

# Reframing Ageing

The State of Ageing in Ireland 2022



## *The State of Ageing in Ireland 2022 – Reframing Ageing*

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Rialtas na hÉireann  
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# Preface

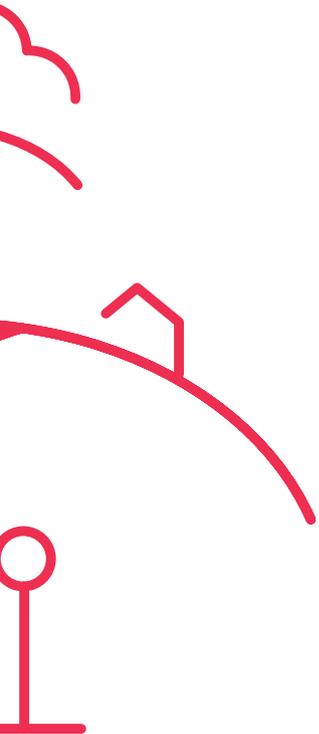
As a society, we need to rethink ageing. Many people and institutions wrongly assume that the number of years a person has lived can reliably predict their health status, preferences, ambitions or capabilities. We need to be able to recognise and reject this belief. As the World Health Organisation (WHO) states, "There is no 'typical' older person. While some 70-year-olds enjoy extremely good health and functioning, other 70-year-olds are frail and require significant help from others,"<sup>1</sup> and "Some 80-year-olds have physical and mental capacities similar to many 30-year-olds."<sup>2</sup>

Some researchers distinguish between a person's *chronological age* and *biological age*. This misses the point and still implies that age determines a person's health or capacity. As more people are remaining healthy and active for longer, we should use more appropriate ways of measuring or predicting a person's capabilities that don't rely on age.

The United Nations General Assembly declared 2021 to 2030 the Decade of Healthy Ageing, led by the WHO, with the aim of fostering longer and healthier lives.<sup>3</sup> Combined with the landmark WHO *Global Report on Ageism* published in 2021, and the fact that over one million people in Ireland are aged 60 or older, this gave Age Action the impetus to produce this report.

This is the first report into the state of ageing in Ireland and it provides a framework for understanding the extent to which older persons are empowered to participate in society and to overcome barriers to achieving wellbeing. The report dispels myths and stereotypes about older persons, raises issues for ageing policy and makes recommendations for achieving greater equality of outcome. It tells the story of ageing and older persons in Ireland today.





This report presents Age Action's core research and analysis of the state of ageing in Ireland. Building on similar work from other countries, this report draws on national statistics and a wealth of Irish research on society and the lived experiences of older persons. Older persons are defined as people aged 60 or older, although some statistics used in the report were only available for those aged 65+ or for other age groups.

The estimated population of Ireland in 2022 includes more than one million people (1.04 million) aged 60 or older. People aged 60 or older represent one in four adults in Ireland. The different age groups of older adults include approximately 508,000 people in their 60s, 350,000 people in their 70s, 148,000 people in their 80s, and 36,500 people aged 90 or older.<sup>4</sup>

A lot has changed since the two major state reports on ageing were published, *The Care of the Aged* in 1968 and *The Years Ahead* in 1988. Those reports were important statements about ageing and policy on older persons that joined up issues across government departments. While not exhaustive, they provoked new thinking and gave direction for policy. A lot has improved since then, but some things have not changed as quickly as was hoped. A comprehensive new national plan for ageing is needed.

## Age Equality

The lives of older persons in Ireland are in many ways far better now than they were 100 or 50 years ago. Most people are living longer, healthier lives and can look forward to many years of active older age. At the same time, ageist stereotypes persist in society and there remain profound inequalities. Not everyone has the same opportunity to age in comfort and security, and not every older person is empowered to participate and engage in society.

Our bodies are all ageing, but many factors can influence how long and healthy our lives are, including education, income, diet, social participation, and lifestyle. Most Irish people will be healthy and active well into our seventies and eighties. However, many of us face unjust barriers and discrimination that can limit our ability to age healthily and independently.

Age Action's vision is a society that enables all older people to participate and to live full, independent lives. This means removing ageism and other barriers that stop people participating or living to the full. It also means providing the necessary supports for people to achieve their potential. Everyone is entitled to have their basic human rights respected, protected and fulfilled, regardless of their age.

Age Action's values are dignity, participation, diversity, social justice and professionalism. Our values serve as a basis for the following principles that have guided the content and structure of this report:

- **Leaving no one behind** means that policies must account for the diversity of everyone's circumstances and ensure that those in the worst circumstances will have their needs met.
- **Furthest behind first** means prioritising those who are in the worst circumstances. In line with Ireland's commitment to the Sustainable Development Goals, this should be done through "taking explicit action to end extreme poverty, curb inequalities, confront discrimination and fast-track progress for the furthest behind".<sup>5</sup>
- **Choice, control, autonomy and independence** mean that everyone, regardless of their age, should be empowered to make decisions for themselves, should be given maximum control over decisions that affect them and should have a range of options available to them in all matters of importance.
- **Ageing in place** refers to the widespread desire among older persons to live for as long as possible in their own homes and/or in the communities where they built their lives and have social connections.
- **Healthy ageing** means developing and maintaining the functional abilities that allow for wellbeing in older age.
- **Income adequacy** means having enough income for dignity and independence.<sup>6</sup> In line with Ireland's commitment to human rights, income in older age should be "adequate in amount and duration in order that everyone may realize his or her rights to family protection and assistance, an adequate standard of living and adequate access to health care".<sup>7</sup>
- **Access to adequate housing, adequate healthcare, adequate social care and other supports and services** are all aspects of the basic right of older persons to live in dignity and to be able to meet their needs to an adequate standard.
- **Participation** means older persons are meaningfully involved in decision-making processes, such as around policy making and service delivery.

## Structure

Part One presents quick profiles of the different decades of older age to highlight the salient features and different issues that are relevant. Part Two discusses the cross-cutting issues that affect older persons, and presents recommendations for action. Part Three provides data on the lived experience of older persons under a number of thematic headings. A companion Technical Report with supplementary data and more detailed analysis is also available on Age Action's website ([www.ageaction.ie](http://www.ageaction.ie)).

## Recommendations

Part Two of this report presents a wide range of recommendations for action, as steps to achieve the goal of healthy and positive ageing for all. These recommendations are neither complete nor comprehensive, but they identify key issues, most of which have been communicated to Age Action by older persons themselves.

The core asks of this report, which we would like to see in every political party's manifesto at the next general election, are **a commitment to develop a comprehensive new national ageing strategy, to establish a Commissioner for Ageing and Older Persons, and to remove all upper age limits in law that permit age discrimination.**



# Part One: Quick Profiles

The following quick profiles summarise information about older persons by decade. It focuses on their economic roles and care roles as well as health status and the main issues or concerns for each particular age cohort. While they paint a general picture, it must be remembered that circumstances and perspectives will vary greatly for individuals within each cohort.

More than one in four adults in Ireland is aged 60 or older, representing 1.04 million people. Older persons are highly diverse in their capacities and circumstances. Many national statistics only provide information on one age cohort (typically "65 or older"). This can reinforce stereotypical and ageist understandings of older persons. At a minimum, description of the population should provide information by decade to give a more accurate picture of the lives of people aged 60 and older.

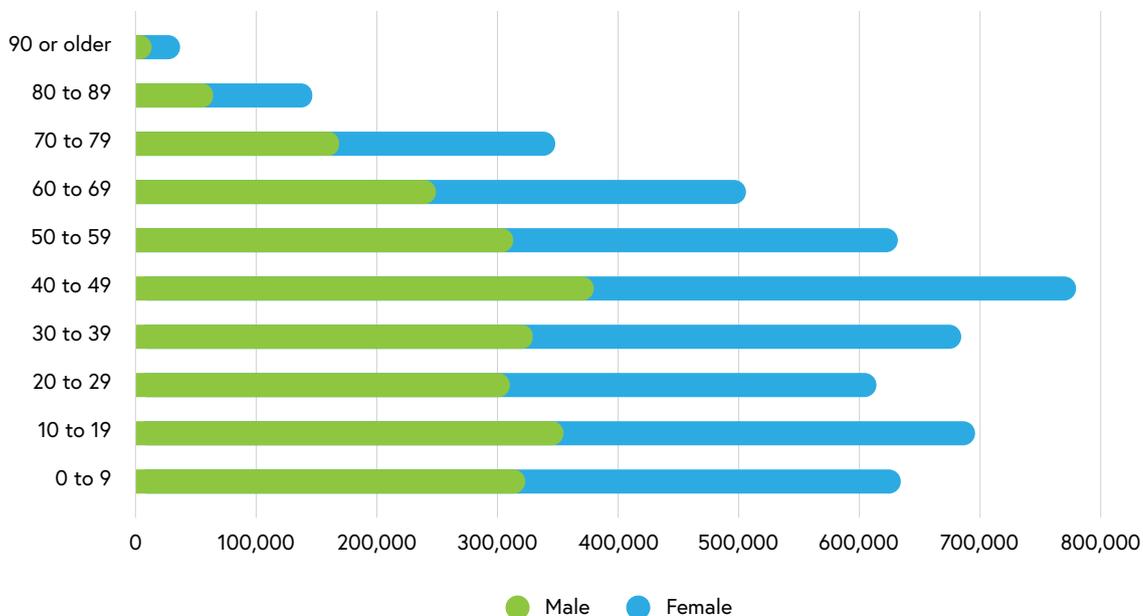


Figure 1. Estimated Population of Ireland in 2022<sup>8</sup>

## People Aged 60-69

Half a million people in Ireland are in their 60s. This is a dynamic and complex age cohort as far as ageing and policy towards older persons is concerned.

- Nearly half of this age group is at work, and employment among those aged 65+ has increased by 50% in five years.
- Many people in their 60s withdraw from the labour market. This is in part due to long-term illness or disability, or a decision to retire, but also due to a lack of opportunities.
- Ageism in the labour market makes it hard for older people to access work.
- A person in their 60s who is unemployed is more likely than not to be long-term unemployed.
- Mandatory retirement at age 65 persists in many employment contracts and is upheld by the law.
- An estimated 80,000 people aged 66+ remain at work, including people in their 70s or older.<sup>9</sup>
- Most people in their late 60s transition from work to retirement, and must make decisions in relation to private pensions.
- Most people are entitled to a State Pension from age 66, but if attempts to raise the State Pension age are successful, it will deny people a significant proportion of their expected retirement income.

- Housing costs are an issue, especially for people renting in the private sector in their 60s.
- Many in their 60s care for their own parents and/or are bereaved in relation to parents and older relatives. They also more widely begin to experience bereavement in relation to people of similar ages (siblings, friends, colleagues).
- A health issue for this age cohort is the detection and/or treatment for serious illness, especially cancer and heart disease.
- Some people in their 60s, especially women, may see little change in their role if their primary activity is as a care-giver and/or (grand)parent.



An estimated  
**80,000**  
people aged 66+ remain  
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## People Aged 70-79

There are 350,000 people aged between 70 and 79 in Ireland.

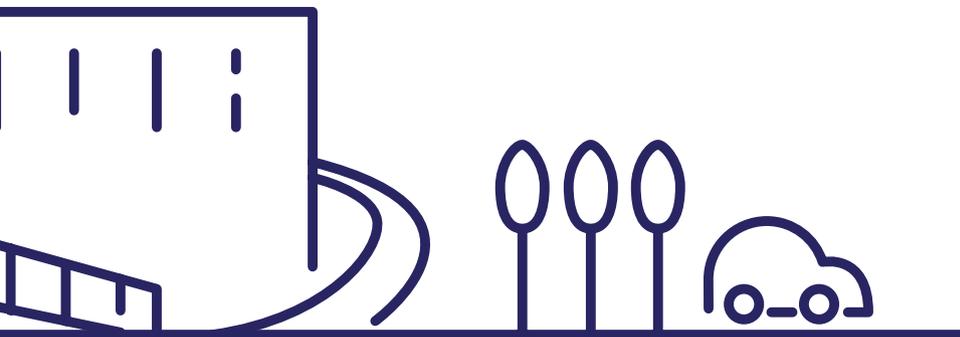
- Most people in their 70s are not in paid work. Those working at this age are more likely to be men, and a significant minority are farmers.
  - More than one in ten people in their 70s provides care work on a regular basis.
  - Many are struggling with how to meet capital costs such as home repairs, home insulation, or a replacement car.
  - All the causes of healthy or unhealthy ageing manifest fully for people in their 70s, resulting in very large disparities in their health status.
  - Some people in their 70s enjoy robust good health whereas others are affected by disorders and frailty, and require care supports.
  - Managing long-term health conditions and recovering from periods of illness becomes part of life.
- The incidence of disability steeply rises, from 25% of 70-year-olds to 43% of 79-year-olds.
  - Almost all want to "age in place" in the communities where they have built their lives.
  - More are affected by bereavement.
  - Average life expectancy at age 65 is around 85 for men and 87 for women. However, the incidence of mortality increases for people in their 70s for reasons such as heart attacks, strokes and cancers.



## People Aged 80-89

There are around 148,000 people in their 80s, the number of people over 80 is expected to double in the next ten years or so. For public policy, the increasing number of "older old" persons requires urgent attention.

- Many people become widowed in their 80s, and so often transition to living alone.
- More than six in ten people in their 80s are widowed (46%), separated/divorced (2%) or single (15%). The remainder are married couples (38%).
- Some persons in their 80s are economically active, involved in voluntary activities, and/or on boards of management. There is also a greater proportion who experience poor health, frailty, disability or impairment at this age, and the intensity of care needs increases.
- The onset of dementia and other cognitive issues becomes more prevalent for this age group.
- Most deaths from COVID-19 were of people aged 80 or older. They have similar medical vulnerability to seasonal flu and other infectious diseases.
- A greater proportion of people in their 80s have care needs, including the need for professional home care or residential care.
- At age 80, 6.2% of older persons are living in a residential care setting such as a nursing home or hospital. At 89 years of age, 22.4% are in such communal establishments.
- Retaining personal independence becomes a concern for many, including independent living at home or maintaining autonomy in a care setting.
- There is a greater risk of abuse, including financial abuse, for people in their 80s.
- A third of all deaths in any given year are of someone aged 85 or older, although a sizeable number of people in their 80s reach and surpass average life expectancy.



## People Aged 90 or older

Ireland has around 36,500 people aged 90 or older, including those over the age of 100.

- Two-thirds of people aged 90+ are widowed (66%) and women outnumber men on a two-to-one basis.
- Fewer than one in seven (15%) people aged 90+ are living as a married couple.
- The majority of people in their 90s still live at home.
- The proportion of older persons in residential care settings rises from one in four (25%) aged 90 to nearly half (46%) of those aged 99.
- Long-term health issues, frailty, disability and/or needing professional care are concerns for most people in their 90s.
- Retaining personal independence and avoiding abuse remain concerns for many.
- The health issues associated with people in their 80s continue for people in their 90s. There is also a greater incidence of dementia and other cognitive difficulties for people in their 90s. However, this is by no means universal.

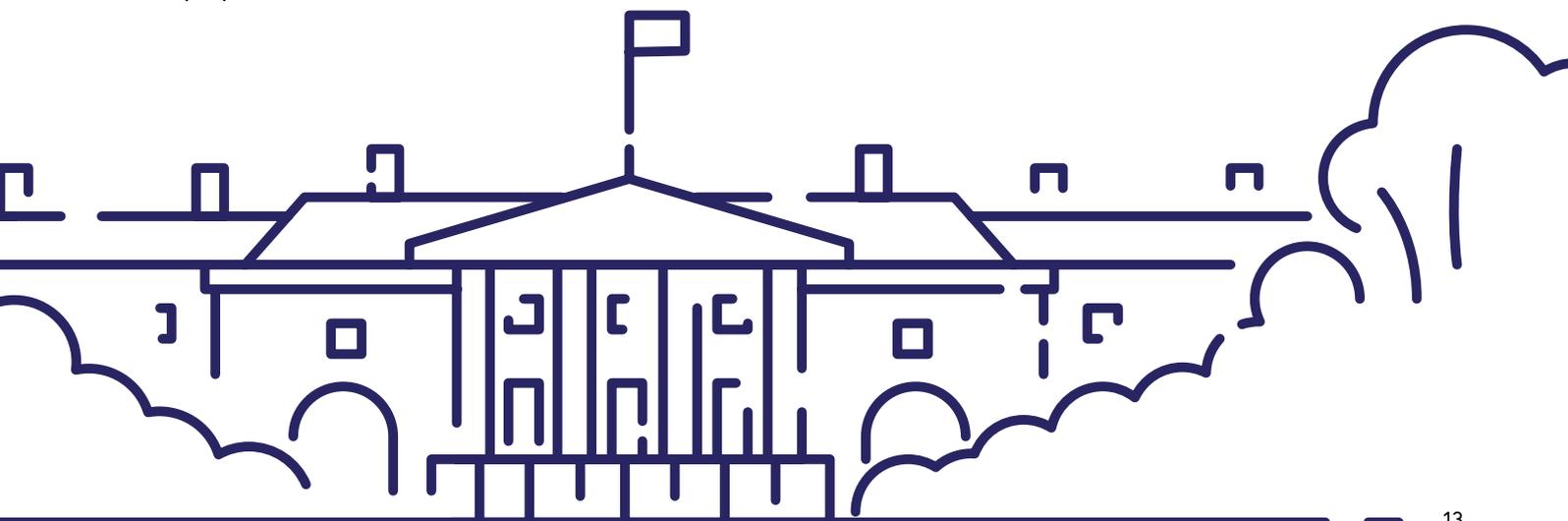


## Centenarians

In Census 2016, there were 456 people aged 100 or older. In 2020, the President wrote to 648 people born in Ireland to congratulate them on their 100th or subsequent birthday, including 536 on the island of Ireland. Each of them is as old or older than the State in which they live. Yet half of all female children born today are likely to live until age 100 or beyond, as will a lower but still significant proportion of men.<sup>10</sup>

- The President of Ireland honours those who reach the age of 100 by sending them a congratulatory letter alongside payment of the €2,540 "Centenarian's Bounty". On subsequent birthdays, a further letter from the President is sent alongside a commemorative coin or medal, which changes annually.<sup>11</sup> The first mention of the Centenarian's Bounty in the national accounts was in 1953 when the payment was £5 as a "small present".<sup>12</sup> As of 2021, €1.5 million was set aside for this purpose.<sup>13</sup>

- By 2100 there will be tens of thousands of centenarians in Ireland.
- People living into their 100s have been more commonly living in isolated rural areas "where agriculture is dominant, food is sourced locally and a sense of community prevails". Such communities are found, for example, in counties Roscommon, Clare and Mayo.<sup>14</sup>
- Those over the age of 110 are called "supercentenarians" and the maximum human lifespan seems likely to be somewhere between 120 and 130 years.<sup>15</sup>
- When a significant proportion of the population reaches the age of 100 this will utterly change the popular understanding of what it means to be "older".



# Part Two: Issues and Recommendations

Eight major issues emerged from Age Action's analysis of the data describing older persons in Ireland today: Ageism, Quality of Life and Wellbeing, Income Inadequacy, Gender Inequality, Digital Exclusion, Health Inequalities, Independent Living, and Climate Action.

These issues are typically cross-cutting and complex due to the interaction of multiple causes and effects. Resolution of these issues typically requires multi-stakeholder, cross-departmental approaches. Age Action's recommendations for addressing these issues are given in each section. The evidence underpinning this analysis is given in Part Three and in the supplementary Technical Report.



The lack of legal protection for long-term residential tenancies is particularly harmful to older persons



Lack of opportunities for older workers indicates widespread ageism in the labour market



The legality of compulsory retirement from age 65 is blatant ageism enshrined in law

## 2.1: Ageism

Ageism is now recognised as one of the most widespread prejudices around the world.

That is why the WHO has launched a global campaign to combat ageism and a report on the issue. The 2021 *Global Report on Ageism* is a landmark publication that describes the widespread ageism in all societies.<sup>16</sup>

*"Ageism is widespread in institutions, laws and policies across the world. It damages individual health and dignity as well as economies and societies writ large. It denies people their human rights and their ability to reach their full potential..."*

*"This new Global report on ageism fills this... gap and underscores the need to adopt a forward-thinking, rights-based approach that addresses the underlying societal, legislative and policy structures that support long-standing assumptions about 'age' across the life course..."*

*"Addressing ageism is critical for creating a more equal world in which the dignity and rights of every human being are respected and protected."*

— António Guterres,  
UN Secretary-General <sup>17</sup>

The lack of legal protection for long-term residential tenancies is particularly harmful to older persons. Lack of opportunities for older workers indicates widespread ageism in the labour market. The legality of compulsory retirement from age 65 is blatant ageism enshrined in law. Lack of adequate statistical reporting about older persons hides issues of inequality. The list goes on, and further examples of ageism can be found under the thematic sections in Part Three.

Ageism is not simply a negative attitude that a person has control over. The Global Report shows that age stereotypes are internalised by children as young as four, and a range of determinants can influence ageism and self-directed ageism. These include age, gender, education, occupation, personality, knowledge about ageing, life expectancy in the country, anxiety or fear of death, health status, and lack of intergenerational contact.<sup>18</sup>

Our society should aim to enable everyone to view ageing positively, as part of living a healthy, secure life. Factors enabling people to live longer, healthier lives include education level, improved diet and nutrition, exercise, reduced stress, reduced exposure to environmental toxins or hazards, vaccination and disease control, early detection of illness and better medical treatment, adequate housing, income, social interaction and a purpose in life. Not everyone has the same opportunities to age healthily, which is why there is an important role for the state to remove barriers and provide assistance for healthy ageing.

*"The diversity seen in older age is not random. A large part arises from people's physical and social environments and the impact of these environments on their opportunities and health behaviour."* <sup>19</sup>

*"A significant proportion of the vast diversity of capacity and circumstances that we see in older age is likely to be underpinned by the cumulative impact of these health inequities across the life course. This is sometimes referred to as cumulative advantage/disadvantage."* <sup>20</sup>

## Ageism in the media

Visual ageism has been defined as "the social practice of visually underrepresenting older people or misrepresenting them in a prejudiced way".<sup>21</sup> Older persons are often represented through stereotypical imagery suggesting a high level of frailty or disability, even though this is not most older people's experience. The overuse of ageist stock imagery in media reinforces attitudes towards older age. Common ageist images include those that focus on wrinkled hands or mobility aids and fail to depict a whole person. This is especially problematic

when the imagery appears alongside descriptions of older persons as "elderly" or "vulnerable". Terms like "elderly" are offensive and damaging to older persons.<sup>22</sup> The WHO Global Report found evidence of widespread ageism in the media, and it highlighted its importance "because they influence our everyday perceptions and interactions, including how we relate to older people, and they shape how we each see ourselves growing old." Guides and principles are available to assist organisations to avoid stereotypes about ageing and older persons.<sup>23</sup>

## The Furthest Behind First

Along with 192 other UN member states, Ireland committed to the 2030 Agenda for Sustainable Development in 2015. This UN resolution commits to eradicating poverty in all its forms and dimensions. It stated that "we pledge that no one will be left behind" and "we will endeavour to reach the furthest behind first".<sup>24</sup>

While these pledges inform Ireland's international aid, they should also underpin domestic welfare, healthcare and social care policies for older persons. The State Pension and the provision of public services significantly reduce poverty, illness and disability. Nonetheless, this report has identified many instances where older persons have been left behind and where public policy is incomplete or inadequate.

## Recommendations

1. The Government should develop a comprehensive new national ageing strategy that sets out actions to identify and eradicate ageism, including institutional ageism in laws and policies.
2. A Commissioner for Ageing and Older Persons should be established, to promote the rights of all of us as we age, to investigate complaints, and to conduct research that informs best practice across all public bodies and publicly funded services.<sup>25</sup>
3. The Government should initiate and adequately fund a renewed research strategy on healthy and positive ageing that supports a more capability-oriented and inclusive view of ageing across social, economic, health and cultural aspects of people's lives.
4. The state should review national statistics policy to ensure that sufficiently detailed and disaggregated statistics are produced about the diverse and heterogenous population of older persons. They should at least allow analysis based on decade of age.
5. Mandatory retirement should be outlawed, and other changes should be made to equality legislation to strengthen protections against age discrimination.
6. Editorial guidelines should be developed for media organisations, such as through the Press Ombudsman, to help them avoid stereotypical and prejudicial portrayals of ageing and older persons.

## 2.2: Quality of Life and Wellbeing

Nearly half (49.3%) of persons in Ireland aged 65-74 report a high level of overall satisfaction with life, higher than the EU average of 22.3%. A somewhat lower number (43%) of those aged 75 or older report high overall life satisfaction, versus an EU average

of 18.7%. Around one in ten Irish older adults reported a low level of life satisfaction (8.9% aged 65-74 and 11.0% aged 75+).<sup>26</sup> Irish older adults report lower levels of satisfaction with their financial situation (17.2% and 13.6% having "low" satisfaction) but report higher levels of satisfaction with their personal relationships. TILDA reports that one in 14 adults aged 50 or older (7%) often experience loneliness.

## Recommendations

7. The Government should commission in-depth studies about the conditions that bring about high levels of wellbeing and integrate these into existing policies such as equality budgeting.<sup>27</sup> This work should particularly focus on those experiencing low levels of wellbeing and the barriers that exist for those who are furthest behind.
8. The Government should commission a detailed study of the objective conditions that cause or exacerbate social isolation and loneliness, building on the work of the Taskforce on Loneliness.<sup>28</sup> These conditions are likely to include access to transport, isolated housing, low income, etc. This should be used to inform the proposed new ageing strategy.
9. The Government should examine how the experience of loneliness and social isolation can be alleviated, especially in situations where an older person cannot draw on family networks for support. This work should be aimed at strengthening interventions (such as from the community and voluntary sector) that alleviate loneliness and social isolation. For example, the action in Our Rural Future to alleviate rural isolation should be more explicitly linked with the needs of older persons.<sup>29</sup>

## 2.3: Income Inadequacy and the Cost of Ageing

As described in Part Three, older persons' incomes are often low. There is a need for the State Pension, as the bedrock for most people's income in older age, to be benchmarked against the costs typically experienced by older persons.

The Government recently commissioned a study on the costs associated with disability, and there is a need to build on that to fully detail the costs faced by older persons compared to their capacity to meet those costs. In addition to income, the provision of services can sometimes address people's needs most cost-effectively.

### Recommendations

10. The Government should commission an in-depth cost of ageing study to provide a detailed evidence base about the full extent of the cost of living faced by older persons at different ages as well as when faced with different illnesses or other issues associated with older age.
11. The Government should develop policies to support the retention and recruitment of older workers, including through training and development, to support people who wish to extend their working lives beyond traditional retirement ages.
12. The Government should immediately engage with the representatives of semi-state retirees whose annual incomes were cut after 2008; whose annual incomes are declining; and those who have no entitlement to the State Pension due to the category of social insurance they were permitted to pay. The purpose of this engagement should be to ensure that all those affected have adequate incomes in retirement.
13. The Government should examine the income needs of workers unable to work in later life, such as manual workers and others involved in physically demanding work, and temporary and other precariously employed workers, as well as those who leave or reduce paid work to be carers.

14. The Government should implement a range of changes to the eligibility of the State Pension in order to raise the income received by women, especially those who were long-term carers.
15. The State Pension and associated payments should be benchmarked against the cost of living. Annual increases should occur automatically, indexed against price inflation and average wage growth in the economy.
16. The value of the Benefit Payment for 65-Year-Olds should be brought up to the value of the State Pension, including through access to supplementary payments that are available to those in receipt of the pension.
17. A new Energy Guarantee for Older Persons payment should be benchmarked and indexed against energy prices, and made more widely available than existing payments, including to those in poorly insulated houses.<sup>30</sup>

## 2.4: Gender Inequality

There are many examples of gender inequality in the outcomes experienced by older women compared to men. Older women's incomes tend to be lower than men's, women carry out more care work and

older women are less likely to have a car or to drive, even in rural areas. Women tend to live longer than men, which is why older people living alone (often those with the lowest incomes) are more likely to be women.

## Recommendations

18. The Government should introduce changes to the State Pension and other social protection payments and schemes to remove the systematic inequalities experienced by women across the life course and into older age.
19. The Government should commission detailed analysis of the gender inequalities experienced by older women and men. It should then integrate the findings of that analysis into national strategy and policies for gender equality.

## 2.5: Digital Exclusion

Over the last 13 years, most people in Ireland have adopted internet use. However, one in four (25%) people aged 60-74 and more than half (56%) of people aged 75 or older do not use the internet.<sup>31</sup> This adds up to approximately 275,000 people over the age of 65. Of those people aged 65-74 who are online, 43% have digital skills below basic levels and only 6% have "above basic" digital skills.<sup>32</sup> In total, two-thirds (65%) of all persons aged 65 or older are either not using the internet or have below basic digital skills.<sup>33</sup>

The state's aim is to have 90% of all public service transactions occur online. They expect that 80% of the population will have at least basic digital skills that allow them to transact online, and that 10% will be able to avail of "assisted digital". The remaining 10% in both cases will be people accessing services through traditional channels, including post, telephone and counter-based services.<sup>34</sup> Most of the 20% of the population not using the internet or without basic digital skills are older persons.

## Recommendations

20. The state should implement a rights-based approach to digital inclusion. This should include the prohibition of "Digital Only" publicly funded services and the continued provision and resourcing of traditional alternatives to digital access such as desk and telephone services.
21. There needs to be a focus on putting the "furthest behind first" so they can access information and services. Assisted digital supports should not be used to create relationships of dependency where people accessing public services lose their privacy or autonomy. Offline alternatives to digital public services should be adequately staffed and clearly visible.
22. Public consultations should continue to provide real opportunities for people to contribute even if they are not using the internet. This means giving more time for consultations so that those engaging via post are not disadvantaged or excluded.
23. The state should invest to maximise internet access for older persons. This includes improving the accessibility of digital channels for people with disabilities or learning difficulties, in-depth skills acquisition programmes designed for older adult learners, assistance for people unable to use the internet due to cost barriers, and ending the exclusion of older persons from digital skills programmes for employment.

## 2.6: Healthy Ageing and Health Inequalities

Social and economic health determinants lead to different groups of people being more or less healthy in later life, and having longer or shorter lifespans.<sup>35</sup> Across Europe, including in Ireland, there is a life expectancy gap of several years between people on lower incomes versus those with higher incomes.<sup>36</sup> There is also a gap in healthy life years between those on higher versus lower incomes. In Ireland in 2020, three quarters of persons aged 65+ with incomes in the top 20% reported their health to be good or very good (76.9%). This compares to just 62.9% of those with incomes in the bottom 20%. For every two older persons with incomes in the

top 20% who reported a bad health status, 3 or more older persons in the bottom 20% did so (4.7% bad health versus 7.6%). Similarly, for every two older persons with incomes in the top 20% who reported fair health, three or more older persons in the bottom 20% did so (17.1% fair health versus 26.6%).<sup>37</sup> Other reports have found "substantial social class inequalities in disability rates with older people on lower incomes or in more deprived areas more likely to have long-term health-related limitations".<sup>38</sup>

There is growing evidence that health inequalities have been exacerbated by the COVID-19 pandemic.

Self-perceived health	Top 20%	Middle 20%	Bottom 20%
Good or Very Good	76.9%	66.6%	62.9%
Fair	17.1%	25.7%	26.6%
Bad	4.7%	5.8%	7.6%

Table 1. Self-perceived health by income group in Ireland (Eurostat 2020 data)<sup>39</sup>

## Recommendations

24. Analysis should be carried out to ensure that existing public schemes are targeted to achieve better outcomes for older persons in terms of the full range of social, physical and mental dimensions of healthy ageing. These include schemes regarding warm homes, social interaction, and transport to shops and services. This analysis should inform the comprehensive new national positive ageing strategy to address all the factors that contribute to healthy ageing versus early morbidity and mortality.
25. Immediate action should be taken to address the inability among older persons to afford a diet adequate for healthy ageing. The prevalence of this is indicated by the number of households unable to afford a protein-rich meal every second day. There should either be a supplementary cash payment or a voucher system put in place to ensure that every older person can afford an adequate diet. Where people are affected by disease-related malnutrition (inability to absorb nutrients due to illness), additional support should be provided.

### Ageing in adverse circumstances

Some people have experienced cumulative disadvantage throughout their lives, perhaps due to marginalisation and/or adverse life events. This shortens life expectancy and makes them much more likely to suffer ill health or disability at a younger age. For example, people sleeping rough have much lower life expectancy than the general population, and the median age of death for people who are homeless in Dublin is 42 years.<sup>40</sup> The average life expectancy for Travellers is 48.1 years for men and 55.9 years for women, and for those Travellers who reach age 65, their life expectancy is 6.3 years shorter for men and 7.5 years shorter for women, compared to the general population.<sup>41</sup>

Adverse circumstances are often characterised by inadequate or unsuitable housing, low income, addiction, lack of social networks of family or friends, abuse in earlier life and a range of illnesses or disabilities, including learning disabilities and mental illnesses such as depression. Examples of people affected by adverse circumstances include survivors of abuse or domestic violence, people who use drugs and alcohol, prisoners, asylum seekers and refugees, and some members of minority ethnic populations including Travellers and Roma.

## Spotlight: Ageing in Prison

Ageing and potentially dying in prison raises complex issues. Prisons may not be equipped to accommodate people who suffer from chronic illness. As of May 2021, there are 114 men aged 65-79 in prison in Ireland. 26 were sentenced for 10+ years and 14 sentenced for life. There are also five men aged 80+, two of whom are jailed for life. The 119 people aged 65+ in prison constitute 4% of all sentenced committals of men. There are no current committals of women over the age of 65.<sup>42</sup> These figures do not include people who may be detained on remand (pre-trial) or under immigration law.<sup>43</sup>

Research in the UK has shown that imprisonment is associated with faster onset of physiological ageing. This means that prisoners often have the appearance and health problems associated with persons up to ten years older than they themselves are.<sup>44</sup> Growing numbers of prisoners will require both medical treatment and palliative care in a prison environment.<sup>45</sup> Ensuring visitation and regular contact with the outside world is also crucial to the mental health of prisoners

and their ability to reintegrate into society. Older persons in prison often do not receive regular visits from friends and loved ones.<sup>46</sup> Additionally, 38% of remand prisoners aged 60 or older reported being bullied, compared with 12% of prisoners of younger age.<sup>47</sup> Recovery from bullying, whether physical or emotional, is more difficult for older prisoners.<sup>48</sup> Older prisoners in Ireland have reported low levels of engagement with prison services.<sup>49</sup> Over half of men in prison aged 50 or older were facing homelessness upon release.<sup>50</sup> The services available to people upon their release from prison, regarding for example accommodation or employment, are often unable to meet the needs of older persons.

The reasons why people are in prison are not relevant to their entitlement to be treated with basic dignity and to receive any necessary medical care as they age. Prison policy needs to address the issues associated with an ageing population of prisoners.



## Recommendations

26. All public bodies that work directly with people should be required by law to have an ageing policy, and to recognise ageing as a matter to be addressed by them under the Public Sector Equality and Human Rights Duty. This should describe how they will meet the needs of older persons using their services.
27. All public bodies should be required to collect and compile data on older persons using their services, disaggregated by decade of age and relevant characteristics to allow for the examination and tracking of inequalities.
28. A comprehensive national strategy for ageing (recommended earlier), should be informed by Ireland's commitment to the UN Sustainable Development Goals. This includes the pledge to leave no one behind and to reach the furthest behind first. Specific measures should be included to address the needs of people ageing in adverse circumstances. Attention should be paid to the circumstances of people who have experienced severe social exclusion, to enable the development of more impactful goals and practices related to positive ageing.

### COVID-19

As of end-August 2022, there have been 6.5 million deaths worldwide from COVID-19. There were significantly higher mortality rates in countries where fewer public health measures were taken. This is including among young, otherwise healthy adults. In Ireland, as of 20th August 2022, there were 7,758 deaths from COVID-19. Most deaths (89.5%) were of people aged 65 or older,

including 40% affecting people aged 85 or older. Of those who died, most (77%) had an underlying condition.<sup>51</sup> Older persons were five or six times more likely to be hospitalised due to COVID-19. 13,506 people aged 55 or older were hospitalized due to COVID-19. In contrast, 8,150 people aged 54 or younger were hospitalized for it. This is despite the latter representing nearly three-quarters of the population.<sup>52</sup>

## Recommendations

29. A full investigation must be commissioned by the state into how COVID-19 was handled by nursing homes and other residential care settings, as has been called for by the Coroners Society of Ireland and others.<sup>53</sup>
30. A detailed equality and human rights analysis of COVID-19 responses across EU member states and OECD members

should be commissioned, ideally in partnership with other governments. This should produce in-depth recommendations for best practice, alongside bespoke national reports and national implementation plans. It should be used to better prepare Ireland for the next pandemic or equivalent public health emergency.

### 2.7: Retaining Independence

Most older persons want to live independently in their homes and communities for as long as possible ("ageing in place"), as it is where they have built their lives and social connections. Independence also involves the freedom to continue making as many decisions as possible despite any conditions such as cognitive impairment or dementia. Many external circumstances can limit older persons' ability to exercise choice and control over their lives. It is not just a matter of physical or mental health. For example, isolated housing, lack of transportation, lack of income, digital exclusion or abuse can all be equally if not more constraining than many forms of illness or disability.

**Isolated housing, lack of transportation, lack of income, digital exclusion or abuse can all be equally if not more constraining than many forms of illness or disability**

## Recommendations

31. The state should develop a comprehensive national care strategy that ensures coherence, efficiency and effectiveness in all the state's interventions across the continuum of care that older persons may need throughout their lives. It should remove gaps between family care, home care, residential care, hospital care and palliative care. People should be able to seamlessly transition between different forms of care depending on their needs. This implies coherence in funding mechanisms, quality standards, regulations, access, etc. across all forms of care.
32. There is a need for a wider public discussion around death and dying, leading to policies that best support people's choices around dying as far as possible, as well as ensuring access to adequate palliative care for everyone who needs it.<sup>54</sup>
33. Public policy commits to closing congregated settings and to supporting people with disabilities, who have or would have lived long-term in a residential care setting, to instead live among a community. As such, when the same people reach older age, their ability to live outside of a residential care setting should be preserved for as long as possible.
34. Existing state commitments to Universal Design, including in the Programme for Government, should be fully implemented. Stronger obligations should be placed on all publicly funded services to implement Universal Design, including in their online communication channels.
35. Legislation should be enacted to regulate and empower the development of "retirement communities". This legislation should be based on laws enacted in Australia (where 5.7% of older people live in retirement communities) and other jurisdictions. It should provide minimum standards, protection for tenants, and mechanisms to ensure that promised services will be delivered to tenants.
36. The new National Dementia Strategy is a welcome development that should be implemented in full. All relevant publicly funded services should have obligations to ensure their service can be delivered in a dementia friendly way. The state should further invest in public awareness around what a greater prevalence of dementia will mean in daily life.

37. Any relevant amending legislation to the Assisted Decision Making (Capacity) Act 2015 should also be passed as soon as possible to allow the Decision Support Service to be fully implemented. In releasing people from ward of court status, priority should be given to those who are most likely to die while waiting for release.

38. Adult safeguarding legislation should be enacted, alongside legislation to extend the definition of coercive control to non-intimate relationships, such as where family members may be exerting such control over an older person.

93%

of those aged 55 or older agreed that "global warming is a serious threat"



## 2.8: Climate Action

Older people care greatly about climate issues. For example, a June 2021 poll found that 93% of those aged 55 or older agreed that "global warming is a serious threat". This was a higher level of concern than among any other age group.<sup>55</sup> A major baseline

study of Irish attitudes to climate carried out for the Environmental Protection Agency (EPA) found that 85% of people of all ages are worried about climate change and 90% want to see Ireland take action, including by reducing greenhouse gas emissions.<sup>56</sup> A follow up report in 2022 is expected to show attitudes by age groups.

### Recommendations

39. The Government should develop a new, comprehensive energy poverty strategy, with a section dedicated to older persons. As part of this, the Government should ensure that support grants and schemes are available to all older persons who need assistance to transition away from reliance on fossil fuels for home heating and transport. Access to grants for home repair, mobility and insulation should be brought together under a single application process.
40. The Government should develop a new Energy Guarantee for Older Persons payment, to target income support to those on low incomes and to those in poorly insulated homes.
41. The Government should invest in transport schemes to improve the independence of older persons, especially in rural areas, and to reduce the need for private car ownership. This could include rural bus and taxi schemes.
42. Older people value access to nature for walking and other leisure pursuits, which are also shown to have health benefits. All local authorities and other public agencies controlling accessible land should have a duty to ensure that older persons have equitable access to these facilities.

# Part Three: Evidence by Theme

Part Three describes ten broad themes drawing on national statistics and other reports to illustrate the situation of older persons in all their diversity, with a particular focus on inequalities or those furthest behind. The ten themes are Home, Income, Transport, Contribution, Family, Community, Learning, Justice, Health, and Disability. Further data and analysis are presented in the companion Technical Report.

## 3.1: Home

### Key Findings



There are an estimated  
**630,000**  
households with an older person  
(60+) in Ireland. This represents a  
third of all households (32%)



Most older persons (aged 65+) are homeowners. Four out of five (80.8%) own their home outright

**1 in 17**

(5.7%) older households is repaying a mortgage or loan on their home, and the "majority" of 9,370 households in arrears are in "deep arrears" of over two years' payments



A minority of households headed by a person aged 65+ are renters, with 5.9% renting from a local authority and 2.4% renting from a private landlord (as of 2016)



At any one time, 5.3% of people aged 65+ are living in a communal establishment, such as a nursing home (3.7%), hospital (0.6%) or other (0.9%)



Several hundred older persons are living in adverse circumstances, such as homeless accommodation, Direct Provision or prison



At least

**48%**

of older persons do not have adequate housing, as defined by the UN standard. The largest issue is that half of older persons' homes have a Building Energy Rating of E, F or G.

An estimated 20% of older person households cannot afford maintenance or repairs in their home. Age Action estimates that at least 10% of households cannot afford adaptation of their home to increase accessibility for a person with a disability or impairment



More than one in eight persons aged 65+ (13.3%) live "in a dwelling with a leaking roof, damp walls, floors or foundation, or rot in window frames or floor"



Over 161,500 older households (40.8%) do not have Internet access.



This table presents estimates for the number of older persons experiencing different problems with their housing, based on the UN template for housing adequacy.

Characteristic	Estimated percentage of older person households with inadequate housing	Description
Tenure	3% to 7%	From half to all older persons in private rented housing have an insecure tenancy. Half to all residents of nursing homes have no tenancy protection. A proportion of those with deep mortgage arrears could lose their homes. Those living "rent free" have no tenure protection. Those who are homeless or seeking asylum typically lack security of tenure.
Services	2%	One in fifty households with older persons has no central heating, no proper sewage treatment and/or no piped water.
Affordability	2.5%+ (excluding home repairs or retrofitting) Estimated 20% (including home repairs or retrofitting)	Most older persons live in their own homes. However, many older persons who rent privately or who are in mortgage arrears, as well as those on the lowest incomes, face problems of affordability.
Habitability	At least 48%	48% of homes occupied by older persons have low home insulation (Building Energy Ratings/BERs of E, F or G). This makes it the most prevalent inadequacy of habitability. Other habitability issues relate to environmental noise, pollution, crime and anti-social behaviour. A proportion of homes have damp or lack central heating. The second largest inadequacy is lack of accessibility or adaptation to the needs of older persons with disabilities or mobility impairments, which affects up to 10% of households.
Accessibility	10% (Accessibility has been identified as an important sub-category of habitability for older persons.)	Overall, 31.4% of people aged 60 or older has a disability (Census 2016). The rate of disability rises with age. Based on 631,069 households with a person aged 60 or older, up to 198,156 households will have a requirement for some level of extra accessibility in the home. <sup>60</sup> This need will vary in terms of severity. While it will sometimes be met privately and/or through local authority grant schemes, an estimated 10% of older person households have unmet need for accessibility.

Characteristic	Estimated percentage of older person households with inadequate housing	Description
Access	At least 1%	0.93% of older persons are applicants for social housing, and older persons (aged 60+) represent one in nine social housing applicants. Average waiting times are three to four years. While most applicants are single, some will represent couples. Difficulty accessing housing is also experienced by some older persons trying to rent privately or to purchase a home.
Location	At least 9.2%	9.2% of persons aged 65 or older live in isolated rural areas. People in these locations often have limited access to essential services. Further research is needed on this topic.
Culture	<0.1%	Some older persons are unable to access culturally appropriate housing. The issue is most acutely felt by older Travellers, who represent a small proportion (<0.02%) of older persons. In future, people from other ethnic or religious minorities may also be affected.

Table 2. Adequacy of Older Persons' Housing based on the UN Template for Housing Adequacy

## 3.2: Income

The average income of older persons tends to decline over time, reflecting fewer people working or being otherwise economically active. As identified by NESCC, "in old age, there is effectively nothing individuals can any longer do if their income from all sources is insufficient to keep them from poverty."<sup>61</sup>

### Key Findings



Half of all single adults aged 65+ have an annual disposable income of less than €18,131 (€348/week). Half of couples aged 65+ have a combined annual disposable income of less than €39,182



More than a sixth (17.3%) of older adults (aged 65+) are at risk of poverty or social exclusion. Women (19.7%) are more at risk than men (13.9%). 42.8% of older persons (aged 65+) living alone are at risk of poverty



More than half of older persons rely on the State Pension and other social protection payments for most of their income



More than half (51.3%) of all older persons have an income in the bottom 40% of society

# 3 in 5

Three in every five (59.9%) single persons aged 65+ have incomes in the bottom 30% of society

Only two-thirds of State Pension recipients receive the maximum rate of payment, and women are less likely than men to receive a full Contributory State Pension



Ireland has the third lowest income replacement ratio among people aged 65-74 in the European Union. Ireland's rate is 38% compared to an EU average of 57%

With price inflation of 11.9% in the period January 2021 to July 2022, with much steeper increases in energy costs, many older persons are at risk of being unable to meet their basic needs as their spending power declines

## Pension Incomes

Compared to an EU average of 57%, Irish people aged 65-74 have the third lowest income replacement rate at 38% (2020), compared to incomes at age 50-59.<sup>63</sup> Looking forward, at least 1.8 million employees are not making pension contributions and several hundred thousand are making relatively small contributions.<sup>64</sup> For those who do save, the level of pension contribution varies from 3-6% of gross pay. The Government has pledged to launch an auto-enrolment pension system to boost retirement saving among workers.

As of January 2022, the maximum rate of the Contributory State Pension for a single person is €253.30, going down to €242 for the non-contributory state pension. A recipient living alone receives an additional €22 per week and a recipient aged 80+ receives an additional €10 per week. On an annual basis (including the Christmas bonus week) this gives a theoretical maximum annual income of €14,630.27 for those in receipt of the Contributory State Pension or €14,029.75 for those on a Non-Contributory State Pension. The maximum rate of the Contributory State Pension for a couple, where one is treated as a "Qualified Adult", gives an annual income of €25,524.58.<sup>65</sup> However, according to Department of Social Protection figures, only two-thirds of State Pension recipients receive the maximum amount.<sup>66</sup>

One of the Government's benchmarks for pension adequacy is 34% of median incomes. The maximum State Pension falls below this target, with the gap widening from €8.58 in 2017 to €43.84 in 2021. The report of the Pensions Commission also warns that the 34% benchmark may not be sufficient to prevent poverty in future.<sup>67</sup>

## Wealth

Most of the wealth held by older persons is in the form of the person's main residence, land or other real estate.<sup>68</sup> Homeowners have a substantial asset compared to renters. At the same time, home ownership can be a considerable drain on an older person's resources in terms of maintenance, adaptation and retrofitting.

Based on survey data from 2018, the CSO found the average (mean) net wealth of people aged 65 or older was €419,800, although half of older persons had a net wealth of €256,000 or below, most of which is their housing treated as an asset. People aged 65 or older hold 29.2% of all net wealth and tend not to have loans attached to their assets.<sup>69</sup> In terms of financial assets, half of older persons' cash savings was €12,300 or lower (including those with no savings).<sup>70</sup> This illustrates the difficulty many have managing major one-off expenses such as home repairs, replacing a second-hand car or paying for health services beyond what is publicly available.

## Risk of Poverty

Based on Eurostat data, the risk-of-poverty rate for older persons (aged 60+) was 21.8% in Ireland, close to the EU average. For small open economies with a similar population to Ireland, the rates were 13.1% (Denmark), 15.2% (Austria) and 13.2% (Sweden). Women are more at risk of poverty (24.9%) than men (18.4%). A similar gender inequality can be seen in other EU countries.<sup>71</sup> Household type makes an enormous difference to the risk of poverty: 4.5% of older couples are at risk compared to 43.4% of persons aged 65+ living alone.<sup>72</sup>

## Deprivation

In Ireland, one in eight (12.4%) older persons report being unable to afford a meal with meat, chicken or fish every second day. One in 14 (6.9%) are unable to afford a weekly roast. One in 20 (4.9%) are unable to afford to have family or friends to their home for a meal once a month.

The European statistics agency (Eurostat) publishes other deprivation indicators, with the following findings for Ireland in 2020:

- 30.5% of single adults aged 65+ would be unable to face unexpected financial expenses, as would 19.7% of couples.<sup>73</sup>
- 5.8% of single persons aged 65+ cannot afford a personal car, along with 2.7% of couples.<sup>74</sup>

Overall, 43.5% of single older persons in Ireland reported difficulty in making ends meet, compared to an EU average of 48.2%. 32.9% of older couples had difficulty, compared to an EU average of 37.5%. However, the average experience of older persons across the EU varies dramatically, from 88.4% of older couples in Bulgaria facing difficulty making ends meet, compared to just 6.7% in Sweden.

### 3.3: Transport

Most households in Ireland are car dependent. This results from the relatively large proportion of housing that is rural, the distance from shops and services even in suburban areas, and a lack of public transport options outside of larger towns and cities. Older persons' activities can be radically curtailed by a loss of the ability to drive, inability to afford a car or the death of a spouse who was the household's driver. Lack of transport often leads to withdrawal from social activities, with consequences for older persons' wellbeing and health. Older women and those living rurally are particularly likely to lack transport options.

#### Key Findings



Most older persons are car dependent, and a lack of public transport prevents many from shifting to a different mode of transport

Nearly  
**50%**

of women aged 65+ in rural areas, and around 28% of men, say they have "unmet" transport needs

#### Non-drivers

(including those who used to drive in the past) report higher levels of depressive symptoms, loneliness, and lower quality of life compared to drivers

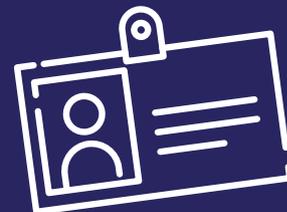
The minimum cost of running a car translates into over

**€75** per week

This is over 27% of the maximum Contributory State Pension for a person living alone (€275.30)



Between 7.4% and 13.8% of older persons identified costs as a barrier to driving more often



Most age groups have a significantly higher rate of collisions than older drivers, but despite this, older drivers are often charged higher rates of motor insurance



Older pedestrians and cyclists are more than twice as likely to be killed than their proportion in the population

**70%**

of older persons without a driving licence are women. More than half of all women aged 75 or older do not have a driving licence

## Car Dependency

A study of persons aged 50 or older found that "75% of households own at least one car and three quarters of those who drive regularly, do so every day."<sup>76</sup> However, some older persons (especially women) may be reliant on their spouse or another relative to drive them. This data is also likely to be skewed, as it refers to people aged 50 or older.

Irish homes are on average 2.3km away from a supermarket or convenience store, 2.5km from a post office, 2.8km from a pharmacy, 3.1km from a GP, 5.5km from a bank and 6.3km from a swimming pool.<sup>77</sup> These average distances are obviously shorter in urban areas and can be considerably further in many rural districts. For example, the distance to the nearest supermarket is on average 0.5km in Dublin City and 0.8km in Cork City. In contrast, in Galway County it is 4.6km and in Roscommon it is 5.0km.<sup>78</sup>

Anecdotally, older persons who depend on others for transport may ask for assistance when it comes to essentials while forgoing social opportunities such as meeting a friend or going out. TILDA has found that 12-18% of people aged 75+ say that reduced frequency of driving or no longer driving affects their ability to socialise, attend business-related appointments and health/social care appointments.

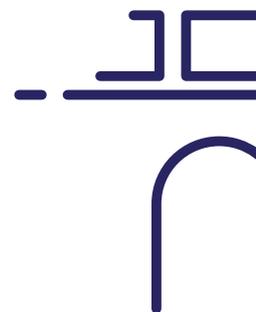
The minimum cost of running a car translates into over €75 per week. This is over 27% of the maximum Contributory State Pension

for a person living alone (€275.30). Between 7.4% and 13.8% of older persons identified costs as a barrier to driving more often.<sup>79</sup>

Among older persons, men are more likely than women to have a driving licence. Nearly a third of women aged 65-74 (30.5%) do not have a driving licence compared to less than a fifth of men (18.9%). More than half of women aged 75 or older (56.9%) do not have a licence compared to just over a fifth of men (21.2%). In total, an estimated 244,000+ people aged 65 or older do not have a driving licence, of whom 70% are women.

Despite the evidence that older persons are among the safest drivers, once a person is aged 65 or older, a renewed licence can only be extended to their 75th birthday, and once a person is aged 72+ they may only apply for one-year or three-year licences, rather than ten-year licences. There are no application fees for a person aged 70+ seeking to renew their licence, however any required eyesight or medical tests are not free of charge. A person aged 75 or over needs a "certification of fitness to drive" from their doctor.<sup>80</sup> Many older persons regard these provisions as onerous, if not ageist.

Research conducted by the Central Bank found that loyal customers can be charged more than those who switch frequently.<sup>81</sup> Anecdotally, many older persons have told Age Action that motor insurance is a concern for them. Some industry surveys conducted by brokers have shown that some older persons could secure much lower car insurance by switching.<sup>82</sup> The fact that most



older persons are not using the internet or have below basic digital skills is a significant barrier to them "shopping around" or securing the best deals for car insurance.

## Pedestrians and Cyclists

Older pedestrians and cyclists are disproportionately among those killed on Irish roads. Of 811 pedestrians and cyclists killed in the period 2005-2019, 350 (43.2%) were people aged 55 or older. Specifically, a third (32.9%) of all cyclist fatalities and just under half (45.4%) of all pedestrian fatalities were people aged 55 or older.<sup>83</sup> Researchers note that accidents involving older pedestrians most often occur during daylight hours and in good weather conditions, and that older persons are more at risk of long-term or fatal injuries from collisions. Many rural roads lack safe footpaths for pedestrians.

## Public Transport

Three in five (61%) people aged 66+ live more than 500 metres away from their nearest public transport stop. For three in ten (31%), the nearest stop is more than 2km away.<sup>84</sup>

In relation to public transport use by people aged 50 or older:

- Nearly one in ten adults aged 50 years and over (9%) mainly use public transport.
- One-quarter of adults living in Dublin city/county rely mainly on public transport, compared to just 2% of adults in rural areas, reflecting the vast differences in transport services available.
- 58% of adults aged 50 and over living in rural areas rate the public transport services in their area as poor or very poor.<sup>85</sup>

Despite many older persons wanting public transport due to inability to drive, to support climate action or simply as a preference, the Free Travel scheme is only rarely used by many. As of 2017, "Almost one in three Dublin based adults with a free travel pass use public transport (29%) compared to just 10% of adults in other town/cities and 3% of those living in rural areas."<sup>86</sup>



## 3.4: Contribution

Older persons have made and continue to make valuable contributions to society and the economy, but they do not need to justify their existence. Those enjoying retirement or leisure activities are fully entitled to do so. The purpose of this section is not to rationalize society's obligations towards older persons but to counter stereotypes about older persons' supposed inactivity.

### Key Findings

# 1 in 4

Nearly one in four people aged 60+ is at work, and one in nine aged 66+ is at work despite being entitled to a State Pension

Age Action estimates that around

# 80,000

people aged 66 or older remain in work beyond State Pension age<sup>87</sup>



The latest Labour Force Survey found a 50% increase in the number of older persons (65+) at work compared to five years ago



In 2016, one in four persons aged 65+ engaged in paid work were farmers

The gender balance among workers aged 60-64 is

# 55% men

versus

# 45% women.

This shifts to 71% men versus 29% women at work after age 65

The Irish Health Survey found that

# 19%

of those aged 55-64 engaged in care work at least once per week. This was also the case for 16% of those aged 65-74 and 9% of those aged 75+



Carers typically report poorer health than non-carers

# 3 in 10

TILDA found that nearly three in ten (29%) people aged 70 or older provide childcare for their grandchildren



More than half of older adults (56%) have done volunteer work in the past two years

## Labour Market

Just under half of people aged 60-69 are at work (240,000). However, many contracts of employment have a mandatory retirement age of 65 and most people are entitled to a State Pension from age 66. As a result, many people transition from work to retirement in their mid-60s, whether they want to or not. This contradicts research that finds nearly two-thirds of EU citizens would prefer to work part-time and to transition to a partial pension before fully retiring.<sup>88</sup> There is also some movement out of employment before the age of 60. Those aged 60-64 have an employment rate of 55.3%, compared to a rate of 65.1% for those aged 15 or older.<sup>89</sup>

For those in the labour force aged 65+, Census 2016 identified that significant numbers were working in agriculture, management, business, public services, administration, transport, retail, skilled trades, health and social care, education and science or technology professions.<sup>90</sup> Across Europe, nearly a third of all farmers are aged 65 or older.<sup>91</sup> Census 2016 found nearly 15,000 farmers in Ireland aged 65 or older.<sup>92</sup> Older farmers and older persons continuing to live on farms may have particular needs because life on a farm can be hazardous at any age. Farmhouses are also more likely to be isolated from neighbours and main roads than other dwellings. Farming is often a solitary activity that can compound social isolation or loneliness. In recognition of the potential for social isolation, there have been calls for a new national social organisation aimed at addressing farmers' needs.<sup>93</sup>

## Care Work and Grandchild Care

The CSO's 2019 Health Survey found that one in six (16%) of those aged 65-74 are carers, as are one in 11 (9%) of those aged 75 or older. These figures imply that nearly 94,000 people aged 65+ were carers in 2020. In general, carers report poorer health than non-carers.<sup>94</sup> Carers also experience lower incomes (some having given up paid employment) and many struggle financially.<sup>95</sup>

A fifth of all adults aged 45-64 provide care on a weekly basis.<sup>96</sup> This means at least ten hours per week in more than half of cases. It rises to more than 20 hours for 28% of persons who provide care aged 55-64, 32% of those aged 65-74 and 51% of those aged 75 or older.<sup>97</sup> Most of the care provided by older persons is likely to be to their spouse or other close family member.

The National Carers' Strategy (2012) states that "A carer is someone who is providing an ongoing significant level of care to a person who is in need of that care in the home due to illness or disability or frailty."<sup>98</sup> The Irish Health Survey found that 19% of those aged 55-64 engaged in care work at least once per week. This was also the case for 16% of those aged 65-74 and 9% of those aged 75+. Across the general population, women are more likely to be carers than men. Women also spend more hours per week providing care or assistance.<sup>99</sup> Often, the level of care work provided in the home is underreported. The societal value of care goes far beyond its economic value. Still, any estimate of the monetary value of care work carried out by

older persons every year must run into the hundreds of millions of euros.<sup>100</sup>

Most older persons who are grandparents enjoy spending time with their grandchildren. Beyond this familial role, many grandparents provide regular childcare because of the lack of affordable alternatives in Ireland. Ireland (along with Italy, Greece and Poland) is identified as a country where "familism" is the default due to the lack of either parental leave or childcare services. It has been found to reduce grandparents' ability to engage in paid employment.<sup>101</sup> Nearly three in ten (29%) people aged 70 or older provide childcare for their grandchildren. Half of them provide over 16 hours of childcare per month, including around 5% who provide 40+ hours per month.<sup>102</sup>

## Volunteering

According to TILDA, nearly one in five (18%) older adults volunteers weekly. More than half (56%) have volunteered over the last two years.<sup>103</sup> European data for Ireland from 2015 found that one in seven (13.6%) people aged 65-74 engaged in formal or formal voluntary activities or active citizenship. Men (15.7%) were more likely to be active than women (11.6%). The figures for Ireland are slightly above the EU average (12.7%), but half the level in the UK (23.9%).<sup>104</sup>



## 3.5: Family

Most older persons live as a couple or on their own, although a large minority live with others, whether that is their children or some other arrangement.

### Key Findings



The majority (87.2%) of people aged 60+ are married or were married



The majority of older persons in their 80s or older are single (mostly widowed)

In contrast to the stereotype that every older person has adult children, one in six women aged 65+ never had children, and among them, one in five of women aged 80+ did not have children. Moreover, many older persons do not wish to rely on their children or do not have adult children living nearby



A quarter of older person households (24.8%) involve one or two older persons living with children

## LGBT+

Based on a conservative estimate of 2-3%, at least 20-30,000 older persons aged 60+ are likely to be lesbian, gay or bisexual, although not all may self-identify as such

	Single	Married	Separated/ Divorced	Widowed
60-69	12.4%	68.8%	10.4%	8.4%
70-79	11.9%	61.0%	5.4%	21.7%
80-89	14.9%	37.7%	1.8%	45.5%
90+	18.4%	14.9%	0.8%	65.9%
<b>Total (60+)</b>	<b>12.8%</b>	<b>60.5%</b>	<b>7.3%</b>	<b>19.4%</b>

Table 3. Marital Status of Older Persons (Census 2016, CSO)<sup>105</sup>

## Household status

There is a diverse range of household types represented among older persons. In 2022, it is estimated that 58% of older persons are living as couples (19% with children and 39% without), 22% older persons live alone, 6% are single parents with children, and the remaining 14% live in diverse circumstances, including living with other relatives, with unrelated persons, with other households or in communal dwellings.<sup>106</sup>

A quarter of older person households (25%) involved one or two older persons living with children. Of these, 19% were couples living with children or with children and other persons. Households with a single parent plus children made up 6% of older households (4.3% with a mother and 1.3% with a father).

One in six women aged 65+ never had children, and among them, one in five women aged 80+ did not have children.<sup>107</sup> Despite this, there is a widespread ageist assumption that most older persons have adult children who can assist them if they require care or support. Even if an older person does have children, they are not necessarily living close by or the person may not want their children's assistance, for various reasons including maintaining their independence or privacy, or not wishing to impose.

## LGBT+

Based on a conservative estimate of 2-3%, at least 20-30,000 older persons aged 60+ are lesbian, gay or bisexual, although not all may self-identify as such. International studies suggest there are at least 5,000 trans people in Ireland, including at least 1,000 older persons (aged 60+).



## 3.6: Community

Involvement in community can include civic or political activism at local or national level, engagement in community organisations or activities, as well as membership of distinct groups such as faith communities, national or ethnic communities, or linguistic communities. Involvement in communities illustrates the diversity among older adults. Membership of some communities can also indicate needs or risks, such as non-EU nationals who may lack entitlements or people with poor English language skills who may need extra support to access public services. Research has demonstrated an association between older persons' wellbeing and quality of life and their participation in society and active connection with others.<sup>108</sup>

### Key Findings



Older people who are actively involved in society and connecting with others report higher levels of wellbeing



A third (32%) of older persons in Ireland speak Irish, lower than 38% across the general population

Among 50-64 year olds, approximately

**49,000**

people speak a language other than English or Irish at home



Nearly one in nine (10.7%) people aged 65+ can be defined as "active citizens" in terms of civic engagement. That is 12.7% for men and 8.9% for women. This is higher than the EU average



Most people aged 65+ living in Ireland have Irish (94.2%) or British (3.0%) nationality/citizenship. Looking at the profile of those aged 45-64, it is likely that the citizenship profile of older people will change

There are likely to be three or four times as many older persons of African or Asian descent living in Ireland in 2026, compared to Census 2016



For those aged 65+, 3,209 people report their ability to speak English as "not well" or "not at all". For those aged 50-64, 13,270 report that they speak English "not well" or "not at all"



## Civic Engagement

Across the European Union, 8.9% of adults aged 65+ are "active citizens". The figures for Ireland are higher, with nearly one in nine (10.7%) people aged 65+ involved in activities such as participation in a political party or interest group, petition-writing, protesting, or writing to the media.<sup>109</sup> Men (12.7%) are more likely to be involved than women (8.9%).<sup>110</sup> It is also well established that older persons in Ireland are more likely to vote in elections than younger adults; 86% of those aged 65+ say they voted in 2002 and 88% in 2011.

## Religion

In recent surveys, more than a third (35.8%) of people in Ireland attend church services on a regular basis.<sup>111</sup> In Census 2016, nearly nine in ten (89.7%) older persons identify as Roman Catholic. A further one in 20 (5%) identified as Protestant or other Christian faith. One in 70 people (1.4%) identified as belonging to a non-Christian religion. One in every 26 people aged 65+ (3.8%) had no religion.

## Ethnicity

The large majority (93%) of people aged 65+ identify as White Irish in the Census. One in 15 people aged 65+ identified as other than White Irish. Nearly a thousand people (0.1%) identify as Travellers, and over 1,500 (0.2%) identified as being of African or Asian descent. In the near future, older persons of African or Asian descent living in Ireland could represent one in every 100 older people.

## Nationality and Language

Most people aged 65+ living in Ireland have Irish (94.2%) or British (3.0%) nationality/citizenship. There are over 7,000 people of other nationalities aged 65+. This includes over 4,300 EU citizens (0.7%), nearly 900 US citizens (0.1%) and over 1,800 (0.3%) from other countries. As of May 2022, there are also at least 1,000 Ukrainian refugees aged 65 or older.

A third of people aged 60 or older (32%) speak Irish. Two-thirds of older persons in Gaeltacht areas are Irish speakers (15,141 out of 22,735).

Over 13,000 people aged 65+ speak a language other than English or Irish at home. The most common languages are French (2,805), German (1,857) and Spanish (1,132), plus the recent addition of Ukrainian. The most common non-European languages are Arabic (250) and Chinese (239). In total, over sixty languages are spoken at home by people over 65. For those aged 65+, 3,209 people report their ability to speak English as "not well" or "not at all". For those aged 50-64, 13,270 report that they speak English "not well" or "not at all". While these are relatively small numbers in the context of the overall population, it highlights the issue that some thousands of older persons may face a language barrier when seeking medical treatment or access to public services. This barrier may, more generally, affect their social inclusion and participation.

## 3.7: Learning

One of the most striking differences between generations in Ireland is how many more opportunities younger people have had to benefit from formal education. Literacy and numeracy, including financial literacy and digital literacy are problems for many older persons. Older people in Ireland are behind their European peers when it comes to digital skills.

### Key Findings



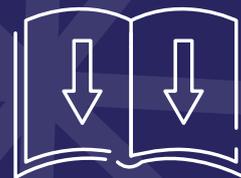
Two thirds of people aged 65 or older finished education after primary school (31.7%) or secondary school (30.7%). For those aged 25-34, fewer than one in 50 (2.0%) ceased education after primary school. A fifth (20.5%) ceased education after secondary school



# 11.9%

of persons aged 65+ hold a university degree, compared to 36.2% of those aged 25-34

The Positive Ageing National Indicators Report 2016 found that 61% of people aged 55-65 had low literacy and 63% had low numeracy



Ireland had the second highest number of older adults with

# "low overall digital skills"

in the EU



Age Action estimates that two-thirds of older persons (65%) do not use the internet or lack the basic skills to do so confidently and safely

# 6.6%

of Irish people aged 50-74 report being involved in education or training in the last four weeks, above the EU average

## Educational Opportunities

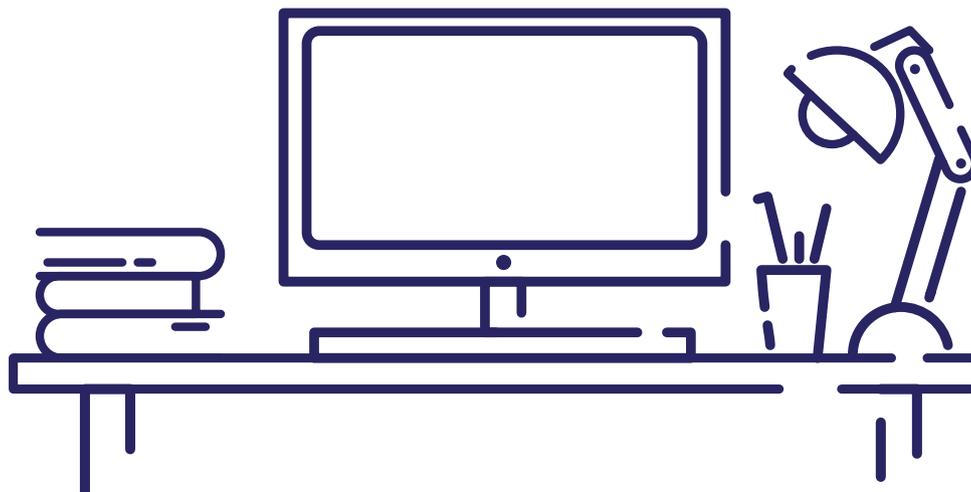
Access to education has changed enormously in the last fifty years. This is reflected in the very different educational profiles across age groups. Among those aged 65+, nearly a third (31.7%) finished education after primary school. A further three in ten (30.7%) completed education after secondary school. Nearly one in eight (11.9%) people aged 65+ has a university degree. This includes 3.9% with a postgraduate diploma, degree or doctorate.

## Literacy and Numeracy

According to an OECD survey of adult skills, one in six Irish adults (17.9%) are at the lowest level of literacy and may be unable to understand basic written information. Similarly, one in four adults (25%) "may have problems doing simple math calculations."<sup>112</sup> OECD data shows that older adults tend to have lower literacy and numeracy scores than adults generally. This is also true for those who left education at an earlier stage.<sup>113</sup> The Positive Ageing National Indicators Report 2016 found that 61% of people aged 55-65 had low literacy and 63% had low numeracy.<sup>114</sup>

## Digital Skills

Across the European Union in 2019, an average of 24% of people aged 65-74 had basic or above digital skills. Ireland was ranked joint 12th on 19%, versus high performers like Denmark (44%) or the UK (44%).<sup>115</sup> In the same survey, Ireland also had the second highest number of older adults with "low overall digital skills" in the EU, with 43% of those aged 65-74. NALA report that "42% of Irish adults score at or below level 1 on using technology to solve problems and accomplish tasks."<sup>116</sup> Older adults will have lower scores than this average. Age Action estimate that two-thirds of older persons (65%) are digitally excluded. This is either because they are not using the internet or because they lack the digital devices and/or necessary skills to navigate the internet safely. This limits their ability to access public services online.<sup>117</sup> The CSO found that 22% of those aged 60-74 are not using the internet. This is true for more than half (51%) of those aged 75 or older.<sup>118</sup>



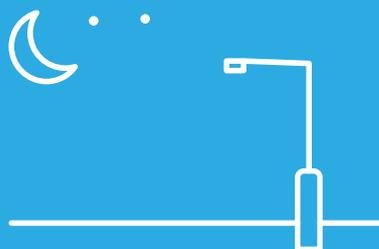
## 3.8: Justice

People of all ages can be victims of discrimination and crime, including abuse. On average, older persons are less likely to be victims of crime, though they are somewhat more concerned or fearful of crime. Older persons affected by disability, frailty or mobility impairment can be more at risk of abuse or crime and require safeguarding policies. Serious crimes against older people, including sexual assault, rape and murder, need to be more widely discussed.

### Key Findings



72% of persons aged 60+ say Gardaí are "quite effective" or "very effective" at tackling crime in their local area, versus 65-69% for other age groups<sup>119</sup>



Three in ten older persons feel unsafe walking in their local area at night and one in five worry they could be physically injured



More than one in eight (13%) of older persons has been impacted by crime in their area in the last 12 months. One in 20 (5%) have been victims of personal crime

Attempts/threats to murder older persons nearly trebled from

43 in 2016  
to  
121 in 2021<sup>120</sup>

Recorded assaults also increased, from

694 in 2016  
to  
860 in 2021



Older persons' knowledge of their rights and awareness of discrimination has increased, but fewer people seek redress when they experience discrimination

## Discrimination

Those reporting discrimination when accessing services has risen from 6% in 2004 to 8% in 2019. Those reporting work-related discrimination has risen from 0% in 2004 to 4% in 2019.<sup>121</sup> The proportion taking "no action" rose from 52% in 2004 to 79% in 2019. People's willingness to take even verbal action has diminished sharply. It declined from 37% in 2004 to 18% in 2019.

## Abuse

The HSE's National Safeguarding Office found 3,671 cases of abuse against older persons (aged 65+) in 2021, representing 31.5% of all cases of abuse recorded. This included 1,039 cases of physical abuse, 110 cases of sexual abuse and 802 cases of financial abuse.<sup>122</sup> The HSE report represents the minimum level of abuse that is occurring, as not all cases of abuse are reported. The most common forms of abuse reported to Age Action's Information Service in the 30-month period from January 2019 to end-June 2021 were financial abuse (52%) and psychological abuse (39%). There were also reports of neglect (13%), physical abuse (6%) and domestic violence (6%).

## Fear of Crime

The majority of older persons do not worry about being a victim of crime, although surveys indicate that older persons are somewhat more likely to worry about this than younger people. One in five (19%) people aged 60+ worry they could suffer physical injury or be a victim of fraud, and one in four (24%) worry about loss of property. Three in ten (29%) older people felt a little or very unsafe walking in their local area at night in the last 12 months.<sup>123</sup>

## Experience of Crime

Older persons are generally less likely to be a victim of crime than people of other ages, except for victims of dangerous driving who are disproportionately likely to be older persons. More than one in eight (13%) older persons have been impacted by crime in their area in the last 12 months. One in 20 (5%) have been victims of personal crime. Over the five-year period 2017-2021, there were 5,412 recorded crimes against older persons. A major concern is the near trebling of attempts/threats to murder older persons, which rose from 43 in 2016 to 121 in 2021. Recorded assaults also increased by 24% from 694 in 2016 to 860 in 2021. The level of rape and sexual assault reported by people aged 60 and over, with an average of over 40 cases per year, highlights a type of crime that is often unreported in the media.

## 3.9: Health

Healthy ageing is defined as "developing and maintaining the functional ability that enables wellbeing in older age". Functional ability is determined by both individuals' personal physical and mental capacities, as well as their physical, social and policy environments.<sup>124</sup>

### Key Findings

The social and economic determinants of health are demonstrated by the poorer health experienced by people on lower incomes, with 7.6% of those in the bottom 20% of the income distribution experiencing "bad" health versus 4.7% of those in the top 20%



# 71%

In 2019, 71% of people aged 65-74 and 60% aged 75+ reported their health as "good" or "very good"

In 2019, **43%** of people aged 65-74 report having a long-term condition that "requires supervision, observation or care" as did 49% of people aged 75 or older



One in ten older persons smokes, while a further 35.7% are former smokers



Most adults aged 65+ (61.7%) drink alcohol at least once per week, including 6.7% who are considered to have alcohol use disorder



Older persons are the most likely age group to report recent use of prescription sedatives or tranquillisers at 8%. Women (11.5%) are more likely than men (4.1%) to report using them

Persons aged 65+ are more likely than those in other age groups to describe themselves as ex-drinkers (9.7% of older persons compared to 6.1% across all ages). Persons aged 65+ are also the age group most likely to drink 4 or more times per week (13.6% of older persons compared to 5.9% across all ages)

As of the end of March 2021, there were

# 25,831

people aged 65+ on a hospital waiting list. More than a quarter (26.7%) were waiting for 12 months or longer



In 2018, only one in five people aged 65+ (20.6%) died in their own home

## Health Status

The OECD reports that average life expectancy at age 65 in Ireland is 22.1 years for women and 19.4 years for men (2019).<sup>125</sup> On average, 64% of a woman's life in older age (14.1 years from age 65) will be spent in good health, compared to 68% of a man's (13.2 years). Eurostat figures for 2020 show a decline in life expectancy across the EU due to COVID-19.<sup>126</sup> The same figures for 2020 show Ireland as having the highest life expectancy at birth in the EU and the second highest (behind France) for life expectancy at age 65. However, preliminary figures for 2021 suggest that Ireland's favourable ranking is likely to be temporary.

Older people (aged 65+) are ten times more likely to report that they are in good health than bad health. In 2019, 71% of people aged 65-74 and 60% aged 75+ reported their health as "good" or "very good". Conversely, 7% aged 65-74 and 10% aged 75+ reported "bad" or "very bad" health.

While many older persons have a long-term medical condition, these can be managed and do not necessarily cause the person to experience "poor health" in their day-to-day lives. In 2019, 43% of people aged 65-74 report having a long-term condition that "requires supervision, observation or care", as did 49% of people aged 75 or older.<sup>127</sup>

Across people aged 75 or older, two in five (38%) has high blood pressure and one in five (18%) has a back disorder. This is the main cause of chronic pain. Other

common conditions include diabetes (10%), heart disease (8%) and chronic breathing difficulties (6%).

## Diet and Exercise

The HSE estimates that 145,000 people (of all ages) in Ireland are "either malnourished or at risk of malnutrition at any given time". One third of acute hospital adult patients are at risk of malnutrition. This is also the case for one third of residents in long-stay care beds, such as in nursing homes. A quarter of patients receiving home help/home care are at risk of malnutrition as are one in ten of those requiring GP care.<sup>128</sup>

A third (35%) of persons aged 65-74 and a quarter (26%) of those aged 75+ report engaging in sports, fitness or recreational activities. In contrast, two-thirds (65%) of those aged 15-34 were engaged in these activities. Only around one in ten older persons engages in muscle-strengthening activities (13% aged 65-74 and 8% aged 75+),<sup>129</sup> even though muscle-strengthening becomes more important as our bodies age.

## Tobacco, Alcohol and Other Drugs

One in ten older persons smokes, while a further 35.7% are former smokers. Among all adults aged 65+, 9.2% smoke daily, including 3.5% who smoke 20 or more cigarettes per day. Most adults aged 65+ (61.7%) drink alcohol at least once per week. 18.7% consume at least six standard drinks on a typical drinking occasion. 40.3% of men and 11.0% of women aged 65+ who drink alcohol engage in heavy episodic drinking

at least once per month. Across the whole population, 14.8% of people are considered to have alcohol use disorder. This includes 6.7% of persons aged 65 or older (9.7% of men and 3.7% of women).

Older persons are most likely to report recent use of prescription sedatives or tranquillisers at 8%. Women (11.5%) are more likely than men (4.1%) to report using them. A small number (0.4%) report non-medical use of sedatives/tranquillisers. Opioid pain relievers are used across all age groups. Over a quarter of those aged 65+ (26.5%) have used them, which is fewer than other age cohorts. Usage also tended to be less recent. 1% of those aged 65 or older reported non-medical use of opioid pain relievers and 0.4% reported the use of illegal drugs.

## Obesity

Obesity is a major public health challenge in relation to Ireland's older age population. Ireland now has the second highest rate of obesity in the European Union. It was at 25.8% in 2019. Ireland also has the third highest rate (31%) for people aged 65 or older. The average level of obesity for people aged 65 or older in the EU is 20%.<sup>130</sup> Obesity is subject to social stigma, which further harms sufferers.<sup>131</sup>

Most older persons in Ireland can be classified as overweight or obese. Only 31% of those aged 65-74 are what is considered a "normal" weight. 43% of those aged 75 or older are also in this category. Among those aged 65-74, 34% are overweight and 32%

are obese. Among people aged 75 or older, 29% are overweight and 25% are obese. This finding is in line with a national trend, with only a minority of Irish adults having a "normal" weight profile.<sup>132</sup>

The OECD estimates that excess weight and its associated chronic diseases will reduce life expectancy across the whole population in Ireland by 2.6 years between 2020 and 2050. In the same time frame, 8.8% of all health spending will go to addressing excess weight and related issues.<sup>133</sup>

## Access to Healthcare

An EU report states that "Ireland is the only Western European country that does not offer universal coverage of primary care".<sup>134</sup> There are overlapping categories of access to primary healthcare among older persons. In 2019, 43.2% of those aged 65-69 and 74.6% of those aged 70 or older had Medical Cards.<sup>135</sup> A GP Visit Card is universally available for anyone aged 70 or older and to those who pass a means test.<sup>136</sup> Between 50-55% of those aged 60 to 84 hold private health insurance. This is also the case for just under 40% of those aged 85 or older.<sup>137</sup> Those over 65 paid an average of €1,936 for health insurance in 2021.<sup>138</sup> Some people with Medical Cards or GP Visit Cards also pay for health insurance, while some older persons may have neither a Medical Card nor private health insurance.

In 2019, 2% of people aged 65 or older reported unmet healthcare needs caused by lack of transport or the distance to services.

A further 14% (aged 65-74) or 11% (aged 75+) reported unmet healthcare needs due to waiting times.<sup>139</sup>

As of the end of March 2021, there were 25,831 people aged 65+ on a hospital waiting list. More than a quarter (26.7%) were waiting for 12 months or longer. A quarter of all older patients (25.5%; 6,567 people) were waiting for an inpatient procedure, and more than a third of them (35.2%; 2,314 people) had been waiting longer than 12 months.<sup>140</sup> 2,314 people aged 65+ waited 12 months or more for an inpatient procedure. This included 435 people waiting for general surgery, 296 waiting for urology, 110 waiting for vascular surgery, 46 waiting for cardio-thoracic surgery, 40 waiting for respiratory medicine, 39 waiting for gastro-intestinal surgery, 39 waiting for neurosurgery and 29 waiting for cardiology.<sup>141</sup>

## Care Needs

Four in ten older persons report difficulty with carrying out heavy housework. One in ten report difficulty managing their medication.<sup>142</sup> Overall, 31.4% of people aged 60 or older has a disability (Census 2016), the rate rising with age. A smaller proportion require assistance for aspects of daily living. In later life, people affected by frailty and/or long-term illness can also need frequent care.

As noted earlier, many older persons provide care. And at the end of September 2021, 4,933 people were waiting for a professional carer to become available, having been

assessed for and granted home care support.<sup>143</sup>

At any point in time, 5.3% of people aged 65+ are living in a nursing home (3.7%), hospital (0.6%) or some other form of communal establishment (0.9%).<sup>144</sup> Residents in communal setting tend to be older. Fewer than 1% of people in their 60s are in nursing homes, compared to over 20% of people aged 90.

Most older people live in private households, even at the most advanced ages. For example, three-quarters (74.8%) of people aged 90 live in private households as do nearly half (49.8%) of people aged 100 or older.

## Mortality

In 2018, only one in five people aged 65+ (20.6%) died in their own home. Over half (52.1%) died in a hospital setting, typically a general hospital. Nearly one in five (18.7%) died in a nursing home setting. One in 14 (7.0%) died in a hospice. Just over 400 people (1.6%) died elsewhere.

In 2019, three in ten (31.0%) older people died due to diseases of the circulatory system (heart). Another three in ten (29.8%) died due to neoplasms (cancer). One in seven (13.9%) died of diseases of the respiratory system (lungs). The main other causes of death included mental/behavioural disorders (7.5%), diseases of the nervous system (5.2%) and diseases of the digestive system (3.1%). Other diseases and disorders accounted for 7.5% of deaths, and around 500 people (2%) died due to external injury or poisoning.<sup>145</sup>

## 3.10: Disability

The incidence of disability rises with age, but older age does not automatically mean disability. Two-thirds of older persons do not have a disability, and many disabilities or impairments can be managed successfully to allow a person to live independently and to participate in a wide range of activities. Many older persons are recipients of care or are caregivers and often need modifications to their home for accessibility. Some older persons need professional care support at home or in a purpose-built care setting.

### Key Findings



At age 65, a quarter (23.3%) of people report having a disability. By age 75, it rises to a third (32.1%). By age 90, it rises further to three-quarters (74.4%)



Ireland has the third highest rate of obesity (31%) for people aged 65 or older in the EU, where the average is 20%. Excess weight and its associated chronic diseases will reduce life expectancy across the whole population in Ireland by 2.6 years between 2020 and 2050

# 74.8%

Most older people live in private households, even at the most advanced ages and despite disabilities in many cases. For example, three-quarters (74.8%) of people aged 90 live in private houses



Just over a quarter of employers, managers or higher professionals older than 65 experience disability. In contrast, over 35% of manual workers older than 65 experience disability, rising to 42% for unskilled workers

# HSE

For those with a disability from childhood or acquired during their working life, the transition from HSE disability services to older persons services from age 65 often means receiving a lower level of support

## Disability and serious impairment

Most disabilities in older age are acquired during later working life or as part of the ageing process in later years. At age 65, a quarter (23.3%) of people report having a disability. By age 75, it rises to a third (32.1%). By age 90, it rises further to three-quarters (74.4%). Having a disability does not necessarily indicate what level of impairment or support need a person may have, given that the nature of disability among older people can vary considerably. More than a fifth (22.3%) of people aged 65+ reported a "condition that substantially limits one or more basic physical activities". One in six (17.3%) mentioned a chronic illness. One in ten (9.9%) reported deafness or a serious hearing impairment. One in 25 (4.1%) reported blindness or a serious visual impairment.

## Frailty

"Frailty" is not a disability, but it represents a situation where a person's body is not working as well as it should. This leaves the person less able to resist illness or injury. Frailty can be defined as a clinical syndrome,<sup>146</sup> and according to TILDA, more than one in five (21.5%) people aged 65 or older are affected by the condition. Women are twice as likely to be affected as men. Persons living alone (who tend to be older on average) are more than two times as likely to be affected than persons living in couples. Frailty is a risk factor for falls, disability, lower cognitive function and higher levels of depressive symptoms. However, it is also a dynamic condition. It can be avoided, delayed or reversed with the right interventions. Those with lower levels of educational attainment are two or over three times more likely to be affected than persons with higher levels.<sup>147</sup>

## Endnotes

- 1 <https://www.who.int/ageing/WHO-GSAP-2017.pdf>
- 2 <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>
- 3 <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>
- 4 Rounded to the nearest 500 people, <https://data.cso.ie/table/PEA11>
- 5 UNDP (2018) *What Does it Mean to Leave No One Behind? A UNDP discussion paper and framework for implementation* [https://olc.worldbank.org/system/files/1-5%20Pages%20from%20Discussion\\_Paper\\_LNOB\\_EN\\_Ires-2.pdf](https://olc.worldbank.org/system/files/1-5%20Pages%20from%20Discussion_Paper_LNOB_EN_Ires-2.pdf)
- 6 <https://www.age-platform.eu/policy-work/adequate-income-social-inclusion>
- 7 CESCR General Comment 19, paragraph 22. See also <https://socialprotection-humanrights.org/framework/principles/adequacy-of-benefits/>
- 8 <https://data.cso.ie/table/PEA11>
- 9 55.6% of those aged 55-64 are at work, compared to 9.4% of those aged 65 or older. There are approximately 48,900 people aged 65 in 2022, of whom it is estimated that 45% remain at work (22,000) due to compulsory retirement of some on their 65th birthday, leaving approximately 80,000 people aged 66 or older at work.
- 10 <https://tilda.tcd.ie/about/background/>
- 11 [https://www.citizensinformation.ie/en/social\\_welfare/social\\_welfare\\_payments/older\\_and\\_retired\\_people/centenarians\\_bounty.html](https://www.citizensinformation.ie/en/social_welfare/social_welfare_payments/older_and_retired_people/centenarians_bounty.html)
- 12 <https://www.oireachtas.ie/en/debates/debate/dail/1954-03-10/speech/190/>
- 13 <https://assets.gov.ie/109157/98bf8dc3-ee67-4d4f-af0d-dbaf01513587.pdf>
- 14 [https://jech.bmj.com/content/69/Suppl\\_1/A64.2](https://jech.bmj.com/content/69/Suppl_1/A64.2)
- 15 For example, see <https://www.weforum.org/agenda/2021/08/age-human-life-span-aging-populations-health-old/>
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