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## 2026 Pre-Budget Survey

Could you please take 5 minutes to complete this anonymous survey? We would like to find out what you think are the most important issues for the upcoming 2026 Budget. This will assist us greatly in preparing a <u>Pre-Budget Submission</u> to Government that truly represents the lived experiences of older people.

## Financial:

| 1. | In which of the following ar (Please rank in order of im |                                | eases impacted you the most.      |
|----|--|--------------------------------|-----------------------------------|
|    | ☐ Ability to pay util                                    | ity bills                      |                                   |
|    | ☐ Food and Groce   | ry shopping                    |                                   |
|    | ☐ Ability to run a ca                                    | ar                             |                                   |
|    | ☐ Purchasing seas  | sonal Clothing e.g., Winter Co | at, Boots etc.                    |
| 2. | Have you been under pres                                 | sure to give up one or more o  | f the following in the past year: |
|    | ☐ Social Events/Le                                       | eisure/Going out for a meal    |                                   |
|    | ☐ Weekend Break  | /Holiday                       |                                   |
|    | ☐ Supporting a cau                                       | use/Membership                 |                                   |
| 3. | Do you feel financially secu                             | ure                            |                                   |
|    | [ ] Current needs  | [ ] For future needs           | [ ] Not at all                    |
|    | Please explain   |                                |                                   |
|    |  |                                |                                   |
|    |  |                                |                                   |

| 4. | Which budgetary measures have the greatest negative impact on your financial security? (e.g. Tax, Pension rate, Inflation, Means-Testing Social Welfare Payments etc.) |                                   |   |
|----|--|-----------------------------------|---|
|    | Please give maximum  | of 3 and reasons                  |   |
|    |  |                                   |   |
|    |  |                                   |   |
|    |  |                                   |   |
| Н  | ousing:  |                                   |   |
| 5. | Is your home   |                                   |   |
|    | ☐ Rented by y  | ou/ou                             |   |
|    | ☐ Owned by y   | ou 'ou                            |   |
|    |  | he State (Council Housing)        |   |
|    | ☐ Other, pleas   | se detail                         |   |
| 6. | Has your rent/mortgage/h   | nousing assistance payment incre  | eased since the last budget?            |
|    | []Yes  | [ ] No                            | [ ] N/A                                 |
| 7. | Have you had to seek ou within the past year?  | t a mortgage/housing assistance   | payment/rent relief for the first time, |
|    | []Yes  | [ ] No                            | [ ] N/A                                 |
| 8. | Have you ever been able  | to avail of any grants to improve | or refurbish your home?                 |
|    | []Yes  | [ ] No                            | [ ] N/A                                 |
|    | Please explain:  |                                   |   |
|    |  |                                   |   |
| 9. | Have you or someone yo pay bills and meet necess   |                                   | ent out a room in their home in order t |
|    | []Yes  | [ ] No                            | [ ] N/A                                 |

| Tra | Transport:  |  |                              |                           |  |
|-----|---|--|------------------------------|---------------------------|--|
| 10. | Do you rely on public transport to get around?  |  |                              |                           |  |
|     | []Yes   | [ ] No   |                              | [ ] N/A                   |  |
| 11. | How frequently wo   | How frequently would you avail of public transport?                    |                              |                           |  |
|     | [ ] Daily   | [ ] Weekly   | [ ] Monthly                  | [ ] Less frequently       |  |
| 12. | Is there access to p  | there access to public transport within walking distance of your home? |                              | home?                     |  |
|     | []Yes   | [ ] No   |                              | [ ] N/A                   |  |
| 13. | Is the public transport in your area reliable?  |  |                              |                           |  |
|     | []Yes   | [ ] No   |                              | [ ] N/A                   |  |
| 14. | Would you avail of public transport if it was more accessible and readily available to you? |  |                              | readily available to you? |  |
|     | []Yes   | [ ] No   |                              | [ ] N/A                   |  |
| 15. | Outline improveme (e.g. booking sys   | nts to public transport when   | ich would encourage          | you to use it;            |  |
|     |   |  |                              |                           |  |
| Qu  | ality of life:  |  |                              |                           |  |
| 16. |   |  |                              |                           |  |
|     | Health Servi  | ces  |                              |                           |  |
|     | Transport   |  |                              |                           |  |
|     | Lower Taxes   | S  |                              |                           |  |
|     | Pension/ Co   | st-of-living Supports  |                              |                           |  |
|     | Housing   |  |                              |                           |  |
| 17. | Please list any area<br>Budget 2026   | as not covered in questio  | n <b>16</b> above that you c | onsider important for     |  |

| 18.   | you for living a full life.   |                               |
|-------|---|-------------------------------|
|       | 1   | (most Important)              |
|       | 2.  |                               |
|       | 3   |                               |
|       | 4   |                               |
|       | 5   | (least important)             |
| 19.   | Which of the following best describes where you live?                     |                               |
|       | Rural area (population less than 1,500 persons)                           |                               |
|       | Town (Population 1,500 or more)   |                               |
|       | ☐ City  |                               |
| 20.   | To which gender do you most identify?  ☐ Female ☐ Male                    |                               |
|       | ☐ Transgender   |                               |
|       | <ul><li>☐ Non-Binary</li><li>☐ Other</li></ul>                            |                               |
|       |   |                               |
| 21.   | Indicate your age group   |                               |
|       | ☐ 41 - 50   |                               |
|       | □ 51 - 60   |                               |
|       | □ 61 - 70   |                               |
|       | □ 71 - 80   |                               |
|       | ☐ 81 - 90   |                               |
|       | □ 91+   |                               |
| Any f | eedback or additional information regarding this survey can be provide    | d below.                      |
|       |   |                               |
|       |   |                               |
|       |   |                               |
| Than  | k you for taking the time to complete this guestionnaire. Please return a | as soon as possible <b>by</b> |

Thank you for taking the time to complete this questionnaire. Please return as soon as possible by post to the address above or by e-mail to <a href="mailto:office@seniors.ie">office@seniors.ie</a> By 16 May 2025



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