day in your life?**

*Probe on daily routine, particularly in terms of leaving the house, meeting people and accessing the local community/services.*

- Do you leave the house every day?
- Do you meet someone (family, neighbours, friends, postman, etc.) every day? Do they visit or do you meet them while you are out and about?
- Where do you like to go when you leave the house?

- Would your daily routine be the same in the summer and winter?

#### **2. [Optional] As a [grouping], do you have anything in particular you have to do, or do you have any particular responsibilities?**

- E.g. Carer duties; farming; self-care activities; work and informal work responsibilities.
- How long have you been a carer for?

#### Quality of life

#### **3. What, if anything, does the term 'quality of life' mean to you?**

- Health, wealth, family and friends, social outings?

#### **4. What is it that makes life good for you?**

- Why does this make your life good?
- Because you are a [grouping], is there anything else that makes your life good?

#### **5. What is it that makes your life bad, that is, things that reduce your quality of life?**

- What is it about this that it reduces your quality of life?
- What else makes life bad?
- Because you are a [grouping], is there anything else that makes your life bad?

#### **6. Thinking about all of the good and bad things that you have mentioned, which one is the most important to you?**

- What single thing would improve your quality of life?

#### Standard of living

I would like to now turn the focus of the conversation to standards of living.

#### **7. What, if anything, does the term 'standard of living' mean to you?**

#### **8. Thinking about your own circumstances, would you say you have a good standard of living?**

- Why?
- Who do you think has a poor standard of living?



**9. Could you tell me what sorts of things that you – as a [grouping] – feel you need in order to have a good standard of living?**

**10. In general, are there extra things that you feel [your group] need in later life that you don't need at other times of your life in order to have a good standard of living?**

- Additional help in the home?
- Assistive technology (e.g. stairlift)?
- Allowance and financial support
- Social participation?

---

**Poverty**

**11. What does the term poverty mean to you?**

- Is it about:
  - Access to services/amenities
  - Financial resources
  - Material wealth
  - Social resources
- Has this understanding of poverty changed over your lifetime?

**12. Is poverty a cause (e.g. cannot afford to go out for a night) or a consequence (e.g. lack of employment opportunities)?**

**13. Do you have to be in a particular set of circumstances to be in poverty?**

- If so, what kind of circumstances?

**14. Do you have to belong to any particular group to be in poverty?**

- What groups?
- Why?
- What about your [grouping]?

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**Necessities of life exercise**

As detailed in the focus group guide.

---

**Contributors to poverty**

I am interested in the ways in which experiences earlier in life affect how one views things in later life.

**15. Is there anything that you feel would increase the risk of poverty or a low standard of living for [grouping]?**

- Age itself
- Health issues and transitions
  - Less disposable income due to medical bills?
- Access to employment during life
- Characteristics of place of residence
- Access to social participation
- Financial issues

**16. In general, is there anything that you feel policy makers should take account of in terms of the specific characteristics of older family carers?**

- What do you think should be our key recommendation?

---

**THANK PARTICIPANT FOR TAKING PART IN THE RESEARCH**

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## Participant Profile Questionnaire

### Poverty and the Life Course

Please tick, and complete, as appropriate

---

Are you:             Male             Female            *What is your age:* \_\_\_\_\_ years  
 Are you:             Married             Divorced/Separated             Single             Widowed  
 Do you live:         Alone             With spouse/partner             With someone else

---

*How long have you lived in your current place/community?* \_\_\_\_\_ years

*What would you consider to have been (or is) your primary occupation?*

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*How would you describe your work/employment during your working life?*

*Continuous and uninterrupted*             *regular*             *irregular*

*What was the highest level of formal education that you attained?*

- None*  
 *Primary school*  
 *Secondary school (intermediate)*  
 *Secondary school (leaving certificate or equivalent)*  
 *Certificate or diploma*  
 *University degree*  
 *University postgraduate degree*

*Do you have access to private transport?*     Yes             No

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*What do you consider your current main source of income?*

- Work/employment*  
 *Contributory state pension*  
 *Non-contributory state pension*  
 *Occupational pension*  
 *Family support*  
 *Partner's pension*  
 *Personal savings*

*Do you currently avail of any state benefits?*

- Medical card*  
 *Disability allowance*  
 *Carer's allowance*  
 *Fuel allowance*  
 *Personal savings*

*Are you in a position where you can save money?*             Yes             No

*Have you enough money to do the things you would like to do?*             Yes             No

*Have you enough money to get the things you would consider necessities?*             Yes             No

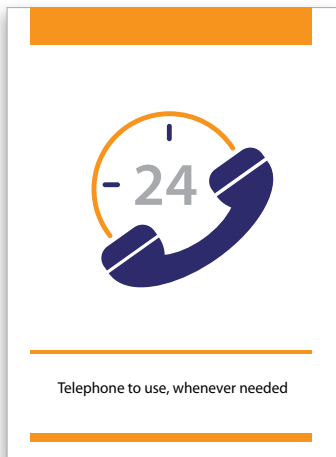
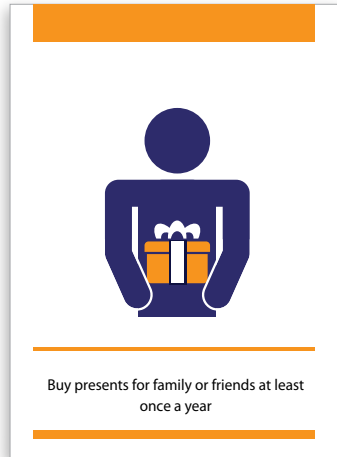
*In general, how would you rate your health?*

*Excellent*     *Good*     *Fair*     *Poor*     *Very poor*

*In general, how would you rate your quality of life?*

*Excellent*     *Good*     *Fair*     *Poor*     *Very poor*

## Appendix 2: Example show-cards



### Appendix 3: Analysis of EU-SILC alternative measures of deprivation

**Table A1:** One-adult older households – standard deprivation measures by urban/rural classification

	URBAN	RURAL	TOTAL POP.
Household had to go without heating in the last 12 months through lack of money	8.0%	6.3%	7.3%
Inability of household to afford a morning, afternoon or night out in the last fortnight	3.6%	2.7%	14.9%
Inability of household to afford two pairs of strong shoes for each household member	2.1%	0.6%	2.1%
Inability of household to afford a roast joint (or equivalent) once a week	3.9%	3.2%	3.4%
Inability of household to afford to eat meals with meat, chicken, fish (or vegetarian equivalent) every second day	1.6%	1.4%	2.1%
Inability of household to afford new rather than second-hand clothes	10.1%	1.2%	4.5%
Inability of household to afford a warm waterproof coat for each household member	0.7%	2.1%	1.1%
Inability of household to afford to keep the house adequately warm	4.5%	5.9%	4.1%
Inability of household to afford to replace worn-out furniture	15.6%	15.5%	16.3%
Inability of household to afford to have family or friends for a drink or a meal once a month	8.0%	7.6%	9.4%
Inability of household to afford to buy presents for family or friends at least once a year	4.6%	4.2%	3.4%
Composite deprivation indicator	14.2%	13.5%	17.3%

Source: Analysis of EU-SILC microdata for Ireland for 2009.

**Table A2: One-adult older households – other deprivation measures by urban/rural classification**

	URBAN	RURAL	TOTAL POP.
Crime, violence or vandalism in the area	15.6%	6.6%	14.0%
Making ends meet with some or more difficulty	45.6%	55.3%	62.0%
Housing costs are a burden	59.3%	67.1%	78.7%
Noise from neighbour or the street	13.0%	7.5%	11.1%
No bath or shower	0.0%	0.0%	0.3%
No double glazing	23.4%	33.6%	17.0%
No running water	0.1%	1.0%	0.6%
Dwelling has leaking roof, damp walls or rot in the doors, window frames or floor	16.0%	23.0%	14.2%
Inability of household to afford a week's annual holiday	34.2%	48.7%	38.8%
Household had to go into debt in the last 12 months to meet ordinary living expenses	1.2%	3.4%	13.1%
Respondent for household had a day in last fortnight when respondent did not have a substantial meal due to lack of money	4.5%	1.0%	4.5%
Household utility bills have been in arrears in the last 12 months	2.0%	4.1%	11.2%

Source: Analysis of EU-SILC microdata for Ireland for 2009

**Table A3: Two-adult older households – standard deprivation measures by urban/rural classification**

	URBAN	RURAL	TOTAL POP.
Household had to go without heating in the last 12 months through lack of money	3.7%	5.6%	7.3%
Inability of household to afford a morning, afternoon or night out in the last fortnight	3.8%	1.3%	14.9%
Inability of household to afford two pairs of strong shoes for each household member	2.8%	0.2%	2.1%
Inability of household to afford a roast joint (or equivalent) once a week	2.8%	0.0%	3.4%
Inability of household to afford to eat meals with meat, chicken, fish (or vegetarian equivalent) every second day	1.7%	0.6%	2.1%
Inability of household to afford new rather than second-hand clothes	4.1%	1.4%	4.5%
Inability of household to afford a warm waterproof coat for each household member	0.5%	0.2%	1.1%
Inability of household to afford to keep the house adequately warm	2.7%	2.8%	4.1%
Inability of household to afford to replace worn-out furniture	6.9%	7.7%	16.3%
Inability of household to afford to have family or friends for a drink or a meal once a month	6.0%	3.0%	9.4%
Inability of household to afford to buy presents for family or friends at least once a year	1.0%	4.0%	3.4%
Composite deprivation indicator	7.9%	8.6%	17.3%

Source: Analysis of EU-SILC microdata for Ireland for 2009

**Table A4: Two-adult older households – other deprivation measures by urban/rural classification**

	URBAN	RURAL	TOTAL POP.
Crime, violence or vandalism in the area	12.4%	9.7%	14.0%
Making ends meet with some or more difficulty	33.7%	50.6%	62.0%
Housing costs are a burden	59.2%	64.9%	78.7%
Noise from neighbour or the street	13.6%	6.1%	11.1%
No bath or shower	0.2%	0.0%	0.3%
No double glazing	20.5%	23.6%	17.0%
No running water	0.0%	0.0%	0.6%
Dwelling has leaking roof, damp walls or rot in the doors, window frames or floor	13.6%	14.0%	14.2%
Inability of household to afford a week's annual holiday	18.2%	35.1%	38.8%
Household had to go into debt in the last 12 months to meet ordinary living expenses	0.2%	1.0%	13.1%
Respondent for household had a day in last fortnight when respondent did not have a substantial meal due to lack of money	2.2%	2.8%	4.5%
Household utility bills have been in arrears in the last 12 months	1.5%	2.0%	11.2%

Source: Analysis of EU-SILC microdata for Ireland for 2009

**Table A5: One-adult older households – standard deprivation measures by chronic illness**

	YES	NO	TOTAL POP.
Household had to go without heating in the last 12 months through lack of money	9.4%	4.2%	7.3%
Inability of household to afford a morning, afternoon or night out in the last fortnight	3.4%	2.9%	14.9%
Inability of household to afford two pairs of strong shoes for each household member	2.0%	0.6%	2.1%
Inability of household to afford a roast joint (or equivalent) once a week	5.4%	1.1%	3.4%
Inability of household to afford to eat meals with meat, chicken, fish (or vegetarian equivalent) every second day	1.6%	1.3%	2.1%
Inability of household to afford new rather than second-hand clothes	7.0%	4.2%	4.5%
Inability of household to afford a warm waterproof coat for each household member	1.0%	1.9%	1.1%
Inability of household to afford to keep the house adequately warm	8.4%	0.8%	4.1%
Inability of household to afford to replace worn-out furniture	20.5%	8.8%	16.3%
Inability of household to afford to have family or friends for a drink or a meal once a month	11.2%	3.3%	9.4%
Inability of household to afford to buy presents for family or friends at least once a year	5.8%	2.5%	3.4%
Composite deprivation indicator	17.9%	8.5%	17.3%

Source: Analysis of EU-SILC microdata for Ireland for 2009

**Table A6:** One-adult older households – other deprivation measures by chronic illness

	YES	NO	TOTAL POP.
Crime, violence or vandalism in the area	14.6%	6.7%	14.0%
Making ends meet with some or more difficulty	57.3%	40.8%	62.0%
Housing costs are a burden	68.3%	55.9%	78.7%
Noise from neighbour or the street	13.1%	6.7%	11.1%
No bath or shower	0.0%	0.0%	0.3%
No double glazing	26.5%	30.7%	17.0%
No running water	0.3%	0.9%	0.6%
Dwelling has leaking roof, damp walls or rot in the doors, window frames or floor	17.9%	21.4%	14.2%
Inability of household to afford a week's annual holiday	48.5%	31.4%	38.8%
Household had to go into debt in the last 12 months to meet ordinary living expenses	2.4%	2.0%	13.1%
Respondent for household had a day in last fortnight when respondent did not have a substantial meal due to lack of money	3.2%	2.3%	4.5%
Household utility bills have been in arrears in the last 12 months	4.2%	1.4%	11.2%

Source: Analysis of EU-SILC microdata for Ireland for 2009

## Appendix 4: Case studies

### 1. Amir's story

*“...if you are in hell you will feel the heat...”*

The impact of migration on later life trajectories and old age deprivation marked several participants' accounts. While some participants had emigrated from Ireland, others, like Amir, had migrated to Ireland from other countries. Amir is 64 years old and, after arriving as a refugee from Somalia seven years ago, now lives in the inner city where he looks after his four children. He said that the 21-year civil war in Somalia meant that there were few alternatives to migration, no matter who you were:

*“Different people left the country... Even those of big tribes who had power to dominate the others could not stay anymore, because, if you are in hell you will feel the heat [laughs]... Even the warlord is fed up! They started to do these things but they don't have power to stop it... they themselves say in public that ‘Had we think things would be like this, we wouldn't start it.’”*

Regardless of the turmoil in Somalia and his intention to remain in Ireland, Amir's sense of belonging has been undermined by leaving his home country. He describes feelings of detachment and the barriers that hinder his desire to feel at home in Ireland:

*“Okay, what I have in mind is Somalia is my original home. I think it will remain in my mind that it's my actual home. My real home... So, since I have been staying here, I am feeling that I am alien in here. I am not Irish person. I cannot be like Irish person. I am always Somali and my life will end being Somali. That's what I am feeling... there can be some circumstances that cannot realise my dream of what I wanted to be here in Ireland: the situation; the weather; the tradition; the culture; the religion [laughing]... Here, everything is new to me...”*

Amir recognises that his overall quality of life has improved since arriving in Ireland. However, he also describes a reduced standard of living due to the recession. Amir is aware that, as he ages in Ireland, issues of integration and deprivation will become more difficult to manage:

*“Okay, now I am still active. I am moving. When I face some problem I am trying to solve it. To go somewhere, to ask some people, to get solution. So, if I became older and I get a time when I cannot do those activities, I think my situation will be worse... Then the poverty will increase I think.”*



## 2. Mary's story

### *"I couldn't bear listening to people cry poverty"*

Mary is 73 years of age and lives alone in a city suburb. Because she grew up in a time of economic hardship, and lost her husband (and thereby the family's main source of income) when her children were still young, Mary is well versed in dealing with life's difficulties and financial shortages. These experiences shape Mary's views about poverty:

*"Poverty means what I saw my mother with. Literally not knowing how you're going to feed your kids the next day. I saw that. That's poverty... Poverty is 'where is your next meal coming from?'"*

Mary's memories of poverty earlier in life remain vivid. She contrasts her childhood experiences of deprivation with what she sees as the prosperity and comfort of her own children and grandchildren. But Mary is also concerned. She worries about the money that is continuing to be spent during the recession and the consequences of such "careless" behaviour:

*"I can remember getting out of my bed when I was a child and going to a cupboard... and sneaking out of my mother's bed... and eating stale, crusty, dry bread and I remember my mother crying the next morning because that crusty roll was gone because that was accounted for... My kids... they think that's hilarious when I tell it. It wasn't. It wasn't and when I see what they get for Christmas and I see the amount of money that's spent... they're still doing it. I see no measures being taken to worry about the next month."*

Mary also compares her experiences of poverty and deprivation – and those of her parents' generation – to older people's current standard of living in Ireland. Mary, whose main source of income is a Contributory State Pension, certainly feels fortunate to benefit from the social transfers that older people receive. It is from this position of relative appreciation that she believes older people in Ireland are far from deprived:

*"I couldn't bear listening to people cry poverty. Senior citizens are the best-off people. The free pass, subsidised electricity, subsidised phone bill, with no television license."*

### 3. Sheila's story

***“...I just want to have enough to have a life”***

Sheila, who is 63 years of age and lives alone, is from an urban deprived area. During her interview, it becomes evident that Sheila's personal biography is characterised by a series of life-course factors that shape her current experiences of deprivation and poverty. Sheila was obliged to retire early from work because of ill health. She refers to the difficulty of making the financial transition from employment to existing on a disability allowance:

*“I worked [prior to my stroke] and I had 380 euro in my pocket every week. Now I have 180 and my coalman came yesterday and I had to give him 42 euro out of that. That was just for fuel... Plus then I'm paying 30 euro rent. So that's 72. And I pay 10 euro off my electric. That's 82. That leaves you 100. Then you have to pay the rubbish collection money which is 15 euro a week.”*

The transition into early retirement was associated with real changes in different spheres of Sheila's life: in her social participation, in grocery shopping, and in standards of living. In Sheila's life, direct experiences of deprivation are never too distant:

*“Yeah I mean, whenever you woke up last and you hadn't milk to milk your tea. Or a slice of bread. That's poverty. Now, that happened once. And you try to work then from a point of view of 'it happened once; it won't happen to me again'. But who am I to say it won't?”*

But Sheila's story is complex. Her narrative points to the cumulative and intersectional nature of disadvantage over her life course. Socio-economic status, social and economic opportunities, and health emerge as important factors. Sheila's narrative also points to generational and 'inherited' elements of poverty and deprivation:

*“It's offal I buy... And what I'd be buying now would be what my mother bought in the forties and fifties, you know, when there was no work, no money coming in.”*

Although she is looking forward to receiving the state pension in three years' time, the current realities of Sheila's life are never far from her mind:

*“A lot of days [interviewer's name], I won't lie to you, I just go into my room, lock the door and go into bed... I feel very low. Very low. I'm not crying or portraying poverty... but I just want to have enough to have a life.”*

## 4: Elaine's story

***"...every time one of these increases is announced, I panic you know..."***

Elaine, now in her seventies, has been living in her home on the outskirts of a city since she married her husband 45 years ago. Her husband died four years ago, so Elaine now lives alone. It was not just the emotional impact of her husband's passing that affected her well-being. Having devoted her life to rearing her family, Elaine's only source of income was her husband's occupational pension. Since his death she has had to live on a Non-Contributory State Pension:

***"There are an awful lot of people who would be on the... [Non-Contributory State Pension] but would have maybe more commitments so that they would be struggling to makes ends meet, you know. Because... I find it very hard to live on what I'm getting... You know I think it depends on your outgoings. Say, I have a house... and I'm trying to run a car and it would be costing more for heat and management fees and all that kind of thing."***

Elaine's children are a key source of financial support. This seems to be particularly important in a time of increased austerity:

***"If I wasn't getting help from my daughter I just don't know how I'd manage. And every time one of these increases is announced, I panic you know. What's going to happen to me now, because I can't keep expecting [her] to be handing out to me all the time."***

Elaine's story reflects the circumstances of a number of female participants in the study. The bereavement of a spouse not only marks the loss of a loved one but also leads to increased uncertainty around economic resources and financial stability. Ultimately, and as illustrated by Elaine's story, such an event can have a major impact on an older person's life and financial trajectory.





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