The Challenges of Success

Addressing Population Growth in Ireland

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Social Justice Ireland

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TABLE OF CONTENTS

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INTRODUCTION

The area covered by the Republic of Ireland today saw a dramatic fall in its population between the Famine of the 1840s and the end of the nineteenth century. From 6.5 million in 1841 the population fell to 3.1 million by 1911. It fell further in the first four decades after independence to reach a low of 2.8 million in 1961. Since then it has grown dramatically to reach 3.5 million by 1986 and eventually an estimated 4.92 million in April 2019. Even more dramatically estimates of the population in 2050 range up to 6.5 million. Much more detail on these numbers is supplied in the first chapter of this publication where James Hegarty of the CSO provides the details.

Ireland's growing population is a mark of Ireland's success. It has been achieved despite the decline in fertility rates. In 1980 each woman of child-bearing age would have 3.2 children on average over the child-bearing years. By 2017 this had declined to 1.8. This decline has been more than counteracted by better healthcare, longer life-expectancy and net inward migration.

At the same time as these changes in its population were occurring, Ireland was experiencing economic growth and improved living standards with growing investment in infrastructure and public services. However, the benefits of these improvements in living standards have been distributed in a grossly unequal manner. Ireland has 760,000 people at risk of poverty, almost a quarter of a million of whom are children. Homelessness has reached record levels. The health and housing systems are patently unable to meet current demand. Environmental and climate change targets are not being met. Urban/rural divisions are very real as are young/old divisions.

Which brings us to the point of this publication. Ireland's population is set to grow by up to 1.5 million in the next thirty years. This is a mark of the country's success. But it poses a very serious question – what must Ireland do to ensure it deals justly and comprehensively with the challenges this success presents?

In this, the first of a series of publications on Ireland's changing demography, we focus on children and older people. Among the questions addressed in the following chapters are:

- What demographic trends can we expect to see over the coming decades?
- How can we harness the 'demographic dividend' that comes with having one of the youngest populations in Europe?
- What are the biggest policy challenges around accommodation and care that Ireland will face as older people make up an increasingly higher proportion of our population?
- What policies are needed to support these two cohorts and what solutions are available to meet the challenges brought on by our own success?

At this pivotal time for Irish society, Ireland should take a view on what needs to be done so that Irish society can deal effectively with the challenges posed by its own success; let us decide how the benefits of this success should be distributed so that prosperity will be spread fairly and sustainably and let us bolster the confidence of a new generation so as to secure the supply of new progressive ideas and ambitions. Let us begin charting a sustainable, effective course towards a meaningful and desirable future.

These papers were originally presented at a conference organised by *Social Justice Ireland* on the theme: The Challenges of Success – Addressing Population Growth in Ireland.

Social Justice Ireland expresses its deep gratitude to the authors of the various chapters that follow. We wish to thank them as they have made this publication possible. They brought a great deal of experience, research, knowledge and wisdom to their task and contributed their time and obvious talent to preparing these chapters.

This work is partly supported by the SSNO funding scheme of the Department of Rural and Community Development and Pobal. A special 'thank you' to them.

Social Justice Ireland advances the lives of people and communities through providing independent social analysis and effective policy development to

create a sustainable future for every member of society and for societies as a whole. We work to build a just society through developing and delivering credible analysis and policy to improve society and the lives of people. We identify sustainable options for the future and outline viable pathways forward. In all of this we focus on human rights and the common good. This publication is a contribution to this process.

In presenting these chapters *we* do not attempt to cover all the questions that arise around this topic. This volume is offered as a contribution to the ongoing public debate around these and related issues. We trust that those engaged in shaping Ireland's future for the coming decades will find it of value.

<div align="right">

Brigid Reynolds
Seán Healy
November 26th, 2019

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The Challenges of Success

Addressing Population Growth in Ireland

1. Ireland's Demographic profile - how it's changing and what the future may bring, with a focus on the "Young & Old"

James Hegarty

1. Introduction – Ireland's population 1841-2019

The area representing the Republic of Ireland registered a decline in population from just over 6.5 million in 1841 to 3.1 million in 1911. The overall population level, which remained quite stable at just under three million between 1926 and 1951, declined further to reach a low point of 2.8 million in 1961. The 1960s, 1970s and the first half of the 1980s witnessed a decline in emigration and high level of natural increase culminating in a population total in excess of 3.5 million in 1986.

After a slight fall between 1986 and 1991, due mainly to a resumption of net outward migration at the end of the 1980s, the upward trend in population resumed in the early 1990s. Both natural increase and significant net inward migration contributed to record population growth between 2002 and 2006 with the result that the 2006 population of 4.24 million was 50 per cent higher than the low point of 1961. Despite a return to net outward migration in the years leading up to Census 2011 the population continued to grow strongly due mainly to the high number of births.   Ireland's return to strong net inward migration since 2014 combined with a sustained natural increase resulted in the population climbing to an estimated 4.92 million in April 2019. This is the highest population recorded for Ireland since the 1851 Census.

Figure 1. Population at each Census 1841-2016
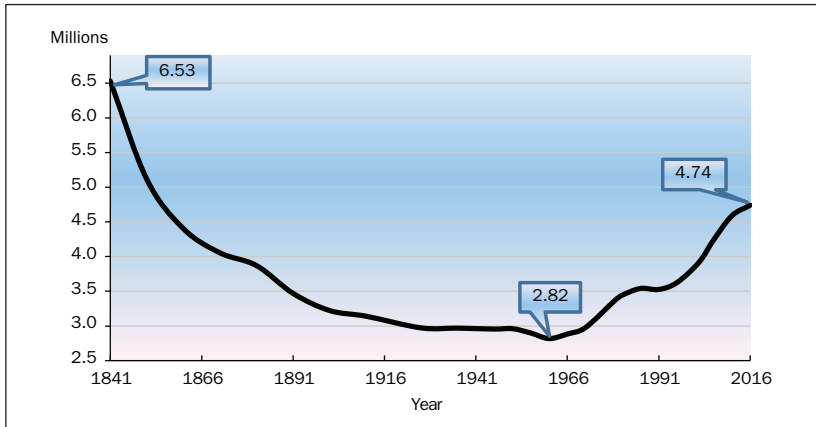
2. Recent social and demographic changes

Irish society has changed significantly during the past half century. We have, for example, become a mainly urban society. Census 2016 informed us that 63% of the population lived in urban areas; the comparable figure in 1966 was 44%. Ireland has also seen significant gains in those achieving 3rd level qualifications. In 1991, 14% of males and 13.2% of females had received a third level education. By 2016, 43.2% of women were educated to third level compared with 40.7% of men. In fact, the 1991 Census was the last to indicate a higher proportion of third level qualifications among men compared with women. These gains in educational attainment have also coincided with increased labour force participation for women.

Declining fertility

Like many countries experiencing increased levels of urbanisation and social change Ireland has seen declines in both the volume of births and fertility rates. In 2017, Ireland had just over 62,000 births, a substantial decrease from the recent high of 75,000 births recorded in 2010. The decline in fertility rates is even more dramatic, in 1980 each woman of child bearing age would have 3.2 children on average over the child bearing years, by 2017 this had declined to 1.8 (see figure 2). The age at which women are having their first child is also rising year on year. In 1980 the average age

at which women had their child was 24.9 years by 2017 this had risen to
31.0 years.

Figure 2. Births and Total Fertility Rate, 1977 - 2017
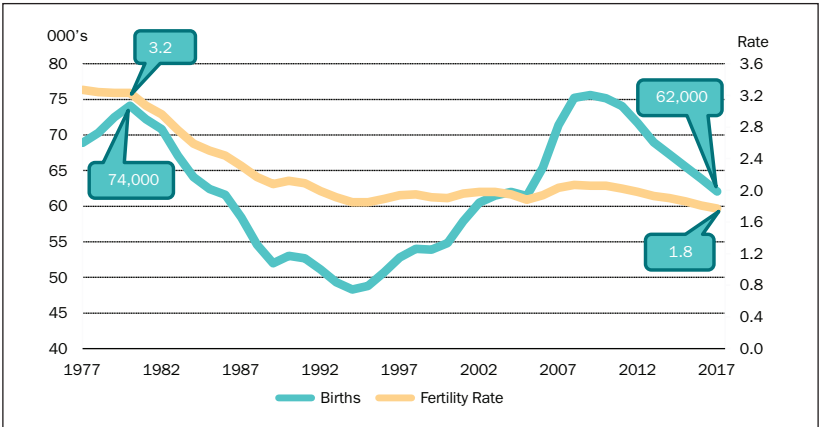
Source: CSO Ireland

Increased life expectancy

Ireland has also experienced strong gains in life expectancy with male
life expectancy increasing from 57.4 years in 1926 to 79.3 years in 2015
(a gain of 21.9 years), while females have seen a gain of 25.4 years (from
57.9 to 83.3). A significant portion of this increase has occurred since 1981
with male life expectancy increasing by 7.7 years and female life expectancy
increasing by 9.2 years between 1981 and 2015 (see figure 3). As a result
of declining fertility rates and improvements in life expectancy Ireland's
population is getting older. In 1981, the average age of Ireland's population
was 31.3 years of age, by 2016 this had increased to 37.4 years of age.

Figure 3. Life expectancy for males and females, 1981 - 2015
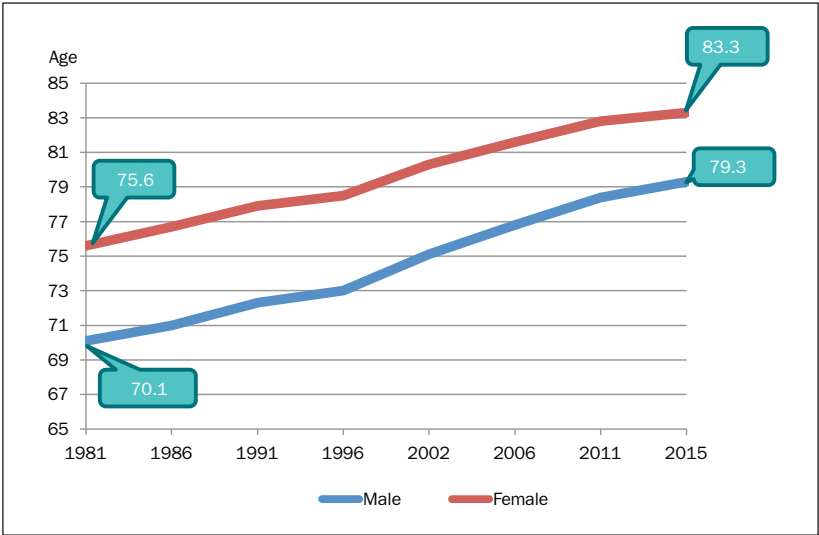
Source: CSO Ireland

Figure 4. Immigration, emigration and net migration

Source: CSO Ireland

The Challenges of Success
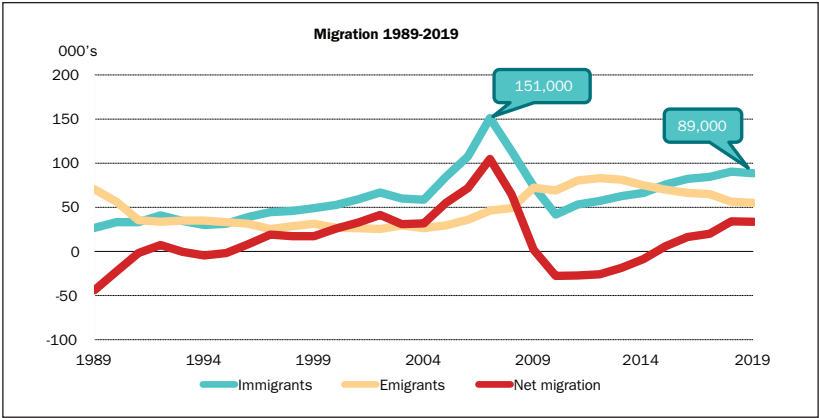
Net inward migration
Ireland has evolved from a country of net migration outflows to one that primarily experiences net migration inflows, with net inward migration recorded for 15 of the last 20 years (see figure 4). Ireland has also become a much more multicultural society. In 1996 just over 53,000 (1.5%) Census respondents were born outside of Ireland, by 2016 this had increased to just under 540,000 (11.3%). In the 20 years 1997 to 2016, 20,000 more persons on average arrived to live in Ireland per annum than left Ireland to live abroad. Since 2016 immigration has exceeded emigration by around 30,000 per annum.

3. Designing the population projections, 2017-2051

As in previous iterations of the projections, the CSO convened an Expert Group on Population Projections. Having considered the recent social and demographic trends the group agreed on the following projection assumptions. Two sets of assumptions were chosen for fertility, one for mortality and three for migration up to the year 2051, giving six sets of results altogether.

Fertility Assumptions Agreed

F1: Total fertility rate to remain at the 2016 level of 1.8 for the lifetime of the projections

F2: Total fertility rate to decrease from 1.8 to 1.6 by 2031 and to remain constant thereafter to 2051

Mortality Assumptions Agreed

Mortality rates for males and females are assumed to improve at 2.5% and 2.0% per annum respectively in the short-term to 2040. The long-term rate of improvement is assumed to be 1.5% per annum. These assumptions will result in gains in life expectancy from:

- 79.3 years in 2015 to 85.6 years in 2051 for males
- 83.3 years in 2015 to 88.3 years in 2051 for females

Migration Assumptions Agreed

M1: Net migration +30,000 per annum to 2051
M2: Net migration +20,000 per annum to 2051
M3: Net migration +10,000 per annum to 2051

4. Population Projection results 2017-2051[1]

The usually resident population according to Census 2016 was 4.74 million and this is projected to grow significantly under the six projection scenarios to 2051. Figure 5 and table 1 illustrate the projected population at 5 year intervals for the six scenarios from 2016 - 2051.

Recent trends indicate that sustained net inward migration inflows and declines in fertility are likely to continue. Therefore this report will focus on the two scenarios that best reflect these trends.

The high migration declining fertility scenario M1F2 (which assumes annual net inward migration of 30,000 and a declining fertility rate) sees the population increase to 6.5 million by 2051. The more moderate M2F2 (which assumes annual net inward migration of 20,000 and a declining fertility rate) shows a population increase of 1,290,900 (+27.2%) over the same period to 6.03 million persons. The accompanying presentation will concentrate on the high migration declining fertility scenario (M1F2) only.

Figure 5. Actual and projected population, 2016 - 2051

Source: CSO Ireland

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1   https://www.cso.ie/en/releasesandpublications/ep/p-plfp/
populationandlabourforceprojections2017-2051/populationprojectionsresults/
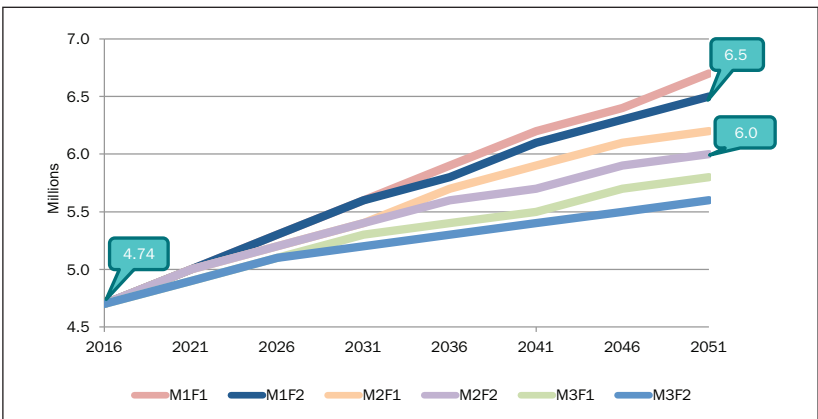
Table 1 Projected population, 2016 - 2051

Year	High Fertility (F1)			Low Fertility (F2)		
	M1	**M2**	**M3**	**M1**	**M2**	**M3**
	'000					
2016	4,739.6	4,739.6	4,739.6	4,739.6	4,739.6	4,739.6
2021	5,047.5	4,995.2	4,943.0	5,044.4	4,992.2	4,940.0
2026	5,334.9	5,224.2	5,113.4	5,316.7	5,206.5	5,096.2
2031	5,614.5	5,438.8	5,263.0	5,568.3	5,394.6	5,220.7
2036	5,896.3	5,651.2	5,405.9	5,812.5	5,571.8	5,330.8
2041	6,176.7	5,860.0	5,542.9	6,052.7	5,743.0	5,432.9
2046	6,445.9	6,056.0	5,665.6	6,279.5	5,899.8	5,519.3
2051	6,692.9	6,227.9	5,762.3	6,481.9	6,030.5	5,578.3

Source: CSO Ireland

Births

Annual average births are projected to experience a period of decline towards 2030 under all scenarios, at varying rates depending on the assumption used.   This is a consequence of the projected lower number of women of child bearing years at this time, resulting from a fall in the number of births between the period 1986 and 2006.   For the declining fertility scenarios such as M1F2 and M2F2 annual average births are projected to reach around 65,000 and 59,000 respectively by 2051.   The F2 (declining fertility) scenarios currently offer the more likely outcomes given the steady decline in fertility rates and the consistent increases in the age of first-time mothers.   Figure 6 graphs the projected annual births for each year from 2017 - 2051 for each assumption.

Figure 6. Projected annual births, 2017 - 2051
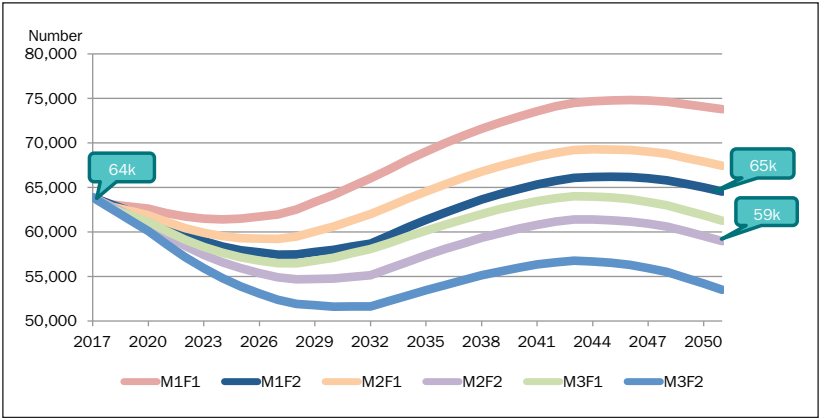
Source: CSO Ireland

Figure 7. Projected deaths, 2017 - 2051

Source: CSO Ireland

The Challenges of Success
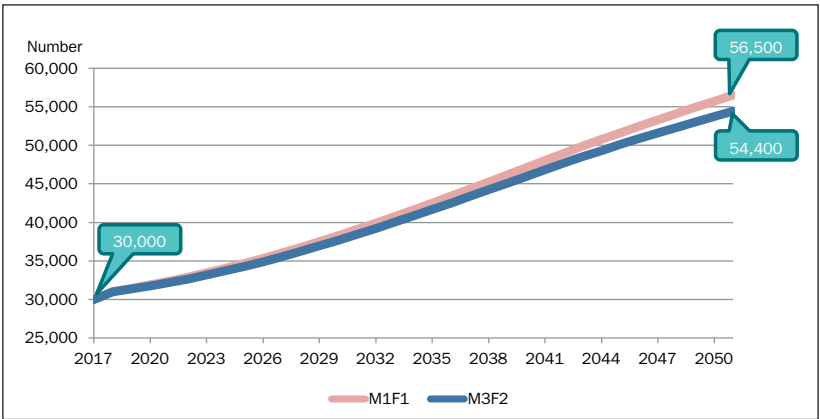
Deaths
The average annual numbers of deaths are projected to increase steadily under all scenarios from 29,500 in 2016 to between 54,400 and 56,500 by 2051 depending on the scenario chosen. Figure 7 graphs the projected deaths for the most optimistic and most pessimistic scenarios, with the other scenarios falling between these.

Net migration
Net migration is projected to be +30,000 on average for scenario M1, an annual average of +20,000 persons under M2 and +10,000 (the most pessimistic scenario) for M3 for the period 2017 - 2051.

5. Projected population for selected age groups – 'young' population

The young population – Ages 0 - 14
Census 2016 showed that there were 1,005,500 persons aged 0-14 years. Under the high migration declining fertility scenario M1F2 the population aged 0 - 14 is projected to decline from 2016 levels to 905,800 persons by 2036.   Post 2031 the average annual numbers of births are projected to rise gradually under this scenario, leading to just over I million persons aged 0 – 14 by 2051.

Using the medium migration and declining fertility assumption M2F2 the number of persons aged 0-14 is projected to decline to 853,100 in 2036, before rising steadily to 918,200 persons by 2051.   This represents a decrease of 8.7% on 2016 levels.   Under all scenarios those age 0-14 will account for a lower percentage of the population in 2051 than in 2016 (see figure 8).

Figure 8. Actual and projected percentage of the population aged 0-14, 2016 - 2051
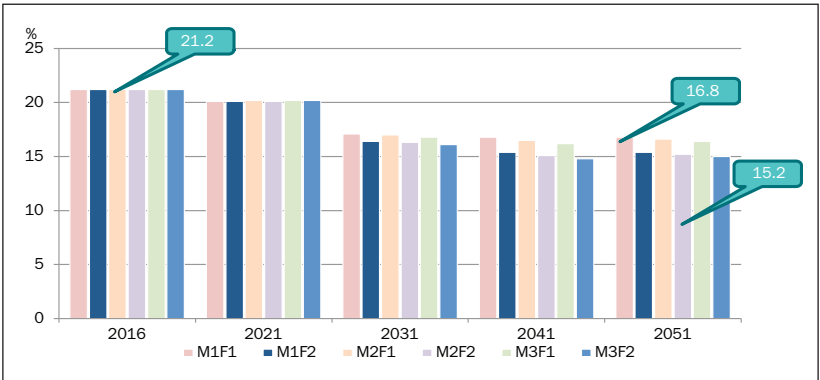
Source: CSO Ireland

Figure 9. Actual and projected primary school pupils, 2016 – 2051
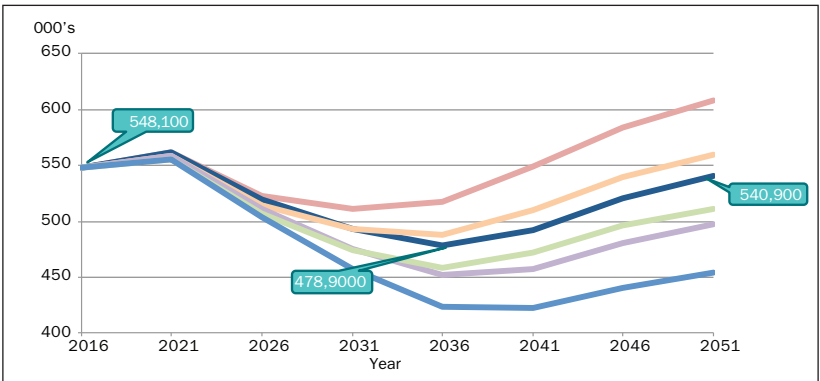
Source: CSO Ireland

Primary school children – Ages 5 – 12

For the purpose of this projections exercise the "primary" school population is broadly represented by those aged 5-12 years of age.   In 2016 there were 548,100 children in this age group and this number is projected to increase by between 13,900 and 7,400 to 2021, depending on the scenario chosen. Post 2021 the fall in births since 2010 is expected to impact negatively on the number of primary school children under all combinations of

assumptions, before increasing steadily thereafter. The period and rate of decline is dependent on the assumption chosen.

Under the high migration and declining fertility assumption M1F2 primary school children will decrease from 548,100 in 2016 to 478,900 by 2036 (-14.8%), before climbing to reach 540,900 by 2051 (see figure 9).

Secondary school pupils – Ages 13 – 18
The number of children of "secondary" school age (i.e. persons aged 13 -18 years) is projected to increase by between 75,700 and 67,200 over the next decade to 2026, depending on the assumptions used. This represents increases in the range of 20.5% to 18.2% over the period. The largest increases will be seen between 2021 and 2026 as the projected cohort of primary school children graduate to secondary level. The number of secondary school children is projected to decline under all declining fertility scenarios post 2026 to 2046. Figure 10 shows the projected number of secondary school pupils for selected years from 2016 - 2051.

Figure 10. Actual and projected secondary school pupils, 2016 - 2051
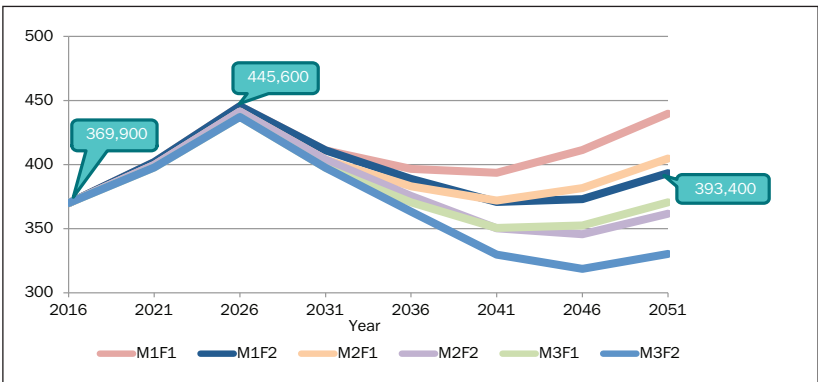
Source: CSO Ireland

Working age population – Ages 15 - 64
The working age population is primarily comprised of those aged 15 - 64. In 2016 there were 3,104,300 persons in this age category, equating to 65.5% of the total population of 4,739,600. While the size of this population group will rise under all scenarios by 2051, its relative share of the total population is set to decrease.

The M1F2 scenario projects that while the working age population will increase by 780,100 (25.1%) to 3,884,400 by 2051, its overall share of the population of 6,481,900 will have declined by over 5.5 percentage points to 59.9%. The M2F2 scenario shows that the working age population will increase by 445,500 to 3,549,700 by 2051 (14.3%) but its overall share of the population will have declined from 65.5% in 2016 to just under 59% by 2051. Figure 11 shows the percentage of the population aged 15 - 64 for selected years from 2016 - 2051.

Figure 11. Actual and projected percentage of the population aged 15 - 64, 2016 – 2051
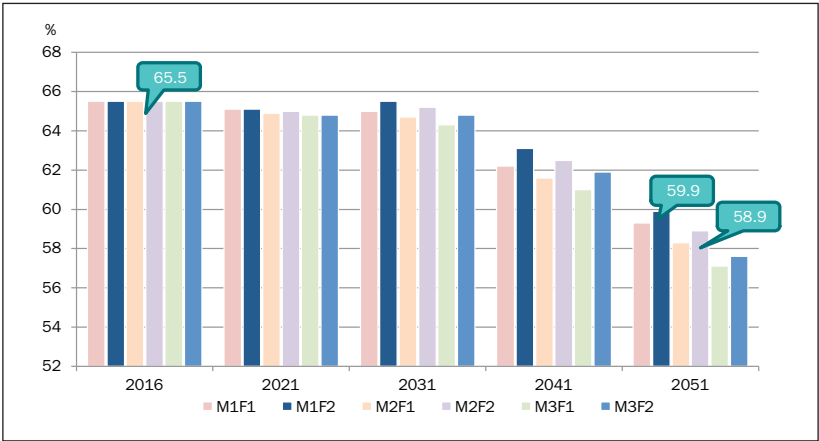
Source: CSO Ireland

6. Projected population for selected age groups – The 'older' population

The older population (i.e. those aged 65 years and over) is projected to increase very significantly from its 2016 level of 629,800 persons to nearly 1.6 million by 2051 under the more positive M1 and M2 migration assumptions. Figure 12 highlights the increases in the older population to 2051

The very old population (i.e. those aged 80 years of age and over) is set to rise even more dramatically, increasing from 147,800 in 2016 to 549,000

under M1F2 and 541,700 under M2F2 by 2051.   This reflects increases of between 263% and 271% in this age group.

In 2016, the number of persons aged 0-14 (1,005,500) was considerably higher than the number of persons aged 65+ (629,800), but this will reverse by 2031 under all scenarios. The excess will increase steadily towards 2051 at which stage it is projected that there will be between 496,600 and 691,800 more older people than younger people depending on the scenario used.

Figure 12. Actual and projected population aged 65+ and 80+, 2016 – 2051 (M1F2)
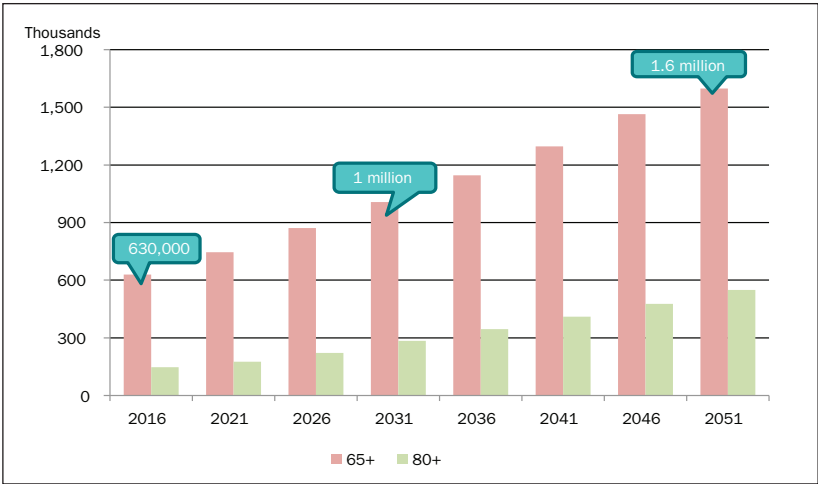
Source: CSO Ireland

Dependency ratios
The young dependency ratio (the population aged 0 - 14 years expressed as a percentage of the population aged 15 - 64 years) is projected to fall under all assumptions by 2051. This ratio was 32.4% in 2016 and falls to 25.8% under M1F2. The young dependency ratio is expected to be at its lowest level in the five year period to 2036.

The older dependency ratio (the population aged 65 years and over expressed as a percentage of the population aged 15 - 64 years) was 20.3% (5:1) in 2016. This is projected to increase steadily from 2016 onwards,

rising by 3 - 4 percentage points every five years. By 2051 this ratio will have doubled since 2016 and is projected to be 41.1% for the M1F2 Scenario (2.5:1).

Figure 13. Ratio of the working age population to those aged 65+ (M1F2)
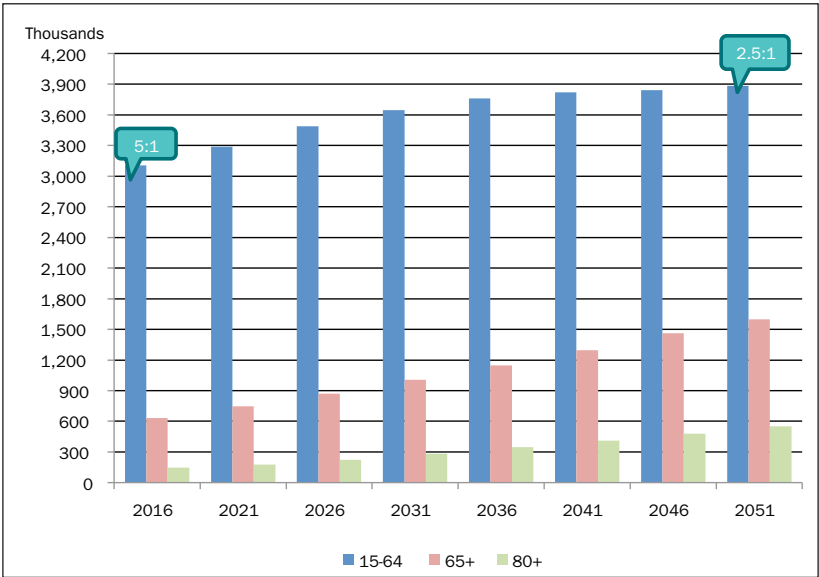
The two ratios combined give the total dependency ratio. In 2016 the total dependency ratio of 52.7% meant that there were roughly 2 people of working age for everyone aged 0-14 and 65+. This ratio is projected to rise under all scenarios to reach values of between 66.9% (M1F2) and 75.2% (M3F1) by 2051. Therefore in 2051 there will be less than 1.5 persons of working age compared to the total of those aged 0 - 14 and 65+.

Changing population structure
Ireland's changing population structure is illustrated in figure 14 and shows a fall in those aged 0-10 years of age by 2051 with increases projected for all other age groups. In 2016, 13.3% 0f the population were aged 65 and over, by 2051 those aged 65 and over are projected to account for just less than 25% of the total population.

The Challenges of Success

Figure 14. Population pyramid for 2016 and projected for 2051 (M1F2)

Source: CSO Ireland

7. Conclusion

Ireland's population is projected to grow substantially over the next 35 years. While Ireland's demographic structure is relatively favourable at present, shifting demographics over the coming decades will see large increases in the older age groups. The number of persons aged 65 and over is projected to increase from 630,000 in 2016 to just less than 1.6 million by 2051. The increase in the older population will be accompanied by a reduction in the percentage share of the working age population and increased dependency ratios (at present there are around 5 persons of working age for each person aged 65 and over; by 2050, the equivalent figure is projected to be around 2.5).

The CSO demographic projections help to inform policymakers of the likely demographic trends to 2051.   This knowledge will assist policymakers to address the needs of a changing society and to manage resources for demographically-sensitive components of public expenditure, such as pensions and healthcare.

2. Ageing in Ireland – A Measure of Success and why we can lead the way!

Diarmuid O'Shea

Our "Declaration of Independence" speaks of constructing a national policy based on the people's will, with equal right and opportunity for every citizen. According to The United Nations's World Economic and Social Survey, ageing will be a dominant theme in the 21st Century. How we think and plan around ageing can impact the policies we introduce and the supports we develop. In Ireland we must look to improve how we age and how we support those who are challenged as they age.

Old age is not a disease, nor indeed is it an abstract concept. It is something we all do from the day we are born. Ageing is very much about strength and survivorship, triumph over all sorts of experiences, trials and illnesses. Public health initiatives and medicine are making huge strides in terms of delaying the onset of many diseases and actively treating others. This success has allowed life expectancy to increase. A baby born in 1900 could have been expected to live until they were 50, while a baby born today has a 50% chance of reaching the age of 100.

In demographic analysis, age 60 is typically taken as the dividing line between older and younger cohorts of patients. Globally, the number of people aged 60 years or older will rise from 900 million to 2 billion between 2015 and 2050 (moving from 12% to 22% of the total global population). In developed countries, many think of 65 years as the cut-off point because of eligibility rules for pension and social security benefits. Such cut-off ages vary around the world. In Ireland, it is predicted that those over the age of 65 will reach 1 million people by 2031. Many factors influence the varying life expectancies we see around the world.

Ageing in Ireland – A Measure of Success
and why we can lead the way!

17

Our challenge does not start at the age of 65, it starts when we are much younger. For example, the worrying rates of childhood obesity will impact on life expectancy for some and quality of life for others in the years ahead. If you are overweight at 40 years you live 3 years less, if you are obese at 40 years you live 7 years less and if you are obese and smoke at the age of 40 years you live 14 years less. Obesity is associated with increased risk of certain cancers, high blood pressure, high cholesterol, arthritis, diabetes and dementia. All of these illnesses, and more, lead to disability and altered quality of life.

As in other countries, we see regional variation in life expectancy at birth and at age 65 years in Ireland. Among men the lowest life expectancy at birth is in the Mid-West - 76.3 years, the highest in the Mid-East and Midland regions at 77.2 years. However these regional findings were not maintained for life expectancy at 65 as the Dublin region has the highest life expectancy of 16.9 years, the Mid-West the lowest life expectancy of 16.1 years. For women, the shortest life expectancy at birth and at age 65 years was in Mid-West - 80.4 years and 18.7 years respectively. The longest was in women in the West at 82.7 years at birth and 20.6 years at age 65 years.

Those over the age of 80 years requiring healthcare tend to be frailer, have more chronic illnesses, tend to stay longer when they are admitted to hospital and require more services when they go home. We need to have a structured programme of primary and acute hospital care that they can access and subsequently on discharge a programme of services that helps support them in their community. This frailer older group of people require a different range of services than younger people. If we design services for people with only one thing wrong at once but people with many things wrong turn up, the fault is not with the people using that service but with the service and how it was designed in the first place. All too often these people are labelled as inappropriate and presented as "the problem". We must get our thinking and planning around these services correct in the first place.

Meeting this growing need will require service planning, reconfiguration and investment. In the current economic climate delivering better quality care with the same or less resources might potentially overwhelm a service and thus society and Government must decide what is prioritised.

The Irish Longitudinal Study on Ageing (TILDA) was designed to provide an evidence-base for emerging issues associated with population ageing across health, economic and social systems in Ireland. Independent of this, a large body of research links disadvantaged socioeconomic position (SEP) during early childhood with poorer health in later life. Work from TILDA - suggests that social mobility (i.e., change in socioeconomic circumstances over the life course) can compensate for low SEP in childhood, at least with respect to musculo-skeletal development. Further research undertaken by TILDA reports that while 31% of the Irish older population aged 65 and over are robust, 45% are pre-frail and 24% are frail. The prevalence of frailty varies significantly from 17% to 29% across Community Healthcare Organisations (CHO).

The knowledge that we are living longer challenges us to ensure that these years gained are healthy years. We have our own part to play. Each of us needs to work into our daily lives behaviours and attitudes that maximise our health and reduce, delay or prevent the onset of functional decline, disabling illness and frailty. In essence we should all aim to spend a longer time living and a shorter time dying.

The significant change in the ageing demographics is a global phenomenon. It is a success story in relation to health but it also has its challenges, as these additional lifespan years are not always lived in good health. A question each of us has to answer is – "What do I want as I age?". I would like to live well, live long, be happy and be supported when I am challenged. Part of that is my own personal responsibility, but I will also need - information, education, societal support, access to healthcare when I need it and Government and policy support.

This ageing population is, undoubtedly, one of the success stories of modern society. It will and is bringing many positive influences and contributions. It does pose real and significant challenges to individuals, families and society. It also poses opportunities and challenges for social, economic, and healthcare systems. While many people remain well, engaged and active into later life, increasing age brings an increasing chance of long-term medical conditions, frailty, dementia, disability, dependence and/or social isolation. So our opportunity is to lead by example, focus on our own country first and inspire progress to make Ireland a country we are all proud to grow up and grow old in.

Frailty is a distinctive health state often, but not inevitably, related to the ageing process – in which multiple body systems gradually lose their in-built reserve. It could be argued that frailty is one of the most challenging expressions of population ageing. In general, older people require greater use of health and social care services and, if admitted to hospital, have a longer length of stay. This is one reason why services must be fit for purpose and age atuned. Frailty is a concept we need to be able to recognize, understand and manage.   We can do this by constructing an educational framework around frailty in primary, secondary, third level care and working life. This may give us a framework and lever to drive change.

The World Health Organization identifies four priority areas for action. These are aligning health systems with the needs of the older populations they serve, creating age friendly environments, developing systems for providing community and long-term care and improving measurement, monitoring and understanding.

This challenges us to explore opportunities to improve how we age and how we support those who are challenged as they age. We must rise to that challenge.

1 in 5 community-dwelling older adults are living with frailty in Ireland. 40% of these are living alone, will spend on average 15 days in hospital in a year and will visit their GPs at least 7 times in the year. Only half of these are known to their public health nurses.

So this is part of our challenge. Every older person should have access to the right care and support if and when they need it. Improving health services for older people and improving access to care, support and treatment should always be high on the agenda of the public, politicians and healthcare workers. Promoting the development of an integrated service that is personalised, coordinated and puts the older person at the centre of the care pathway is central to this construct.

While some of the costs involved can be met through identifying inefficiencies within the system, significant investment, both in staffing and in infrastructure, are needed to ensure health and social services will be resourced to effectively manage and respond to the health care needs of our increasing ageing population.

We have a wonderful opportunity in Ireland to embrace our improving life expectancy, promote independent living, add healthy years to life and, if possible, reduce disability. Many people and organisations must develop and grow how they collaborate in order to enable and support this. The Royal College of Physicians of Ireland (through the clinical programmes, training and education), in conjunction with the HSE are playing a critical role in providing the vision and clinical leadership for this in many areas, along with many voluntary organizations like ALONE, the Alzheimer's society and the Irish Gerontological Society. But we can all do more. Health Promotion, Self-Care, Social Care and Policy reform, informed by work from the family of longitudinal studies going on around the world, including our own Irish Longitudinal Study in Ageing (TILDA) will all play important roles.

Modern Ireland has evolved into a forward thinking society, leading the world in certain areas. Research into "Assistive Technology" is doubling every five years – from "monitoring" to "assisting care" and "smart homes". This evolving concept of "Gerontotechnology" and how it can assist and support us as we age has significant potential. Digital literacy has also become a requirement for participation in most day to day activities. The practicalities of day to day living should be easier for all of us to navigate. To achieve this, we must ensure that our online, digital, and icloud dominated tech-world is accessible to all, not just the young. This is where technology could really add to the quality of life for older people and support them to age well at home.

We need to recognize and acknowledge the important role older people have played and continue to play in our lives and society today. We must all become better advocates for the requirements of all as we age. Service reconfiguration and investment is required to meet this growing need. In the current economic climate delivering better quality care with the same or less resources might potentially overwhelm the service and thus society and Government must decide what priority will be put on this.

Supporting people in their own homes, though the most appropriate option, is not the cheap option people think it is. It too needs to be appropriately supported – both with staffing and funding.

Improving health services for older people, creating a just society and improving access to care, support and treatment should always be high on the agenda of the public, politicians and health care workers. Health services in Ireland are now evolving to meet the changing needs of our growing and ageing population. Creating integrated care and support systems with health care professionals working in tandem with advocacy and support agencies will enable a system of care emerge where care and support are provided on the basis of need. This will allow an older person get the right care, in the right place from the right people. These common goals can only be achieved if we continue to work more effectively together.

The cross party focus on health of Sláintecare (2017), the Towards 2026 report (RCPI, 2017), and the focus brought by the Citizens Assembly are encouraging signs for progress in healthcare in general, and for care of older people in particular. We are now beginning to see a very definite road map developing for Older Persons Services.

The reality is that older people make many positive contributions to society; and health and social care expenditures for older people need to be seen as an investment not a cost. These investments bring benefits to older people and returns for society as a whole. This requires society and government to continue to support the development of services for older people with policy and funding. It requires ongoing focused reconfiguration of primary, acute hospital and community services.

Society must play its part too, which brings us back to our "Declaration of Independence". We must make it unacceptable that these services are not available when we are older and require access to this type of care and support. Ultimately as we will all age we must plan and ensure that having arrived successfully at healthy old age we will then have access to the services we require. For the majority of us who will continue to live at home that may be minimal or no home care support. But if they are needed, and a minority will need it, that also means high quality primary, acute hospital and nursing home services that are not complicated and cumbersome to access. All these services should be available to us in an equitable, non-means tested way. It is this piece of the puzzle that our society and our government must solve. That is their challenge as we meet ours.

Seamus Heaney said *"Believe that a further shore is reachable from here"*. I believe that Ireland is in a great place to lead the charge and change in support for all of us as we age. We all want to age well. As a country we must strive to become an Ireland that leads the world in becoming age-attuned, age-accommodating and age-friendly. To do this we need a culture that upholds dignity, respect and compassion for each other over the course of our lives. We also need the support to live well into old age, and timely access to supports if and when we need them. We must get our thinking and planning around these services correct in the first place. While we each have a personal responsibility, there is also a shared societal and governmental policy responsibility. These are all interconnected. Progress cannot happen unless we all work together.

3. Revolutionising ageing at home together

Seán Moynihan

It is a privilege to speak to so many people who have lead, influenced and brought about change for people in every corner of this country.

At ALONE we support older people to age at home. We are a national organisation and this year we will support 8,000 older people across the country who are struggling with issues such as loneliness, housing and health difficulties, accessing services, and fuel poverty.

The first thing to say is that I wish we were not a charity. We don't want anyone to have to rely on charity. The people we serve have worked, or in some cases struggled, all their lives. For others, things have changed as they have gotten older and they need support, and for some, it's just individual events which have happened which leads to them coming to us.

We also don't like the affect being a charity has on how we and the people we serve are perceived, treated and valued by Government. Older people should expect and get top quality services from us all in the NGO sector. A question for another day is whether core Government services like hospitals should be considered charities at all and is their implied independence helpful.

Working in this sector changes you when you realise your own privilege and you wish others could have the same experience so they might see things as we do. I feel that so many people object to things like social housing because they don't understand that large numbers of people will work all their lives but never be able to afford to buy. They don't know what it's like to live on low wages while still striving to be a good citizen. We don't see what life is like outside of our own fishbowl a lot of the time, and that can be true of all of us even within this sector.

There are obviously others who put forward alternative views, especially in housing, in their own interest, but they are a small but powerful minority.

We must claim back narrative with the public on housing, health, and ageing. These are universal themes that the vast majority of the public are unified on and look to us to build the solution. Current narratives are sometimes used to prevent change or encourage more investment in the wrong places.

Our starting point is that everyone wants to do the right thing and will go with that right thing if our services and proposals have the vision, are effective, and are backed up by the facts.

We own part of any solution and yet must have other voices as we build services from the people out. It is always important to engage with those who you feel have been opposing change. Incorporating some of their ideas and reducing their resistance is key to success.

The facts and what is the right thing to do doesn't always change things – but how we present them does. So that means starting the change with us, and how we act, deliver and influence others. We must provide the leadership and take the risks for the changes we want to see.

So many here have done that so all I can do today is to share my and ALONE's vision of how to do this. While we still draw from our past our values and our ethos, we have radically changed how we do that and how we respond. Innovation is what makes us special: meeting emerging needs, helping to define and then scale solutions and influence changing policy. So as an NGO that provides services and campaigns, we can never lose that edge.

We work not to blame, not to make people wrong, but to change things and always to progress things in the direction that will improve the quality of life for the people we serve.

We focus on the issues people come to us for, including:

- Housing with support needs and living conditions
- Home care, so you can be treated and supported in the place you call home

- Loneliness
- Finance and pensions
- Technology and partnership, where we'll drive to turn the system on its head

We need to discuss some of the obstacles that have resulted in the situation we find ourselves in today, and which will ultimately impact our ability to meet the needs of our changing demographic. Some of these are incredibly simple, basic obstacles which we still haven't overcome.

The first challenge, simply, is ageism in our language. As we know, ageism can be insidious. It's peppered throughout our language. In a New York Times article a few years ago someone asked a marketing director what language should be used in talking about people age 65 and older. Should we call them "seniors"? "The elderly"? "Older adults"? Something else?

She replied, "For heavens' sake, don't call them anything. Let's talk about their interests and values."[2]

How often do we discuss older people in the context of their interests and values?

In contrast, I want to show you some headlines in the media over the last year related to ageing.

- 'Need to 'bite the bullet' on bedblockers'[3]
- 'Bed blockers occupy dozens of Dublin hospital beds'[4]
- 'Pensioner (82) body left undiscovered in sitting room for seven months, inquest hears'[5]
- 'Looming pensions time bomb will lead to €3bn deficit in social welfare fund'[6]
- 'Ancient and active: are older staff in the workplace to stay?'[7]

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[2]   https://newoldage.blogs.nytimes.com/2012/04/19/elderly-no-more
[3]   https://www.irishexaminer.com/breakingnews/ireland/need-to-bite-the-bullet-on-bed-blockers-892476.html
[4]   https://www.98fm.com/news/bed-blockers-883030
[5]   https://www.independent.ie/irish-news/pensioner-82-body-left-undiscovered-in-sitting-room-for-seven-months-inquest-hears-38604402.html
[6]   https://www.independent.ie/business/personal-finance/pensions/looming-pensions-time-bomb-will-lead-to-3bn-deficit-in-social-welfare-fund-38669374.html
[7]   https://www.ft.com/content/d651e552-d30e-11e9-8d46-8def889b4137

Even the seemingly positive story about older people staying in the workplace for longer put the word 'ancient' in the title.

We are also well accustomed to the pictures which accompany articles about older people. This image of hands interlinked[8] must have been used thousands of times alongside articles like this calling older people bedblockers, pensioners, ancient, and 'occupying' hospital beds.

Some of this language is particularly off-putting. When have you ever heard hospital patients being described as 'occupying' a hospital bed? People are unwell and they are in hospital, and generally they don't want to be there any more than anyone else. But by describing people as bedblockers we forget that there are people behind the waiting lists. When we talk about delayed discharges we are changing the name, but not the system. We describe older people as 'pensioners' in articles describing those tragic situations when someone's body has been found a number of weeks or months after they've died, rather than as men and women.

We also angle blame towards older people rather than taking responsibility that the needs of the public in health care and housing and other areas have changed and our services need to respond before it is too late and they are overwhelmed.

Our language shapes people's beliefs and ultimately their actions. So many children and older people live in deprived circumstances and there is no widespread chatter or outrage. In some cases we are serving the same children in old age. That is how slow change is.

As we have seen across the water in the US and the UK, language has a huge impact on public perception and opinion. We need to examine the challenges that older people experience not with a tone of blame, but with empathy. We need to focus on how we can improve people's experiences and quality of life, not how we can reduce waiting lists or defuse pension bombs.

The National Positive Ageing Strategy is still without any funding, six and a half years after it was launched. We see support for older people in Budgets

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[8]   https://www.irishtimes.com/life-and-style/health-family/the-old-country-get-ready-for-an-ageing-ireland-1.3993009

tends to be reduced to whether a fiver will be added to the pension that year to get the 'grey' vote, rather than anything being done to benchmark the pension to ensure it will safeguard income for older people. And we see discussions of home supports centred around how many additional hours are being delivered, rather than predicting demand and then building up the supply to match. Indeed the fact that more than 900 fewer people are receiving home supports at the end of June this year compared to the year before[9] highlights this.

An ageing population is not a catastrophe and neither is ageing. It is to be celebrated, valued, supported and planned for. We need to change the way we think and act, and we need to plan, now, so that older people can have a positive experience of getting older. We need to balance realistic descriptions of the challenges older people experience with depicting them as the active contributors to society that they are.

The older people we work with have a huge breadth of life experiences and are not to be pitied but supported and cared for. We work with older people who are homeless, and who are in dire financial straits, as well as those living in four and five bedroom houses, all of whom are experiencing their own challenges. Unfortunately, some of these challenges tend to get lost in discussions around bed-blockers, pensions time bombs, and wrinkles.

Here I am going to talk about some of the real challenges older people are experiencing, and hopefully debunk some of the perceptions.

Misconceptions about housing:
- The housing crisis doesn't impact older people. By the time we reach our 60s and 70s, our housing needs are met.
- The grant system in place supports older people whose homes are not suitable for them to enable them to stay at home.
- Older people are 'taking up space' in larger houses within the community because they do not want to move.
- When an older person's needs change and they can't live independently anymore, they should go into a nursing home.

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9   Pg 5, https://www.hse.ie/eng/services/publications/performancereports/april-to-june-quarterly-report-2019.pdf; pg 4, https://www.hse.ie/eng/services/publications/performancereports/april-to-june-2018-quarterly-report.pdf

The housing crisis doesn't impact older people. We work with older people who experience homelessness or housing difficulties, many who are experiencing them for the first time in their sixties, seventies and eighties. This includes people who have been living in garden sheds, on the floors of mosques, in abusive home situations and the increasing numbers on notice to quit. When rents are high landlords do not want older tenants on fixed incomes, mainly single and who may have support or health needs now or in the future. House ownership is falling and older people will need safety and security in old age. We estimate we need 40,000 units supplied by AHBs and Councils to meet the demand.

For those who will remain in the rental sector they understand the power their landlord has over them and that all of the time they are only 224 days away from homelessness no matter how long you have been living in your rented property. It is one thing to get a notice to quit in your twenties or thirties; it's something else if you're in your 80s. So we will have to grasp the nettle that is long term leases. The narrative is that this is a constitutional issue. Some in the law library disagree and for us this will be a huge campaigning focus for the next election and beyond.

The grant system in place supports older people whose homes are not suitable for them to enable them to stay at home. 58% of older people experience housing difficulties, according to TILDA[10]. The most commonly reported problems older people experience with their homes are damp and mould, structural problems and heating difficulties. There is also a percentage of older people who for example, don't have indoor bathrooms.

It's true that there is a grant system in place. However the grants, including the Housing Aid for Older People grant, are often challenging and confusing to access, and accessibility varies across different local authority areas. We have produced a report with 15 agencies to Government highlighting these challenges. Every county has its own rules and the focus is on administering the scheme not on meeting the need of the older people and ultimately both the Department of Housing, Planning and Local Government and the Department of Health welcomed the report. While getting 15 agencies together is work it gives a clear message on the needs for change and reform. Now we have to stay committed to get the changes to the scheme accepted and implemented. The view that we have seen is this scheme could take

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[10]   https://www.publichealth.ie/news/external-news/tilda-publish-findings-health-and-wellbeing-irelands-over-50s

5-10 years in total to reform, at which stage it will be overwhelmed. We must work hard not to let this happen.

Older people are 'taking up space' in larger houses within the community because they do not want to move. 1 third of older people live alone in homes with four rooms or less.[11] That would be a home with a kitchen, sitting room and two bedrooms.

 Research has shown that 15-to 25% older people would opt to downsize[12] and the percentages are slightly different depending on the report.

We are working with people who are living in larger homes, can't maintain them, but can't find alternative accommodation to move to. There is a shortage of one and two bed homes that older people can move to within their communities. The priority for many older people is to remain within their communities where they may have lived all their lives. Rightsizing should be a choice – not a requirement. This creates a wonderful opportunity mainly for private developers as the demand here is north of 56,000 units.

When an older person's needs change and they can't live independently anymore, they should go into a nursing home. Unfortunately, this is the reality for many older people. But it shouldn't have to be. Ireland is lacking in supported housing options for older people that enable them to live semi-independently but which offer them some level of support. We see more options like this in the UK. So we need a new model of housing with onsite support for both urban and rural as a positive choice when someone can't stay in their own home. Again as an NGO housing with support has been, and will be, our housing focus going forward as there is a huge gap in service provision and the demand and need is high. This is an example of where NGOs are vital. It took two years working with others to get a demonstrator model in Rebuilding Ireland and now while that site goes to planning we have to propose new funding models to Departments and to financial markets so this can be scaled. This is the risk we take and leadership we feel is necessary to bring about change. When this is done the others will follow and we will only be a small supplier but we will have served our purpose by breaking new ground.

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[11]   https://alone.ie/wp-content/uploads/2018/07/Housing-Choices-for-Older-People-in-Ireland-Time-for-Action-1.pdf

[12]   https://www.irishtimes.com/business/economy/most-older-people-not-prepared-to-downsize-study-finds-1.4081936

Misconceptions about health and health support
- – Nursing homes and hospital stays are an inevitable part of ageing
- – Older people unnecessarily take up space in hospitals and A&E departments
- – Loneliness is not a health issue

Nursing homes and hospital stays are an inevitable part of ageing: There are dozens of misconceptions surrounding our health as we age, not all of which I will go into here. Many of us have the view that getting older has a linear result in health decline. However, we know also that there are other factors at play here, including our socio-economic status, our family and relationship status, and our life experiences. Today I will just go into the infrastructural elements and those aspects that we come up against most often in our work at ALONE.

Nursing homes and hospital stays are not an inevitable part of ageing, just as not every 85 year old is skydiving and defying ageing expectations. Just 4% of our older people live in nursing homes according to the Census. And yet, nursing homes are allocated more than half of the funding dedicated for older people. The mindset needs to move to ageing in place first. We will always need, and will need more, nursing homes in one form or another. This is one of the challenges of the success that we are living longer. It is not either or, it is both.

With Sláintecare, the change in focus to providing care in the community will require a huge change in our thinking of how care and support is delivered.

We need to move away from the notion that high level medical support is the only need of our older people and bring the focus back towards providing those medium and lower levels of support which can be catered for within the community, enabling and empowering the older person to stay engaged and well within their community for longer.

Older people unnecessarily take up space in hospitals and A&E departments: Older people are the biggest users of the health services in Ireland. This is not because they want to, but because the availability of care in the community is limited. We need to stop looking at older people as taking up space in hospitals, GP waiting rooms and A&E departments and

recognise them simply as the primary users of those services, and design the services in a way to cater for their needs. Unfortunately part of the reason for annual hospital overcrowding is the lack of funding and support for care in the community.

The Home Supports service is significantly underfunded and under resourced. We have been told repeatedly over the last year that there have been no cuts to home supports, no freezes or restrictions, and yet 900 fewer people were receiving home supports in June this year compared to last year. Every time the winter trolley crisis peaks, there seems to be confusion as to why the small increases in budgeted funding for areas like home support hours isn't having the desired effect, despite the evidence of every year previously showing that home supports requires an increase in funding of €110 million, not a million here and there. Older people should not have to go to hospitals and A&E departments for care they should be able to receive within the community, or that care in the community could have prevented, but under the system that's there, that's often what's required. What is vital is that as we change to Sláintecare, that transitional funding is put in place to manage the needs.

Loneliness is not a health issue: At ALONE we see the full range of experiences of older people with health difficulties: people with dementia, with frailty, with cancer, with any range of health conditions. Nearly half of people over 50 have at least one chronic disease. But a huge aspect of our work is in the areas of loneliness and social isolation. One in three people aged 50 and older feel lonely at least some of the time and one in ten people over the age of 75 have reported feeling lonely "a lot of the time".[13]

Loneliness can shorten your life, and I think we are only now starting to recognise the impact it can have. Research shows that that older people experiencing high levels of loneliness are almost twice as likely to die within six years compared to those who are not lonely. Lonely people suffer disproportionately with mental health issues, cognitive decline, hypertension, and are more likely to be admitted for residential or nursing care.

We spoke to a woman recently who had up until last year been very active in her community. After she had a fall when she was down in the village,

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[13]   https://tilda.tcd.ie/publications/reports/pdf/Report_Loneliness.pdf

she ended up in hospital for several months. Now, she no longer goes any further than her next door neighbour's house. The woman is cognitively and physically healthy – but the anxiety surrounding going out, and then the loneliness resulting from that, means she is now finding things difficult.

Her face absolutely lights up when she speaks about her volunteer. Recently her volunteer went in and did yoga with her in the sitting room. We are also inviting her to social events in her community and hope she'll start to come to them again.

Social engagement is key to a good life and we need to recognise the role it plays in maintaining the health and wellbeing of older people. So in response we have activated the community and gone from 400 volunteers to 2,000. We will in the long term have 9,000 volunteers who will also engage people in social activities and help with practical tasks. This is only meeting 10% of demand so we are training, supporting and helping other 40 local agencies to do what we do.

Misconceptions about pensions
- – There is a pensions time bomb.
- – The State pension covers all your costs as you get older.

There is a pensions time bomb. For me this is one of the most damaging narratives that expresses the success of the aging population, those who built our economy, as a burden.

It's true that as our population ages, pension costs to the State will increase. But this doesn't mean there is a time bomb, and the characterisation of it as a time bomb just highlights the negative perception we have of the cost of ageing.

The Socio-Economic Review by Social Justice Ireland shows Gross Public Pensions going from 5.1% of GDP in 2020 to 5.8% in 2030 to 6.7% in 2040. It peaks at 7.4% in 2050, down to 7.2% in 2060, and down again to 6.6% of GDP in 2070. Overall it goes from 5.1% in 2020 to 6.6% of GDP in 2070. When one looks at the total age-related spending it goes from 15% of GDP in 2020 to 19.3% in 2070 (having peaked at 20% in 2060). [14]

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[14]   Pg 42, https://www.socialjustice.ie/sites/default/files/attach/publication/6096/chapter4.pdf

These are noteworthy increases – but they are not out of the ordinary in terms of OECD countries. If we plan properly not just for the increases in pension spending but in all age-related spending, through measures such as broadening the tax base, there is no reason that this has to be a time bomb. Looking at it in that light, all it is is a demographic change that we have to make a shift in our spending for.

The State pension covers all of your costs as you get older. Currently older people receiving the Contributory pension receive €248.30 per week and those receiving the Non-Contributory pension receive €237. The poverty line in Ireland is €252.11.[15]

While the degree of income adequacy generally for older people has improved in recent years, in rural areas an older person living alone still cannot attain the minimum essential standard of living. According to research from the Vincentian Partnership for Social Justice, "The income from the Non-Contributory Pension meets only 83% of MESL [Minimum Essential Standard of Living] expenditure need and slightly more (87%) if in receipt of the Contributory Pension." [16]

Many older people reliant on the State Pension experience difficulties in replacing broken appliances, managing during adverse weather conditions, or if a need arises for extra hospital appointments as their income goes on basic daily living expenses. When someone is reliant on only a State pension and benefits and has no family to support them, unforeseen financial emergencies require a person to look for assistance from charities like ALONE.

We work with a man called Christy, who is now an ALONE tenant. For many years he was in the private rented sector and struggled to manage the cost. There was no central heating, and he went on buses and trains every day on what he called his keep warm trips. Now Christy is in a much more secure situation, but he is still reliant on the state pension and he finds it difficult to manage. Recently, he was left with just a couple of euro left in his pocket to buy food for the week, after he contributed to life insurance. The State Pension is not being increased to match inflation, and it leaves older people to face extremely difficult decisions.

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15   Social Justice Ireland, Poverty Focus 2019
16   MESL update report 10`9 https://www.budgeting.ie/download/pdf/mesl_2019_update_report.pdf

As well as this, the pension was not designed to cover accommodation expenses. As more of us rent or bring mortgage costs into older age, we will struggle to pay our bills. How will you pay the rent when you retire?

Misconceptions about technology
– Older people and technology don't mix

Older people and technology don't mix: There is a perception that older people want nothing to do with technology. The way the world is built now means that many have to engage with technology in some way or ask someone else to on their behalf. This age group has the most to gain from tech for good.

We provide older people with assistive technology in the home and a tablet device. We find that once an older person is shown how to use a device that is built for them, not only can they use it, but they really enjoy it. Some of the people we have worked with we have introduced to the internet for the first time and they now use it every day.

Older people have a lot to gain from being able to access the internet and technology. We work with 75 year olds who watch old films on Youtube and 85 year olds who get their knitting patterns on Pinterest. We also need to remember that today's 60 year olds, many of whom are still in the workplace and up to date with technological advances, are tomorrow's 70 year olds. The concept of having technology in the home will not be new to them, but expected by them.

Technology will not replace human contact and no one expects it to. But it will be an add-on to support structures to enable pre-emptive and ongoing support. For example, our sensors and technology can highlight to us if someone has had a fall in their home, if someone is not going out as much as they used to, or things like if the temperature is consistently too low. These are not supports that are currently being provided. They're not replacing a person that was doing the same thing. Instead, they link the person into ALONE support staff much sooner than would otherwise have happened. Technology for older people will play a vital role in support provision going forward.

How ALONE are revolutionising ageing at home

These are just some of the common misconceptions around ageing and older people that we need to address. But we also need to look at where are we going, how we are going to plan for our changing demographics, and what needs to change for us to address the needs of older people.

Part of how ALONE is playing our part to address these challenges is in expanding our services and changing our ways of working.

We are mapping services and demographics across Ireland to identify where the needs are and focus on implementing services in those areas through partnership and collaboration with local agencies and developing services on the ground.

This is maximising resources by aligning geographic need in hard to reach areas and developing common practice models for better value for money. We are currently proactively approaching services in areas with high density of need to work together to address gaps in services to meet the current and future needs of the ageing demographic.

We are also working on streamlining services for older people. There are hundreds of organisations in the community and voluntary sector working in different areas to support older people. Often these organisations might have just one or two people working for them, on small scales, but as a collective, there are people and resources positioned nationwide.

We offer a range of services delivered through collaborative approaches to ensure that an older person who chooses to age at home gets the services and supports that they need. We develop key partnerships between statutory, community and voluntary services which will enhance services for older people across Ireland. We support other agencies through computerisation, training and partnership and our assistive technology provides older people with security and support to self-manage and share information on health and well-being with family and other health professionals. Over the next 4 years we aim to computerise 100 organisations.

We have developed a national infrastructure model which consists of a range of ALONE service hubs. Each service hub places the older person at

the centre and ensures that they have access to all the necessary supports and services that they require to age well at home. Our hub model is currently identifying gaps in services across Ireland and enabling targeted service delivery to those most in need through consolidation, partnership and developing services on the ground.

ALONE's infrastructure model is scalable, transferable and replicable. Our national infrastructure focuses on delivering services through a collective of healthcare providers, community services, local authorities, approved housing bodies, and social enterprises all working together, in turn avoiding duplication and streamlining services for older people. We provide support and training to 62 external community-based services nationally, with an additional 50 cross sectorial formalised partnerships across Ireland.

So, ALONE is playing our role in consolidating the sector, targeting our resources and working to expand to meet the demand. But one organisation can't meet the needs of our ageing demographic alone and this is why we need to build our partnerships and forge our connections, because we have to pool our resources. We need to consider the role not only of the NGO and voluntary sector, but of the public and private sectors. We need to ensure that older people and the commissioners of services get both value and choice. In our housing models and in technology we may in the future set up or apply the principles of social enterprise to balance our income and ensure we can still achieve our purpose as an NGO and innovated and meet emerging need.

What do we need from the public sector, ourselves and Government?

– The National Positive Ageing Strategy launched in 2013 and there has still not been any ring-fenced funding for implementation. We need to recognise that funding for services and strategies needs to work towards meeting demand rather than minimal increases year on year, which don't help to solve the problem.
– We have great resources in the form of the community and voluntary sector that need to be utilised and invested in. Systems need support and people to work together to have agreed models and standards.
– As we've mentioned, areas like housing, home supports and health are crying out for further investment. We need to recalculate what our spending needs should be for older people and increase the

overall budget, while streamlining the services and resources we have to get the best possible value for money. Small increases in each Budget so that we can say "we're doing something" aren't enough. If we can't meet the demand now, without a significant shift in mindset we will not come close to meeting the demand in 2030, 2040 and beyond. Budgetary forecasts need to forecast with demand in mind.

– A change in mind-set and language with regard to the needs of older people and the services we need to provide them with. Planning of services for the older person is the first priority ahead of Government and administrative structures.

– We need to see the streamlining of policies and services for older people. Some of these policies and services are in conflict with each other and in competition with each other for finance.

– Partnership and inter-departmental working needs to be prioritised. It was great to see the Department of Health and the Department of Housing, Planning and Local Government coming together last year for the Housing Options for Our Ageing Population report, but this needs to happen as a matter of procedure. Implementation needs to be by the collective. Government bodies are very comfortable talking internally or to each other, but our sector needs to be seen as an equal partner which has great skills and insights to offer. NGOs should be encouraged to keep meeting emerging and changing needs, thinking nationally and acting locally.

– A recognition that currently we are not meeting demand for vital services. We need to acknowledge that this is not just about maintaining our service level provision and increasing this in line with our population changes. Our service provision particularly in the areas of health and housing are not by any stretch of the imagination sufficient for today.

– If we continue like this, we also need to further consider the role of the private sector in health care and housing. This is a relationship that needs to be explored further.

In order to achieve this, we need to change how we talk about ageing. We need to balance realistic descriptions of the challenges older people experience with depicting them as the active contributors to society that they are.

Of course, we have an ageing population. Of course, we must recognise that we need to prepare for that, and we need to make huge strides to meet the challenges older people are experiencing in this country today. And we need to put the supports in place.

But we also need to recognise that it is doable and that the challenges experienced by older people are ultimately solvable. We need to work together to provide solutions.

4. Children's Lives in Ireland – Insights from the Growing up in Ireland Study.

Elizabeth Nixon

The position of children on the research agenda in Ireland

Until about the mid-1990s the landscape of research into children's lives in Ireland was relatively barren. Although Irish scholars from across different disciplines have written about children as a topic of interest since the 1960s (Greene, 2016) it is only relatively recently that home-grown scholarship and research on children has proliferated. The dearth of research on children's lives in Ireland is problematic. For too long we have been reliant upon data generated elsewhere (most notably within the UK, which has a rich and long history of conducting longitudinal research on children and families). However, there are important demographic and cultural differences which challenge the generalisation of research findings from the UK to the Irish context.

One of three overarching goals of the National Children's Strategy published in 2000 - the first government policy document where the sole focus was on children - was that children's lives will be better understood. One realisation of this goal was the initiation of the National Longitudinal Study of Children in Ireland, in 2006. This study is still ongoing today, thanks to significant investment on the part of the Irish Government, as well as contributions from philanthropy. In this paper, I will discuss some of what we have learned about the development of children and children's lives in Ireland from the Growing up in Ireland (GUI) Study.

Children's Lives in Ireland –
Insights from the Growing up in Ireland Study.

41

An overview of growing up in Ireland

Growing up in Ireland is a cross-sequential cohort study, whereby two cohorts of children in Ireland, and their families are being tracked and interviewed repeatedly over time. The overarching aim of the study is firstly to describe the lives of children in Ireland, thereby establishing what is 'typical' as well as problematic, and secondly to understand the contribution of an array of factors (from individual to family, school and neighbourhood level characteristics) to children's development and well-being.

The first cohort of children comprises 8,568 nine-year-old children, and their families. These children were recruited through primary schools in Ireland. These children were born in 1998 and 1999 and were interviewed between September 2007 and April 2008. The sample represents one in six nine-year olds at the time. These children and their families have been followed up subsequently at ages 13 (N = 7400), 17 (N = 6216) and at age 20 years (N = 5191). The infant cohort of children comprises 11,100 9-month old babies and their families. These families were recruited through the Child Benefit Register, and were born between December 2007 and May 2008, and were first interviewed between September 2008 and April 2009. This sample represents about 15% of babies at that age. These children and their families have been subsequently followed at ages 3 (N = 9,793), 5 (N = 9,001) and age 9 (N = 7563). There was also inter-wave contact via postal survey for this cohort at age 7 years.

Within the study, the child as a developing individual is conceptualised as being nested within a set of environmental systems, all of which influence the child to varying degrees, depending upon how proximal or close the system is to the child. As an example, the family setting, where children live and where first significant relationships with parents and siblings develop, has special significance for the child especially in the early years before they enter formal child care and education settings, which then later become important. The role of the child's own characteristics, such as features of their biology and personality are also considered to be important influences on development. Reflecting that the study is informed by this framework, data are collected from key informants in the lives of children, including their mothers, fathers, teachers, school principals, and child care providers.

Children are also positioned as key informants on their own lives, especially as they grow older.

The study has been ongoing for 13 years now, and it is as more waves of data are collected that the true value of a study like GUI can be truly realised. For example, data are currently being collected on our infant ('08) cohort at age 9 years. These data, when analysed alongside the data collected from our child ('98) cohort at age 9 means that we can directly compare two cohorts of nine-year old children in Ireland, born ten years apart. This enables us to tease out how variations in the context may impact upon child development. For example, government policies around access to free GP care, as well as free hours of preschool school were available to families of the infant cohort but not the child cohort. When these data on the infant cohort at 9-years are available, it will be possible to assess the impact of these policy changes on children's health and later performance at school.

The second value of the GUI data lies in the ability to track individuals' developmental pathways, rather than just focusing upon group averages. Any data other than longitudinal data represent a snap-shot in time. If these snapshots are taken at different points in time (such as occurs with a population census for example), we can track trends and patterns but that often obscures considerable degrees of individual variability. As an example, data from the '98 cohort indicated that 18% of all nine-year olds lived in single-parent headed households (Williams et al, 2009). Data at age 13 years revealed that now 19% were living in single-parent headed households, but it was not simply the case that an additional 1% transitioned from two-parent to one-parent households. Indeed, about 10% of the children experienced change in family structure, with children transitioning from two-parent to one-parent and from one-parent to two-parent households. The longitudinal data allow us to identify children and families who have undergone these transitions so that we can learn more about the antecedents and consequences of family transitions.

What do we know about children's lives in Ireland today?

Before I address the question of what we have learned about children's lives in Ireland from the GUI study, it is worth reflecting upon the dramatic changes in children's lives in Ireland over the past number of decades. There

is little doubt that the lives of children in Ireland has improved substantially over the last century, particularly in terms of their survival, health, access to resources such as housing, schooling. Furthermore, as noted by Sheila Greene (2016), "Children of 2016 have less to fear from the adults around them in terms of intentional or unintentional neglect, exploitation or cruelty than had their counterparts in 1916" (p. 30). On the other hand, we might argue that there may be some ways in which childhood was better – children had much more freedom to roam, they were more likely to provide their own entertainment, without the presence of televisions, computers. They were simpler times.

Today however, there are new dangers to be faced: there are challenges of climate change, the 'always on' generation, an obesity epidemic, the perception that there are elevated levels of anxiety, stress, mental health difficulties, bullying, children living in direct provision, in emergency accommodation, in increasingly complex household and family structures. So is childhood today a more difficult experience? Have rates of childhood anxiety and depression increased substantially or did generations of children just suffer in silence? Are parents more stressed? Are we looking back at the past through rose-tinted glasses? The reality is that we cannot address this question in a systematic or scientific way, because we do not have reliable data from the past on children's outcomes or lives – a comparison of parenting and childhood between then and now is interpreted through the lens of the perceiver. In one study, we surveyed 1,353 parents of children younger than 18 years in Ireland (Halpenny, Nixon, & Watson, 2010). We found that 73% of parents perceived that they had less control than parents 20 years ago, while 84% perceived that parenting was more stressful now than it was 20 years ago. However, 20 years ago, these parents were not parents, so perceptions of stress, responsibility and control 20 years ago are not based upon an 'insider' perspective, they were looking at it from the outside. Thus, in the absence of reliable data it is really difficult to know whether or how parenting or children's lives are better or worse than in previous decades. Maybe it is just different.

How are the children faring in terms of their development?

One of the key messages to emerge from the GUI data is that children in Ireland are generally doing very well in terms of their development. Notwithstanding this, a substantial minority of children are displaying difficulties across one or more developmental domains. For the purpose of this discussion, I am going to focus upon my area of research, which is children's psychological development. The data presented here are based on mother and teacher report on the Strengths and Difficulties Questionnaire, a well standardised and widely-used measure of children's social, emotional and behavioural difficulties.

Figure 1: Percentage of children classified as having difficulty across the SDQ sub-scales, based on mother and teacher report.
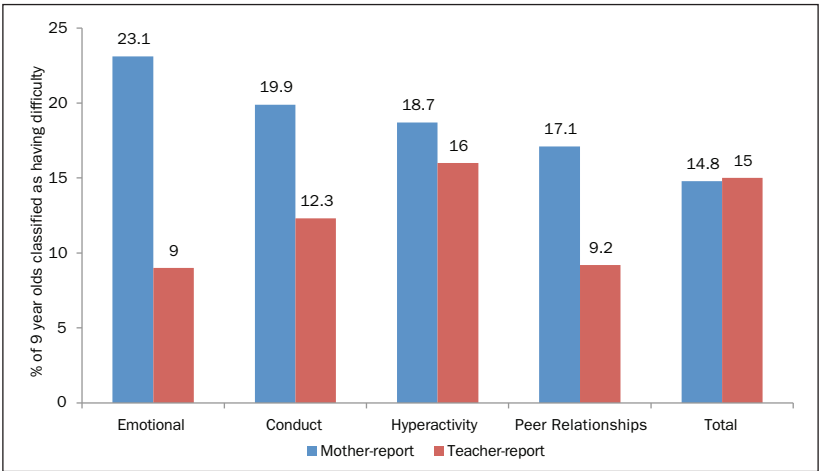
The data tell us that overall about 15% of 9-year olds are displaying significant difficulty, but the rates vary depending upon the difficulty under consideration, as well as who is reporting upon the behaviour. There are some discrepancies between teacher and parent reports on certain domains – these trends are broadly commensurate with what is reported in the international literature. Parents tend to be more aware of emotional difficulties, these can be sometimes difficult for teachers to notice at school; teachers on the other hand have a good sense of what might be typical

or expected of a child at a particular age. Comparable figures using the SDQ scale from the UK indicate that 20% or one in five children exhibit significant levels of difficulty, where Irish figures stand at approximately 15%. Indeed, comparison of mean scores of the children in Ireland, in comparison with children in UK, Australia and the United States tell us that children in Ireland are rated as having lower levels of difficulty.

When we look at similar data from these same children at age 13 years, we find that an even lower proportion of 13-year olds scored above the cut-offs: almost 88% of the 13-year olds scored within the 'normal' range indicating no significant level of difficulty. Comparative data from the Millennium Cohort Study in the UK indicated that at age 11 years, 15% of the sample had scores above the clinical cut-off (Hope et al., 2018). Comparatively children in Ireland are faring well.

At age 13 years, young people themselves reported upon aspects of their own mental health (using the Short Moods and Feelings Questionnaire). The average score for the children in Ireland was 3.86; among 14-year olds in the Millennium Cohort Study in the UK, the average score was significantly higher at 5.4. Using a cut-off score of 8, 15.9% of our early adolescents thus are classified as showing symptoms of 'depression' (note, this is a screening measure and is not a formal diagnosis of depression), comparative rates of 26% were found using the same measure among young people in the Longitudinal Study of Australian children. This is a substantially higher proportion than the 16% reported within the Irish sample.

In terms of patterns of change, combination of SDQ data from wave 1 and wave 2 revealed not surprisingly that there was a strong relationship between difficulties at 9-years and having difficulties at 13-years. Eighty percent of the children exhibited no risk of difficulty at either wave; while 7% of the children were classified as displaying difficulty at both waves. About 8% of the children who were classified as being at risk at age 9 were no longer categorised as being at risk at age 13, while about 5% of the children who were classified as having no difficulty at wave 1 were now classified as having difficulty at age 13. The question then for us is what is about those children who exhibit the elevated risk of difficulty at both waves that differentiates them from the children who were at risk at age 9, but not at risk at age 13. What has happened in the intervening period that has either offset the risk present at 9 years, or else contributed to or exacerbated existing risk?

In order to address questions such as these, research tends to look to structural inequalities in the lives of children. It is very well established that poverty and economic disadvantage have a range of negative effects on children, including on their physical and mental health, and their educational achievement. For example, we have demonstrated using GUI data that children from the lowest income quintile were significantly more likely to display difficulties on the SDQ (Williams et al., 2009). Aside from income and parents' education level, family structure is also associated with risk of poorer SDQ outcomes. It is this issue of family structure that I will now address.

Family structure as a source of inequality in children's lives

As noted previously, at wave one of data collection, approximately 82.5% of nine-year-old children in Ireland were living in couple-headed households, with 17.5% in single parent households. It is recognised that single-parent households are not a homogeneous group and there are several routes into lone parenthood and diversity in terms of parents' marital status. Among the 17.5% of single parent households, 8.1% of the mothers had previously been married and had separated, while 9.4% of the mothers had never married (Hannan & Halpin, 2014).

Children living in households headed by single parents have significantly higher SDQ scores than children living in households headed by two parents (Nixon, 2012). Later analyses (Nixon & Swords, 2016) revealed similar patterns among the 13-year olds: at both waves of data collection the proportion of children categorised as having difficulty was one-third to almost twice in the single-parent households in comparison with the two-parent households. We can conclude from these data that household structure represents a risk factor in the lives of these children. These patterns also hold when other outcomes are considered, including rates for depressive symptomatology at age 13, as well as children's self-concept, and achievement scores.

Overall the differences between children in one-parent and two-parent headed households tend to be small; for example, children in single parent households scored no less than one unit below children from their two-parent household counterparts. In relation to literacy and numeracy

abilities, the differences were somewhat larger, between 6 and 8 percentage points lower. While these differences are small, they are not insignificant and small occurrences of disadvantage across multiple domains of functioning may cumulatively accrue to reflect higher overall levels of disadvantage. Furthermore, when modest differences affect substantial proportions of the population can they be of huge importance at population level, when the implications for services and the financial and societal costs of poor outcomes are taken into account (Nixon & Swords, 2016).

In seeking to understand why these differences occur, the obvious response is that children from single-parent households are at higher risk of poorer outcomes because of access to resources – to put it simply, two parents in a household have more resources, in terms of time, energy and money, to invest in their children than has one parent and this is borne out in the GUI data: almost 40% of single parent households were in the lowest income quintile at wave 1, and 27% at wave 2; the corresponding figures were 16% and 20% for the two-parent households. At Wave 1, one fifth of single parent households received all of their household income through social welfare (20% at wave 2). This compares with 4% and 7% of two-parent households that were wholly reliant upon social welfare at Waves 1 and 2 respectively.

Moving beyond family structure - what happens in families really matter

According to another perspective – the family process perspective - variations in child adjustment according to family structure have been attributed to variations in parenting practices and parental well-being. This view suggests that what goes on within the family (i.e. processes) are more significant drivers of child well-being than what a family looks like (i.e. structure) (Acock & Demo, 1994). In accordance with this perspective, economic characteristics are not the only reasons why children in particular family structures may be at risk of poorer developmental outcomes.

One of the key pathways by which family structure may affect child outcomes is through its effect on parenting and parental well-being. Data based on mothers' reports of their depressive symptoms indicates an elevated risk of depression among mothers in single parent versus couple households; we found that 19.3% of single mothers and 7.3% of

two parent family mothers were at risk for depression at Wave 1; with corresponding percentages at Wave 2 of 21.2% of single mothers and 9.4% of two parent family mothers. Over twice as many single mothers exhibit significantly higher levels of depressive symptoms than mothers in two parent households. This is indeed a cause for concern. Parenting is also different in these households: within GUI we have measures of conflict and closeness in the parent-child relationship, as well as monitoring (children's views on parents' knowledge of their activities and whereabouts – an aspect of parenting that is particularly important during the adolescent period). Parent-child relationships in single parent households were characterised by higher levels of conflict (but not lower levels of closeness) and lower levels of monitoring when compared with two-parent households. Although these were significant differences, they were small in magnitude.

We have tested models to examine the relative contribution of family processes (i.e. what goes on in families), and family structure (i.e. what the family 'looks like') on children's outcomes. The findings indicate that conflict in the parent-child relationship is a stronger predictor of outcomes than either family structure or income, and maternal depression is as powerful a predictor of outcomes as either family structure or income (Nixon & Swords, 2016). In predicting 13-year olds' emotional and behavioural outcomes, family structure did remain as a significant predictor – the explanatory power was similar to that of income; thus, effects of family structure cannot be explained away merely by lack of economic resources. Indeed, family processes emerged as more significant predictors of children's outcomes - it is through the day-to-day interactions that children experience in their everyday lives that the effects of structural disadvantage can manifest.

Another series of studies conducted using GUI data have addressed how the economic recession has impacted upon developmental outcomes. Focusing on the infant ('08) cohort, children were first studied at 9 months, and by the time we went back to the families when the children were aged 3 years, the economic recession has set in. The data illustrated the myriad of ways in which families in Ireland were affected by the recession – unemployment rose – 6.1% of fathers were unemployed at Wave 1, this figure was 13.8% by Wave 2, and men in the lowest income quintile were 8.5 times more likely to have become unemployed than fathers in the highest income quintile. In terms of employment patterns at the household level, 74% of

dual earner households remained as such between waves, while one-quarter of households went from being dual-earner to one-earner households, while one-fifth of households went from one-earner to dual-earner. Sixty-five percent of families reported a decrease in household income as a result of the recession; indebtedness was high with 14% of families reporting that they were in arrears on utility bills; 9% were behind with their rent or mortgage. Just over three-fifth of mothers (61%) reported at least some difficulty in making ends meet, an increase from 44% at wave 1 (Nixon, Layte & Thornton, 2019).

In our analyses we tested the idea that it is through parenting and parents' well-being that economic circumstances of recession come to affect the development of children in our society, and we received broad support for this idea. We tested whether parental depression could be implicated in the link between economic events and parenting and in turn children's outcomes. Firstly, we observed a direct relationship between mothers' depressive symptoms, and being in arrears on the rent/mortgage. Almost one quarter of mothers who were behind on rent/mortgage scored above the clinical cut-off for depression, this compares with approximately 10% for those not in arrears. Similar patterns were observed for fathers, although the rates were lower overall, in line with international research (10% in arrears v 4% not in arrears). Being in arrears on rent/mortgage, and on utility bills, and having to cut back on basics directly predicted mothers' depression. Other economic circumstances - being made redundant, having working hours, wages or social welfare reduced did not directly affect depression. However, where mothers experienced economic strain or reported great difficulty in making ends meet, then higher levels of depressive symptomatology did ensue. As was the case with the previous analyses reported, maternal depression had a direct relationship with children's SDQ outcomes at age 3 – mothers' depression scores at age 9 months were directly related to lower levels of warmth in interaction with their child, higher levels of hostility, and greater difficulties among children at age 3. It makes sense that the effects of what goes on in the broader context (such as an economic recession) is indirect via the effects on parents.

In further work on the effect of the economic recession on GUI children, Watson and colleagues (2016) have identified families who have moved into and out of economic vulnerability between waves of data collection. Looking at the '98 cohort (9-year-olds), at Wave 1 of data collection, 15% of

families were classified as being economically vulnerable, this had increased to 25% by the next wave of data collection which was mid-recession. Families were also classified according to those who were economically vulnerable at both waves (persistent vulnerability – 10%), those who become vulnerable at the time of the recession (recession vulnerability – 15%) and those who went from being vulnerable to not vulnerable between waves (transient vulnerability, 5%; because recession does not affect all families similarly). After controlling for several factors like gender of the child, relative to those children who did not experience economic vulnerability at any stage, children who experienced persistent vulnerability had poorer social and emotional outcomes than children in either the recession or transient vulnerability groups (where risk was similar). Thus, being in the persistently vulnerable group elevated children's risk of poorer outcomes.

I have been arguing that the effect of structural inequalities in children's lives operates at least partially through how they affect children's day-to-day interactions, and this has been further borne out in Watson et al.'s findings. The emotional well-being of the mother was the key predictor of children's outcomes – 15% of children had social and emotional difficulties, when mothers scored above the cut-off on the depression measure; this compares with 8% when mothers scored below the cut-off. This pattern holds regardless of the economic vulnerability of the family. Among families which are not economically vulnerable, 15% of those in lone parent households, 8% of those in two-parent households where there is high interparental conflict, and 6% of those in two-parent households with low interparental conflict have social and emotional difficulties. However, among the economically vulnerable families, 17% of children in couple-headed households with high interparental conflict have social and emotional difficulties; this compares with 15% in lone parent households and 12% in two-parent households with low interparental conflict. The authors concluded that economic vulnerability matters, especially when it is persistent – episodes of transient vulnerability may not confer long-term negative effects, but analyses of later waves of data (collected since the economic recovery) will shed further light on this. Some protective factors (e.g. good quality inter-parental relationship) matter more depending upon the context – in the absence of economic vulnerability, coming from a household with more or less conflict may not significantly elevate children's risk of poorer outcomes, but when interparental conflict is coupled with economic vulnerability, the risk increases substantially.

Other protective mechanisms, notably mothers' psychological health, seems to be important in all contexts (i.e. regardless of whether families are economically vulnerable or not) (Watson, et al. 2016).

Concluding Comments

GUI represents a significant investment on the part of the State, and it is as the study progresses and more waves of data are collected that its true value and contribution will be fully realised. For the moment, our findings suggest that the majority of children are doing alright, well even, when compared with their age-matched counterparts in places like the UK and Australia. The findings also suggest that children living in contexts of disadvantage are at risk of poorer developmental outcomes, although the majority of children in these contexts are still doing very well. Our analysis points to the important role that family processes play in this link between contexts of disadvantage (be it as a result of economic recession or living in a one-parent headed household) and children's outcomes and highlight important targets for intervention and prevention efforts. Striving to improve parental well-being and support good quality family relationships may buffer children from negative outcomes, regardless of family structure or socio-economic disadvantage.

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Children's Lives in Ireland –
Insights from the Growing up in Ireland Study.

53

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5. A Review of the Government's Housing Strategy from the perspective of Young and Old

Colette Bennett

In 2016, the Government launched 'Rebuilding Ireland' a plan to "tackle our country's housing shortage" in the period 2016-2021. This plan replaced previous plans such as Construction 2020 and the Social Housing Strategy 2020 and consisted of five pillars:

– Address Homelessness
– Accelerate Social Housing
– Build More Homes
– Improve the Rental Sector
– Utilise Existing Housing

We're now over halfway through this plan's timeframe. But is it working? And what impact is it having on the accommodation needs of Ireland's children and older people?

Pillar 1 - Address Homelessness

The Key Objective of Pillar 1 was to

Provide early solutions to address the unacceptable level of families in emergency accommodation; deliver inter-agency supports for people who are currently homeless, with a particular emphasis on minimising the incidence of rough sleeping; and enhance State supports to keep people in their own homes.
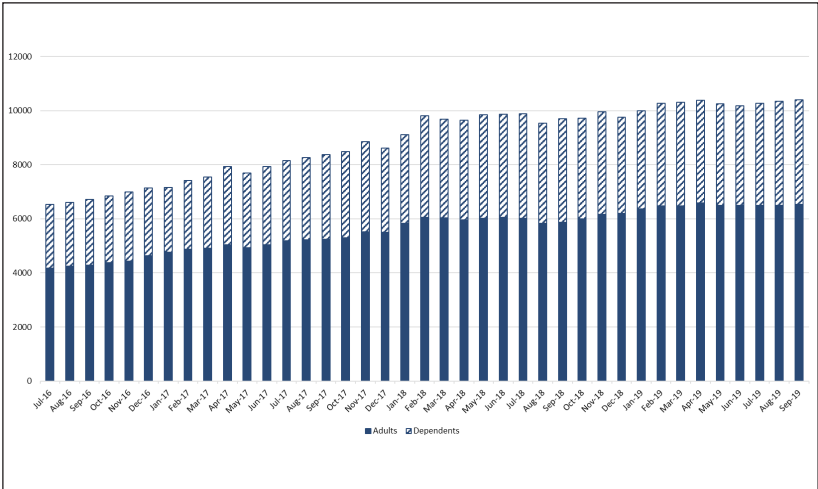
This was an ambitious objective. Key actions toward meeting it included ensuring by mid-2017 that hotels are only used in limited circumstances for emergency accommodation for families, by meeting housing needs thorough the Housing Assistance Payment (HAP) and general housing

allocations. A Rapid Build Housing programme was to deliver 1,500 units, and a Housing Agency initiative was to add a further 1,600 units through acquiring vacant houses.

Unfortunately, this was not delivered.

In July 2016, when Rebuilding Ireland was introduced, 6,525 people accessed emergency accommodation (4,177 adults and 2,348 dependents). By September 2019, that number had increased by 59.3 per cent to 10,397 people (6,524 adults and 3,873 dependents) (Chart 1).

**Chart 1: Homelessness – Adults and Dependents, July 2016 to September 2019**

These are the 'official' data on homelessness. They do not include those staying with family and friends, they do not include rough sleepers, they do not include homeless families temporarily accommodated in housing owned by their Local Authority, they do not include the women and children in domestic violence refuges, and they do not include asylum seekers in transitional accommodation. Earlier this year, a report commissioned by the European Commission referred to the current state of data collection on homelessness in Ireland as "statistical obfuscation if not

'corruption'."[17] However, even on the basis of obfuscated data, Rebuilding Ireland has not delivered the promised solutions.

Homelessness and Children

In the context of this publication, let's first consider family homelessness. Family homelessness has increased by 55.3 per cent (from 1,130 families in July 2016 to 1,756 in September 2019) (Chart 2).

Chart 2: Family Homelessness, July 2016 to September 2019
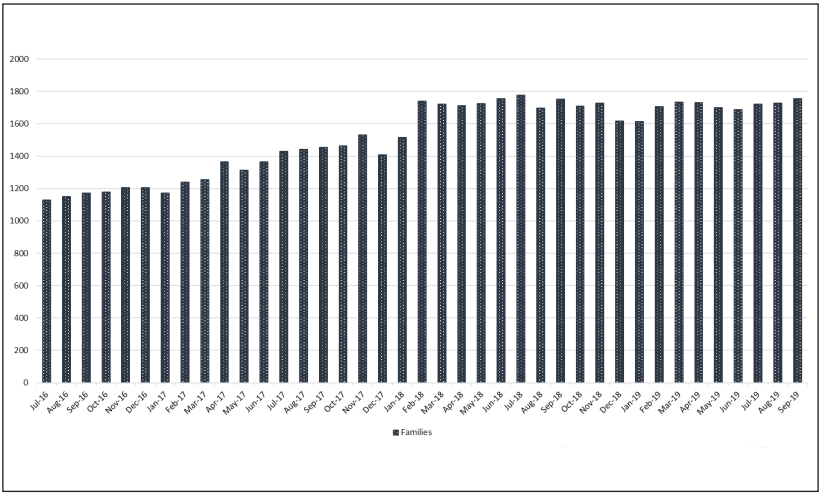
Source: Department of Housing, Planning and Local Government, Homelessness Reports, various years

Family Hubs were first introduced in 2017 as an alternative to hotels and B&Bs. In response, the Irish Human Rights and Equality Commission (IHREC) warned of the risks: of institutionalising families and normalising family homelessness. This warning was ignored, with Minister Eoghan Murphy TD urging Local Authorities to build more 'rapid build' Family Hubs at the Second Housing Summit in January 2018, and increased funding for Family Hubs provided in Budgets 2019 and 2020.

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[17]   Daly, M. (2019), ESPN Thematic Report on National strategies to fight homelessness and housing exclusion – Ireland, European Social Policy Network (ESPN), Brussels: European Commission.

A report published in April 2019 by the Office of the Children's Ombudsman (OCO) shows just how prescient IHREC's warnings were, as children as young as 10 describe their living conditions as being "like a prison"[18].

To give just one example from the Report:

"Hannah (aged 8), cried and told us that the Hub was "like a children's jail". She expressed extreme worry and fear for her younger brother Niall (aged 5) who had tried to run away from the Hub on several occasions. She told us that when her mother was having a shower she would sit on a chair in front of the door so her brother could not run away. Niall had sneaked out of the Hub once already and threatened to throw himself out of a bedroom window."

No eight year old should feel the weight of responsibility to protect their five year old brother from running away or jumping out of a window. And no five year old should feel that these are their only options.

Other children interviewed for the Report spoke of not being able to have friends over to visit, not having a quiet place to read or do homework, the experience of having to sign in and out, and experiences of bullying.

While the Report does point out that Family Hubs have been found to be better than hotel rooms, in the long-term they remain an unsuitable solution.

Homelessness and Ageing
The number of people aged 65 and above who are homeless has increased by 78 per cent (from 83 in July 2016 to 148 in September 2019), although there were fluctuations during that period (Chart 3).

While there is a relatively low instance of homelessness among adults aged 65+, the rate of increase since the inception of the Rebuilding Ireland plan is concerning. Frailty is often a challenge that comes with ageing and is exacerbated by poor living conditions. These are Ireland's most vulnerable citizens, and we are failing to meet their most basic needs.
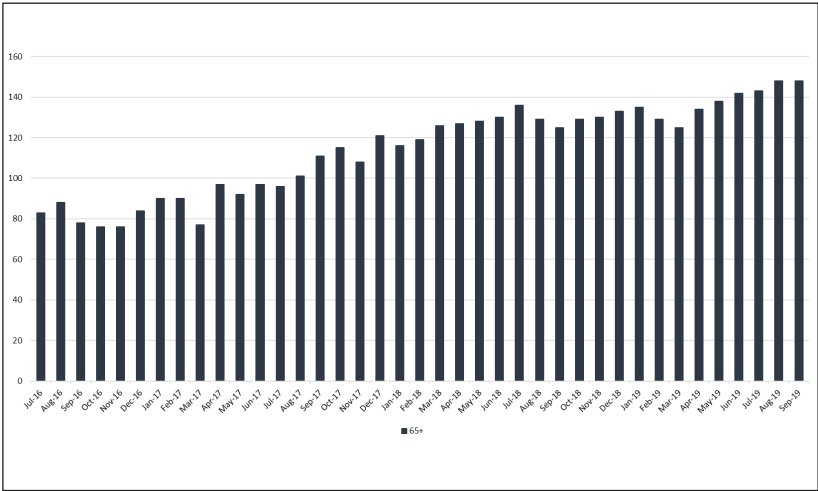
In terms of providing long-term solutions, as provided for by Rebuilding Ireland, to the end of 2018, just 423 of the 1,500 units promised under the

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[18]   https://www.oco.ie/app/uploads/2019/04/No-Place-Like-Home.pdf

Rapid Build Programme were delivered, while regenerations have delivered just 507 units.

**Chart 3: Homelessness, Aged 65+, July 2016 to September 2019**

Financial Costs

The societal cost of homelessness is, as yet, unknown. Children born into, or at risk of, homelessness are presenting to services unable to crawl or walk due to lack of space and unable to chew food because their parents have no option but to maintain a diet of ready-made pureed food as a source of nutrition far beyond the stage when other children their age would have been weaned. Time lost in the first five years of a child's development is not easily recovered. It requires wraparound supports, including physical and speech therapies, counselling services and dieticians.

In terms of the monetary cost of physical accommodation, since 2014 €438 million has been spent by Local Authorities on emergency accommodation. In 2018, Local Authorities reported spending almost €147 million, an increase of 311 per cent since 2014 (Chart 4).

Chart 4: Local Authority reported expenditure on Emergency Accommodation, 2014 to 2018

	2014	2015	2016	2017	2018
■ Series1	35,778,106	55,131,256	85,188,717	115,080,076	146,875,302
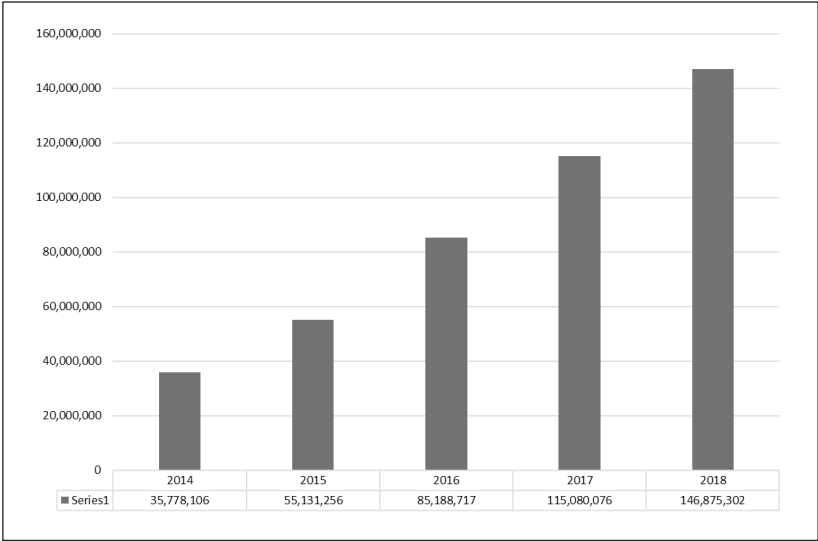
Source: Department of Housing, Planning and Local Government, Local Authority Regional Financial Reports, various years

Preventing Homelessness

Local Authority expenditure on homelessness prevention and tenancy sustainment was just €10 million in 2018. Budget 2020 allocated €166 million to emergency accommodation and homelessness prevention. In 2018, the total expenditure to these two budget lines was just under €157 million. In real terms, therefore, the increase amounts to less than 6 per cent, whereas the increase in the number of homeless people accessing emergency accommodation between October 2017 (when Budget 2018 was delivered) and September 2019 was almost 21 per cent.

Among the actions contained in Rebuilding Ireland to prevent homelessness was the establishment of a service to provide legal and financial supports to home-owners in late stage mortgage arrears and an increase in Mortgage to Rent supports.

The former became known as Abhaile, a project under the remit of the Citizens Information Board which increased funding to MABS (the State's

Money Advice and Budgeting Service) existing mortgage supports in place since September 2015, continued to fund the Accountants' service, put in place in October 2017, and funded a new voucher system for borrowers in late stage mortgage arrears to access a Personal Insolvency Practitioner or a Consultation Solicitor for one meeting to determine eligibility for an insolvency arrangement. According to the Second Annual Report[19], 95 per cent of borrowers who accessed a Personal Insolvency Arrangement and 86 per cent of those who accessed a voluntary arrangement through MABS stayed in their home. However, even in this context the numbers can be misleading. Data relating to Personal Insolvency Practitioners related to individual borrowers, those relating to MABS services relate to borrower households.

MABS advisers supported 1,150 borrower households; 85 per cent (978 households) will remain in their home. Personal Insolvency Arrangements (PIAs) were put in place in respect of 128 borrowers, 122 of which remained in their home. Of these, almost half (59 PIAs) were on the basis of a 'split mortgage', which effectively defers payment on a proportion of the mortgage until a future date. This future date could be after the end of the PIA, leaving borrowers with little capacity to pay a lump sum and no recourse to insolvency (as borrowers can only access one PIA in their lifetime). The sustainability of these arrangements over the remaining income generating years of the borrower is questionable at best.

Government has committed a budget of €15 million over three years to the Abhaile scheme. Of this, €5.8 million will fund vouchers to access a first appointment with a Personal Insolvency Practitioner or accountant, €3.5 million will fund a communications campaign, €900,000 will resource staffing for the Abhaile project team and additional MABS advisors, and €4.8 million is allocated to the Department of Justice and Equality to cover the cost of providing legal advice and supports.

1,150 borrowers were supported by MABS to access sustainable voluntary arrangements, a further 1,111 borrowers were in progress to an informal solution having accessed the services of a Personal Insolvency Practitioner, compared to just 122 Personal Insolvency Arrangements. Informal arrangements are proving more accessible and successful than the formal

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[19]   http://www.justice.ie/en/JELR/Abhaile_Second_Annual_Report.pdf/Files/Abhaile_Second_Annual_Report.pdf

processes for borrowers and far more cost effective for the Exchequer. MABS, established in 1992, provided this service before the introduction of the Abhaile scheme. Rebuilding Ireland has produced very little of substance, at significant cost, in support of borrowers in late stage mortgage arrears.

Mortgages, Mortgage Arrears and Ageing
According to the latest Census, 5.7 per cent of people aged 65 and above have a mortgage. While this is a relatively low proportion (the vast majority of people in this age group own their homes outright), the real number of people has increased by 26 per cent since Census 2011. Within this group, some will have taken out mortgages as deposits for their children. The sustainability of these mortgages on reduced post-retirement income is questionable. However, there is also a likelihood that many of these mortgages held by borrowers aged 65 and above are in arrears, particularly as mortgage terms range from 25 to 40 years, with most lenders imposing a maximum age limit on borrowers of between 65 and 70 at the end of term. In 2018 the Central Bank reported[20] that the average age of a loan borrower in long-term arrears was 49, and 10 per cent were over 62.

The basis of the State pension system is that accommodation costs for those of pensionable age will be low (for example, paying through differential rent to the Local Authority or low-cost rent to Approved Housing Bodies) or zero (owner occupier, no mortgage). However this is unlikely to be the situation for this group of people who are likely to have experienced a reduction in income post-retirement and are therefore less likely to have the financial capacity to enter into a formal insolvency arrangement. Facing homelessness in old age, Rebuilding Ireland has done very little to support them.

Mortgage to Rent is not providing solutions either. According to the Housing Agency's Mortgage to Rent Status Update for Q3 2019, a total of 4,093 cases have been submitted to date, 3,223 of which were ineligible or terminated during the process or were in respect of households deemed to be over- or under-accommodated. Since its introduction in 2012, just 586 cases have been successfully completed. A review of the Mortgage to Rent Scheme was undertaken in February 2017[21]. While the eligibility criteria for borrowers in mortgage arrears remained largely unchanged, one of the

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[20]   O'Malley, Terry (2018) *Long Term Mortgage Arrears in Ireland, Financial Stability Notes No. 8*
[21]   http://rebuildingireland.ie/news/changes-in-mortgage-to-rent-scheme/

main outcomes of this review was the introduction of a new funding model, using private equity. Private equity vehicles are, by their nature, profit driven. Tight regulations and buy-back options for the State must exist to ensure that Mortgage to Rent tenants do not fall foul of market fluctuations.

Homelessness is becoming normalised. According to the Homelessness Quarterly Progress Report (April to June 2019)[22], 44 per cent of all homeless people in Dublin accessing emergency accommodation have been doing so for more than a year, with 18 per cent accessing emergency accommodation for two years or more. For families accessing emergency accommodation, 45 per cent have being doing so for over a year, with 15 per cent in the system for two or more years. In August of this year, Focus Ireland and the INTO jointly published a resource for primary schools to aid them in supporting homeless children[23]. The need for these resources to be developed at all shows just how pervasive our homelessness crisis has become.

Pillar 2 - Accelerate Social Housing

The Key Policy Objective of Pillar 2 was to

Increase the level and speed of delivery of social housing and other State-supported housing.

This was possibly less ambitious than the Pillar 1 objective, as the level of delivery of social housing had been decimated since the late-1980s /early-1990s, and the speed of delivery was glacial.

One of the actions under Pillar 2 of Rebuilding Ireland was to meet the needs of the vulnerable. The European Commission summed up Irelands failure to do this in its 2019 Country Report on Ireland, stating

*The rapidly rising number of homeless people as a result of rent increases and insufficient social housing merits urgent action. Insufficient levels of investment and construction over the last decade, including social housing, have led to a huge shortage of adequate accommodation **for those most at risk**.*

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[22]   https://www.housing.gov.ie/sites/default/files/publications/files/homeless_quarterly_progress_report_-_april_to_june_2019.pdf
[23]   https://www.focusireland.ie/wp-content/uploads/2019/08/Homelessness-in-the-Classroom.pdf

Families continue to account for more than half of all households in need of social housing (over 52 per cent of households in need of social housing were families in 2018), which means children continue to be most affected by the lack of action on social housing. The number of people aged 50 and over assessed as in need of social housing was 16,245 in 2018 (22.9 per cent of the total). This number has decreased slightly since the introduction of annual assessments, having increased sharply in the 2013-16 period (Chart 5).

**Chart 5: Social Housing Needs Assessment, by Age Group (50+), 2005 to 2018**
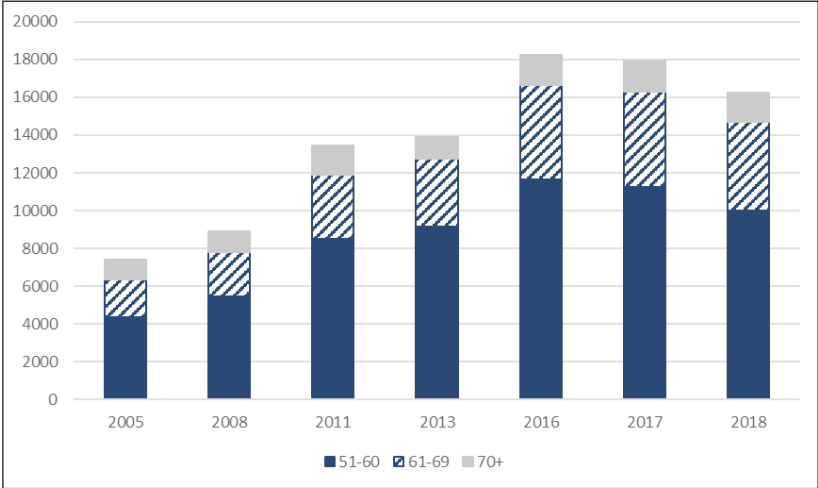
Source: Summary of Social Housing Needs Assessments, Housing Agency, various years

Two out of every five households on the social housing waiting list have been waiting for five or more years (41.8 per cent), more than one in four (26.7 per cent) have been waiting for more than seven years. The number of families and older people in need of long-term, sustainable social housing requires a concerted policy response to increase the capacity of Local Authorities and Approved Housing Bodies to build social housing on State lands. More expensive options being explored with private developers will inevitably mean the delivery of fewer homes for a higher price, while households with children and older households continue to wait.

According to the Rebuilding Ireland Targets and Progress Report[24], the target of 47,000 units has been revised to 50,483, of which just 23,768 had been delivered through builds, acquisition and leasing up to Q2 2019. Just 39 per cent of the total build target of 33,617 has been met to date (Chart 6), with targets missed for 2018 and up to Q2 2019. It is interesting to note that the acquisition target for the whole programme has already been exceeded (the target to 2021 was for the acquisition of 6,830 units, as of Q2 2019, 7,783 units had been acquired). Speed of delivery is likely a contributing factor, however in many areas this would be a more expensive form of housing provision compared to direct builds by Local Authorities and Approved Housing Buildings, particularly if using State lands. The continuing cost to the Exchequer must also be a factor in determining the best method and it is time that a full comparative long-term cost analysis is developed.

Chart 6: Social Housing Builds v Targets, 2016 to Q2 2019
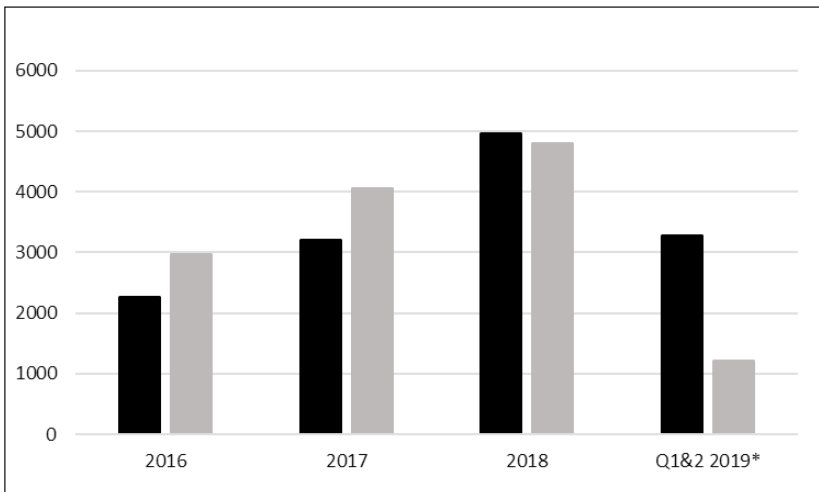
Source: Rebuilding Ireland – Targets and Progress, Department of Housing, Planning and Local Government

Note: Target for Q2 2019 is calculated by dividing the full year target by 2

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24   https://www.housing.gov.ie/housing/social-housing/social-and-affordble/overall-social-housing-provision

Earlier this year, the Department of Housing, Planning and Local Government published a breakdown of Social Housing Output for 2018 by local authority area. This showed that 45 per cent of all Local Authorities failed to meet their build targets last year, with Galway City Council only providing a quarter of its target builds and Westmeath County Council providing just over a third. The Housing Assistance Payment (HAP), a subsidy to landlords in the private rented sector, continued to outpace the provision of long-term sustainable homes, accounting for 66 per cent of all Social Housing Output in the reporting period.

The numbers acquired and leased, compared to the targets set in this area, fared better in terms of targets reached. Here, targets were exceeded in all but 8 Local Authority areas. Actual Acquisitions and Leases in most areas which exceeded targets were 100-250 per cent of target, with Offaly being over 550 per cent, albeit from a low target of 14. In terms of the actual number of units provided through this method, more social housing units were provided through Acquisitions and Leasing than actual builds (including Regeneration) in 14 of the 31 Local Authority areas.

The proportion of Social Housing Output attributed to HAP can be as much as 86 per cent, with those Local Authorities at the lower end of the scale still providing almost half of their social housing through this method. It is interesting to note that Galway City Council, which met the smallest proportion of its build target (just 25 per cent), had the highest proportion of Social Housing Output attributed to HAP.

The increased level of supports to Local Authorities and Approved Housing Bodies have been lacking, particularly in terms of capital investment. As noted by Norris and Hayden[25], the last three decades have seen 'a significant reduction in the traditional role of council housing as the primary source of accommodation for low-income renters. Their report attributes this reduction to the contraction of capital funding for council housing, which fell by 94 per cent between 2008 and 2013. The expansion and contraction of capital spending on housing by central government demonstrates just how volatile this basic necessity for low-income families is, and how responsive to economic shocks. Chart 7 shows the pro-cyclical nature of central government capital expenditure allocations to the Department

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[25]   Norris, M. and Hayden, A. (2018): *Future of Council Housing: An Analysis of the financial sustainability of local authority provided social housing*

of Housing, Planning and Local Government since 1994. Expenditure increased steadily from 1994 to 2000, before declining sharply. A further period of increase between 2004 and 2008 was followed by another, more severe decline in the years 2009 to 2015. Since then, gross capital expenditure allocation has increased again, however the volatile nature of this expenditure pattern calls into question the sustainability of any long-term capital projects.

Chart 7: Gross Capital Expenditure on Housing, 1994 to 2018, €,000
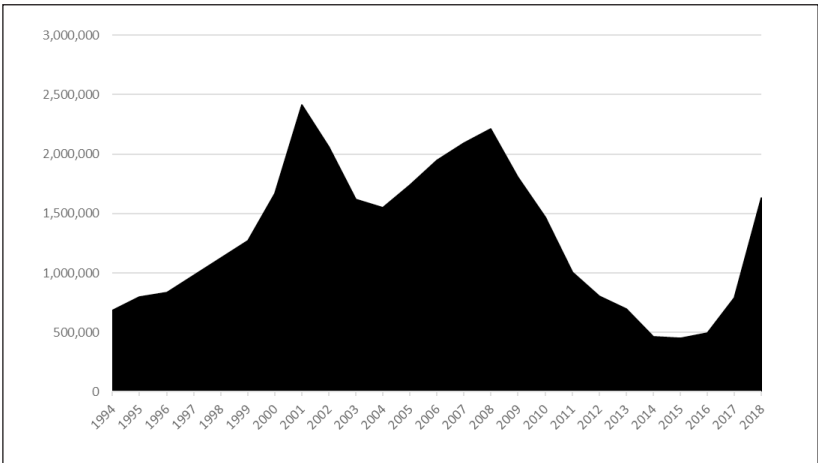
Source: Department of Public Expenditure and Reform, Databank

The role of Local Authorities in building long-term social housing was diminishing even before the crash in 2008, however, as Government looked to Approved Housing Bodies, seen until recently as 'off-balance sheet' providers of social housing. While capital spending increased in the years to 2008, neither this, nor the subsequent increase since 2015, is reflected in the proportion of Social Housing Output attributed to local authority 'builds', which fell sharply since 2008 and stood at just over 4 per cent at the end of 2018.

Social Housing Need
The number of households on the social housing waiting list was 70,858 as at June 2018, a purported decrease of 16.2 per cent on the previous year. However, once again, questions emerge about data capture meaning

that the number of households in need of social housing may be much higher. Households in receipt of HAP are deemed to have their housing need met and are therefore not counted as part of the social housing needs assessments. The move to transfer households from Rent Supplement (which is counted) to HAP (which is not), means that households whose circumstances have not in fact changed have been removed from the list. The decrease in numbers may also be partly attributable to the fact that social housing needs assessments are now conducted annually, rather than every three years. While there are methodological safeguards in place to try to ensure that sufficient returns are made, the process of completing the form can be onerous for vulnerable households or households with low levels of literacy.

The direction of social housing, supported by Rebuilding Ireland, is towards privatisation and profit and away from the provision of basic necessities for those who need it.

Pillar 3 - Build More Homes

The primary objective in Pillar 3 was to

Increase the supply of private housing to meet demand at affordable prices.

The key action to deliver this objective was the doubling of output to deliver over 25,000 units **per annum on average** during the period of the plan, 2017-2021. This has since been revised to a target of 25,000 built every year in period to 2021. While new dwelling construction has increased since 2013, in 2017 and 2018, a total of just 32,389 dwellings were built (14.373 and 18,016 respectively), considerably less than the target. Construction of single houses decreased a little between 2011 and 2014, but has remained relatively static since, while the number of scheme houses doubled between 2015 and 2018 (Chart 8).

While below target, the increase in the construction of residential dwellings is welcome. However, increased construction alone will not solve the housing crisis as affordability remains an issue. In their exploration of housing affordability in the Irish housing market based on SILC data,

Corrigan et al.[26] found that on average households were paying one-fifth of their income on housing costs (that is, mortgage or rent only) in 2016, but that there was substantial variation across households. Those paying a higher proportion of their income include those living in Dublin and the surrounding Mid-East region and low income household, in particular those households in the bottom income quartile were spending on average between two-fifths to more than half of their income on housing costs, depending on tenure.

**Chart 8: New Dwelling Construction, 2011 to Q2 2019**
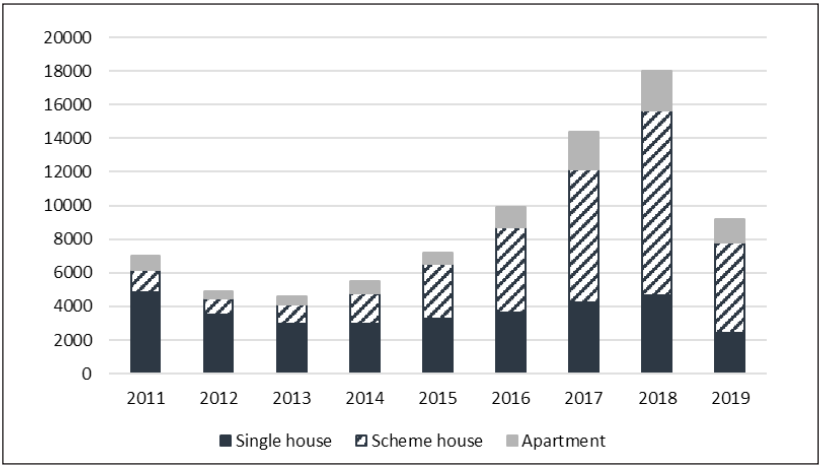
Source: CSO, New Dwelling Constructions by Type of House and Quarter, Statbank [NDQ01]

According to the CSO's Residential Property Price Index, the percentage change over 12 months of residential properties in the State, Dublin and the State excluding Dublin have followed a similar trajectory since 2008, falling slightly in 2009 (with a considerable drop in Dublin of 24.5 per cent), before increasing from 2011 and levelling somewhat between 2014 and 2018 (Chart 9). The average sale price for a residential property in Ireland in 2018 was in excess of €290,000, with Dublin commanding an average of over €446,000[27].

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[26] Corrigan, E.; Foley, D.; McQuinn, K.; O'Toole, C.; Slaymaker, R.(2019): *Exploring Affordability in the Irish Housing Market*

[27] CSO, Residential Property Price Index 2019

Chart 9: Percentage Change over 12 Months for Residential Property Price Index, National, Dublin and National excluding Dublin, 2008 to 2018
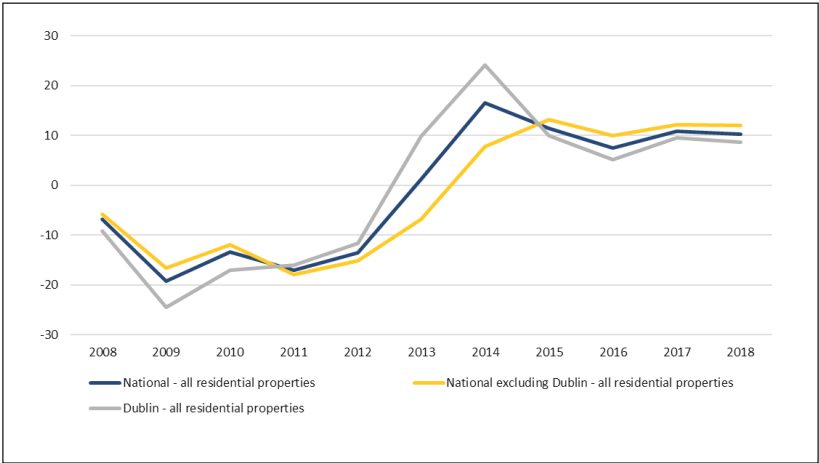
Source: Extracted from CSO, Residential Property Price Index by Type of Residential Property, Year and Statistic

In September 2018, the Government launched the Land Development Agency, with an initial capital investment of €1.25 billion, to build 150,000 over 20 years. One of the objectives of the new Agency was to deliver at least 40 per cent of housing built on lands transferred from the State in the form of social (10 per cent) and affordable (30 per cent) housing. The remaining 60 per cent would be privately owned. Even if this were sufficient to meet the need, which it is not, it is likely that any development envisaged by the Agency will be delayed following legal advice to the Housing Committee which stated that any transfer of land from the State to the Agency with the use of National Treasury Management Agency funds would "appear to fall squarely within the definition of State aid". The Agency is currently due to be examined by the European Commission to determine if it is a beneficiary of State aid and, therefore, anti-competitive. This is a serious issue for Government. For households in unsustainable housing situations, it means further delays.

To increase housing affordability and availability, Rebuilding Ireland also introduced the Local Infrastructure Housing Activation Fund (LIHAF), a €200 million fund to develop supporting infrastructure on lands used

for housing developments. According to the LIHAF Information Table available on the Rebuilding Ireland website[28], an estimated 19,979 housing units are projected to be delivered with the support of LIHAF by 2021. Of these, 3,274 will be social or Part V housing, 2,350 will be Affordable Housing units from statutory or administrative schemes, and 5,636 will be Cost Reduced Housing units (that is, where a commitment has been made to provide reductions on the market price on private units available directly to the public). To gauge affordability, the average cost of a 3-bed house in 2017 is provided by Local Authorities in respect of projects submitted for LIHAF funding. Two out of five units (8,229) will be in an area with an average price of between €200,000 and €300,000, more than one in four (26 per cent, 5,200 units) will be in an area with an average price of between €300,000 and €400,000 and 17 per cent (3,592 units) will be in an area with an average price of between €400,000 and €500,000 (Chart 10). Average price information is not provided in respect of 620 units that are "expected to be mainly build to rent apartments" in Cork City. These units will include the 10 per cent social housing allocation and an additional 40 units in receipt of an affordable rent credit to nominees of the Local Authority or any other statutory body for a period of 25 years (similar terms to the Rental Assistance Scheme). Essentially, the State is subsidising buy to lets through the LIHAF.

These prices are beyond what many average earners can afford, particularly with the imposition of a loan to value and loan to income limits on borrowing by the Central Bank of Ireland[29]. A first time buyer household with a 10 per cent deposit would have to have gross income of between €51,428 and €77,142 per annum to afford a home priced at between €200,000 and €300,000. While first time buyers looking to buy at the higher end of the scale (€500,000 +) would have to earn at least €128,571 per annum. This can hardly be considered affordable when average earnings in 2018 were €38,871[30].

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[28]   https://rebuildingireland.ie/LIHAF/
[29]   *Social Justice Ireland* however favours these macroprudential lending criteria as a safeguard against the irresponsible lending of the pre-2008 era.
[30]   Central Statistics Office, Earnings and Labour Costs Annual 2018, June 2019

Chart 10: LIHAF Projects, Average Price of a 3-bed house in 2017 (€,000)
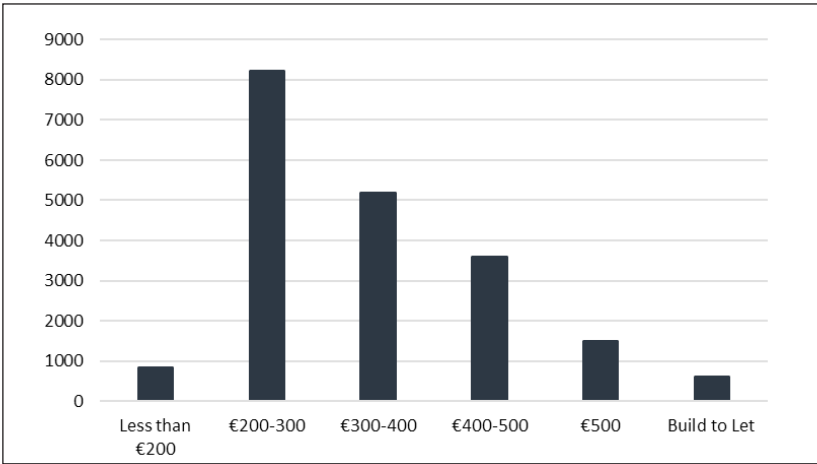
Source: Rebuilding Ireland, LIHAF Information Table

Affordability, Credit and Demographics

Almost three quarters of all housing purchases are supported by way of a mortgage[31]. According to the Banking and Payments Federation of Ireland (BPFI), national average first-time buyer borrower incomes rose by almost a third between Q1 2014 and Q1 2019 - from €53,490 to €70,842. In Dublin, the increase during this period was 42 per cent, from €58,446 to €82,765. As most people will see a rise in earnings as they age, it is therefore not surprising that the demographic profile of first time buyers is changing, and getting older.

The Central Bank of Ireland's Household Credit Market Report 2018[32] reports that, for first time buyer mortgages taken out between 2014 and 2016, half of all borrowers will have reached the age of 65 or above on maturity of their mortgage. There has been an increase in the share of first time buyers in 2017 who will have reached the age of between 65 and 70 on maturity, with a slight decrease in the proportion of those who will be aged over 70. This trend appears to be continuing, with the 2019 Household

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[31]   Banking and Payments Federation of Ireland, BPFI Housing Market Monitor, Q2 2019
[32]   Central Bank of Ireland (2018): Household Credit Market Report

Credit Market Report indicating that the average age of a first time buyer in Q1 2019 was 34, with average loan terms of between 31 and 35 years.

In light of the low level of private pension ownership in Ireland, the sustainability of these mortgages post-retirement must be considered. In her 2014 paper, Nivarkoski assessed the income levels, income sources, supplementary pension coverage and retirement income replacement rates of the TILDA (The Irish Longitudinal Study on Ageing) cohort of retirees and found that those in the highest pre-retirement-earnings quartiles in both public and private sector employment had the lowest income replacement rates, with less than 40 per cent replacement for those formerly employed in the private sector and 60 per cent for those formerly employed in the public sector. Nivakoski also sets out the mean values of retirement income replacement rates across a range of factors. For the purpose of this paper, the mean values of retirement income total replacement rates by quartile are set out in Table 1.

Table 1: Mean Values of Retirement Income Total Replacement Rates by Quartile

1st	2nd	3rd	4th
99.4	64.2	53.3	39.3

Source: Extracted from Nivakoski, S., Determinants of Pension Coverage and Retirement Income, p.317, Table 8

Rebuilding Ireland is not meeting its construction targets, nor could the housing units being constructed be considered affordable. This means that, for many, home ownership will be out reach. For young families starting out, particularly single parent families, housing affordability is likely to be prohibitive. For those on the social housing waiting list, they will continue to live in private rented accommodation they can ill-afford, live with family or friends or join the 1,756 families accessing emergency accommodation.

For others, the older first time buyers using above-average incomes to finance high purchase prices, the impact of these mortgages on their ability to retire, and the sustainability of mortgage payments on a reduced post-retirement income, presents a significant policy challenge.

Pillar 4 - Improve the Rental Sector

The primary objective in Pillar 4 was

Addressing the obstacles to greater private rented sector delivery, to improve the supply of units of affordable rents.

In order to achieve this objective, Government was to develop a strategy for a viable and sustainable rental sector, introduce legislation on "balanced arrangements for tenancy terminations", introduce an Affordable Rental Scheme and support greater provision of student accommodation.

According to the Residential Tenancies Board (RTB), one in seven of us live in the private rented sector (714,364 tenants across 339,447 tenancies)[33]. As of 2017, there were 174,001 landlords registered with the RTB. This number rose steadily from 2006, when there were 83,102 landlords and peaked in 2012 with 212,306 landlords. A sharp decrease to 160,160 landlords in 2014 was followed by some slight fluctuations in the following years (Chart 11), although we are seeing an increase in the number of landlords owning multiple properties, with the introduction of Real Estate Investment Funds.

Chart 11: Number of Landlords registered with the Residential Tenancies Board, 2006 to 2017
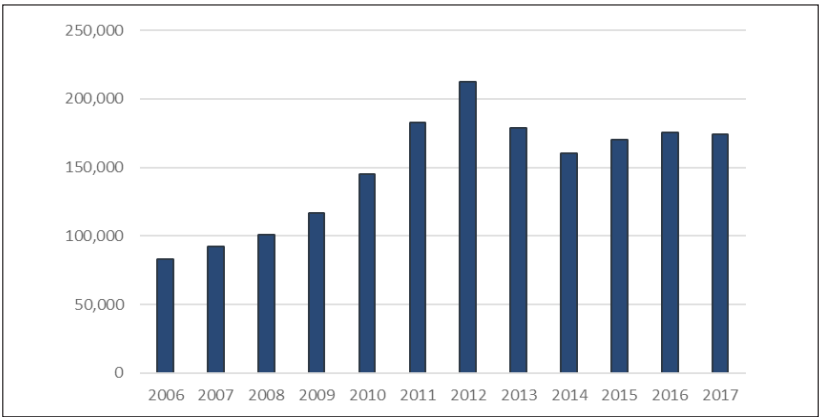
Source: Residential Tenancies Board, Annual Reports 2015 and 2017

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[33] RTB Annual Report 2017

The latest Daft.ie Rental Report[34] indicates that, as of November 2019, there were 3,500 rental properties available on the market, an increase of 10 per cent on November 2018 and the first November in a decade that rental stock has increased. In contrast, in May 2019 Aisling Hassell, Airbnb Vice President Dublin Site Lead & Global VP Community Support wrote in the Irish Times[35] that "An analysis of entire homes listed on Airbnb shows that they account for less than 1 per cent of total housing in Ireland". In the midst of a housing crisis, short-term, higher profit rentals are taking long-term homes out of circulation.

Since July 2019 private homes used for short-term lettings, such as on Airbnb, were required to apply for planning permission. In November 2019, the Irish Examiner reported that just 3 per cent of eligible Airbnb properties have registered under these new rules[36] and just 3 staff have been hired by Local Authorities to enforce the new legislation.

In addition to a lack of supply, we also have an affordability issue.

The same Daft.ie Rental Report referred to earlier indicates that the average asking rent nationwide in November 2019 was €1,403, the 29th consecutive quarterly increase. In Dublin, average asking rents range from €1,728 in North County Dublin to €2,224 in South County Dublin. These are the rents sought in respect of new tenancies and, as such, may differ from average rents being paid in existing tenancies. Legislation in relation to Rent Pressure Zones, which places a cap of 4 per cent on increases to private rents in 44 areas throughout the country, has not had the desired impact on asking rents.

For existing tenancies, we look to the RTB. According to the RTB Rent Index, private rents increased by almost 57 per cent between Q1 2012 and Q1 2019[37], from €744.72 to €1,169.21. During the same period, average weekly earnings increased by just under 10 per cent (Chart 12).

[34]   https://www.daft.ie/report/2019-Q3-rental-daftreport.pdf
[35]   https://www.irishtimes.com/opinion/airbnb-in-ireland-rental-rules-welcome-but-red-tape-must-not-restrict-homeowners-1.3883884?mode=amp
[36]   https://www.irishexaminer.com/breakingnews/ireland/airbnb-laws-are-being-ignored-says-td-963020.html
[37]   RTB Rent Price Index

Chart 12: Private Rents and Average Weekly Earnings, 2008 to 2019 (Base = Q1 2012)
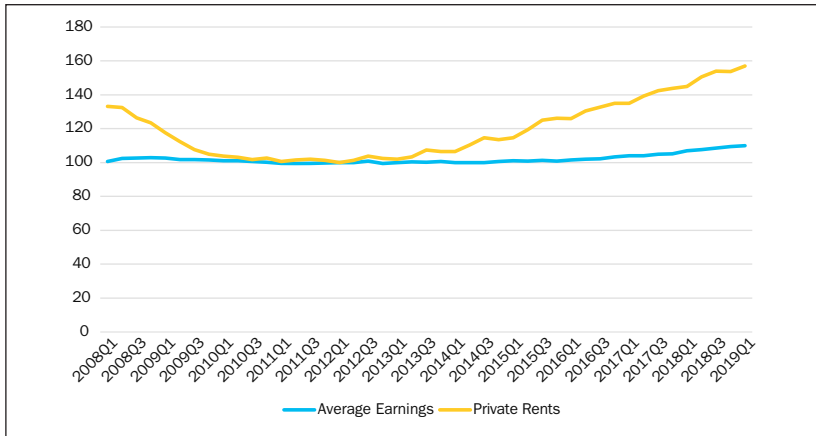
Private Rent and Housing Cost Overburden

With rent inflation outstripping increases in average earnings, it is perhaps unsurprising that tenants in private rented accommodation are most likely to experience housing cost overburden, that is, are spending more than 40 per cent of their disposable income on housing costs.

According to Eurostat, more than one in five tenants spent more than 40 per cent of their disposable income on housing costs in 2017[38], almost one in ten tenants spent more than 60 per cent, and one in 20 spending over 75 per cent. With an average of 2.1 occupants per tenancy (according to the RTB Annual Report), this equates to 141,320 people with a housing cost burden of more than 40 per cent, of which 60,472 people have a housing cost burden of more than 60 per cent and 34,430 have a housing cost burden of more than 75 per cent. This level of unsustainable housing cost overburden is a result of policies which prioritised the profits of landlords over the quality of life of tenants, or as the UN Rapporteur on adequate housing, Leilani Farha, put it in March of this year:

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[38]   Eurostat, [ilc_lvho28]

*"Our chief concern lies with those laws and policies which have allowed unprecedented amounts of global capital to be invested in housing as security for financial instruments that are traded on global markets, and as a means of accumulating wealth. This expanding role and unprecedented dominance of unregulated financial markets and corporations in the housing sector is now generally referred to as the "financialization of housing" and it is having devastating consequences for **tenants**."*[39]

Rent Inspections

When you're paying 40 to 75 per cent of your disposable income on housing costs in the private rented sector, you might assume a basic standard of accommodation. Unfortunately, you might be wrong. In 2018, just 7.39 per cent of registered properties were inspected by Local Authorities (although this represents an increase from just 4.96 per cent in the previous year)[40]. Of these 23,824 properties inspected in 2018, 83 per cent (19,770) were found to be non-compliant with regulations of which just 5,466 (27.5 per cent) became compliant during 2018.

Co-living

Earlier this year, the Minister for Housing introduced the concept of co-living. An "exciting" opportunity to licence an en suite bedroom with shared kitchen and communal living spaces at a reported cost of up to €1,300 per month. While roundly rejected by advocates for a sustainable housing model, CBRE's Real Estate Market Outlook Mid-Year Review 2019 expects to see an increase in planning permissions for "co-living concepts" over the next 12 months. Among the many issues with this model are the lack of security of tenure (co-living units operate under licence) and the risk of a return to tenement-style living should the shared services contract end in the event of an economic downturn. This type of accommodation is not meant to be long-term. It is by its nature transient. Investment in longer-term supply is what is needed.

Private Rents and Demographics

When it comes to student accommodation, the Government introduced its National Student Accommodation Strategy in 2018, which proposed outsourcing developments to private operators. As at Q2 2019, 6,691 purpose built student accommodation spaces had been completed since

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[39]   https://spcommreports.ohchr.org/TMResultsBase/DownLoadPublicCommunicationFile?gId=24499
[40]   http://noac.ie/wp-content/uploads/2019/10/NOAC-Performance-Indicator-Report-2018-1.pdf

the launch of Rebuilding Ireland in 2016, with a further 14,766 at various stages of development[41]. Of the 6,691 spaces completed, 1,079 are public while the remaining 5,612 are privately owned. Purpose built student accommodation is now subject to the same 4 per cent rent cap as other properties in the Rent Pressure Zone areas in which they are situated, however a survey conducted by the Irish Independent earlier this year indicates that on-campus rents have risen by up to 11.5 per cent compared to last year[42], while private off-campus accommodation can command in excess of €1,000 per month in some areas.

The private rented sector is the dominant tenure for younger age groups, accounting for 67.5 per cent of those aged 0-24, 50.8 per cent of those aged 25-34 and 24.2 per cent of those aged 35-44. The increase since 1991, when home ownership was at its highest level, in the latter two age groups is particularly stark (Chart 13).

Chart 13: Proportion living in the private rented sector by Age Group, 1991 and 2016
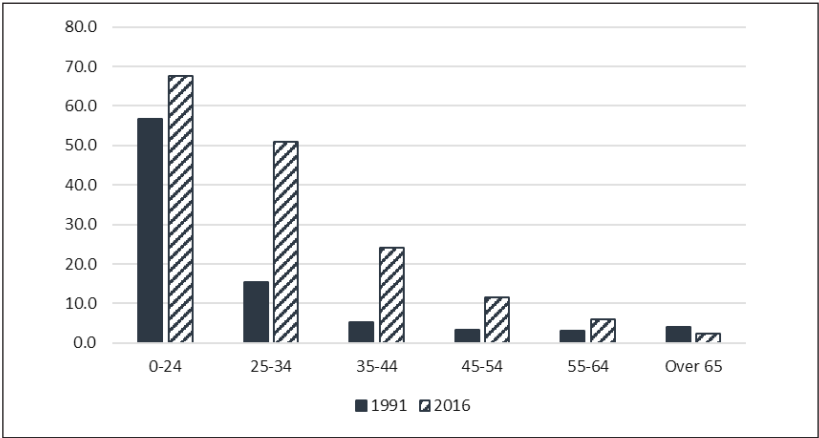
Source: Data extracted from NESC (2014) Home Ownership and Rental: What Road is Ireland On?; Malone (2019) Housing in Ireland: changing trends in headship rates and tenure by age group

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41   https://www.education.ie/en/Publications/Policy-Reports/national-student-accommodation-strategy-progress-report-q2-2019.pdf
42   https://www.independent.ie/irish-news/education/revealed-how-much-your-college-charges-for-student-accommodation-as-rents-are-hiked-38381820.html

These are also the age groups of peak family formation. Increased costs associated with raising a family, high rents and a lack of affordable alternatives means it is likely that these families will be trapped in an unsustainable situation, or face homelessness, into the future.

The proportion of older households living in private rented accommodation is relatively small, however for the older households currently living in the private rented sector, the sustainability of this accommodation is uncertain.

Pillar 5: Utilise Existing Housing

The key objective in this pillar was to:

Ensure that existing housing stock is used to the maximum degree possible – focusing on measures to use vacant stock to renew urban and rural areas.

Key actions within this pillar include a Vacant Housing Repair and Leasing Initiative, removing regulatory barriers to re-using vacant properties, resolving unfinished estates and better management of social housing through rapid re-letting of vacant units (voids) and introduction of choice-based letting.

According to the most recent figures there were 183,312 (excluding holiday homes) vacant properties on Census night 2016. Of these, 140,120 were houses and 43,192 were apartments. While this figure represents a decrease in vacancy rates per population size in all counties when compared to Census 2011, when the preliminary figures for each county are compared to the county breakdown of the Social Housing Needs Assessment 2018, there remains more vacant properties than households in every county, assuming the figures produced in the Summary of Housing Needs Assessment 2018 are correct (which we have discussed earlier in this paper).

In early 2017, the Government introduced the Repair and Leasing Scheme for owners of vacant properties to access funding of up to €40,000 to repair their properties which would then be leased to the local authority for use as social housing for a term of between five and 20 years. According to a

Parliamentary Question answered by Minister Murphy in July of this year[43], provisional data for the Repair and Leasing Scheme indicate that up to end Q1 2019, a total of 1,335 applications for the scheme had been received; 102 homes had been brought back into use and tenanted and 138 agreements to lease had been signed. Just 7.6 per cent of applications resulted in homes being brought back into use.

In July 2018, the Government launched its Vacant Housing Reuse Strategy 2018-2021, aimed at bringing existing vacant properties back into use. The Department of Housing, Planning and Local Government is establishing an Empty Homes unit to coordinate across central and local government, and each local government was requested to develop a Vacant Homes Action Plan to identify vacant homes within their areas. While *Social Justice Ireland* welcomed its publication at the time, and its intention to review bringing many of the 183,000 houses under the control of the local authority or Approved Housing Bodies to provide social homes, we were disappointed to note the timeframes involved, which looked to bring the first homes into use in late 2019 or 2020. According to a report in the Irish Examiner[44], 3,236 "tip offs" have been received by officials overseeing the implementation of the Strategy, with 293 being brought, or in the process of being brought, back into use.

A report into vacant properties in rural areas, based on a pilot of 6 rural towns, is expected to be published by the Department of Rural and Community Development towards the end of the year. Issues identified in the interim report[45] include high costs of refurbishment, expectations of a higher future sale price, lack of amenities in rural towns, a negative perception of rural towns and traffic. Apart from the desire to bring as many of the 183,000 vacant properties back into use as possible, these issues must be addressed for the existing inhabitants of rural towns and villages. These tend to be older people who increasingly experience social isolation and a lack of services due to a lack of investment. If this investment was increased, and services improved, migration towards rural areas would be a likely outcome.

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[43]   https://www.oireachtas.ie/en/debates/question/2019-07-09/865/
[44]   https://www.irishexaminer.com/breakingnews/ireland/almost-300-vacant-homes-brought-back-to-use-following-anonymous-tip-offs-960687.html
[45]   https://www.irishexaminer.com/breakingnews/ireland/rural-towns-dying-as-owners-cling-to-properties-in-hopes-of-better-prices–report-960457.html

But it is not just vacant private properties that are an issue. Local authority vacant properties, or "voids", must also be part of the solution. But again, the data is not so clear. Between 2014 and 2017 9,227 voids were returned to use, at a cost of €119 million[46]. Since 2018, however, properties brought back into use under the voids programme are only reported in official statistics up to the level of the Rebuilding Ireland targets, if reached[47]. So, while the Rebuilding Ireland reports indicate just 560 voids were brought into use in 2018, the total number was in fact 1,765 – a figure only contained in the response to a Parliamentary Question. The Performance Indicator Reports from the National Audit and Oversight Commission for 2018 now also only reports voids up to the Rebuilding Ireland target. This being the case, the question must be asked of what incentive there is for Local Authorities to go beyond their Rebuilding Targets to bring currently untenantable social housing back into use?

How can we Rebuild Ireland for Everyone?

Ireland is in the midst of a housing and homelessness crisis. This crisis impacts everyone, but it hits the vulnerable the most. We are becoming desensitized to homelessness. Our social housing system is increasingly moving away from building homes and towards subsidies to private landlords. Construction activity is not at the level required and the majority of what is being built is not affordable for those on an average wage. Private rents are exorbitant and short-term lettings are replacing long-term homes.

Rebuilding Ireland is defined by privatization and financialisation – private operators of emergency accommodation, private landlords receiving increasing amounts of rent subsidies for "social housing solutions", private developers building on State lands, short-term, high-cost lettings, and private property owners hoping to maximise a profit.

For children, families and our older population, precarious housing costs so much more than money. In fact, preliminary results from an attitudinal study of older home owners, conducted by the Department of Housing, Planning and Local Government and the ESRI and presented at the Irish Housing and Mortgage Market conference two weeks ago, suggests that the

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[46]   https://www.oireachtas.ie/en/debates/question/2018-01-24/191/
[47]   https://www.oireachtas.ie/en/debates/question/2019-04-09/98/

vast majority of older home owners would not be incentivised by money to move from their homes. That attachment to the home and family and friends were more important.

That same week, the President held a seminar on the need to Rethink Economics. To move away from the status quo and to deliver a new model of co-existence, development and collaboration. At that same seminar, Professor Mariana Mazzucato from University College London, asked us to attribute more to the term "value" than just profit[48]. This is something we need to do across so many policy areas, but particularly in terms of the home.

In considering how to Rebuild Ireland for everyone, we should look also to reimagine Ireland. To focus on what we value and to design policies, and housing, that align with that. If we take "home" as the core of the strategy, then how can we ensure that everyone has that place – that place where we can close the door and feel safe. Where we nourish our children and cherish our older people. Where we foster a community that no amount of money would part us from.

A more equitable is reqired. To achieve such a system, Government should

- Invest in homelessness prevention and limit the amount of time a family should spend in emergency accommodation.
- Extend the principles of the Housing First programme to families to ensure that the wraparound services needed by both parents and children are provided.
- Ensure that our laws prevent evictions unless the State could provide alternative, sustainable, accommodation.
- Increase the construction of social housing and set limits on the amount of time someone should have to wait on a list.
- Build more affordable (really affordable) housing through innovation in technology and building materials to reduce costs.
- Develop a cost-rental, or affordable rental, model at scale. We would ensure that rent caps are enforced, that rent inspections are adequate, and that deposits were protected.
- Oblige owners of vacant properties to put them to use.

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[48] For a detailed outline of her position cf. Mariana Mazzucato, (2019) The Value of Everything: Making and Taking in the Global Economy, Penguin Books.

If we want to Rebuild Ireland for everyone, we need to reimagine Ireland. Not as the best little country in the world to do business, but the best little country in the world in which to live.

Ireland's population is set to grow by up to 1.5 million in the next thirty years. This is a mark of the country's success. But it poses a very serious question — what must Ireland do to ensure it deals justly and comprehensively with the challenges this success presents?

In this, the first of a series of publications on Ireland's changing demography, we focus on children and older people. Among the questions addressed in the following chapters are:

- *What demographic trends can we expect to see over the coming decades?*
- *How can we harness the 'demographic dividend' that comes with having one of the youngest populations in Europe?*
- *What are the biggest policy challenges around accommodation and care that Ireland will face as older people make up an increasingly higher proportion of our population?*
- *What policies are needed to support these two cohorts and what solutions are available to meet the challenges brought on by our own success?*

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