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Analytical Support
on the Socio-Economic Impact
of Social Protection Reforms

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Pensions, Health Care and Long-term Care

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1 Executive Summary

The economic and fiscal crisis which has unfolded in Ireland since 2008 is unprecedented both in terms of the speed of its onset and the severity of economic contraction experienced. The impact was intensified by the scale of the banking crisis and the associated costs to the Irish exchequer, culminating in the EU/IMF Programme of Financial Support for Ireland in December 2010. Policy responses to the crisis are framed in this context, with a strong emphasis on austerity as the main mechanism to restore the public finances and fiscal adjustments of €21 billion or over 13% of GDP (Dept. of Finance, 2011a) were secured between 2008 and 2011. There have now been five austerity budgets since the onset of the economic crisis, the most recent, Budget 2012, imposes a further €3.8 billion in fiscal consolidation. Fiscal adjustments implemented to date have been applied approximately two-to-one in preference of expenditure cuts over revenue raising measures. The change of government in 2011 has not significantly altered the broad policy trajectory in this regard. The sustained predilection for spending cuts has put real pressure on aspects of public service delivery, the implications of which are discussed in more detail later in this report.

This report discusses recent national policy proposals and developments in an effort to provide an overview of the key issues currently arising in pensions, health and long-term care in Ireland. Key aspects of pension system reform pursued during 2011 included raising the state pension qualification age (to 66 years in 2014, 67 in 2021 and 68 in 2028), and the move to 'career average' pensions for new entrants to the public sector. Other changes to the pension system are largely attributable to the various impacts of the financial crisis. The review of the funding standard for defined benefit schemes and the imposition of a temporary private pension levy reflect what might be considered differing problems; attempting to address the widespread actuarial deficits of pension schemes on the one hand, whilst drawing from the same source to generate resources for badly needed job creation (as per the Jobs Initiative in May 2011) on the other. In addition, the National Pensions Reserve Fund has effectively ceased to exist for its intended purpose. It could be argued however that the most fundamental elements of the pension system reform discussed over the last number of years, has yet to take place. Against this backdrop some of the main policy challenges include:

- Protecting and maintaining the real value of state pensions, especially given their central role in poverty reduction.
- Examining the needs of older workers and developing initiatives to deal effectively with the potential impacts of the increase in the state pension qualification age.
- Addressing the current lack of certainty regarding existing pension schemes, dealing with actuarial deficits and developing and implementing the revised funding standard.
- Developing an appropriate architecture to maximise the equity and sustainability of the pension system and the proposed auto-enrolment scheme (improving the adequacy of supplementary pension arrangements in terms of access by occupational and income groups, gender pension gap, etc.)
- Developing the infrastructure required for greater regulation of pension funds and improved transparency in respect of the imposition of charges etc.
- Providing appropriate protection to the pension schemes of insolvent employers.
- Managing the sharp rise in expenditure on public service pensions.

- Generating detailed and more regular projections to inform policy choices in the short-term and to inform analyses of theoretical replacement rates etc over the long-term.

In 2012, the health sector experienced further cuts as part of the government's austerity programme. An additional €750 million was cut from the health budget, there were over 3,500 fewer staff in December 2011 than there was in 2012. An 8% budget cut for 2012 is resulting in closures off hospital beds and wards, and an average 4-5% cut in services. This is in the context of an ageing, growing population with greater health need. While the nursing home support scheme received an additional €50 for 2012 and additional places are being provided, some public community nursing units are being closed and there is a 5% cut to the homecare budget. As in previous years, there are increasing costs being transferred from the State to the public, e.g. out of pocket payments for 60% of the population increased from €120 a month to €132. In February 2012, a new government was elected that committed to provide universal access to health care under a new universal health insurance model. Central to this is driving down the cost base of how health and social care services are currently being provided. The following questions were and are therefore of prime importance in the health and long term care sector:

- How to reform the health system during a time austerity, of significant budget and staff cuts.
- How to provide quality care to a growing, ageing, sicker population with a smaller budget and less staff.
- How to transition from current inequitable health care provision to universal health insurance system without increasing the cost of care.
- How to reduce the cost base of health and social care and maintain quality services.
- How to make long-term care viable without significant increased investment in long-term care.
- How to ensure quality in long-term care when emphasis is on reducing the cost base.

2 Current Status, Reforms and the Political and Scientific Discourse during the previous Year (2011 until February 2012)

2.1 Overarching developments

By the time the current government was elected in February 2011, Ireland was already in the midst of an unprecedented economic and fiscal crisis and the country had entered a programme of financial assistance with the EU/IMF. The previous governing parties were widely regarded as at least partly culpable for the crisis or their response to it was considered inadequate and they experienced unprecedented defeat; Fianna Fáil lost 57 of its Dáil (Irish Parliament) seats, while the Green Party, lost all six of theirs. A Fine Gael/Labour Party coalition government was returned with a notable majority. While there were some clear policy differences between the two parties during the election, a detailed programme for government 'Government for National Recovery 2011-2016' (Government of Ireland, 2011, p. 2) was agreed, providing an account of the key objectives of the new government. It set an ambitious target: 'By the end of our term in Government Ireland will be recognised as a modern, fair, socially inclusive and equal society supported by a productive and prosperous economy.'

In terms of social protection, the new government committed to 'tackling Ireland's economic crisis in a way that is fair, balanced, and which recognises the need for social solidarity' (ibid., p 22). The government committed to reversing the cut in the minimum wage (which it did), maintaining social welfare rates (although with greater conditionality), eliminating poverty traps, and meeting the targets in the National Action Plan for Social Inclusion to reduce the numbers experiencing poverty. These objectives need to be seen in the context of the conditions set out in the EU/IMF Programme of Financial Support for Ireland (Memorandum of Understanding (MoU)) initially drawn up in December 2010, and since updated and revised (May 2011, July 2011, November 2011 and February 2012). The MoU contains sections on structural fiscal reform and fiscal consolidation in which specific quarterly/annual targets in respect of social protection and pension reforms are laid out. Emphasis is placed on cutting social expenditure, developing reforms to better target supports to those on lower incomes, strengthening activation and training programmes and the nominal value of social welfare pensions is not permitted to rise over the period of the programme.

The Department of Social Protection has undertaken a number of new activation initiatives and there have been some significant reforms of its structure (see Dept. of Social Protection, 2011a) and it is clear that more reform is planned. Expenditure on social protection has risen sharply since the onset of the crisis; this is hardly surprising given the scale of the increase in the need for social protection that has accompanied the recession. The rate of unemployment has tripled since 2007 and remains among the most serious social issues emanating from the crisis. The current unemployment rate is 14.2%, down 0.1% on the same month last year (CSO, 2012). The employment rate (aged 15-64) has fallen to 59.5% (CSO, 2011a), representing an almost ten percentage point decline on the rate of 68.9% in 2007. Long-term unemployment now accounts for 56.3% of all unemployment (ibid.).

Progress made in reducing the risk of poverty and social exclusion of the total population between 2005 and 2007 as per the EU2020 goal, has been reversed (the rate increased from 23.1% in 2007 to 25.7% in 2009) (Eurostat). This figure is likely to rise further, particularly when set against subsequent reductions in social welfare payment rates (10% on average) imposed in 2010/2011 (with the exception of state pensions) and a combination of other cuts and increased service charges. The overall deprivation rate has risen sharply, from 11.8% in

2007 to 22.5% in 2010 (CSO, 2011b). Children remain the group at highest risk of poverty in Ireland and there has been a significant increase in the overall deprivation rate for children, from 23.5% in 2009 to 30.2% in 2010 (ibid.). These figures demonstrate the social consequences of the crisis and the impact of the austerity measures since adopted. Income inequality also increased; the Gini Coefficient rose from 29.3% in 2009 to 33.9% in 2010 (ibid.), highlighting the need for the impact of welfare retrenchment to be the subject of much more extensive examination.

As the Department of Social Protection (2011a, p 18) itself notes, 'the policy agenda for social protection has been to see it as exclusively an instrument to reduce government expenditure rather than to cushion the economic downturn'. While Ireland may have succeeded in reaching the targets set out in the MoUs to date, the respective roles of social solidarity, redistribution and reform will need to be much more central to policy analysis if the serious negative social consequences of austerity are to be addressed. Ireland's tax base is heavily skewed towards consumption taxes and consumption taxes have the harshest impact on those with lowest incomes. Yet the biggest tax change in Budget 2012 was an increase in the standard rate of VAT. Similarly instead of introducing a property tax as committed to in the MOU, a flat rate charge is being introduced in 2012 and although it is a low rate, will hit hardest on those with the smallest incomes (TASC, 2012).

2.2 Pensions

2.2.1 The system's characteristics and reforms

The Department of Social Protection (DSP) is responsible for Irish pensions policy overall (both public pensions and private pensions, but excluding public service pensions), and for social protection, which in Ireland is generally referred to as 'social welfare'. In addition to state pensions, all other financial social protection schemes, whether based on social insurance or taking the form of social assistance, are administered directly by the Department. Total social welfare expenditure was €20.8 billion in 2010, accounting for 33.8% of Gross Current Government expenditure. Expenditure in this department is financed by the Exchequer and the Social Insurance Fund, at 63.6% and 36.4% respectively in 2010 (Dept. of Social Protection, 2011b). All state pensions[1] administered by the Department operate on an unfunded pay-as-you-go (PAYG) basis.

The Pensions Board is charged with monitoring and supervising the operation of the Pensions Act and pensions developments generally. It also issues guidelines to trustees of schemes and advises the Minister for Social Protection on pensions matters more generally. The Department of Finance and the newly established Department of Public Expenditure and Reform are also central to pension policy planning and system reform.

The pension system is made up of two/three core components: first pillar state administered social welfare pensions and a complex mix of second pillar voluntary supplementary pension arrangements, including occupational, private and public sector pensions (which can be classified separately because they are largely unfunded and pension liabilities are met on a PAYG basis).

The state administered social welfare (state) pension is provided on a contributory or non-contributory basis, payable from the age of 66 years. A State (transition) pension is currently available to those aged 65, retired from work with sufficient social insurance contributions. It is

[1] Individuals in receipt of state pensions are eligible to apply for a supplement to their payment in respect of qualifying adult/child dependants, where appropriate. A Household Benefit Package is also available. These schemes are administered by the DSP.

not possible to receive the state (transition) pension while working, although work is permitted for those age 66 and over in receipt of the State (contributory) pension. This 'transition' pension will be abolished in 2014 as the state pension qualification age is increased to 66 years. The state pension qualification age will increase to 67 in 2021 and to 68 in 2028 as per the Social Welfare and Pensions Act 2011.

Both contributory and non-contributory state pensions are flat rate payments, currently paid at €230 and €219 per week respectively. Eligibility for the contributory pension is based on an individual's social insurance contribution record. Take-up of the contributory pension has risen steadily in recent years. Eligibility for the non-contributory state pension is determined via an assessment of means and satisfaction of the habitual residency condition and is paid at a lower rate as outlined above. The current contributory state pension payment is equivalent to 34.14% of average earnings, within one percentage point of the 35% present policy target (Dept. of Social Protection, 2011a). The state pension provides a comparatively low replacement rate (OECD, 2011a) and is the primary source of income of older people, making up two-thirds of the gross income of the over 65s (O'Sullivan and Layte, 2011). There is no established rule regarding indexation of payments; pensions generally increased in line with government policy during the 2000s although they have not increased since Budget 2009.

Changes to the eligibility criteria for the contributory state pension (announced in 1997) come into force for new applicants in 2012. These effectively double the contributions required for qualification for the full state pension (a lower pension may be payable to those below the yearly average requirement). Further changes are proposed to replace the current yearly averaging system with a 'total contributions' approach in determining eligibility for the contributory state pension by 2020. Recent reports suggest that consideration is being given to bringing forward the timeframe for this reform.

Second pillar pensions are voluntary and may be taken up via occupational (defined benefit (DB) and defined contribution (DC)) and personal pensions (including retirement annuity contracts and personal retirement savings accounts (PRSAs)). Pension schemes are monitored by the Pensions Board[2]; they issue guidance to trustees and investigate complaints regarding non-compliance etc. Tax reliefs are in place for employers and individuals to incentivise retirement saving through supplementary pensions. Most occupational schemes are funded, with the exception of public sector pensions, which are predominantly unfunded and operate on a PAYG basis. Just over half (51%) of the total workforce aged 20-69 have a supplementary pension, with considerable disparity in coverage rates by age, employment type and occupational sector. Overall supplementary pension coverage declined from 54% of workers aged 20-69 in Q1 2008 to 51% in Q4 2009. Pension coverage for the self-employed fell from 47% in Q1 2008 to 36% in Q4 2009, while for part-time workers the rate reduced from 32% to 24% in the same time period (CSO, 2011c).

In addition to the gaps in supplementary pension coverage, major losses have been experienced in Irish pension funds in recent years, and most DB schemes (75%) are now in actuarial deficit and do not meet the minimum funding standard. A review of the funding standard to be applied to DB pensions in the future is currently in progress and schemes are expected to have a period of approximately 10 years to meet the new standard. Legislation to give effect to changes to the revised funding standard is expected in 2012. The numbers of DB and DC schemes declined (from 1,307 to 1,108 and 82,939 to 75,183 respectively) in 2010 (Pensions Board, 2011). The amount of PRSAs has grown (ibid.) but there is concern regarding the adequacy of contributions made to these accounts, and that contributions to other pensions may also have

[2] The plan for Public Service Reform (Department of Public Expenditure and Reform (2011a) proposes to integrate the regulatory functions of the Pensions Board with the Financial Regulator.

fallen (Brady, 2011). Reports of high charges and a lack of transparency in the fee structure associated with some pensions has caused concern. A study of the charges applied within the pensions industry is currently underway (Weston, 2011).

In Ireland public service pension schemes refer to the pension provisions for staff in the civil service, the local authorities, the police, the army, health and education sectors and in what are called non-commercial state bodies, i.e. statutory executive agencies. They cover up to 300,000 staff and about 100,000 pensioners. They are mainly statutory schemes, set up by or under legislation. In general, only schemes for commercial state bodies have a dedicated fund to meet pension liabilities. The vast majority of public service schemes are financed on a PAYG basis; projections on the long-term pension liabilities arising in this sector were the subject of a special Comptroller and Auditor General Report (2009).

The Public Service Superannuation (Miscellaneous Provisions) Act 2004 increased the minimum age at which pensions are payable to new entrants[3] to age 65 and there is no compulsory retirement age. The Public Service Pensions (Single Scheme) and Remuneration Bill 2011 proposes more substantial reform of public service pensions with a single 'career average' (rather than final salary as currently applies) based pension to apply to new entrants, an increased retirement age in line with the state pension qualification age and indexation linked to the consumer price index (CPI). In practice, this means that a specific 'pension accrual rate' will be applied to pensionable pay, so that each year public servants will earn or accrue a certain amount of pension payable on retirement.

A number of pension reforms have been initiated in Ireland in recent years; some measures were introduced as a direct result of the economic crisis and its impact on pensions, and prior to the signing of the MoU in late 2010. A commitment is given in the MoU (Dept. of Finance, 2010a, p 9) to ‘accelerate the process of placing the pension system on a path consistent with long-term sustainability of public finances’. While the National Pensions Framework (NPF) (Government of Ireland, 2010a) remains the central policy statement in respect of pension system reform (see section 2.2.2), important elements of its implementation remain contingent on the wider economic situation. A brief summary of the main reforms initiated since the onset of the economic crisis is provided below:

National Pensions Reserve Fund (NPRF)[4]

- Investment of the National Pensions Reserve Fund and Miscellaneous Provisions Act, 2009 – enabled the fund to be used for the purpose of bank re-capitalisation.
- The EU/IMF loan agreement required Ireland to provide up to €10 billion from the NPRF of the State’s total contribution (€17.5 billion) to the overall programme of financial support (€85 billion).

The NPRF was first drawn upon for bank re-capitalisation in 2009 and the fund was subsequently included as a core element of the EU/IMF loan agreement. It has therefore effectively ceased to exist for the purpose for which it was first intended.

State Pension Qualification Age

- Social Welfare and Pensions Act, 2011 – gives effect to the discontinuation of the Transition Pension (currently paid at age 65), effectively increasing the age of entitlement

[3] For staff that are not ‘new entrants’ as defined in that Act, a pension is generally payable from age 60 (there are exceptions, for example police and judges) with a compulsory retirement age of 65.

[4] The National Pensions Reserve Fund was established in 2001, investing 1% of GNP annually to defray future costs associated with public sector and social welfare pensions after 2025.

to a state pension to 66 years in 2014. The Act further increases the age of entitlement to a state pension to 67 in 2021 and 68 in 2028.

This reform was first proposed in the NPF and subsequently included in the conditions attached to the MoU (stipulated completion by Q2 2011). The MoU also states that the nominal value of the state pension is not to increase over the lifetime of the programme.

Public Sector Pensions

- Financial Emergency Measures in the Public Interest Act 2009 – introduced a new public service pension levy (deduction amounts to 7% on average)
- Financial Emergency Measures in the Public Interest Act 2010 – reduced current public service pension payments (above €12,000 - by 4% on average)
- Public Service Pensions (Single Scheme) and Remuneration Bill 2011 – a single 'career average' based pension to apply to new entrants to the public service, increased retirement age in line with the state pension qualification age (as above) and indexation linked to CPI.

The public sector pension levy and the cuts applied to current public service pensioners were introduced in response to the economic crisis. Reform of public sector pensions was proposed in the NPF and subsequently included in the MoU (stipulated completion by Q3 2011). The fiscal consolidation measures contained in the revised MoU (February 2012) makes reference to 'reduction in the total pay and pensions bill' (to be completed by Q4 2012).

Supplementary Pensions

- The Social Welfare and Pensions Act 2011 – introduced sovereign annuities and outlines the process by which these are certified by the Pensions Board.
- Finance Act, 2011 – reduced the following: maximum earnings limit for tax relief on individual pension contributions (to €115,000 p.a.), Standard Fund Threshold (to €2.3m) and the limit on the 'tax-free' lump sum (to €200,000). PSRI and the USC are now applied to all employee contributions (PRSI relief for employers was subsequently abolished in Budget 2012).

Revenue raising measures outlined in the original MoU (December 2010) includes a reduction in private pension tax reliefs (action to be completed by Q4 2011 and Q4 2012). The revised MoUs (November 2011 and February 2012) are less specific in this regard (for Q4 2012).

- Finance Act No.2, 2011 – introduced a temporary private pension levy of 0.6% to fund the Jobs Initiative.
- The Occupational Pension Schemes (Disclosure of Information) (Amendment) Regulations, 2012 and The Pensions Act (Register and Database of Certified Policies or Contracts of Assurance) Regulations, 2012 - set out the obligations on trustees regarding the provision of information and registration requirements related to the introduction of sovereign annuities.

This brief synopsis of Irish pension system reform reflects a process that has been primarily informed by the immediate fiscal crisis and the impact of the financial crisis on pensions more generally; the challenge now is to deal with the problems associated with pension adequacy in the short-term and their adequacy and sustainability over the longer-term.

2.2.2 Debates and political discourse

The National Pensions Framework (NPF) published in March 2010 aimed to set out the Irish pension policy reform agenda for the coming years. The overall objective of the NPF (Government of Ireland, 2010a) is 'to deliver security, equity, choice and clarity for the individual'. It seeks to increase pension coverage, especially among low to middle income

groups and to ensure that state support for pensions is equitable and sustainable. At the time of publication an implementation period of three to five years was envisaged[5].

The key issues to be addressed to ensure adequate and sustainable pension provision are identified in the Framework as follows:

- the task of financing increasing pension spending,
- the impact of demographic pressures,
- the projected increase in spending on public pensions (from 5½% of GDP in 2008 to almost 15% in 2050),
- the need to provide an appropriate structure for the future management and control of public service pensions;
- sustainability considerations and increases in longevity mean increasing the state pension age;
- attention to indications that some pensioners are not attaining the replacement income target (50% of pre-retirement income) and consideration of evidence that many pension scheme contributors are undersaving for retirement, attention to eligibility for the State Pension (Contributory);
- the role of tax incentives in encouraging pension coverage and the balance to be reached in achieving greater equity and cost effectiveness of existing arrangements;
- and the need to ensure that regulation supports security and transparency within the pension system.

The NPF confirms that a mandatory social insurance contribution is to continue, with a commitment to maintain the real value of social welfare pensions at 35% of average weekly earnings. A facility is to be developed to allow for the deferral of receipt of state pensions where contribution shortfalls can be made up.

Extensive proposals are also contained in the NPF in respect of supplementary pension provision. A new system of auto-enrolment to a pension scheme for employees is proposed to provide more extensive access to supplementary pensions, with matching employer and state contributions. Under the new scheme matching employer contributions and matching State contributions are to be provided in which employees contribute 4% of salary, employers pay 2% and the State contributes another 2%. The State contribution will equal 33% tax relief.

The scale of the fiscal crisis in many ways overtook the NPF as the main policy statement in respect of the future of Irish pensions. The National Recovery Plan 2011-2014 (NRP) was published in November 2010 (Government of Ireland, 2010b) by the previous government as the EU/IMF loan agreement was being drawn up; both documents contain key commitments in respect of pension reform. Pension arrangements were given considerable attention in the NRP with focus concentrated on managing the costs of pensions to the State both now and into the future. Short-term measures included a reduction in the pensions of current public service pensioners (4% on average) and the introduction of the new public service pension based on career average rather than final earnings, described earlier. The NRP re-iterates other objectives contained in the NPF but the main emphasis was on savings to be achieved by reforming the tax relief available for supplementary pension provision (from 41% to 34% in 2012, to 27% in 2013 and 20% in 2014), in effect going further than the proposals contained in the NPF earlier

[5] An Implementation Steering Group was established to oversee the implementation process. Updates available from http://www.nationalpensionsframework.ie/.

in 2010. The current government opted to introduce a temporary 0.6% levy on private pensions in May 2011 to fund the Jobs Initiative. It also made further amendments to the exemptions available to employer pension contributions in Budget 2012 but has not, to date, proceeded with the adjustments to tax relief as proposed by the previous government.

Examination of and debate about the nature and scope of pension reform remains overshadowed by the current economic and fiscal difficulties although a number of representative/interest groups have been active in contributing to discussion about pension policy. Issues regarding the efficacy and sustainability of all pensions but particularly the future of private/funded pensions have been the subject of much recent comment and debate. The scale of the challenges is highlighted by the Chief Executive of the Pensions Board (2011, p 5) Brendan Kennedy in its Annual Report:

The position of Irish pensions remains serious. Current economic circumstances mean that pension savers and sponsoring employers have great difficulty in making the contributions necessary to make good the investment losses incurred in 2007-2009 and to meet the ever increasing costs of providing retirement benefits, whether through defined benefit or defined contribution arrangements.

Debate has centred on a number of issues including: the imposition of the new private pensions levy (and its application, as highlighted by the case of the Tara Miners), the serious losses incurred in private pensions, the deficit position of DB schemes (Cotter, Blake and Dowd, 2012; Pensions Board, 2011), the review of the funding standard, the potential impact of introduction of sovereign annuities (IAPF, 2011a; Society of Actuaries in Ireland, 2010), the rising cost of public service pensions (Dept. of Public Expenditure and Reform, 2011c) and the implementation of other elements of the NPF especially the impact of reforming tax relief on supplementary pensions.

The optimum level of tax relief on supplementary pensions and the manner of its implementation emerged as a significant issue in light of the uneven spread of pension coverage (CSO, 2008, 2011c), the substantial costs associated with pension tax expenditure which disproportionately benefited the highest earners and were poorly targeted (Callan, Keane and Walsh, 2009; OECD, 2009; TASC, 2010). Many of the key actors voiced their opposition to the more systematic reform of pension tax reliefs proposed in the Commission on Taxation (2009), the NPF and implied in the MoU. It has been argued that the pension levy has exacerbated the current difficulties faced by pension schemes (IAPF, 2011b; IBEC, 2011), undermined confidence in them and that altering the tax reliefs at this point could be counterproductive in terms of maintaining supplementary coverage (Society of Actuaries in Ireland, 2011).

In terms of membership of supplementary pension schemes, the number of active DB members fell by 6%, while active DC membership fell by 9% over the course of 2010. The Chairperson of the Pensions Board (2011, p 3) Jane Williams, has drawn particular attention to this noting 'the importance of personal saving to provide for retirement in addition to the state pension. This is a serious step back for pensions which could have lasting consequences'.

The impact of increasing the effective retirement age by raising the state pension qualification age was also the subject of some criticism and comment as evident in the Dáil Debates and in the contributions of advocacy groups for older people during the summer of 2011. References were made to potential consequences for people forced to retire at a set age before their entitlement to a state pension takes effect. Consideration of the consequences for low-paid workers was urged and the possibility of employment/poverty traps was also flagged although overall, it is remarkable that there was not more sustained public and political objection to this significant policy change.

Debates regarding linking the pension system to life expectancy, guaranteed minimum pension incomes and poverty in old age have been largely confined to the key policy actors, commentators and think tanks. An RTE documentary programme 'Pension Shock: the future is now' broadcast in October 2011 generated some wider public debate about current and future pension adequacy. It also highlighted problems regarding the lack of transparency in the fee structures of some pension schemes (a review of which is now in progress). The rising cost of public service pensions has also been more visible in terms of national debate over this reporting period. Pensions made up 13.9% of total public pay and pensions costs in 2011, up from 8.8% in 2006 (Dept. of Public Expenditure and Reform, 2011c). In addition, over 7,700 public servants have taken early retirement (by February 2012) as part of the wider programme of public sector reform. The pension rights of politicians and senior public servants have also been the subject of much greater public scrutiny and criticism in recent times.

Wider commentary on the economic and fiscal crisis has continued unabated; reference to pensions system reform therein has become a little more prominent in the discourse in this reporting period. Proposals, for example, have recently been put forward to permit access to pensions savings given the scale of the current financial crisis; the Irish Brokers Association have sought access to a portion of these savings, which might help people currently severely indebted to remain solvent (Holland, 2012). Significant among other references to pensions policy include attention to the potential of Irish pension funds to invest in Irish government bonds and/or wider infrastructural/capital venture bonds (Gros, 2011; ICTU, 2011; NESC, 2012; SIPTU, 2011) especially given their over-exposure to equities (see Stewart, 2011; Cotter, Blake and Dowd, 2012). As the NESC (2012) notes however, further research is necessary to examine all of the potential impacts of any such move. The full scale of the difficulties confronting the Irish pension system are now coming to the fore; more extensive research and a detailed review of the policy options available would be helpful at this juncture.

2.2.3 Impact of EU social policies on the national level

It is not possible to generalise about the perception of OMC in the field of pensions in Ireland. There is evidence of its influence in policy documents and statements emanating from the Department of Social Protection (E.g. Green Paper on Pensions, 2007) in recent years, although there is little to suggest that this has filtered through in a substantial way to wider debate regarding pension policy. The EU2020 Strategy and the headline targets contained therein in respect of employment and poverty have been the focus of some detailed analysis (Nolan and Whelan, 2011; Mallon and Healy, 2012) although wider public discussion of the Strategy remains limited.

The perception of the EU has become much less favourable as the crisis and the impact of austerity measures continue to be felt. The most recent Eurobarometer Survey (European Commission, 2011) indicates that trust in the EU has fallen by 20 percentage points since last year. Only 24% of respondents in Ireland now tend to trust the EU, the lowest rate of all member states apart from the UK (17%).

The recommendations laid out in the Annual Growth Survey for Ireland largely relate to adherence to the terms of the MoU and the associated fiscal consolidation. Reform of the social security system, the pension system and increasing the 'effective' retirement age are currently in progress (see above).

Elements of the current austerity programme may be viewed as running counter to the idea of restricting access to early retirement schemes as the recent scheme to reduce public sector numbers was effectively an early retirement initiative with more favourable pension arrangements for those who retired before the end of February 2012. Recent initiatives to

develop activation policy have not to date targeted the specific employment/education /training needs of older workers.

2.2.4 Impact assessment

Labour market participation of older workers in Ireland remains above the EU average. While this group too has been affected by the economic recession, the decline in the employment rate has been less severe for workers aged 55-64 (53.8% in 2007 and 50% in 2010), than for the population as a whole where the employment rate has fallen by almost ten percentage points since 2007. There are no legal impediments to working beyond the state qualification age, although many older workers may be contract bound to retire at a particular age (usually 65). New initiatives will be required to examine and respond to the potential barriers for older workers, particularly given the comparatively short lead-in time to increasing the state pension qualification age (to 66 years in 2014). Given the possible impact on workers across various occupational sectors and income groups where for example the consequences of working in physically demanding areas can be different to other types of employment, how this will bear upon older workers across the labour market needs to be carefully considered.

The state pension remains the primary source of income for older people in Ireland. Reliance on the state pension increases with age; it accounts for over 60% of income of 65-74 year olds and 75% of income of those aged 75+ (O'Sullivan and Layte, 2011). The recent SILC found that looking at the average equivalised gross weekly income of people aged 65+, 58% of this income on average is derived from social transfers, 16% from occupational pensions and 7% from earnings (CARDI, 2011).

There is consistent evidence of a gender gap in supplementary pension coverage amongst those currently retired and those of working age. O'Donnell and Keeney (2010) found that less than half (46%) of their retired respondents had an occupational or personal pension; 52% of men and just over one third of retired women. The TILDA study reported that of employees over 50 years, 41% of women and 20% of men have no supplementary pension (Mosca and Barrett, 2011). The CSO (2011c) data shows a decline in coverage rates overall by the end of 2009; of those aged 20-69 in employment, 53% of men and 49% of women had a supplementary pension.

A significant gender gap also persists in women's access to state pensions in Ireland. Only 27% of those receiving the maximum contributory state pension in August 2011 were women, while women accounted for 66% of those in receipt of the means-tested non-contributory pension (Duvvury et al, 2012) and this is reflected in the risk of poverty faced by older women. The fact that the Homemaker's Scheme in not retrospective compounds these difficulties; policy change is required if recognition is to be given to the contribution made by women over the course of their lives, specifically in terms of state pension rights.

The at-risk-of-poverty rates for older people in Ireland have improved substantially since the early 2000s; the rate for those aged 65+ has fallen from 44% in 2001 to 16.2% in 2009 (Eurostat). This is largely attributable to the increases in the real value of social welfare pensions during the 2000s and the subsequent decline in average earnings as the crisis took hold. The decision not to reduce the weekly state pension rates has also contributed to the protection of incomes of older people, where the risk of poverty has continued to fall. Some of the notable improvements evident in respect to the risk of poverty of older people may not be sustained however. The EU/IMF loan agreement stipulates that the nominal value of the state pension is not to rise during the period of the programme; this may over time have the effect of increasing the risk of poverty of this group. Furthermore, cuts to welfare entitlements (e.g. the removal of the annual double payment, reductions in fuel, gas and electricity allowances and in

dental and optical benefits), increases in other indirect taxes/charges (e.g. household charge), (See Age Action Ireland, 2011; Boyle and Larragy, 2010; CARDI, 2011) and changes to the eligibility criteria for the contributory pension, which will be applied to new applicants from 2012, will also impact negatively on the incomes (Age Action, 2012) and the risk of poverty of older people in the coming years.

The at-risk-of-poverty rate for persons aged 75+ has improved in line with the broader trend although there remains a higher risk for this group (17.6%), with women at slightly greater risk (18.9%). Female tenants aged 75+ continue to be at particular risk of poverty (51.1% in 2007 and 29% in 2009), this remains much higher than the EU27 average (17.8% in 2009) and is an area in need of further examination. Severe material deprivation has increased for the total population since the onset of the crisis, having declined from 5.6% in 2003 to 4.5% in 2007 it has since risen to 6.1% in 2009. A similar trend is evident for the over 65s; having fallen to 1.2% in 2007, the severe material deprivation rate rose to 2.6% in 2009 (Eurostat). While this remains below the EU27 average, there is a need to be vigilant with regard to these risks; Daly (2010) and the Older Women's Network (2011) highlight a number of issues regarding the measurement of poverty and deprivation specifically as they relate to older people. Duvvury et al (2012) provide some important insights into the nature and impact of current barriers to pension access for women in Ireland, North and South.

2.2.5 Critical assessment of reforms, discussions and research carried out

The current crisis brings the precise role and function of social security and pensions into sharper focus. It also demonstrates how 'reforms of the past decades have made pension systems far more vulnerable to economic and, in particular, financial crises' (Bonnet, Ehmke and Hagemejer, 2010, p 60). In particular, calls are made to correct past mistakes in terms of the design of pension systems (ibid.); these points have particular resonance in the Irish case, where the limits and shortcomings of the current model of second pillar supplementary pension provisions continue to be amplified (Tasc, 2010; Hughes and Stewart, 2011). Section 2.2.1 outlines the range of pension policy reforms introduced in recent years. Much of that reform has been shaped by the economic crisis and the policy prescriptions contained therein. Stewart (2011, p 23) too concludes that 'changes are driven largely by the need to raise extra taxation by reducing reliefs rather than the desire for a more equitable pension'.

Considering the severity of the current economic backdrop it could be argued that the state has done well to protect the incomes of older people via the state pension to date although other cutbacks have impacted on the incomes of older people, as outlined above. In terms of supplementary pensions, efforts are being made to deal with the immediate problems that present in terms of DB schemes and in reviewing the funding standard. On the other hand, the wider loss of confidence in private pensions, precipitated largely by the significant losses experienced in recent years, the imposition of the new pension levy and concerns around the fees and charges mean that the challenges in the reforming the pension system remain considerable. These issues are compounded by the fact that fewer people are now members of supplementary pension schemes and are less likely to be able to afford the levels of contributions required. Ultimately though, it is clear that policies adopted in recent decades have not succeeded in substantially improving supplementary coverage rates, despite the existence of tax benefits, which have disproportionately benefited higher income groups. Private pensions (and other sources) provide a significant proportion of total income to the top income quintile of pensioners only. The first four income quintiles derive almost all of their income from state pensions (Hughes and Stewart, 2011). In short, it is the (comparatively low) state pension that provides the main source of income for the vast majority of older people. Set in this context, proposed reforms need to be robustly debated with consideration given to the

'reallocation of resources between the public and private components of Ireland's pension system' (Ibid. p 109). Reform is undoubtedly necessary to improve the equity, adequacy and sustainability of the pension system; the next steps taken in respect of the most appropriate model of auto-enrolment, equitable reform of tax relief and strengthening the first pillar state pension will be critical. There is a danger that auto-enrolment will become seen as the key policy imperative of the coming years however its overall impact will remain highly contingent on the precise conditions of its implementation and it would seem that more detail and analysis of this proposal is now required.

Finally, it could be argued that part of the wider learning arising from the current problems in the Irish pension system includes the need to scrutinise how state resources in pensions are best utilised. This may include an examination of more radical reform of pension tax expenditures in favour of investing in and strengthening the role of the public pension system. A universal social security pension has again been advocated, the benefits of which are argued to include its potential to 'contribute to the elimination of pensioner poverty, improve the equity of the tax system, provide equal treatment for men and women, and contribute to the long-term sustainability of Ireland's public pension system' (ibid.). While such a proposal may be interpreted as widely at variance with the trajectory of retrenchment implicit in much of the austerity measures imposed in the area of social protection to date, it offers the prospect of greater equity, simplicity and sustainability in the pension system over the longer term, and its viability should at least be closely examined if current shortcomings are to be addressed.

2.3 Health Care

2.3.1 The system's characteristics and reforms

Irish health policy reform since 2011:

The most radical shift in health policy, since the foundation of the state ninety years ago, was adopted by the new government and evident in its Programme for Government published in March 2011. The new government promises to 'develop a universal, single-tier health service, which guarantees access to medical care based on need, not income' (Government of Ireland, 2011).

Both parties now in power campaigned for election on different forms of universal health insurance and their joint Programme for Government commits to 'free GP care for all' and the 'introduction of universal health insurance' by 2016 'designed according to the European principle of social solidarity: access will be according to need and payment will be according to ability to pay' (Government of Ireland, 2011).

The Irish health system has been subject to considerable changes in structures and organisation over the last ten years since the publication of the health strategy, 'Quality and Fairness, A Health System for You', however up to 2011 all governments' health policy maintained the status quo of a complex, inequitable mix of public and private provision (Dept. of Health and Children, 2001b).

The Programme for Government adopted in March 2011 also commits to other radical measures including the abolition of the Health Service Executive (HSE) – 'the HSE will cease to exist over time' returning key functions to the Minister and the Department of Health (Government of Ireland, 2011). It is also committed to expanding access to free GP care starting in 2012, to driving down the cost base of Irish health system, for hospitals to become not-for-profit trusts, 'to provide more and better care for older people', to greater integration of care, to ring fence funding for mental health and to ensure the development of community mental health services (Government of Ireland, 2011).

Background to current reform, including changes in health care organisation:

The HSE was set up in January 2005.

The remit of the HSE is to 'provide services that improve, promote and protect the health and welfare of the public' (Houses of the Oireachtas, 2004).

The new Programme for Government states that the HSE will cease to exist over time, transferring many of the powers given to it in 2005 back to the Minister and Department of Health (Government of Ireland, 2011). There is no specific time frame for this to happen.

Much of the focus of reorganising the HSE was on building up very under developed primary, community and continuing care services, the introduction of quality standards especially in hospitals and cancer services and trying to ensure the more seamless provision of health and social care for the users of services. It has four regional structures, 32 local health offices which currently oversee the integration of hospitals and primary, community and continuing care services (HSE, 2011d).

In 2011, the government announced a further restructuring of the HSE with seven new divisions: primary care; hospitals; public health; mental health; children and family; social care; and corporate and shared services. A Health Information and Quality Authority (HIQA) was established in 2007 to set and monitor standards in health and social care services.

The HSE is the largest organisation in the State, providing care to over 4.6 million people with over 104,500 staff. In Ireland, all social care also comes under the remit of the HSE, including residential and long-term care for older people and people with disabilities as well as child protection and child welfare services.

While all public hospitals are now funded through the HSE, many of them remain as 'voluntary' providers, having their origins in religious orders. While they are under the direction of national policy, they have their own boards and therefore can operate independently.

A unique feature of Irish health care is the provision of public and private care within publicly funded hospitals. This results in preferential access for private patients in public hospitals, with those who can afford to pay usually able to gain faster access to diagnosis and treatment (see below).

According to the last governments own Expert Group on Resource Allocation, Financing and Sustainability, 'Ireland has some unusual features which make it very complex relative to other countries. These include the entitlement/eligibility arrangements for free or subsidised care, the proportion of the population holding private health insurance (and what that insurance covers), and the complex cross over in the delivery (by professions and Institutions) of public and private care' (Dept. of Health and Children, 2010b, p 41).

There has been significant growth in private providers of health care in Ireland especially of for-profit providers over the last decade. This is evident in figures which show that one in three hospitals beds are now in the private, largely for-profit sector while two out of three nursing home beds are provided privately (Burke, 2009; Dept. of Health and Children, 2010b). In the words of the expert group, 'the development of a private health-care system proceeded without any serious national planning or regulation' (Dept. of Health and Children, 2010b, p 53).

Health financing

Irish health services are currently financed in a complicated manner through publicly tax funded money, private insurance and individual out-of-pocket payments. Over 80% of all money spent on public and private health care comes from public resources (tax and non tax revenue), 10-12% comes from direct out of pocket payments, 8-9% from private health insurance contributions (Brick et al, 2010a, p 16). Although the vast majority of health care is funded through public money, and despite declines in people's income during the economic crisis, 47% of the population take out private health insurance.

According to the expert group on resource allocation, financing and sustainability, 'the current financing of the health care system… lacks transparency, gives rise to inequities in access to care and results in numerous anomalies' (Dept. of Health and Children, 2010b, p xi).

Since 2000, Irish public (non-capital) health expenditure increased by over 100% in real terms. In 2009, before all public budgets were cut, spending on the health system was over €15 billion, accounting for 11.9% of national income and approximately 25% of total public expenditure. Comparative GDP health expenditure of OECD countries between 1995 and 2008, show Ireland 17th out of 25 countries (Burke and Pentony, 2011). Private expenditure has also increased sharply in the last decade but at a slower pace than public spending on health (Brick et al, 2010b, p 323).

Between 2009 and 2011, €1.5 billion was cut from the health budget. (HSE, 2010a; Burke, 2010).

In 2012, another €750 million is being cut from the health budget (HSE, 2012). This will be achieved through reductions in staff numbers, with over 3,000 additional staff leaving the health service in February 2012. HSE staff levels have reduced by 8,700 since peak employment levels in 2007 and continued staff reduction is part of EU/IMF loan conditions with Ireland (HSE, 2012). They will also be achieved through 'reductions in pay costs and service efficiencies' and the HSE Service Plan for 2012 acknowledges that this will impact on frontline services – 'it will be impossible to avoid an impact on frontline service delivery in 2012' (HSE, 2012, p 1).

As part of the new Programme for Government, a Comprehensive Expenditure Review was published in November 2011, outlining budgetary cuts, capital and current expenditure consolidation' up to 2015. This envisaged €464 million coming out of the 2012 health budget and an additional €350 million coming out in 2013 and 2014 (Dept. of Public Expenditure and Reform, 2011b). Between its publication and Budget 2012 an additional €300 million was cut from the health budget reflecting the continued crisis in the Irish economy and impact of the austerity programme under the EU/IMF loan agreement.

The Programme for Government planned to shift funding of the Irish Health Services from mainly tax funded to a Universal Health Insurance Fund which will be contributed to by all citizens who are able to pay. The Universal Health Insurance Fund will fund all hospital services, while primary care services will be funded through a new Primary Care fund. It is envisaged that the primary care fund and all other non hospital health and social care services will continue to be financed through general taxation. The details of the financing are not yet known apart from these general pledges and it is envisaged that they will not come in to effect until after 2016 (Government of Ireland, 2011). The government has committed to publish a White paper on health care financing before the end of 2012.

Health management, public health, rehabilitation

Ireland has a poor track record in health policy implementation and health service management.

The expert group on resource allocation, financing and sustainability notes the duplication and confusion of roles between the Department of Health and Children and the HSE. It states 'what is missing is a structure in which decisions can be made which support policy objectives in relation to high quality, easily accessible and safe care that is delivered cost effectively' (Dept. of Health and Children, 2010b, p xii).

The Programme for Government adopted in 2011 plans to change significantly how health services are managed – abolishing the HSE, transferring hospitals from the HSE or those run by voluntary boards in to hospital trusts (Government of Ireland, 2011).

Some steps have been taken towards achieving this, just weeks in to office, the HSE board stood down and the Minister of Health, James Reilly appointed a new interim board made up of officials from the Department of Health and the Health Service Executive management team.

The new minister also established a Special Delivery Unit in the Department of Health which has a specific remit to reduce waiting times for patients in Emergency Departments, to reduce waiting times for public patients for hospital treatment, to improve access to diagnostics and reduce out patient wait times.

While both public health and rehabilitation come under the remit of the HSE, both services suffer from under investment and under staffing. Irish public health policy focuses on a very narrow, medical definition of public health concerned with vaccinations and the management of outbreaks like the flu pandemic. Since the establishment of the HSE many health promotion and public health staff have been transferred to other service providing sections. The expert group highlighted how the financing of Irish health care promotes and encourages the use of hospital care, defers early intervention and does not encourage appropriate, healthy behaviours (Dept. of Health and Children, 2010b).

The new HSE structures announced in December 2011 have introduced 'Public Health' as one of the seven divisions and the government is committed to publish a new public health strategy in summer 2012, called 'Your health is your wealth'. Both these developments indicate a renewed interest in public health.

At the other end of the care spectrum, there are long waits for rehabilitation care with large variations between geographical areas and ability to pay and to access services.

Who is entitled to health care services

Ireland does not have universal health care. Instead it has a complicated mix of public, voluntary and private care, which often charges at the point of access depending on which services one is accessing.

Technically, all Irish citizens are entitled to public hospital care without charge (if you have a medical card) or with a maximum charge of €750 per year no matter how much treatment received (capped at €75 a day for ten days).

Over the last few years, there has been a persistent increase in charges for other aspects of the 'free' public hospital system e.g. if one does not have a medical card and arrives in an Emergency Department without a letter of referral from a GP, there is a €120 charge, whereas four years ago it was €70. There are some services which are provided universally without charge such as public health nurses visits to new born babies, vaccinations and palliative care but with reduced staffing and budgets these services have come under pressure and are more limited in the service they can provide.

About 40% of the population have access to medical cards on the basis of low income and/or medical need. This entitles them to GP, public hospital inpatient and outpatient care without charge, ophthalmic and maternity services and prescription drugs charged at 50 cent per item. In December 2011, the most recent month for which numbers are available, 1,733,126 people were covered by medical cards, the highest number ever reflecting the rapid increase in unemployment and decline in incomes (HSE, 2012).

The rest of the population pay €40-€60 for each GP visit and prescription drug charges up to €132 a month. Up to three years ago this charge was €80. They also have to pay privately for other allied health professions such as physiotherapy.

While there have been some declines in the numbers with private health insurance, Ireland still has 47% of the population with 2,161,000 citizens having health insurance in December 2011, down from a high of 2,333,000 in December 2008 (Dept. of Health and Children, 2011). What these figures don't show is a greater switching between the three insurance providers and many people opting for lower coverage in order to obtain a more affordable package. Also, there is an increased rationing of what is covered by insurance companies with companies limiting what's available on different schemes. While health insurance tends to cover specialist and hospital care as well as other outpatient services such as MRIs and scans, most people take out health insurance as it enables speedier access to diagnosis and treatment in both public and private hospitals (Dept. of Health and Children, 2010b).

Have there been any changes to the health care system during the reporting period?

Budgets 2012 saw a continuation of previous budgetary measures, cutting the health budget by another €750 million and continuing reduction in staff numbers. The governance of the HSE is undergoing change with an interim board in place at present. The HSE Service plan clearly outlines how this will reduce all frontline services and while every effort will be made to keep this to a minimum, for the first time in many years the HSE is planning on providing less not more care despite a growing, ageing, sicker population that is experiencing a baby boom (HSE, 2012).

As outlined above, seven new divisional structures have been put in to the HSE under closer scrutiny and management of the Minister and the Department of Health. The minister has set up a Special Delivery Unit to oversee changes, particularly focussing on reducing wait times in public hospitals (Dept. of Health, 2012).

Budget 2012 increased out-of-pocket drug payments from €120 to €132 with effect from 1 January 2012. It also plans a further increase of the cost of private beds in public hospitals. As part of the government's plan to extend access to health care, all those currently on the Long - Term Illness scheme will gain free access to GP care by summer 2012.

What is the role of private provision of health care? Has there been substantial changes impacting on the public private mix?

While technically everyone is entitled to public hospital care, Ireland is unusual in its provision of private care in public hospitals. Although this is capped by government at 80% public and 20% private, many hospitals do not comply with this ratio (Burke, 2009). A new consultants contract agreed in 2008 and introduced in 2009 was meant to ensure this 80/20 ratio was kept, however HSE figures show that some hospital persistently over provide private care (HSE, 2011a, HSE, 2012). Some hospitals exceed the ratio substantially carrying out between 30 and 50% private work. Rates of private care are higher in maternity hospitals and hospitals in parts of the country without any private hospitals (HSE, 2012).

The expert group on resource allocation clearly identified perverse incentives in the system highlighting how doctors and hospitals are paid a fee for service for each private patient and a salary or lump sum no matter how many or how few public patients are treated.

Additionally, the National Treatment Purchase Fund (NTPF) was set up on 2002 to buy care for long waiting public patients. The NTPF, like all aspects of the health system, had its budget cut in 2010 and 2011. While the NTPF has provided necessary care to long waiting public patients, it too provided a perverse incentive as consultants can be paid twice – once for the long waiters on their public list and a fee for each long waiting public patient they treat privately. In July 2011, the NTPF was subsumed in to the Department of Health and its budget was merged in to the minister's new Special Delivery Unit to assist in reducing waiting times in public hospitals.

Outside of public hospitals, there has been a substantial increase in private providers in the last decade encouraged by generous tax reliefs given to developers who built private hospitals, clinics, nursing homes and health care parks (Burke, 2009, Office of the Ombudsman, 2010b). Much of this development took place outside of the public health planning process and has resulted in uneven provision of care around the country (Dept. of Health and Children, 2010b).

Despite increased charges for private beds in public hospitals and efforts by the HSE to curtail hospitals and consultants that exceed the 80/20 ratio, recent figures show that large quantities of unsanctioned private work continues in public hospitals (HSE, 2012).

There have also been substantial increases in private health insurance with all insurance companies introducing increases of between 15% and 45% during 2011. Additional increases are expected in 2012 due to increases in a health levy which is used as a risk equalisation mechanism, as health cost increases and public hospitals charge more for private care.

Impact of national consolidation programmes on health policies

The health system felt the impact of the economic crisis ever before it became a national economic crisis. In September 2007, a staff embargo was put in place across the health system as a mechanism to curtail the overall health spend.

By December 2011, there were 8,700 fewer people working for the HSE than there was in January 2008 (HSE, 2012).

Although Ireland had two emergency budgets in 2008 and 2009 to cope with the extreme economic crisis, Budgets 2010, 2011 and 2012 continued to cut services and increased charges for medical and social care.

Budget 2010 included measures which introduced a prescription charge of 50 cent for medical cards holders per transaction, increased the monthly threshold for the Drugs Payment Scheme from €100 to €120 with effect from 1 January 2010. Budget 2012 increased out-of-pocket drug payments from €120 to €132 with effect from 1 January 2012.

Budget 2010 increased charges for private beds in public hospitals by 21% (Dept. of Health and Children, 2010c) and Budget 2012 pledged to increase them further but details are still unknown in February by how much or when (Dept. of Finance, 2011b). The HSE's Service Plan for 2012 indicates that they do not envisage the increased charges taking effect until the last quarter of 2012 (HSE, 2012).

Prescription drug charges for medical card holders (who previously had no charge) were introduced in 2011. The current government committed to undo this prior to and upon their election in February 2011 but failed to do so in Budget 2012 giving insufficient resources as the reason (Government of Ireland, 2011).

Since October 2008, budgets introduced have cut people's incomes through increased taxes and levies and the introduction of a universal social charge. Also public sector wages and social welfare payments have been cut. Alongside this, there have been increased charges for some health and social care services and the removal of some aspects of universal provision.

Other increased charges for drugs, hospital care, private health insurance and other services have been outlined above.

The health budget remained relatively intact until 2010, increasing slightly between 2008 and 2009 from €16.1 billion to €16.3 billion. Budgets 2010 and 2011 cut the allocation to the health budget by €1.7 billion.

Budget 2012 took another €750 million out of the health budget bringing the total public allocation to health to €13.3 billion for 2012.

Despite the budgetary cuts over the last three years, the HSE managed to continue to provide more care to more people with fewer staff. Ireland has an ageing population and is experiencing a baby boom. Alongside this, more people are entitled to medical cards (which entitled them GP access, prescription drugs and public health care without charge) due to increased unemployment and the lower incomes of many. The impact of Budget 2012 is evident in the HSE Service plan, outlining cuts to services across the board by about 5%. This includes reducing numbers of inpatients, day patients and emergency presentations. This is a direct result of reductions in funding and staffing. For the first time, the 2012 HSE Service Plan clearly specifies how this year's budget cut will result in a reduction of frontline services, evident in hospital and community nursing home closures. The Service Plan outlines an additional €20-25 million for primary care, €30 million for mental health and €14 million for children services but it is unlikely they will make up for the cuts and staffing losses (HSE, 2012).

2.3.2 Debates and political discourse

Due to the economic crisis there has been much political discourse on the affordability of health and social care services. As the health system has been under much pressure and has gone through a period of substantial reform the main emphasis in 2011 was to continue to provide more services to more people with a smaller budget and fewer staff. These commitments are outlined in the HSE Service Plans for 2010 and 2011 (HSE, 2009; HSE, 2010a). However, as detailed above HSE Service Plan 2012 acknowledges the sustained impact of budget cuts and how they will provide fewer services in the year ahead (HSE, 2012). The Programme for Government which committed to extending access to free GP care for all and introducing universal health insurance also placed a firm emphasis on the cost of care being provided – 'the Government will act speedily to reduce costs in the delivery of both public and private health care and in the administration of the health system' (Government of Ireland, 2011, p 32).

The significant most positive development in the HSE in recent years is the development of clinical care programmes. The clinical care programmes were based on the success of the cancer control programme which radically altered how cancer services were provided in Ireland between 2008 and 2010 with the primary focus on quality. A new director of quality and clinical care was appointed and clinical care programmes are being adopted across 22 diseases and conditions (HSE, 2011b). These are based on evidence based practice and involve the engagement of clinicians in leading the change. The first of these programmes was published in Autumn 2010 the Acute Care Programme, the others will follow over the next year (HSE, 2010b).

The clinical care programmes are now central to the work of the Special Delivery Unit in the Department of Health and the new government's programme for reform and achieving targets set by government on waiting times for public hospital care.

The 2011 programme for government includes seven pages of commitments to health which outline a detailed programme of reform, which if introduced will radically alter how health services are provided in Ireland.

It commits to introducing universal GP care without charge and universal health insurance by 2016. The health commitments include 'developing a single-tier health service which guarantees access to medical care based on need, not income', 'no discrimination between patients on the grounds of income or insurance status', 'the two tier system of unequal access to hospital care will end' and that 'UHI will be designed according to the European principle of social solidarity' (Government of Ireland, 2011). There are many commitments within the new programme for government in health including utilising public and private services; where public hospitals will become independent trusts; building up primary care and chronic diseases; abolishing prescription charges for medical card holders. It also sees an increased role for the Department of Health; a new Patient Safety Authority; abolishing the HSE and new contracts for GPs and hospital consultants (Government of Ireland, 2011).

Due to the staff moratorium in place in the health sector and across the public sector, there is public and political discussion on staff shortages. In particular shortages of GPs and the loss of newly trained nurses have been highlighted (Thomas, 2009).

Towards the end of 2011 and start of 2012, there is much public discourse on the capacity of the public health system to meet the public health need given the budgetary cuts and large reductions in the public sector work force.

Since the establishment of HIQA there is a far greater emphasis on quality of care with the registration and licensing of nursing homes (public and private), residential homes for children and people with physical disability. There is a plan to licence all hospitals, public and private, but this requires legislation and there is no firm date on when that will be in place.

The clinical care programmes have also placed a strong emphasis on safe and quality patient care and the HSE is consistently developing performance indicators.

The HSE published a HSE Health Inequalities Framework 2010-2012 but there is little evidence of action on this, in fact it does not even appear on the HSE website (HSE, 2010c). The new public health division in the HSE announced in December 2011 and the planned publication of a public health strategy 'Your Health is Your Wealth: A Policy Framework for a Healthier Ireland 2012-2020' may give renewed emphasis to public health and tackling health inequalities (Dept. of Health, forthcoming 2012).

2.3.3 Impact of EU social policies on the national level

There is no public or political debate on the impact of OMC on the field of health care in Ireland, that this author is aware of. Perhaps internal departmental discussions take place on this but this is not evident in publications on either the Department of Health or HSE website.

In the opinion of this author, EU 2020 has had no impact on health reform debates. There is no mention of health policies in the National Reform Programme for Ireland 2011, in Budget 2012 or the HSE Service Plan for 2012.

There is substantial and ongoing links between health and ageing especially in the areas of homecare packages for older people and planning for residential care. Each year the HSE Service Plan commits to what services it can provide given ageing demographic of the

population (HSE, 2009; HSE, 2010a, HSE, 2012). Activities are planned for 2012 the year of active ageing by the Department of Health and Children in conjunction with NGOs and advocacy groups working with older people. A national conference to launch the year was held on 9 February 2012 and attended by the recently elected President of Ireland, Michael D Higgins. The range of activities taking place are limited due to budgetary constraints, their website www.activeageing.ie has no content.

There is linkage made at a official policy level between health and poverty and apart from the provision of medical cards to the poorest third of the population little action follows. Recent budgetary measures are increasing levels of poverty experienced by many groups such as lone parents and families with children due to increasing unemployment, cuts to social welfare and income, higher taxes and social levies (see Section 2.1). So despite the evidence of the link between increased poverty and poorer health, it is inevitable that current government's policy of austerity will increase poverty and health inequalities evident in poverty and inequality figures cited earlier in the report.

2.3.4 Impact assessment

As outlined above in the overview of debates and political discourse, the national health and social care system has been hit hard by budget cuts and reductions in staff numbers, with knock on negative impacts on access to health services and health outcomes although these are hard to quantify in such a short period of time. However, they are evident in longer waiting times for public patients in public hospitals, wait times for nursing home places, people putting off going to their GP or getting prescription drugs due to costs involved.

The key research documents produced in the last three years are the work done by the ESRI on the demographic projection changes and their impact on health and social care delivery and the work of the Expert Group on Resource Allocation (Layte, 2009; Dept. of Health and Children, 2010b).

Neither of these major pieces of work have an emphasis on gender impact or on health inequalities.

A publication from TASC – a think tank for action on social change – addresses the much neglected issue of health inequalities in Ireland where it is acknowledged the virtual absence of consideration of health inequalities and the social determinants of health in the Irish public policy or political discourse (Burke and Pentony, 2011).

The impact of the financial and economic crisis on the health system has been detailed above. It is fourfold: 1; a reduction of staff who work in the public health sector; 2; a significant reduction in the health budget over two years; 3; the increased transfer of payment of services from the State to the people; 4; the removal of some universal aspects of health care provision.

Due to the public sector staff embargo, there are concerns about growing numbers of Irish trained personnel leaving Ireland for work. While this has been the practice for a long time, in recent years many of them returned with good experience from abroad. The difference this time is that due to the economic crisis, there is little work for newly or recently trained Irish workers in the next five years which will cause problems for health care system sustainability. For example currently in general practice, 40% of newly trained GPs leave the country, this combined with a feminisation of the GP workforce combined with an ageing cohort means that significant shortfalls of GPs are projected. Given that already Irish numbers of GPs are well below the EU average with numbers of 56 per 100,000, there is an inevitable shortfall in the years ahead (Thomas, 2009).

Ireland has a poor track record of collecting data on health inequalities. A CSO publication from December 2010 shows significant disparities in mortality data between those from higher socio economic groups to those from lower groups (CSO, 2010). This found that men living in the poorest areas lived four and a half years less than those from most affluent areas, while the gap for women was 2.7 years. It also found a six year gap between the life expectancy of professional workers and the most unskilled men. Unskilled women had a life expectancy of 4.2 years less than professional women (CSO, 2010).

There are waiting lists for public patients which have grown in the last year due to cut backs in the health budget and staffing, e.g. in November 2011, there were 23,394 waiting more than three months for hospital treatment, compared to 17,896 in December 2010 and 15,471 in December 2009 (HSE, 2011c, HSE, 2011d).

There was an increase in waiting lists year on year, this is perhaps due to budget cuts, staffing cuts, reduction in hospital beds, combined with the growing, ageing population. The new government under its Special Delivery Unit have placed a renewed emphasis on reducing waiting times for public patients, initially setting a target that no one wait over one year for treatment. In January 2012, the government set a new target that no one would wait more than nine months for treatment or six hours from arrival to discharge or getting a bed in an Emergency Department (Dept. of Health, 2012b). The previous government had maximum target wait time of six months which were never achieved. Also neither target includes the wait time from GP referral to initial appointment with a specialist or diagnosis, which are often the longest wait to get in to the Irish public health system.

Given that people’s incomes have declined and costs of health care have increased, this can contribute to increased poverty levels. Also poor access to or long waits for public services can force people to purchase care that they can not afford or that can push them further in poverty (Burke, 2011).

There are geographic inequalities in access to health services with rural and deprived urban areas often under provided for. While these inequalities largely go undocumented, recent work on the geographic distribution of GP care show an average GP ratio of 56 GPs per 100,000 Irish people, but some areas are particularly under catered for, e.g. the county of Meath had 27 GPs per 100,000 (Thomas, 2009).

The rise in life expectancy in Ireland during the past decade has been unmatched by any other country in Europe although there was a dip in Irish life expectancy in 2009. Ireland has gone from a position of nearly one year below average EU life expectancy to almost one year above in the space of 10 years during which time average EU life expectancy has also been increasing (Dept. of Health and Children, 2011a). The greatest gains have been achieved in the older age groups reflecting decreasing mortality rates from major diseases, in particular diseases of the circulatory system. Ireland still fares quite poorly in cancer outcomes (Dept. of Health and Children, 2011a).

With longer lives comes an increased burden of chronic diseases with 38% of the population reporting having a chronic condition in 2008, while 65% of those over 65 reported having a chronic disease (Dept. of Health and Children, 2010a). Research carried out by the Institute of Public Health in Ireland predicts a 40% increase in chronic conditions by 2020 (Institute of Public Health in Ireland, 2006; Balanda, 2010).

Ireland has a poor public health track record with higher levels of over weight and obesity than our European neighbours. The 2007 SLAN survey found 38% of adults were over weight and 23% were obese (Brugha et al, 2009). Ireland also consumes more alcohol, smokes more

cigarettes and has lower physical activity rates when compared to most other European countries (Brugha et al, 2009).

Traditionally, Ireland has been poorly served by health research, however this is being remedied due to investments made during recent years in cohort studies. The two most relevant ones are Growing Up In Ireland which as produced many results on children in Ireland over the last year and also TILDA – a cohort study on over 50 year olds which produced its first findings in 2011 (Dept. of Health and Children, 2011c, Barrett et al, 2011).

A recent development in Ireland has been the increased focus on health outcomes in health service planning and delivery. This began with the cancer control programme and now is being applied across health services for all conditions and diseases under the clinical care programmes under the direction of Prof. Barry White, the national director of clinical and quality care. The Acute Medicine Programme published in 2010 and it is expected that clinical care programmes for the other 21 areas will be published in the next year (HSE, 2010b).

2.3.5 Critical assessment of reforms, discussions and research carried out

The clinical care programmes which began their work in cancer care and acute medicine are the most important development in relation to increasing efficiency and access to quality health care (HSE, 2010b; HSE, 2010a). Initial reports indicate a success in reducing average length of stay in hospitals, in more efficient work practices and better patient outcomes (HSE, 2012).

Ireland has a very poor record of collecting good health information, especially of linking health outcomes to the funding, planning and delivery of health services. A Health Information Bill which has been promised since 2001 has not yet materialised but has been recommitted to by the new government (Government of Ireland, 2011).

Given Ireland’s economic crisis, there are significant concerns in relation to the sustainability of the Irish health system. The health budget has declined by €2.5 billion in the last three years with a further €0.5 million to come out in the next two years (Dept. of Public Expenditure and Reform, 2011b).

The new government has committed to GP care for all without charge by 2016 and universal health insurance by 2016. The first stage of this is the introduction of fee GP care for those currently on the long-term illness scheme by summer 2012.

Given that the new government is in power for less than a year it is too soon to tell whether it will be able to implement reform, increase access to and the quality of care despite a substantially lower budget and work force. Early indicators are that they are determined to do so and central to their reform is driving down the cost base. Whether this is possible in the current economic environment is too soon to tell. Figures cited above show more people are waiting longer for hospital treatment, increased out of pocket payments for people with lower incomes, that charges are putting people off accessing services and drugs. Further cuts are bound to put health services under increased pressure, restrict access and services provided and contribute to greater health inequalities.

2.4 Long-term Care

2.4.1 The system’s characteristics and reforms

Long-term care is funded and delivered as part of the health services in Ireland under the auspices of the HSE. The responsible minister is the Minister of State with responsibility for Disability, Equality, Mental Health and Older People at the Department of for Health. The

Minister for State for Older People is also responsible for the coordination of policy beyond the Department of Health.

A new Office for Older People was established in 2008 to support the Minister for Older People in exercising her responsibilities within the Department of Health, the Department of Social Protection and the Department of the Environment, Community and Local Government. The Health Service Executive (HSE) is responsible for providing and/or supervising a wide range of residential, community and home services designed to support people to live at home (HSE, 2010a).

The Census of 2011 found that there were 448,300 people aged 65 and over in Ireland, accounting for 10.5 % of the total population in the State. While the number of older people has increased since the previous 2006 census, the proportion of the population over 65 has decreased slightly (0.5%) due to the significant population rise of 16% over a decade. The population rise was caused by a large increase in births (CSO, 2011d). It is expected that the proportion of the population over 65 years of age will increase by 20% by 2036 (CSO, 2008).

Although the vast majority of people in long stay residential care are older, some people with disabilities are also in receipt of long-term care. The first results of the first comprehensive national disability survey (NDS) were published in October 2008 (CSO, 2008).

The Census of Population, 2006 found that 9.3% of the population or 393,800 persons reported a disability (CSO, 2007). Figures from the 2011 census are not yet available.

In addition long-term care can be taken to include both home care and residential care. This gives a four-fold classification of long-term care: older people/people (under 65) with disabilities, residential care/domiciliary care.

Financing

Over the past four years, there have been significant efforts by government to re-organise how residential care is funded due to inequalities experienced by those in residential care and their families. The Nursing Homes Support Scheme Bill 2008 provides for a care needs assessment of individuals to ascertain whether they need to be provided with long-term residential care services. It also provides for a financial assessment of all such individuals to determine the contributions they may have to pay towards the cost of long-term residential care services provided to them. Deferral of part of the contribution in specified circumstances is allowed for.

Up to October 2009, there were huge disparities in how nursing home care was paid for. Under the Nursing Home Support Scheme (known as the ‘Fair Deal’), everybody contributes 80% of income towards care (when in care) plus if you have assets, up to 5% of assets for three years is paid towards your care which can be paid retrospectively (Dept. of Health Children, 2009a).

Since the introduction of the new scheme there was concern that the Nursing Home Support Scheme budget is limited and could result in long waits for accessing care and or rationing of care. In May 2011, the minister suspended the scheme as it had run over its budget for the year. A short review followed and applicants to the scheme begun to be placed again in residential beds in June 2011. Since then there has been long waits to get a bed, sometimes resulting in applicants dying before they get a bed with applicants waiting between three and six months for a place. In January 2012, the HSE CEO, Cathal McGee told a government health committee that there were 578 people waiting for a residential place at the end of December 2011.

An additional €50 million was allocated to the Nursing Home Support Scheme in Budget 2012 and the numbers of places are being extended from 22,231 in 2011 to 23,611 in 2012 (HSE, 2012). The decline in the numbers of public nursing homes beds continues while the expansion of beds is planned for the private sector.

Service Provision and organisation

Public, voluntary and private for profit providers provide long-term care in Ireland. In the past most long-term care was either provided by public or publicly funded care providers (often run by Catholic and Protestant churches) or informally typically by family members (Wren, 2009). The last five years has seen an explosion in private providers in home care. Five years ago there were five to ten private providers, now there are between 150 and 250 private providers. This reflects a decline in informal care and a significant increase in the HSE budget allocation to home care services.

The HSE plans to fund 23,611 places in the Nursing Home Support Scheme this year (HSE, 2012). Nursing Homes Ireland, the representative body for private nursing home providers in Ireland carries out an annual survey of nursing home provision. Their survey for 2010 finds the total number of public and private beds was 30,223, made up of 9,633 public beds and 20,590 private beds. Their survey also shows the huge increase in private beds in the last decade, from 14,946 beds in 2003 to 20,590 beds in 2010 (Nursing Homes Ireland, 2011).

The discrepancy between the numbers of beds in the NHI survey and those funded can be explained by the fact that the bed counts include short stay beds and some people fund themselves and are therefore not covered by the Nursing Home Support Scheme. The most recent NHI survey showed up to 20% of people self funded but this is a declining number as increasing numbers take up the Nursing Home Support Scheme.

There has been a concerted effort since 2006 to provide more home care as a mechanism of freeing up hospital beds occupied by people who don't need to be there and to keep people out of residential care. In December 2011, 50,623 people were in receipt of home help hours down from 54,000 a year before. While the numbers of hours and recipients were down, the numbers in receipt of home care packages was up (HSE, 2011a). Below is a useful Table compiled by Age Action showing trends in provision of homecare over the last five years:

Community Health Services for Older People 2007 to 2012

YEAR	Actual 2007	Actual 2008	Plan 2009	Actual 2009	Plan 2010	Actual 2010	Plan 2011	Projected 2011	Plan 2012
Home Help (Hours)	12.35m	12.63m	11.98m	11.97m	11.98m	11.68m	**11.98m**	**11.20m**	**10.70m**
Home Help (Recipients)	54,736	55,366	54,500	53,967	54,500	54,100	**54,000**	**50,623**	**50,002**
Home Care Packages	4,350	4,607	4,710	4,710	5,100	Not out	**5,300**	**5300**	**5300**
Home Care Package (Recipients)	8,035	8,990	8,700	8,959	9,613	9941	**10,230**	**10,870**	**10,870**

Source: HSE end of year Annual Reports and National Service Plans 2006-2011 produced by Age Action, 2011. www.ageaction.ie

Over 11.68 million home help hours were provided in 2011, down from 12.6 million hours provided in 2008. This is a reflection of the curtailed health budget despite increased demand and an ageing population. The 2012 HSE Service Plan commits to maintain the numbers of recipients and packages in 2012, despite curtailed budgets and prioritised those with most complex needs.

Home care packages are a combination of home help, public health nursing and other allied professionals. Approximately 75% of home care is provided by HSE staff but increasingly

home care is being contracted out to private providers. Four fifths of home care is provided to older people and one fifth to people with disabilities.

As detailed above there was a slight decline in numbers of home help hours between 2008 and 2011, however both residential and homecare budget have remained largely resilient to austerity measures to date with a small budgetary increase on money allocated to these areas between 2010 and 2012 (HSE, 2012).

Overall Government policy in Ireland is to maintain and support older people at home and in their communities. The Department of Social Protection operates a number of income support schemes for people who stay at home to care for elderly persons or persons with disabilities.

Carer's Allowance: Carer's Allowance is a means-tested payment for carers who look after certain people in need of full-time care and attention on a full time basis. Those in receipt of another social welfare payment and providing someone with full time care and attention may qualify for a reduced rate of carer's allowance in addition to the original payment.

Care Sharing: From 14 March 2005, two carers who are providing care on a part-time basis in an established pattern can now be accommodated on the carer's allowance scheme.

Carer's Benefit: Carer's Benefit is a payment for people who have made social insurance contributions and who have recently left the workforce and are looking after somebody in need of full-time care and attention. Carer's benefit may be claimed for a total of 2 years for each person being cared for. Carers Leave (unpaid) may be applied for by those seeking to obtain leave to care from their place of work.

Respite Care Grant: The Respite Care Grant is an annual payment for full-time carers who look after certain people in need of full-time care and attention. The payment is made regardless of the carer's means but is subject to certain conditions.

Carers' benefits and allowances were cut in Budget 2010 and Budget 2011 alongside all social welfare payments except pensions.

2.4.2 Debates and political discourse

The ambitions of Irish society for the care of older people "Older people: Vision" were expressed in "Towards 2016: Ten-year Framework Social Partnership Agreement 2001-2015" (p 60) as follows:

- The parties to this agreement share a vision of an Ireland which provides the supports, where necessary, to enable older people to maintain their health and well-being, as well as to live active and full lives, in an independent way in their own homes and communities for as long as possible.
- To achieve this vision, the Government and social partners will work together over the next ten years towards the following long-term goals for older people in Ireland in the context of increased longevity and greater possibilities and expectations for quality of life of older people.
- The previous government commitment to publish a new National Strategy on Ageing and Older People by the end of 2010 never materialised. The new government in place since March 2011 has made substantial commitments in the areas of older people.

The new government committed to publish a new National Positive Ageing Strategy by the end of 2011 as well as the unpublished National Carers strategy – both these commitments have yet to be delivered on.

Due to the introduction of the Nursing Home Support Scheme in 2009/10, the non publication of new strategies on older people and carers by the previous governments and cuts to carers' allowances, there has been quite a lot of public and political discussion on these issues. However like all other social protection issues during 2010 and 2011, these issues have been over shadowed by our larger economic issues.

The Health Act 2007 provided for the establishment of the Health Information and Quality Authority (HIQA). On 26 June 2009, the Minister signed the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations. These regulations underpin the National Quality Standards for Residential Care Settings for Older People in Ireland. These apply to all residential centres for older people – private, public and voluntary. Statutory responsibility is given to the Chief Inspector of Social Services, (part of HIQA) for inspecting and registering nursing homes. This replaces the previous system under the Health (Nursing Homes) Act 1990.

Protections for older people in residential care were strengthened by the National Quality Standards for Residential Care Settings for Older People in Ireland and underpinned by the Health Act, 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 which came into effect on 1 July, 2009 (HIQA, 2009).

Since then all public and private nursing homes are inspected by HIQA. This has improved public confidence in the quality of standards in nursing homes. Some public nursing homes are closing because they have not met the physical standards required e.g. they are in old buildings which would require major renovation to make them safe. Some critics of government policy say this is intended to drive more care into the private sector as the State has failed to adequately invest in public nursing homes so that their closure becomes inevitable as standards are unmet.

While there are voluntary standards in place for home care services, there are no statutory standards, no monitoring or inspection of home care services. This is an ongoing area of concern as people being care for in their own home are even more vulnerable than those in institutions.

2.4.3 Impact of EU social policies on the national level

There has been no public or political discourse on the impact of the OMC on long-term care in Ireland. EU 2020 strategy has not obviously impacted on long-term care reforms. There is no consideration of long-term care policies in the NRP.

As stated in the health section, there is substantial and ongoing links between health and ageing especially in the area of long-term care. A chapter of the work cited earlier was dedicated to projecting the long-term demographic change and its impact on long-term health and social care (Wren, 2009). Also each year the HSE Service Plan commits to what services it can provide given ageing demographic of the population (HSE, 2009; HSE, 2010a, HSE, 2012).

There is little official linkage between long-term care and poverty, however the exclusion of pensions from social welfare cuts has prevented an increase in poverty among older people. The entire rationale for the Nursing Home Support Scheme was to provide equitable, quality nursing home support. While the introduction of it has resulted in everyone being treated equitably, some older people's organisations and advocates for older people are critical of it as it increases the burden of payment on older people. This is especially true of some essential care which if an older person does not have a medical card or is not in a public unit then the cost of care such as physiotherapy, chiropody or occupational therapy is transferred on to the older person and their family. This in turn can contribute to poverty (Office of the Ombudsman

in Ireland, 2010b). Home care provided through the HSE is currently entirely funded from exchequer funds so it is not contributing to poverty. Recent surveys show that older people have suffered least from austerity measures.

2.4.4 Impact assessment

As in the health section, the two most important reports in relation to forecasts and projections for long-term care needs were published in 2009 and 2010 by the ESRI and the Expert Group on Resource Allocation and their associated evidence volumes (Layte, 2009; Dept. of Health and Children, 2010b; Brick, 2010b; Brick A, 2010a).

Ireland has just published the first results of the first ever longitudinal study focussed on older people in Ireland. The Irish Longitudinal Study on Ageing (Barrett et al, 2011) is a large-scale, nationally representative, prospective study of people aged 50 and over in Ireland. It is the most ambitious study of ageing ever carried out in Ireland and represents a step-change in terms of data, knowledge and understanding of ageing with which to inform policy and novel research.

TILDA is designed to maximise comparability with other well-established international longitudinal studies. More than 8,000 people aged 50 and over accepted the invitation to participate in the first wave of TILDA, and the majority of these also agreed to undertake a comprehensive health assessment.

TILDA's findings, alongside the above documents, will be central to the planning and delivery long-term care services in Ireland.

The financial and economic crisis has had relatively little impact on access to and provision of long-term care services as outlined above. While the health budget has had significant cuts and long-term care is part of the health budget, services for older people and long-term care have been ring fenced and largely protected to date. Also, the new programme for government adopted in March 2011 commits to additional funding for services for older people and an additional €50 million allocated in Budget 2012. While the austerity budgets have maintained social welfare pension rates, other cuts and tax increases like cuts to fuel allowance, rent supplement and increases in VAT impact hardest on those on lowest income which includes many pensioners.

As detailed above there have been significant efforts to introduce quality into residential care for older people but as yet there is still no progress on quality of home care services. The HSE's National Quality Standards: National Quality Standards for Residential Care Settings for Older People in Ireland clearly outlines what is expected of a provider of services and what a resident, their family, a carer, or the public can expect to receive in residential care settings. They deal with the areas of rights of older people, protection, health and social care needs, quality of life, staffing, the care environment, and management and governance. In addition, the standards include supplementary criteria that apply to units that specialise in the care of people with dementia.

Inspectors from HIQA inspect against these standards when they visit to check that an appropriate standard of care is in place in residential care settings. Residents and their relatives and friends can also use them to see what should and should not be happening in places where older people are being looked after (HIQA, 2009). These standards have been the driving force in improving quality in residential care.

While Ireland is getting better at gathering information on long-term care needs, the long-term care needs of privately funded home care remains totally unknown.

The long-term care needs are clearly estimated into the future by the following ESRI research which summarises the needs as

Between 2006 and 2021 the numbers of people aged 85 and over in Ireland will more than double from 48,000 to nearly 106,000; those aged 74-84 will increase by over a half from 157,000 to 248,000.

Whilst the number of older people in the population is rising, levels of disability for those aged 65+ are actually decreasing. Trends suggest the proportion aged 65+ with a severe disability will fall from 20% in 2006 to 18.6% in 2021.

Over 13,000 additional residential, long-term care places or a 59% increase will be required by 2021.

Since women provide the majority of informal care for older people, increased participation by women in the paid labour force may increase the demand for residential long-term care and formal long-term care in the community. (Wren, 2009)

2.4.5 Critical assessment of reforms discussions and research carried out

The introduction of the Nursing Home Support Scheme has improved access to long-term residential care for older people although there are concerns about increasing costs for parts of that care being imposed on the residents and their families. There are also concerns that while the current budget for long-term care is adequate, it may not be adequate to meet demographic demands in the future and also the uncertain nature of Ireland's economy adds to this uncertainty.

All residential settings for older people are now independently inspected, however residential settings for people with disabilities are still not independently inspected. Homecare services do not have to adhere to standards and are not independently inspected. There are no current plans despite years of government promises to do so. There is a complete absence of information on private homecare contracted privately in terms of the quantity used and the quality of that care.

As government policy is moving towards universal health insurance, there needs to be clarity and an open debate about what kind of services we want for older people and how we intend to pay for them either through taxes or a social insurance model.

There is an absence of innovative social entrepreneurial models in the provision of care for older people, although there are some which have sprung up locally such as the Third Age project which 'empowers local communities throughout Ireland by promoting to best effect the resource its older people represent'.

As there is a dwindling provision of public care for older people, the State seems to resort to for-profit providers in both home are and residential care without support the not-for-profit/social entrepreneurial sectors. There is much scope for the not-for-profit sector to develop in Ireland, to provide services not being provided by the State, including care for older people.

2.5 The role of social protection in promoting active ageing

2.5.1 Employment

Employment rates of older workers in Ireland remain higher than the EU average. The social protection system does not currently offer specific incentives to older workers, nor are there particular initiatives in place for employees at present. The state pension system does not currently 'reward' careers that run beyond the state pension qualification age although people are entitled to receive the state pension and work. The NPF recommends that provision be made for the postponement of the state pension whereby individuals could receive an actuarial increased pension at a later date. It is also suggested that the option of making up shortfalls in

one's contribution record be available where people continue in employment after the state pension qualification age.

There is no mandatory retirement age in Ireland although the general practice in many contracts of employment has stipulated retirement at age 65. The state pension qualification age is to rise to 66 in 2014, to 67 in 2021 and to 68 in 2028. There are, as of yet, no specific initiatives or policy developments to address unequal opportunities that may arise in the context of increasing the state pension qualification age.

2.5.2 Participation in society

Findings from the first wave of the TILDA study show that approximately 90% of older people visit with family and friends once a week or more. Frequency of visits increases with age, and women visit with family and friends more frequently than men. The study also found that one in five older people aged 65-74 do voluntary work at least once a week. Adults with high levels of education were most likely to engage in formal organised activities, including volunteering. Similar proportions of older men and women (around 10%) are involved in high intensity voluntary work.

Credited social insurance contributions are available in a range of circumstances including: unemployment, illness, full-time caring (must be in receipt of carer's allowance/benefit or availing of carer's leave from work) or qualify for the homemaker's scheme (care for a child under 12 or a person with a disability). Student credits are also available. Credits are given automatically in respect of periods of receipt of maternity benefit, adoptive benefit and health and safety benefit.

Healthy and autonomous living

The social protection system aims to promote independent living and the vast majority of older people (95%) live independently and do not need residential care. Most care is provided through informal networks (80%) while formal care tends to be provided to those with greater care needs (Barrett et al, 2011, 2012). Of those surveyed in the longitudinal survey of older people, 70% of those aged 75 and over most likely to need care and support live with their children or have at least one child living in the same country.

As outlined in health and social care section above, home help and long-term care are part of the health/long-term care benefit basket. While there has been a significant increase in home care provided and much political rhetoric on the importance of homecare, there have been some cuts in provision and a levelling out of the budget which as the figures below show fall far short of need.

TILDA found that people with impairments in activities of daily living (ADL) and instrumental activities of daily living (IADL) receive on average 118 hours of help per month. The most common primary helper for this group is the recipients' spouse, this represents a large contribution by older adults into the care of older adults. Just 3.5% of people over 50 receive state provided home help services and 12% of those with significant impairments, do not receive formal or informal help and these people constitute a potentially very vulnerable group (Barrett et al, 2011, 2012).

Over the last decade, there has been increased emphasis on providing home care support as an alternative to people being in hospital unnecessarily and in nursing homes. Also there is much rhetoric about preventing or delaying dependency of care, in reality however, people tend not to get services and support until they are in crisis or in hospital, and much care is provided too little too late or paid for out of pocket by people, without assistance of the State.

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3 Abstracts of Relevant Publications on Social Protection

[R] Pensions
- [R1] General trends: demographic and financial forecasts
- [R2] General organisation: pillars, financing, calculation methods or pension formula
- [R3] Retirement age: legal age, early retirement, etc.
- [R4] Older workers activity: active measures on labour market, unemployment benefit policies, etc.
- [R5] Income and income conditions for senior workers and retired people: level of pensions, accumulation of pensions with earnings from work, etc.

[H] Health
- [H1] Health expenditures: financing, macroeconomic impact, forecasting, etc.
- [H2] Public health policies, anti-addiction measures, prevention, etc.
- [H3] Health inequalities and access to health care: public insurance coverage, spatial inequalities, etc.
- [H4] Governance of the health system: institutional reforms, transfer to local authorities, etc.
- [H5] Management of the health system: HMO, payments system (capitation, reimbursement, etc.)
- [H6] Regulation of the pharmaceutical market
- [H7] Handicap

[L] Long-term care

[R] Pensions

[R3; R4; R5] BARRETT, A., SAVVA, G., TIMONEN, V., KENNY, R.A. (EDS.) (2011a), *Fifty Plus in Ireland 2011: First Results from the Irish Longitudinal Study on Ageing (TILDA)*. Dublin: TILDA.

This is the first report from the Longitudinal Study on Ageing in Ireland, which is a large-scale, nationally representative study of people aged 50 and over. With over 8,000 participants in this phase of the project, this is the most ambitious study of its kind ever conducted in Ireland. It contains chapters on the socio-demographic characteristics, family and community, social engagement, physical and behavioural health, mental health and cognitive function, health and social care, retirement and labour market participation, income and asset levels, quality of life and beliefs about ageing of the over 50s in Ireland.

[R1; R2; R3; R5] CALLAN, T., KEANE, C. & J. WALSH, (2009), *Pension Policy: New Evidence on Key Issues*. Research Series No.14. Dublin: ESRI, 25 Nov. 2009.

http://www.esri.ie/publications/search_for_a_publication/search_results/view/index.xml?id=2892;

This report focuses on a number of the questions posed in the Green Paper on Pensions (2007), relating mainly to alternative forms of tax relief or other forms of state subsidy to private pensions, and the role of the State Pension. It presents an analysis of Irish data in order to inform policy choices. The authors conclude that changes to tax relief on pensions would save public money and be fairer, and that tax relief at a standardised rate could help to achieve the overall objectives of public pension policy in a more efficient and equitable way.

[R2] COMMISSION ON TAXATION, (2009), *Report*, Dublin: The Stationery Office.

http://www.commissionontaxation.ie/downloads/Commission%20on%20Taxation%20Report%202009.pdf

The Commission was established "to review the structure, efficiency and appropriateness of the Irish taxation system and with the intention that [its] work would help establish the framework within which tax policy would be set for the next decade at least." It published its 500-page report in September 2009. Its terms of reference were very extensive. They included the conservative injunction "to keep the overall tax burden low and implement further changes to enhance the rewards of work while increasing the fairness of the tax system", and required

the Commission to consider, inter alia, "how best the tax system can encourage long-term savings to meet the needs of retirement". The Commission recommends a new third (higher) rate of tax; tax on child benefit; new incentive packages to encourage people to invest in pensions; a property tax; a carbon tax; and new water charges. New restrictions on high earners would also lead to more taxes.

[R1, R2, R3, R5] COMPTROLLER AND AUDITOR GENERAL (2009*), Public Service Pensions Special Report*, Dublin: Government of Ireland.

This report provides a detailed account of current public service pensions liabilities in Ireland and includes projections regarding the growth of these costs over the next 50 years. The administrative, funding and accounting arrangements that apply are also reviewed and recommendations are made in respect of actuarial reviews of liabilities and the development of a specialist pension administration system.

[R4, R5] DALY, M. (2010), *Measured or Missed? Poverty and Deprivation Among Older People in a Changing Ireland*, Dublin: Older & Bolder.

This report reviews the measurement of poverty and deprivation and assesses the strengths and weaknesses specifically with reference to older people in Ireland. Recommendations include: engaging in research to obtain a better understanding of the efficacy of the indicators used when applied to this group, exploring in more detail the situations of sub-groups of older people (e.g. those who live alone, the very elderly, people living in very remote areas and women), exploration of an 'older people specific indicator', and the possibilities attached to moving towards a quality of life approach and mechanisms that consider well-being and mainstreaming ageing indicators.

[R1, R2, R3] DEPARTMENT OF FINANCE (2010), *EU/IMF Programme of Financial Support for Ireland Memorandum of Understanding Between the European Commission and Ireland*, 16 December 2010.

http://finance.gov.ie/viewdoc.aspDocID=6665&CatID=45&StartDate=01+January+2010

The Memorandum of Understanding provides details of the terms of the loan deal agreed with Ireland in November 2010 and contains (a) A memorandum of economic and financial policies (b) A memorandum on specific economic policy conditionality (c) A technical memorandum of understanding. The €85 billion loan includes a €17.5 billion contribution from Ireland through the Treasury cash buffer and investments in the National Pensions Reserve Fund. Quarterly reviews of progress are published and revised and updated memoranda have been published (May 2011, July 2011, November 2011 and February 2012). These are available at: http://www.finance.gov.ie/viewdoc.asp?DocID=6856

[R1] DEPARTMENT OF PUBLIC EXPENDITURE AND REFORM (2011), *Comprehensive Expenditure Report 2012-2014. Dublin: Department of Public Expenditure and Reform*. Available: http://budget.gov.ie/budgets/2012/Documents/CER%20-%20Estimates%20Final.pdf [Accessed 13 February 2012]

This was the final report produced in a series of reports on Ireland's budgetary plan for 2012. It sets out a programme of savings targets and current expenditure ceilings set across all government departments for the next three years. It outlines the range of social protection reform options which are to be examined with a view to implementation in 2013 and 2014.

[R1, R2, R3, R4, R5] GOVERNMENT OF IRELAND (2010), *National Pensions Framework*, Dublin: Government Stationery Office.

http://www.pensionsgreenpaper.ie/downloads/NationalPensionsFramework.pdf

This is in effect a White Paper setting out the plans for a reformed state pension system following public consultations conducted after the publication of the Green Paper on Pensions in 2007. Under the proposals, the State pension will remain the basis of the pension system, with the Government undertaking to preserve its value at 35% of average earnings. In future, workers aged over 22 earning above a certain income threshold will automatically be enrolled in a new supplementary pension scheme to provide additional retirement income – unless they are already in their employers' scheme, which provides higher contribution levels or is a defined benefit scheme. Employees will contribute 4%, with the Government and the employer providing matching contributions of 2% each making a total contribution of 8%. The qualification age for the State Pension will rise from 65 to 66 in 2014, 67 in 2021, and 68 in 2028.

[R1, R2, R3] GOVERNMENT OF IRELAND (2010a), *The National Recovery Plan 2011-2014* Dublin: Government of Ireland.

This is the four year plan published by the previous government in the days prior to the EU/IMF loan deal with Ireland in November 2010 and it is referenced in the Memorandum of Understanding. The plan "provides a blueprint for a return to sustainable growth in our economy. It sets out in detail the measures that will be taken to put our public finances in order. It identifies the areas of economic activity which will provide growth and employment in the next phase of our economic development. It specifies the reforms the Government will implement to accelerate growth in those key sectors." (p.5).

[R2] "McCARTHY REPORT" (2009), *The Report of the Special Group on Public Service Numbers and Expenditure Programmes,* Dublin: Government Publications Office.

http://www.finance.gov.ie/documents/pressreleases/2009/bl100vol1.pdf

http://www.finance.gov.ie/documents/pressreleases/2009/bl100vol2.pdf

In November 2008, the Government appointed the Special Group, chaired by an independent economist, Colm McCarthy, "to examine the current expenditure programmes in each Government Department and to make recommendations for reducing public service numbers so as to ensure a return to sustainable public finances." The Group met with each Department, as well as a number of Offices and agencies, to discuss the scope for savings. The Report was published in July 2009 and is in two volumes. Vol. 2 consists of Detailed Papers on each of the Ministerial Vote Groups; Vol. 1 provides an introduction, an overview and conclusions, including summaries of the Detailed Papers. Given its wide range of analysis and its specific proposals for public service re-organisation and cuts in public expenditure and in the numbers employed in the public service it generated considerable discussion and controversy.

[R2] NESC NATIONAL ECONOMIC AND SOCIAL COUNCIL (2012) *Promoting Economic Recovery and Employment in Ireland*, No.125, January 2012. http://www.nesc.ie/en/publications/publications/nesc-reports/nesc125/

In this report, NESC identifies 'possible additional policy measures that Ireland could take to encourage domestic demand, enhance the flow of credit to business, increase employment and strengthen business development'. This is potentially a very important document, should its recommendations be taken up by Government. It considers that fiscal consolidation and austerity on its own will not be sufficient to revive the Irish economy and encourage employment. In brief, it suggests that the development of appropriate financial services for business requires active involvement of the state, that there is a need for renewed focus on home-grown businesses and natural resources and the development of an entity which can identify and vet public works projects. Specifically in respect of pensions, it advocates consultation with and research on pension funds as a potential investment source.

[H] Health

[H2] BALANDA, K. P., BARRON, S., FAHY, L., MCLAUGHLIN, A. (2010), *Making Chronic Conditions Count: Hypertension, Stroke, Coronary Heart Disease and Diabetes*. Dublin: Institute of Public Health in Ireland. [Accessed 14 February 2012]

http://www.publichealth.ie/files/file/Making%20Chronic%20Conditions.pdf

This report estimates and forecasts population prevalence of Ireland's four main chronic diseases. It predicts the prevalence change for 2015 and 2020. It finds prevalence of all these conditions will rise due to a growing ageing population and a growing burden of unhealthy life expectancy. It breaks down predictions by sex, age, place and area characteristics. It predicts a 40% increase in chronic diseases on the island of Ireland by 2020.

[H1] BARRETT, A., SAVVA, G., TIMONEN, V., KENNY, R.A. (EDS.) (2011a), *Fifty Plus in Ireland 2011: First Results from the Irish Longitudinal Study on Ageing (TILDA)*. Dublin: TILDA.

This is the first report from the Longitudinal Study on Ageing in Ireland, which is a large-scale, nationally representative study of people aged 50 and over. With over 8,000 participants in this phase of the project, this is the most ambitious study of its kind ever conducted in Ireland. It contains chapters on the socio-demographic characteristics, family and community, social engagement, physical and behavioural health, mental health and cognitive function, health and social care, retirement and labour market participation, income and asset levels, quality of life and beliefs about ageing of the over 50s in Ireland.

[H1, H2, H3, H5, H6] BRICK A, Nolan A, O'REILLY J, SMITH S. (2010a), *Resource Allocation, Financing and Sustainability in Health Care. Evidence for the Expert Group*. Volume 1 Dublin: Department of Health and Children/ESRI.

http://www.dohc.ie/publications/resource_allocation/BKMNEXT167V1.pdf?direct=1

[H1, H2, H3, H5, H6] BRICK A, Nolan A, O'REILLY J, SMITH S (2010b), *Resource Allocation, Financing and Sustainability in Health Care. Evidence for the Expert Group.* Volume 2. Dublin: Department of Health and Children/ESRI.

http://www.dohc.ie/publications/resource_allocation/volume2.pdf?direct=1

These two volumes provide the evidence base for the issues outlined in relation to resource, allocation, financing and sustainability in the health sector in Ireland. They compile all evidence on each of these areas in Ireland and use available evidence to predict health care needs and the best way to plan, finance and sustain health and social care services in Ireland. They detail the perverse incentives in the health system which mitigate against public patients and keep people in the hospital system instead of in primary and community care as is official policy.

[H2, H3, H4] BURKE S, PENTONY S. (2011), *Eliminating Health Inequalities - A Matter of Life and Death* Dublin: tasc.

This publication details the extent of health inequalities in Ireland and highlights the absence of government policy in the areas of public health and health inequalities. It makes specific recommendations on how the Irish government could take leadership in the area of public health and reducing health inequalities. Tasc is an independent progressive think tank for action on social change. www.tasc.ie

[H1] CENTRAL STATISTICS OFFICE (2011b). *Population Census 2011, Preliminary Results*. CSO. Dublin. 2011.
http://www.cso.ie/en/media/csoie/census/documents/Prelim%20complete.pdf [Accessed 14

February 2012]. This provides the initial findings from Census 2011, much of the relevant data is not yet released. Most notable is the higher fertility and birth rate and significantly higher population than expected even when net migration is taken into account.

[H3] CSO (2010), *Mortality Differentials in Ireland*. Dublin CSO. [Accessed 8 March 2012]

http://www.cso.ie/en/media/csoie/census/documents/Mortality_Differentials_in_Ireland.pdf

This is the first official publication on the extent of mortality differentials in Ireland in a decade. It details the extent of inequalities that exist between men and women from lower and higher socio economic groups, it also uses areas of residence and education and income to highlight the continuing inequalities that exist between rich and poor in Ireland. The CSO is responsible for the collection, compilation, extraction and dissemination for statistical purposes of information relating to economic, social and general activities and conditions in the State. It is also responsible for coordinating official statistics of other public authorities and for developing the statistical potential of administrative records. The Office exists primarily to meet the needs of Government for quality statistical information which is a vital input to the formation, implementation and monitoring of policy and programmes at national, regional and local levels in a rapidly changing economic and social environment.

[H1] DEPARTMENT OF FINANCE (2010), *EU/IMF Programme of Financial Support for Ireland Memorandum of Understanding Between the European Commission and Ireland,* [Accessed 14 February 2012] http://finance.gov.ie/viewdoc.aspDocID=6665&CatID=45&StartDate=01+January+2010

The Memorandum of Understanding provides details of the terms of the loan deal agreed with Ireland in November 2010 and contains (a) A memorandum of economic and financial policies (b) A memorandum on specific economic policy conditionality c) A technical memorandum of understanding. The €85 billion loan includes a €17.5 billion contribution from Ireland through the Treasury cash buffer and investments in the National Pensions Reserve Fund.

[H2] DEPARTMENT OF HEALTH AND CHILDREN (2011a), *Health in Ireland. Key Trends 2011.* Dublin: Department of Health and Children.

This report produced annually by the Department of Health and Children provides summary data on key indicators of health, health services and social care. It also compares Ireland with our European neighbours on issues such as life expectancy, health spending and staffing levels.

[H1; H2; H3; H4; H5; H6; H7; L] DEPARTMENT OF HEALTH AND CHILDREN (2011b), *Briefings for Minister Reilly and Fitzgerald as released for FOI.* In: DEPARTMENT OF HEALTH AND CHILDREN. (ed.). Dublin: Department of Health and Children. [Accessed 14 February 2012]. http://www.dohc.ie/publications/briefings_foi_2011.html

This a vast range of 400 plus pages of documents which were used to brief the new minister in March 2011 and released after a Freedom of Information request. They contain a lot of information already in the public domain but some new information e.g. latest figures on those covered by private health insurance.

[H2] DEPARTMENT OF HEALTH AND CHILDREN (2011c) *Growing Up in Ireland: the lives of 9-year-olds, Main Report. Dublin: ESRI.* http://www.growingup.ie/fileadmin/user_upload/documents/1st_Report/Barcode_Growing_Up_in_Ireland_-_The_Lives_of_9-Year-Olds_Main_Report.pdf [Accessed 14 February 2012]

This is the first major publication on Ireland's only longitudinal child cohort study, details many information on children's lives including their health and family status and access and utilisation of health and social care. Additional publications are being published on an ongoing basis.

[H1] DEPARTMENT OF PUBLIC EXPENDITURE AND REFORM (2011), *Comprehensive Expenditure Report 2012-2014. Dublin: Department of Public Expenditure and Reform*. Available: http://budget.gov.ie/budgets/2012/Documents/CER%20-%20Estimates%20Final.pdf [Accessed 13 February 2012]

This was the final report produced in a series of reports on Ireland's budgetary plan for 2012. It sets out a programme for current expenditure for the next three years specifying what will have to come out of the health budget.

[H1; H2; H3; H4; H5; H6; H7; L] FINE GAEL (2011), *FairCare*. Dublin: Fine Gael. Accessed 14 May 2011 http://www.finegael.org/upload/file/FairCare.pdf

This is the health policy of the main opposition party published a month in advance of the election in February 2011. It built on previous publications by Fine Gael outlining their proposals on a universal health insurance model for Ireland.

[H1; H2; H3; H4; H5; H6; H7; L] GOVERNMENT OF IRELAND (2010a), *The National Recovery Plan 2011-2014* Dublin: Government of Ireland.

This is the four year plan published by the previous government in the days prior to the EU/IMF loan deal with Ireland in November 2010 and it is referenced in the Memorandum of Understanding. The plan 'provides a blueprint for a return to sustainable growth in our economy. It sets out in detail the measures that will be taken to put our public finances in order. It identifies the areas of economic activity which will provide growth and employment in the next phase of our economic development. It specifies the reforms the Government will implement to accelerate growth in those key sectors.' (p.5).

[H1; H2; H3; H4; H5; H6; H7; L] HSE (2009), *HSE National Service Plan 2010* Dublin: HSE. http://www.hse.ie/eng/services/Publications/corporate/nsp2010.pdf

[H1; H2; H3; H4; H5; H6; H7; L] HSE (2010a), *HSE National Service Plan 2011* Dublin: HSE. http://www.hse.ie/eng/services/Publications/corporate/nsp2011.pdf

[H1; H2; H3; H4; H5; H6; H7] HSE (2011d), *Performance Report on NSP 2011*. November 2011. Dublin: HSE. http://www.hse.ie/eng/services/Publications/corporate/performancereports/February_2011_Performance_Report.pdf

The HSE Service Plans are the most important documents they publish each year as they detail the contract between the HSE and government in terms of what and how many services they can provide within their given budget each year. The November report is the most recent available which reports monthly on progress made in relation to the National Service Plan.

[H4] HSE. (2010b), *Report of the National Acute Medicine Programme* Dublin: HSE. http://www.slainte.ie/eng/services/Publications/services/Hospitals/AMP.pdf

[H4] HSE. (2011b), *National Clinical Programmes* [Online]. http://www.hse.ie/eng/about/Who/clinical/natclinprog/listofprogrammes.html

The Report of the Acute Medicine Programme and the National Clinical Care Programmes are introducing evidence based medicine to planning and delivery of the public health system.

[H1; H2; H3; H4; H5; H6; H7] LABOUR (2011), *Labour's Plan for Fair Health Care*. Dublin: The Labour Party. Accessed 14 May 2011. http://www.labour.ie/download/pdf/fairhealthcare.pdf

This was published the month before the election in February 2011 detailing the Labour party's policy proposals in relation to universal health insurance.

[H1; H4; H5; H7; L] LAYTE, R. (2009), *Projecting the Impact of Demographic Change on the Demand for and Delivery of Health Care in Ireland*. Dublin: ESRI. http://www.hrb.ie/uploads/tx_hrbpublications/Final_Report.ESRI.pdf

This along with the report of the expert group on resource allocation and the new programme for government is one of the most important documents as it brings all available evidence together to make demographic predictions and from that the need and demand for health and social care in the decades ahead. It makes recommendations on how best this can be delivered within current environment.

[H1; L] "McCARTHY REPORT" (2009), *The Report of the Special Group on Public Service Numbers and Expenditure Programmes,* Dublin: Government Publications Office.

http://www.finance.gov.ie/documents/pressreleases/2009/bl100vol1.pdf

http://www.finance.gov.ie/documents/pressreleases/2009/bl100vol2.pdf

In November 2008, the Government appointed the Special Group, chaired by an independent economist, Colm McCarthy, "to examine the current expenditure programmes in each Government Department and to make recommendations for reducing public service numbers so as to ensure a return to sustainable public finances." The Group met with each Department, as well as a number of Offices and agencies, to discuss the scope for savings. The Report was published in July 2009 and is in two volumes. Vol. 2 consists of Detailed Papers on each of the Ministerial Vote Groups; Vol. 1 provides an introduction, an overview and conclusions, including summaries of the Detailed Papers. Given its wide range of analysis and its specific proposals for public service re-organisation and cuts in public expenditure and in the numbers employed in the public service it generated considerable discussion and controversy.

[H1; H3; H4; H5; L] OFFICE OF THE OMBUDSMAN IN IRELAND (2010b), *Who Cares? An Investigation into the Right to Nursing Home Care in Ireland.* Dublin: Office of the Ombudsman of Ireland. http://www.ombudsman.gov.ie/en/Reports/InvestigationReports/9November2010WhoCaresAnInvestigationintotheRighttoNursingHomeCareinIreland/File,13052,en.pdf

This report details the problems encountered by citizens in accessing nursing home care under the new Nursing Home Support Scheme. In particular, it highlights the additional burden of cost imposed on some people through this new policy.

[L] Long-term care

[L] AGE ACTION IRELAND (2011), *Age Action Ireland's Pre-Budget Submission, Budget 2012.* http://www.ageaction.ie/sites/default/files/Age%20Action%20Ireland%20Pre-Budget%20Submission%202012.pdf. [Accessed 14 February 2012]

This pre-budget submission details many of the challenges facing older people during the economic crisis and makes the case of how public policy could insulate older people from the harsher effects of the economic crisis and outlines the decline in some measures as a result of cut backs eg home helps.

[L] DEPARTMENT OF HEALTH AND CHILDREN (2010b), *Report of the Expert Group on Resource Allocation and Financing in the Health Sector* Dublin. Accessed 14 May 2011.

http://www.dohc.ie/publications/resource_allocation/resource_allocation_report_hiRes.pdf

This is the report of the expert group on resource allocation and financing set up by Minister Harney in 2007. The two volumes of evidence that inform this report means it is the most evidence based document to inform the planning and delivery of the whole health and social care system. It is perhaps the most important document to be published on the health system in the last year alongside the health commitments in the programme for government.

[L] GOVERNMENT OF IRELAND (2011), *Government for National Recovery 2011-2016* Dublin: Fine Gael/Labour Party. http://www.taoiseach.gov.ie/eng/Publications/Publications_2011/Programme_for_Government_2011.pdf

This the new programme for government published in March 2011 which outlines government commitments to introduce GP care for all without charge and universal health insurance by 2016.

[L] HSE (2011c), *Performance Report on NSP 2011*. February 2011. Dublin: HSE. http://www.hse.ie/eng/services/Publications/corporate/performancereports/February_2011_Performance_Report.pdf

The HSE Service Plans are the most important documents they publish each year as they detail the contract between the HSE and government in terms of what and how many services they can provide within their given budget each year. The February report is the most recent available which reports monthly on progress made in relation to the National Service Plan.

[L] LABOUR (2011), *Labour's Plan for Fair Health Care*. Dublin: The Labour Party. Accessed 14 May 2011. http://www.labour.ie/download/pdf/fairhealthcare.pdf

This was published the month before the election in February 2011 detailing the Labour party’s policy proposals in relation to universal health insurance.

4 List of Important Institutions

Adelaide Hospital Society

Address: The Adelaide and Meath Hospital, Tallaght, Dublin 24

Webpage: http://www.adelaide.ie

The society is represented on the Board of Management of one of the major Dublin hospitals, the Adelaide and Meath Hospital in Tallaght, South County Dublin. It has contributed to public debates about health policy on the basis of its stated commitment. "The Society is deeply committed to an ethic of justice. Proper health care is a human right and indeed such health care may be seen to underpin other human rights such as the right to life. It is manifest that many social groups and individuals do not receive proper health care in Irish society and thereby suffer a grave injustice. It is the responsibility of the State and all citizens to seek to address injustice and promote a more just and caring health care service."

Age Action Ireland Ltd.

Address: 30 Lr Camden Street, Dublin 2

Webpage: www.ageaction.ie

Age Action Ireland is a national non-governmental organisation working as a network of organisations and people providing services for older people and their carers in Ireland and as a development agency promoting better policies and services for them. Age Action Ireland publishes, amongst other things, a Directory of Services for older people as well as a monthly bulletin for members.

Age & Opportunity

Address: Marino Institute of Education, Griffith Avenue, Dublin 9

Webpage: www.olderinireland.ie

This is a national agency working to challenge attitudes towards ageing and older people, and to promote greater participation by older people in society. It works in a range of areas from the arts to physical activity.

Alzheimer Society of Ireland

Address: National Office: Temple Road, Blackrock, Co Dublin

Webpage: http://www.alzheimer.ie/

The Alzheimer Society of Ireland is the leading dementia specific service provider in Ireland. The Society was founded in 1982 by a small group of people who were caring for a family member with Alzheimer's disease or a related dementia. Today, it is a national voluntary organisation with an extensive national network of branches, regional offices and services that aims to provide people with all forms of dementia, their families and carers with the necessary support to maximise their quality of life.

Centre for Ageing Research and Development in Ireland (CARDI)

Address: 5th Floor Bishop's Square, Redmond's Hill, Dublin 2 (Dublin Office) and Forest view, Purdy's Lane, Belfast, BT8 7ZX (Belfast Office).

Webpage: http://www.cardi.ie/

CARDI is a not for profit organisation developed by leaders from the ageing field across Ireland (North and South) including age focused researchers, academics, statutory, voluntary and community sector representatives with support from The Atlantic Philanthropies. CARDI seeks to advocate for and advance the ageing research agenda by identifying, coordinating, stimulating, and communicating strategic research on ageing and older people as a means to

improve the lives of older people in Ireland (North and South) especially those who are disadvantaged.

Care Alliance Ireland, the National Network of Voluntary Organisations for Family Carers

Address: Coleraine House, Coleraine Street, Dublin 7
Webpage: www.carealliance.ie

Care Alliance Ireland is the National Network of Voluntary Organisations supporting family carers. Its main aim is to bring together voluntary groups supporting family carers to exchange information and to develop more effective policies and services for such carers. Care Alliance Ireland was established in 1995 and currently represents a network of voluntary organisations concerned with the needs of family carers. Care Alliance Ireland's activities include providing Newsletters, Research, Annual Seminars and Interagency Networking.

Carers' Association

Address: Prior's Orchard, John's Quay, Kilkenny, County Kilkenny
Webpage: www.carersireland.com

The Carers Association represents the interests of Irish carers in the home. It publishes the quarterly newsletter Take Care!, as well as leaflets and videos, and organises the National Carers of the Year Awards. The association also operates a 24-hour helpline, the National Careline: Freefone 1800 24 07 24.

Central Statistics Office (CSO)

Address: PO Box 559, Dame Street, Dublin 2
Webpage: http://www.cso.ie

The CSO is the government agency responsible for collecting, analysing and publishing all statistics relevant to public policy including those in the following areas: demography; the economy; industry; the labour market and earnings; the environmental; public services.

Centre for Social and Educational Research (CSER)

Address: 40-45 Mountjoy Square, Dublin 1
Webpage: http://www.dit.ie/cser

Based in the Dublin Institute of Technology, the Centre seeks to impact on social and educational policies and practices through the provision of accurate research data. The CSER carries out research in five classified research themes, notably Social Care/Alternative Care. Publications cover such topics as youth services, unaccompanied minors and child care.

Citizen's Information Board

Address: Ground Floor, George's Quay House, 43 Townsend St, Dublin 2
Webpage: http://www.citizensinformation.ie

The Citizens Information Board is the national agency responsible for supporting the provision of information, advice and advocacy to the public on the broad range of social and civil services. The Board supports a national network of information centres, a telephone service and website. In addition, the Board prepares submissions and policy recommendations, research and social policy reports, social policy quarterly reports, and a social policy periodical.

EAPN Ireland

Address: 5 Gardiner Row, Dublin 1
Webpage: http://www.eapn.ie

EAPN Ireland is a network of groups and individuals working against poverty and is the Irish national network of the European Anti Poverty Network (EAPN Europe). In addition to promoting networking between anti-poverty groups across the EU, EAPN Ireland provides information and training, policy development and advocacy services. Publications pertain to poverty and social exclusion as they impact upon particular groups, such as older people.

Economic and Social Research Institute (ESRI)

Address: Whitaker Square, Sir John Rogerson's Quay, Dublin 2
Webpage: http://www.esri.ie

The ESRI produces high-quality research in the areas of economic and social development, to inform public policy-making and civil society. ESRI researchers make extensive use of data bases at the Central Statistics Office as well as collecting primary data. The Institute contributes a broad range of books, research papers, journal articles, reports, and public presentations, quality assured through rigorous peer review processes.

Equality Authority

Address: 2 Clonmel Street, Dublin 2
Webpage: http://www.equality.ie

The Authority is an independent body with responsibility for promoting equality, and investigating breaches of equality legislation, in the areas of employment, education, advertising, the sale or provision of goods and services and other areas. The legislation outlaws unequal treatment on nine distinct grounds. These are gender; marital status; family status; age; disability; race; sexual orientation; religious belief; and membership of the Traveller Community. The Authority has the power to undertake or sponsor research to prosecute breaches of the legislation. Publications include policy submissions and research findings.

Geary Institute

Address: University College Dublin, Belfield, Dublin 4
Webpage: http://geary.ucd.ie

Based in University College Dublin, the Institute conducts research on economic, political, epidemiological and social questions. The Institute is also home to the Irish Social Science Data Archive (ISSDA). Publications cover a diverse range but include early childhood intervention, family incomes and insurance, and health economics.

Health Information and Quality Authority

Address: Unit 1301, City Gate, Mahon, Cork
Webpage: www.hiqa.ie

HIQA is an independent authority responsible for driving quality, safety and accountability in residential services for children, older people and people with disabilities in Ireland. It is responsible for driving improvements in the quality and safety of health care on behalf of patients. HIQA develops standards, monitor compliance with standards and carry out investigations where there are reasonable grounds to do so. One of its functions is to carry out national Health Technology Assessments (HTA) across our health system. HTAs evaluate objectively new technologies from a clinical point of view. They also advise on the collection and sharing of information across health care services. They evaluate and publish information about the delivery and performance of Ireland's health and social care services.

Health Insurance Authority
Address: Canal House, Canal Road, Dublin 6
Webpage: http://www.hia.ie
The Authority is an independent regulator for the private health insurance market. In addition to licensing private health insurers and advising the Minister for Health and Children accordingly, the Authority provides information and assistance to consumers of the private health insurance market. Publications cover such areas as corporate reports, advisory reports and consumer surveys.

Health Research Board (HRB)
Address: 73 Lower Baggot St, Dublin 2
Webpage: http://www.hrb.ie
The Board manages funding programmes and commitments worth over €100 million, covering all areas of health. The HRB comprises a Research Management Unit, a Research Infrastructure and Special Initiatives Unit, and a Policy, Evaluation and External Relations Unit. Publications include the annually produced 'A Picture of Health: A Selection of Outcomes from HRB Research'.

Health Services Executive (HSE)
Address: Oak House, Millennium Park, Naas, Co. Kildare
Webpage: http://www.hse.ie
The HSE is the largest organisation in the state, providing a range of health and social services, delivered through four administrative regional offices. Services provided include: addiction; benefits and schemes; births, deaths and marriages; cancer; children and family services; disability; environmental health; GP; health centres; health promotion; hospitals; mental health; older people; and, sexual health. The HSE produces a wide range of reports and publications on health issues and developments.

ICTU Retired Workers' Committee
Address: 32 Parnell Square, Dublin
The Retired Workers' Committee of the Irish Congress of Trade Unions is a representative group for over 80 Retired Workers' Committees of unions affiliated to the ICTU.

Institute of Public Administration (IPA)
Address: 57-61 Lansdowne Road, Ballsbridge, Dublin 4
Webpage: http://www.ipa.ie
The IPA is the national centre for development of best practice in public administration and public management. The Institute delivers its service through: education and training; research and publishing; and, consultancy. Publications cover such areas as economics, government and politics, health care management and social administration.

Institute of Public Health in Ireland (IPH)
Address: 5th Floor, Bishop's Square, Redmond's Hill, Dublin 2
Webpage: www.publichealth.ie
The Institute of Public Health in Ireland (IPH) promotes cooperation for public health on the island of Ireland. It has three key areas of work: Strengthening public health intelligence; Building public health capacity: Policy and programme development, and evaluation. The Institute is also involved in a number of ventures including a new all-Ireland initiative to

provide a mechanism for greater collaboration among researchers on ageing. The Centre for Ageing Research Development in Ireland (CARDI) is hosted by the Institute.

Irish Association of Older People

Address: 4 Sussex Street, Dun Laoghaire, Co. Dublin
Webpage: www.olderpeople.ie

The Irish Association of Older People is a voluntary and membership-based organisation that provides information and promotes and encourages activities which improve the lives of older people. It publishes the quarterly Getting On.

Irish Business Employers Confederation (IBEC)

Address: Confederation House 84/86 Lower Baggot Street, Dublin 2
Webpage: http://www.ibec.ie

The Irish Business and Employers Confederation (IBEC) is the national umbrella organisation for business and employers in Ireland. IBEC provides its membership base of over 7500 organisations with knowledge, influence and connections. IBEC has been represented in the social partnership process since its inception and the Confederation has proved very effective as a voice for business and employers.

Irish Centre for Social Gerontology (ICSG)

Address: Cairnes Building, National University of Ireland, Galway
Webpage: http://www.icsg.ie

Based at the National University of Ireland Galway, the Centre focuses on research, education and training in the field of social gerontology. ICSG aims to develop and promote social and economic aspects of ageing in Ireland with a view to supporting a holistic and positive view of ageing, which emphasises participation and empowerment for older people at all levels of society. There is a specific research focus on rural gerontology, the economics of ageing and on technology and ageing. Publications include the areas of care for older people, quality of life, and the economics of dependency.

Irish Congress of Trade Unions (ICTU)

Address: 31/32 Parnell Square, Dublin 1
Webpage: http://www.ictu.ie

The Irish Congress of Trade Unions (ICTU) is the largest civil society organisation in Ireland. There are currently 55 unions affiliated to Congress, north and south of the border, covering some 832,000 working people. Congress seeks to influence government action in key areas, such as taxation, employment legislation, education and social policy. Congress publications are largely concerned with worker's rights, the economy and social equity.

Irish Farmers Association (IFA)

Address: Irish Farm Centre, Bluebell, Dublin 12
Webpage: http://www.ifa.ie

The Irish Farmer's Association (IFA) is a professional, well-resourced, lobby organisation. The IFA took a leading role in campaigning for EEC membership in the referendum in 1972, later establishing a permanent office in Brussels. The IFA is the representative of Irish farmers in COPA, the coordinating body of farm organisations in the member states, and on the influential EU Commission advisory committees.

Irish National Organisation of the Unemployed (INOU)

Address: Araby House, 8 North Richmond Street, Dublin 1

Webpage: http://www.inou.ie

The Irish National Organisation of the Unemployed (INOU) has 200 member groups including community based resource centres, national NGOs, trade unions and branches of unemployed people. It seeks to represent the views of unemployed people and to campaign for an acceptable standard of living for all unemployed people and the achievement of full employment. Publications are concerned with welfare rights, training and work options and a wide range of comment/submissions on government policy.

Irish Private Home Care Association

Address: Kandoy House, 2 Fairview Strand, Dublin 3
Webpage: http://www.hca.ie

This Association of providers of private home care is constituted in order to promote the following aims: To foster and promote high quality standards of home care services; to represent the views of its members on developments affecting the sector; to inform members of developments affecting the sector; to influence the legislative, judicial, and regulatory processes with respect to issues of importance to the home care sector; to promote the training and development for those individuals and organisations which provide home care.

Irish Senior Citizen's Parliament

Address: 90 Fairview Strand, Dublin 3
Webpage: www.seniors.ie

The Irish Senior Citizen's Parliament was established in November 1995 to represent the interests of older people, and to lobby the government for change. The ISCP lobbies on everything from pensions to rural transport and health issues. There are some 200 groups of older people affiliated to ISCP which, between them, represent close to 100,000 people.

Jesuit Centre for Faith and Justice

Address: 26 Upper Sherrard Street, Dublin 1
Webpage: http://www.jcfj.ie

The Jesuit Centre for Faith and Justice undertakes social analysis, theological reflection and action in relation to issues of social justice, including housing and homelessness, penal policy, asylum and migration, and international development. Publications include research relevant to marginalised groups, in-depth analysis of social and economic issues, and the evaluation of community projects that seek to address disadvantage.

National Disability Authority (NDA)

Address: 25 Clyde Road, Dublin 4
Webpage: http://www.nda.ie

The Authority is an independent statutory agency established under the aegis of the Department of Justice, Equality and Law Reform, and providing independent expert advice on policy and practice. Publications cover such areas as policy and law, research information, the development of national standards, as well as contributing to the National Disability Strategy.

National Economic and Social Council (NESC)

Address: 16 Parnell Square, Dublin 1
Webpage: http://www.nesc.ie

NESC was established in 1973 to analyse and report to the Taoiseach on strategic issues relating to economic and social development and has produced reports on an extensive range of important economic and social policy matters over a number of decades. The Council is

chaired by the Secretary General of the Department of the Taoiseach and contains representatives of trade unions, employers, farmers' organisations, NGOs, key government departments and independent experts. It works with national economic and social councils in other EU Member States and is a member of AICESIS.

National Federation of Pensioner's Associations

Address: Carmichael House, North Brunswick St., Dublin 7

Webpage: http://www.nfpa.ie/

The National Federation of Pensioner's Associations is a national representative organisation for pensioner's organisations. The NFPA aims to protect and promote the interests of pensioners and retired persons in regard to social welfare, taxation, health and superannuation.

National Pensions Reserve Fund

Address: Treasury Building, Grand Canal St. Dublin 2

Webpage: http://www.nprf.ie

The Fund was established in 2001 to part meet the cost of social welfare and public service pensions from 2025 onwards. The Fund is controlled and managed by the National Pensions Reserve Fund Commission. Legislation enacted in 2009 and 2010 requires the Commission to make investments in credit institutions as directed by the Minister for Finance, for specified purpose in the public interest. Ministerial directions can also be given in respect of investment in Irish Government securities or for payments to the Exchequer to fund capital expenditure in the financial years 2011, 2012 and 2013. The EU/IMF Programme of Financial Support includes a commitment to draw on the Fund as part of Ireland's contribution. The Commission performs its functions through the National Treasury Management Agency, which is the Manager of the Fund.

National Women's Council of Ireland (NWCI)

Address: 9 Marlborough Court, Marlborough Street, Dublin 1

Webpage: http://www.nwci.ie

The National Women's Council of Ireland (NWCI) is the national representative organisation for women and women's groups. The role of the NWCI is to work with its members to determine core priorities and undertake a broad range of activities at local, national and international levels. The NWCI has 160 affiliated members, made up of women's groups, women's sections or committees of larger national organisations such as trade unions, teacher unions and political parties. Publications include annual reports, papers and presentations, policy submissions and published reports.

Nursing Homes Ireland

Address: Centrepoint Business Park, Oak Road, Dublin 12.

Website: http://www.nhi.ie/iopen24/

Nursing Homes Ireland is the representative organisation for the private and voluntary nursing homes sector. This sector, and the care members provide, are key parts of the Irish health service. Private and voluntary nursing homes: provide care for nearly 19,000 residents; account for more than 65% of all long-term care beds in the country, and employ more than 18,000 staff.

Office for Social Inclusion (OSI)

Address: Floor 1, Gandon House, Amiens Street, Dublin 1.

Webpage: http://www.socialinclusion.ie

The OSI is an office within the Department of Social Protection and is responsible for the Government's social inclusion agenda, including the National Action Plan for Social Inclusion 2007-2016 (NAP inclusion). The Office coordinates the process across departments, agencies, regional and local government, and ensures proper consultation with the relevant stakeholders. The Office has incorporated the residual activities of the Combat Poverty Agency.

Older and Bolder

Address: Jervis House, Jervis Street, Dublin 1.
Webpage: http://www.olderandbolder.ie/

Older & Bolder was established when a number of NGOs came together in 2006 to call for a commitment to the development of a national strategy on ageing. With funding from The Atlantic Philanthropies, Older & Bolder has evolved as an alliance comprising eight members with a shared vision and purpose. The current member organisations are: Active Retirement Ireland; Age & Opportunity; The Alzheimer Society of Ireland; The Carers Association; The Irish Hospice Foundation; The Irish Senior Citizens Parliament, The Older Women's Network and The Senior Help Line. Older & Bolder's vision is of an Ireland that affirms ageing and the rights of all older people, enabling everyone to live and die with confidence and dignity as equal, respected and involved members of society.

Older Women's Network (OWN) (Ireland)

Address: Senior House, All Hallows College, Grace Park Road, Drumcondra, Dublin 9
Webpage: http://www.ownireland.ie/

The Older Women's Network (OWN) seeks to bring older women together to share interests and to be a voice for older women, aiming to influence policy-making. OWN's members are made up of individuals and groups from every county in Ireland and most Northern Irish counties. OWN is represented on the National Women's Council of Ireland and in the Irish Senior Citizen's Parliament.

Pensions Board

Address: Verschoyle House, 28/30 Lower Mount Street, Dublin 2.
Webpage: http://www.pensionsboard.ie

The Pensions Board regulates occupational pension schemes and Personal Retirement Savings Accounts (PRSA's) as part of a statutory role to monitor and supervise operation of the Pensions Act 1990. Furthermore, the Board advises the Minister for Social Protection on pension matters generally. The main responsibilities then are: information services; corporate services; regulation; and, technical, legal, actuarial and policy-related matters arising within the Board's overall remit.

Pensions Ombudsman

Address: 36 Upper Mount Street, Dublin 2.
Webpage: http://www.pensionsombudsman.ie

The Pensions Ombudsman independently and impartially investigates and decides complaints and disputes involving occupational pension schemes, Personal Retirement Savings Accounts (PRSAs) and Trust RACs. In addition, a limited information service is provided and a Customer Charter and booklets/leaflets produced.

Retirement Planning Council of Ireland

Address: 27/29 Lr Pembroke Street, Dublin 2
Webpage: www.rpc.ie

The Retirement Planning Council promotes the concept of planning ahead for retirement by running Retirement Planning Courses and publishing its newsletter RPC News.

Rialtas na hÉireann (Government of Ireland)

Address: Government Buildings, Upper Merrion Street, Dublin 2
Webpage: http://www.gov.ie

This portal site provides information on the Irish State and direct links to all government departments and statutory agencies. The government departments and sites most relevant to this report are:

Dept. of Finance http://www.finance.gov.ie and http://www.budget.gov.ie
Dept. of Health and Children http://www.dohc.ie
Dept. of Public Expenditure and Reform http://per.gov.ie/
Dept. of Social Protection http://www.welfare.ie/EN/Pages/default.aspx
Dept. of The Taoiseach (Head of Govt., Prime Minister) http://www.taoiseach.gov.ie

Senior Help Line

Address: Third Age Centre, Summerhill, Co. Meath
Phone: 1850 440 444
Webpage: http://www.thirdage-ireland.com/helpline.htm

The Senior Helpline is a voluntary helpline operated by older people for older people who feel lonely or isolated. Senior Help Line is open 10am-1pm and 7pm-10pm. The service can be contacted for the price of a local call from anywhere in Ireland.

Services, Industrial, Professional and Technical Union (SIPTU)

Address: Liberty Hall, Dublin 1
Webpage: http://www.siptu.ie

The Services, Industrial, Professional and Technical Union (SIPTU) represents over 200,000 Irish workers and is affiliated to the ICTU. It organises and represents working people in a wide variety of grades and in specialist, technical and professional levels in public, private and community sector employments. SIPTU also contributes to debate on a wide range of economic and social issues.

Social Justice Ireland

Address: Arena House, Arena Road, Sandyford, Dublin 18, Ireland
Webpage: http://www.socialjustice.ie/

This organisation was formerly the Social Justice section of CORI (the Conference of Religious in Ireland) and continues the work previously done there. Its main objectives are to play a leading role in major public policy arenas on issues related to social justice: to give special priority to national and international issues related to poverty, inequality, social exclusion, sustainability and the environment; to provide accurate social analysis, credible alternatives and effective pathways from the present situation to the future in all areas of public policy.

TASC

Address: 13 - 17 Dawson Street, Dublin 2
Webpage: http://www.tascnet.ie

TASC is an independent think-tank working to develop and publicise research in the area of social and economic inequality; to advocate for investment in public services; and to secure higher standards of governance and public sector accountability. Publications cover such topics as pension reform, public services, housing, health policy, social exclusion and the private vs. public debate.

Third Age Foundation

Address: Third Age Centre, Summerhill, County Meath.
Webpage: www.thirdage-ireland.com

The Third Age Foundation provides services, facilities and opportunities for older people, which focus on education and life long learning, health, community development, social policy, intergenerational and intercultural activities, social inclusion and volunteering. It is centrally involved in the delivery of some important national programmes including the National Advocacy Programme and the Senior Help Line and receives its core funding from the HSE.

Vincentian Partnership for Social Justice

Address: Ozanam House, 53 Mountjoy Square, Gardiner Street, Dublin 1
Webpage: http://www.vpsj.ie

The Partnership consists of The Society of St. Vincent de Paul, a lay society with 9,500 members/volunteers in Ireland (including Northern Ireland) and three religious orders, The Vincentian Congregation, The Daughters of Charity and The Sisters of the Holy Faith. It was formed to work for social and economic change tackling poverty and exclusion. Publications cover a wide range of social policy areas with attention to the needs of low-income families, household budgets and access to health care.

This publication is financed by the European Community Programme for Employment and Social Solidarity (2007-2013). This programme was established to support the implementation of the objectives of the European Union in the employment and social affairs area, as set out in the Social Agenda, and thereby contribute to the achievement of the Lisbon Strategy goals in these fields. The seven-year Programme targets all stakeholders who can help shape the development of appropriate and effective employment and social legislation and policies, across the EU-27, EFTA and EU candidate and pre-candidate countries. The Programme has six general objectives. These are:

(1) to improve the knowledge and understanding of the situation prevailing in the Member States (and in other participating countries) through analysis, evaluation and close monitoring of policies;
(2) to support the development of statistical tools and methods and common indicators, where appropriate broken down by gender and age group, in the areas covered by the programme;
(3) to support and monitor the implementation of Community law, where applicable, and policy objectives in the Member States, and assess their effectiveness and impact;
(4) to promote networking, mutual learning, identification and dissemination of good practice and innovative approaches at EU level;
(5) to enhance the awareness of the stakeholders and the general public about the EU policies and objectives pursued under each of the policy sections;
(6) to boost the capacity of key EU networks to promote, support and further develop EU policies and objectives, where applicable.

For more information see:
http://ec.europa.eu/social/main.jsp?catId=327&langId=en