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Pensions, Health Care and Long-term Care

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1 Executive Summary

As the economic and fiscal challenges confronting Ireland continued to unfold throughout 2010, culminating in the EU/IMF loan deal at the end of the year, much attention has been given to the macro-level programme of fiscal consolidation mapped out in the National Recovery Plan 2011-2014 and the EU/IMF Memorandum of Understanding. There has been intense public debate in recent months about the scale of the problems confronting the Irish economy, with particular attention given to the sustainability of the debt burden to be carried. Ireland's banking crisis is considered a key factor in the ongoing low levels of consumption and investment, specifically identifying the absence of affordable credit (Barrett et al, 2011). The most recent Quarterly Economic Commentary from the ESRI forecasts the Irish ratio of debt to GDP to reach 116% by 2013 (Durkan & O'Sullivan, 2011). The continued reversal downwards of economic growth trends by national and international agencies poses particular challenges for the long term sustainability of pensions, health and long-term care.

On the political front, the difficulties faced by the Government in late 2010 culminated in the withdrawal of the Green Party from their coalition with the Fianna Fáil party. A general election was held on 25 February 2011, in which the governing parties 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' was agreed, providing an account of the key objectives of the new government.

By any standards, this reporting period has been eventful in economic, political and social terms. The challenges faced by this new government are immense. The economic, fiscal, and banking problems may attract most headlines, but significant social policy challenges in areas like pensions, health and long-term care also remain to be tackled. This report discusses recent national policy proposals and developments in an effort to provide an overview of the most salient issues currently arising in these areas.

The main policy issues of note include:

- maintaining/improving the adequacy of state pensions;
- dealing with the consequences of depleting the reserves of the National Pensions Reserve Fund;
- addressing the gaps in supplementary pension coverage and promoting supplementary pensions that are equitable and sustainable;
- including a gendered analysis of the pension system and ensuring reform specifically addresses issues particular to women and pensions;
- maintaining and improving access to health and long-term care despite curtailed budgets;
- maintaining and improving the quality of health and long-term care despite declining budgets;
- increased pressures on and demand for health and long-term care due to growing, ageing population;
- the new government has committed to a radical programme of reform for the Irish health system planning general practitioner (GP) care without charge and universal health insurance by 2016. Introducing this reform in current economic climate is a real challenge.

2 Current Status, Reforms and the Political and Scientific Discourse during the previous Year (2010 until May 2011)

2.1 Overarching developments

The economic and fiscal crisis which has unfolded in Ireland is unprecedented both in terms of the speed of its onset and the severity of economic contraction experienced. The impact of this has been intensified by the scale of the banking crisis and the associated costs to the Irish exchequer. Policy responses to the crisis have been framed in this context, with a strong emphasis on austerity as the main mechanism to restore the public finances. Austerity measures have been rolled out over a number of budgets since 2008. A National Recovery Plan published in November 2010, the EU/IMF Memorandum of Understanding and Budget 2011 all reinforce previous austerity measures and promise to accelerate measures already introduced. The new coalition government formed in March 2011 has committed to the targets in the National Recovery Plan and the EU/IMF Memo (although some measures are being reversed, for example, the cut to the minimum wage).

Unemployment has risen sharply since the onset of the crisis and as of yet shows no sign of abating. The current unemployment rate is 14.6%. The employment rate (aged 15-64) has fallen below 60% for the first time since 1998, an almost 10% decline on the rate of 68.9% in 2007. The decline in employment has been most pronounced amongst the younger age cohorts of the population, with unemployment rates of 37.1% and 26.6% for the 15-19 and 20-24 age groups respectively in Q4 2010. Overall though, more than half of all unemployed persons are aged 25-44. There has been a large increase in long-term unemployment during 2010, rising from 33.3% in Q4 2009 to 51.5% of all unemployment in Q4 2010 (CSO, 2011). While activation initiatives introduced during 2010 might be characterised as piecemeal and ad hoc, there appears to growing impetus around the need to develop and strengthen activation policies and supports for those of working age (Dept. of Social Protection, 2010a; McGuinness et al, 2011). The detail of the policies developed in this area will be critical.

From an early stage in the Irish crisis it was clear that austerity was the policy route to be followed. The publication of the Report of the Special Group on Public Service Numbers and Expenditure (known as the McCarthy Report) in July 2009 was followed by extensive debate about the cost of public services in general, and the burden associated with social protection expenditure. National thinking on social protection, was, in the short-term at least, largely concerned with containing the costs of social protection. Subsequent budgets introduced a series of measures which cut social welfare rates (8% on average) for those of working age (significantly higher reductions for those aged under 25) and limited the duration of certain entitlements. The new Government for National Recovery 2011-2016 (March 2011) indicates a commitment to maintaining social welfare rates (although with greater conditionality), eliminating poverty traps, and meeting the targets in the National Action Plan for Social Inclusion. The specifics of the overall strategy of the new government in relation to social protection will take some time to discern.

Debate about reform of social protection has occurred mainly against the wider backdrop of the fiscal and banking crises, with focus tending to centre on value for money, fiscal constraint etc. The result is that social protection and its core functions have not been sufficiently debated in their own right and when they do, they tend to focus on cost cutting measures, inefficiency and fraud, rather than a total reform or overhaul of social protection practices. While attention has been focused on the impact of the economic and banking crises,

many groups have attempted to highlight the severe social fallout emanating from the crisis. Among them have been new coalitions of civil society groups drawing attention to the need for austerity measures to be introduced in a way that is fair and progressive. There has been much criticism of the policy responses to the crisis in this regard, with many arguing that individuals in receipt of support from the social protection system have suffered disproportionate hardship as a result of the austerity measures introduced so far. It may be argued that in the Irish case, while there has not yet been a strong re-orientation of social protection policy overall, the crisis has precipitated welfare retrenchment in the short-term, with the possibility of more in the way of reform in the medium to long-term, although this is far from certain.

2.2 Pensions

2.2.1 The system's characteristics and reforms

In Ireland the Department of Social Protection is responsible for 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'. The new Minister for Social Protection, Joan Burton, was appointed in March 2011. In addition to pensions, all other financial social protection schemes, whether based on social insurance or taking the form of social assistance (eligibility based on a means test and not on contributions), are administered directly by the Department. Total social welfare expenditure was €20.5 billion in 2009, accounting for 36.8% of Gross Current Government expenditure. Expenditure in this department is financed by the Exchequer and the Social Insurance Fund, 52.4% and 47.6% respectively in 2009 (Dept. of Social Protection, 2010).

The pensions system in Ireland comprises three main elements. The first is the state-run 'Social Welfare' (social protection) system. There is a Contributory State Pension payable at a 'flat-rate' to those aged 66 or over, who have made sufficient contributions to the social insurance fund during their working lives. A State (transition) pension is available to those aged 65, retired from work with sufficient social insurance contributions. It is not possible to receive the state (transition) pension while working, although working is permitted for those age 66 and over in receipt of the State (contributory) pension. This pension will be removed in 2014 as the qualifying age is increased to 66 years. The Non-Contributory State Pension is a means-tested payment for people aged 66 or over who do not qualify for a Contributory Pension. As social insurance coverage improved in recent decades, the proportion of older people entitled to the State (contributory) pension has risen sharply over the 2000s. The overall public pensions package includes other benefits including a 'living alone allowance', free travel, medical card (i.e. access to free medical services, subject to a means-test) and the household benefits package, a package of additional allowances for those over 70 (those under 70 and on State Pension may also be eligible subject to a means-test). In 2009, 22.3% of the total department expenditure was made in respect of older people.

The second element comprises voluntary or private pensions provided through a variety of arrangements and regulated by the state. These include pensions sponsored by the employer, which may be defined benefit or defined contribution schemes, and personal pensions (arranged by individuals themselves) such as Retirement Annuity Contracts and Personal Retirement Savings Accounts (PRSAs). With regard to this second pillar, contributions made by both employees and employers receive tax relief at the appropriate rate which is provided by the State through tax foregone. A government-appointed Pensions Board, separate from, but under the supervision of, the Department, has the function of supervising the private

pensions industry and in particular the activities of PRSA providers. Just over half (51%) of the total workforce aged 20-69 have a supplementary pension, with considerable disparity in coverage rates by employment type and occupational sector.

The third element is public service pension schemes. In Ireland 'Public Service Pension Schemes' refers 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 Pay As You Go (PAYG) basis, that is, as part of current expenditure, voted in the annual estimates. In effect, the liabilities are met as they arise. The Public Service Superannuation (Miscellaneous Provisions) Act 2004, increased the minimum age at which pensions are payable to entrants to the public service after 1 April 2004 to age 65 and there is no compulsory retirement age. 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.

Any new employees entering the public service will be affected by the Government's plans to reform public service pension arrangements. The introduction of a single scheme is expected to bring public pension terms in line with private sector norms. From 2011 onwards, pensions will be based on 'career average' earnings, rather than final salary as currently applies. In practice, this will mean 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. The new system will lower the pensions of people earning more late in their career; it will have less impact on the pensions of lower-paid public servants with relatively flat career earnings like nurses and manual workers. The minimum pension age for public service employees will be raised to 66 years from 65 at present, and will be linked in future with the state pension age, while the maximum retirement age will be increased to 70 years.

The National Pensions Framework (NPF), published in March 2010, was designed to set out the Irish pension policy reform agenda for the coming years. The overall objective of the NPF (Government of Ireland, 2010) 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. 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 under-saving 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. The state pension age is to be increased on a phased basis, to 66 years in 2014, to 67 in 2021 and to 68 in 2028. 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.

Subsequent events have in many ways overtaken 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 as the EU/IMF loan deal to Ireland was being drawn up; both documents contain key commitments in respect of pension policy reform in the coming years.

The NRP (Government of Ireland, 2010a, p 5) was launched by the last government with the objective of providing "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." Pension arrangements are 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 include a reduction in the pensions of current public service pensioners (4% on average), and the introduction of a new public service pension based on career average rather than final earnings (broadly in line with the proposal first announced in 2010, described above) which are to be linked to CPI rather than the pay of existing public servants. The NRP re-iterates other objectives contained in the NPF but the main emphasis is on savings to be achieved by reforming the tax relief available for supplementary pension provision. Over the life time of the plan, savings of €700 million are envisaged through a combination of measures. These include significant change in respect of the rate of income tax relief available on pension contributions (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 in 2010. Other changes include the elimination of PRSI and health levy relief on pension contributions, a reduction in the earnings cap for personal/occupational pension contributions and in the Standard Funding Threshold (an additional €240 million is to be raised through the public service pension related deduction).

Budget 2011 and the subsequent Finance Act gave effect to a number of the short-term pension changes identified above. Reductions were made to: the annual earnings limit for tax relief (from €150,000 to €115,000), the tax free lump sum on retirement (to 200,000 with amounts in excess of this subject to tax), and the standard funding threshold (to €2.3 million). In addition, the new universal social charge and existing PRSI is now applied to all employee pension contributions with a 50% reduction in the amount of the PRSI exemption for employer contributions.

The EU/IMF loan deal to Ireland outlines the budgetary measures to be implemented over the coming years. Significantly in respect of pensions, the National Pensions Reserve Fund (established in 2000, made provision for 1% of GDP to be transferred to the fund on an annual basis with the objective of off-setting the cost of social welfare and public service pensions after 2025) is required to provide up to €10 billion of the State's contribution (€17.5 billion) to the overall programme of financial support (€85 billion). A commitment is given in the Memorandum of Understanding (Dept. of Finance, 2010, p 9) to 'accelerate the process of placing the pension systems on a path consistent with long-term sustainability of public

finances'. Pension policy changes are included and are documented under structural fiscal reforms, with a specific time line for their review and implementation:

- In order 'to enhance long-term fiscal sustainability' (p 23) legislation is to be introduced to give effect to the increases in the pension age as per the NPF, i.e. raise the qualifying age to 66 in 2014, 67 in 2021 and 68 in 2028 (action to be completed by Q2 of 2011)
- 'To put the public service pension system on a more sustainable basis' (p 24), reform of public sector pensions is to include the introduction of pensions based on career average earnings for new entrants, with retirement age linked to the state pension age, a review of accelerated retirement for particular categories of public servants and the indexation of pensions to CPI (action to be completed by Q3 of 2011)
- Revenue raising measures include a reduction in private pension tax reliefs (action to be completed by Q4 of 2011 and Q4 of 2012)
- A reduction in expenditure of €2,100 million in 2012 and €2,000 million in 2013 will include: social expenditure reductions, reductions in public sector numbers, and public servant pension reductions and other programme expenditure (including capital expenditure) (actions to be completed by Q4 of 2011 and Q4 of 2012)
- The nominal value of the state pension is not to rise over the period of the programme.

The draft revised MoU issued in May 2011, and still to be ratified at the time of writing, includes provision for Government to review the budgetary measures regarding revenue raising and reductions in expenditure in light of the Comprehensive Review of Expenditure to be completed by September 2011.

2.2.2 Debates and political discourse

Political party manifestos prepared for the general election in February 2011 provide varying degrees of information regarding their respective positions on pension system reform. Crucially, while some level of detail is provided in respect of the tax treatment of pensions, close attention is not given to 'fundamental issues such as low coverage, high charges by the pensions industry, existing deficits in DB plans, a pension protection scheme or governance and regulation issues relating to pension schemes' (Hughes and Stewart, 2011, p 7). The stated aim of the new Government (Government of Ireland, 2011, p 55) in respect of pensions is 'to progressively achieve universal coverage, with particular focus on lower-paid workers, to achieve better risk sharing, and to provide for greater flexibility for those who wish to retire on a phased basis'. The detail of exactly how and when this will be achieved is not yet known.

Taken against the backdrop of an unprecedented banking and fiscal crisis, debates about the impact of pension changes introduced and those proposed, while present, were not of the order that would likely occur in less exceptional and difficult economic circumstances. The scale of the 'fiscal consolidation' prescribed led to a realisation that everything was up for consideration, including pensions. In this context, the decision not to cut the rate of current social welfare pensions was welcomed particularly given its central role preventing poverty amongst older people, discussed in more detail below. Debate about other elements of pension system reform, including the introduction of a new auto-enrolment scheme, reform of the existing system of tax relief, deficits in existing pension schemes, the cost of public service pensions, the introduction of a new 0.6% levy on private pensions and the use of the National

Pensions Reserve Fund to deal with the banking and fiscal crisis, and are amongst the main issues of concern over the reporting period.

The proposed introduction of a 'soft-mandatory' approach to supplementary pensions in the form of auto-enrolment to a pension scheme has been met with a varied response. It was argued would present additional difficulties for employers (IBEC, 2010), particularly in current economic conditions. Others were critical on the basis that greater investment in private pensions was not necessarily wise given that the performance of Irish pension funds had been poor in recent times and in any event, the contribution rate was not likely to be sufficient to provide adequate pensions on retirement (ICTU, 2010). TASC (2010a) similarly opposes this model of auto-enrolment proposed too, favouring instead the option of allowing individuals invest in a state delivered supplementary pension scheme.

Incentives (i.e. tax treatment) in place to promote complementary private savings have been the subject of recent examination (Commission on Taxation, 2009; NPF, 2010). The optimum level of tax relief on supplementary pensions and the manner of its implementation is a significant issue in light of the very uneven spread of supplementary pension coverage (CSO, 2008, 2011a), the substantial costs associated with pension tax expenditure which have disproportionately benefited the highest earners and are poorly targeted (Callan, Keane and Walsh, 2009; OECD, 2009; TASC, 2010). Pension tax reliefs represent a loss to the Exchequer of approximately €3 billion annually, 80% of which goes to the top 20% of earners. IBEC (2010) did not support the proposed changes to tax relief, favouring the maintenance of tax relief at the marginal rate. Mercer (2010) too expressed reservations regarding changes to the tax relief structure. A survey of 285 employers (Bigley and Kinsella, 2011) found that the changes introduced in Budget 2011 would make the provision of pension benefits less attractive for almost two-thirds of employers. Reducing tax relief on personal contributions to the standard rate, could lead to higher rate tax payers seeking to opt out of their pension altogether, according to 18% of the respondents.

The current and future costs of public service pensions has also been examined (McCarthy, 2009; NPF, 2010; Comptroller and Auditor General, 2010). The cost of public service pensions has risen in the last number of years and it is estimated that the net cost of public service pensions will increase from 0.5% of GNP at present to 1.8% of GNP by 2058 (Comptroller and Auditor General, 2010). The differences between public and private sector pension arrangements have been the focus of more extensive critical debate, particularly in light of significant variations in coverage across the sectors and the poor returns of private pensions.

The recently announced (10 May, 2011) Jobs Initiative has generated controversy because of the proposal to part fund the initiative through a 0.6% levy on the capital values of assets in private pension funds. The levy is to operate for four years and is expected to raise €1.88 billion over the period. The Minister for Finance (Department of Finance, 2011) stated:

> The pension levy represents a very significant contribution by the pensions industry and the many individual savers it represents to our commitment to getting the economy moving again. I am aware that the pensions sector is also concerned, given the temporary levy, about the commitment in our agreement with the EU/IMF to reduce the tax relief on pension contributions starting next year. I will examine this issue in the context of the results of the Comprehensive Review of Expenditure currently being undertaken by the Minister for Public Expenditure and Reform, and any resulting scope for fiscally neutral changes to the EU/IMF agreement.

The Irish Association of Pension Funds (2011) has described the new levy as 'an attack on the savings of ordinary pensioners and workers'. The Society of Actuaries in Ireland (2011) state that the levy 'can only be made up by reductions in benefits (including possibly pensions in payment) or increased contributions by employers or members at a time when both groups can least afford it' and 'will come as a serious blow to employers and employees who have engaged in good faith to resolved the current pensions funding crisis'. The fact that Approved Retirement Funds (ARFs) are exempt from the levy has raised further questions. The General President of SIPTU (2011) commented that 'Government must find a way of ensuring that wealthy people are seen to play their part in the national effort to restore economic stability.' The discussion arising from the new levy has in turn opened some debate about the high fees/charges on many private pensions. For example, standard PRSAs can charge up to 5% on each contribution in addition to the 1% management charge on the value of the fund, which is notably higher than the charges applied on the new Nest initiative in the UK (Weston and Brennan, 2011). Independent TD (Member of the Irish Dáil (parliament)), Shane Ross, has called for an investigation into the pensions industry in Ireland.

The increase in the qualification age for state pensions was first announced in March 2010, during which time attention was drawn to the need to ensure the long-term sustainability of the Irish pension system. While the increases have not been the focus of extensive political or public debate to date, issues have been highlighted in respect of the need for measures to support older workers and to avoid the risk of a poverty trap, where for example, people have contractual agreements to retire at age 65 (Age Action, 2010). Further debate is likely when the legislation is brought forward in the coming months, particularly in the context of a future pension replacement rate in Ireland which is amongst the lowest in the OECD (OECD, 2011).

The Eurobarometer of Public Opinion in the European Union undertaken in Ireland in Autumn 2010 (Sinnott and McBride, 2011) as the loan deal was being drawn up, demonstrates the long-standing and very high level of support for the EMU and the Euro in Ireland; at 80% it is 22% higher than the EU27 average. Irish public opinion in respect of level of trust in the ECB at 45% was found to be closer, but still ahead of, the EU27 average of 43%. The EU was also the institution thought to be best able to take effective actions against the effects of the financial and economic crisis, at 33% compared with the EU27 average of 23%. As confidence in the government declined, the perception of the IMF as the most effective institution rose by 11% (from 16% to 27%) after the deal was agreed, while for the EU that figure rose by 1% (from 32% to 33%). The question is whether such views will be sustained as the impact of the loan deal becomes more manifest. The conditions attached to the loan package to Ireland, and in particular the position in respect of making Irish citizens liable for all of the losses in the Banks, both Irish and European, has in all likelihood shifted opinion, particularly in respect of the ECB. This possibility is raised in light of strenuous public debate on the matter in recent months. The next Eurobarometer survey on the topic may provide some empirical evidence in this regard. The recent IMF (2011, p 3) observation that 'public response to the programme has remained favorable, but a lingering domestic perception of inequitable burden sharing persists', remains valid, and may understate current sentiment.

2.2.3 Impact of EU social policies on the national level

Media reporting (e.g. Beesley, 2010; Connelly, 2010) of the main elements of the EU Green Paper on Pensions did not precipitate any significant public debate in Ireland. It is difficult to generalise about the overall perception of the OMC in the field of pensions, although there is little explicit reference to it in key pension policy documents or commentary. The role of the OMC is referenced more commonly in policy documents/plans in the area of social inclusion

and in community, voluntary, activist and academic discussion of poverty and social exclusion. Information about pension related activities planned for 2012 as the year of active ageing are not yet in the public domain. There is little evidence of reference to the EU2020 strategy in pensions policy in Ireland to date.

In line with the objectives contained in the Annual Growth Survey, the qualifying state pension age is to be increased on a phased basis (to 66 years in 2014, to 67 years in 2021 and to 68 years in 2028) as outlined in the National Reform Programme for Ireland. The new system of auto-enrolment to a pension scheme, with matching state contributions to be introduced in 2014, should economic and fiscal conditions be appropriate, is the only other key pensions policy objective outlined in the current National Reform Programme.

The measures introduced since the onset of the economic crisis include a reduction in public sector numbers through the imposition of an embargo on recruitment in the public service. Two early retirement schemes were also initiated within the public service. The first, the Incentivised Scheme for Early Retirement was announced in Budget 2009, was open to employees (certain conditions applied) aged 50 and over. The second Voluntary Early Retirement Scheme was delivered in late 2010, and was specific to particular grades and staff in the Health Service Executive (HSE).

Unemployment rates are lower amongst older workers and labour force participation rates amongst workers aged 55-59 actually rose by 1.4%, to 64.3% during 2010. However, the unemployment rate for 55-59 year olds doubled (from 4.6% in Q4 2008 to 9.3% in Q4 2010) and the rate for persons aged 60-64 has trebled (from 2.8% in Q4 2008 to 9.6% in Q4 2010). Little attention has been given to exploring the efficacy of targeted incentives to employ older workers in Ireland to date. The extent to which activation policies will include the training/education needs of this group is not yet clear, although significant reforms are underway in the area of activation, as outlined in the National Reform Programme. It would seem however that more extensive research is required to develop effective policy in this area, which is suitably responsive to the varied needs of this age cohort (The work of TILDA may be instructive in this regard; more information on TILDA in the long-term care section).

2.2.4 Impact assessment

While social welfare pensions in Ireland have risen in value (from approximately 26% of average earnings in 1997 to 35% at present) they remain lower than in many other European countries. They are the primary source of income for older people, accounting for two-thirds of gross income of the over 65s (Barrett et al, 2011a). Attention has therefore been drawn to the crucial role played by state transfers in poverty avoidance/reduction, where the most recent figures suggest that 88% of older people would be at risk of poverty in their absence (CSO, 2010).

The decline in the at risk of poverty or social exclusion rate for this group (from 28.7% in 2007 to 17.9% in 2009, Eurostat) reflects the drop in average earnings since the onset of the economic crisis but it also demonstrates the significance of maintaining social welfare rates as a key policy instrument in reducing the risk of poverty. The state pension was increased in the first of the austerity budgets (October 2008) and the impact of this is borne out in the decline in the at risk of poverty rate for older people in 2009. The state pension has since been frozen (and the double payment made in December was cancelled, effectively resulting in 1.9% reduction in the basic state pension). Older people have also been subject to the wider austerity measures introduced, as outlined later.

When the risk of poverty rate for this group is examined by gender, the more vulnerable position of older women is borne out, with consistently higher rates. For females over 65 the at risk of poverty rate was 36.4% in 2005 and 29.5% for males. The most recent figures show a decline in the risk (19.5% for females and 16% for males). When the position of women over 75 years is examined, the difference is more pronounced, although the gap narrowed significantly in 2009. However, the risk of poverty for these older women (20.7%) remains noteworthy. The need for a gendered approach to pension reform more generally is outlined by the National Women's Council of Ireland (2008), while Daly (2010) highlights important questions regarding the efficacy of poverty measurement as applied to older people in Ireland.

The significance of the proposed new system of auto-enrolment and the overhaul of the system of tax relief on supplementary pensions is better appreciated when examined in the context of the considerable disparity in supplementary pension coverage rates in Ireland, which appears to have worsened somewhat since the onset of the economic crisis. Recent CSO (2011a) data shows that pension coverage has fallen back 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. Workers in the following economic sectors, show particularly notable falls in pension coverage between Q1 2008 and Q4 2009: agriculture, forestry and fishing (39% to 24%), wholesale and retail trade (37% to 30%) and administrative and support service activities (36% to 29%). When examined by broad occupational group the sharpest decline in coverage was found in sales (33% to 25%). These figures again highlight the significant variation in supplementary pension coverage, demonstrating the need for urgent policy reform, current economic circumstances notwithstanding.

The Irish Association of Pension Funds has highlighted the ‘danger of complacency’ regarding the level of pension savings required for middle and higher income DC members in particular (IAPF, 2010). A report published by a key player in the pensions industry suggests that the pensions saving gap in Ireland stands at approximately €20 billion per year, the third highest of the 12 countries surveyed (Aviva, 2010). In light of these findings, TASC (2010b) re-iterated its call for an option to invest in a 'state-led' supplementary scheme and recommend 'a feasibility study and cost-benefit analysis to assess the viability of providing supplementary pensions through the social insurance system'. The overall position in respect of private pensions and their capacity to meet the needs of people in retirement may be said to have been undermined by the severe impact of the financial crisis on Irish pension funds, where private pension losses of 37.5% were recorded for 2008 (OECD, 2009). Funding difficulties faced by DB schemes (589,399 members) has also become the subject of greater attention, with an estimated 75% of these schemes in deficit at the end of 2009 (Pensions Board, 2010). Concerns about the investment strategies of funds were raised by the Pensions Board in their Annual Reports. In October 2010 the Minister for Social Protection announced a review to develop a new DB model with focus on 'the governance of defined benefit schemes, the basis for the funding standard (including areas such as risk management, smoothing out effects of changes in the bond markets and strategies for transitioning schemes to this new model)' (DSP, 2010b). Because of the relevance of all of these issues to DB schemes the Pensions Board has had to defer the deadline for DB funding proposals in light of any changes that may result (Pensions Board, 2010). How this review is progressed will be of major importance to the sustainability of DB schemes now and into the future. Separately, the outcome of a case currently before the Commercial Court, taken by 10 former employees of Waterford Crystal, will also be of note. The workers allege that the state has failed to meet its

obligations under the EU Insolvency Directive. The case is to be referred to the European Court of Justice (Kilfeather, 2011).

The National Pensions Reserve Fund (NPRF), established to provide for future state and public service pension costs (after 2025), has been drawn upon to mitigate some of the costs associated with the financial crisis and substantial reserves have been used for bank re-capitalisation. The use of designated funds in this way, according to Antolin and Stewart (2009, p 7), 'does not meet the specified aims of these funds and risks undermining the sustainability of pension promises in future'. The NPRF is now subject to certain conditions in the EU/IMF Memo, as outlined earlier. In fact, this commitment has already been realised, delivering €5.5 billion in February 2011 and €4.5 billion in April 2011. The Discretionary Portfolio (which remains the responsibility of NPRF Commission) was reduced to €5.3 billion in April 2011 (NPRF, 2011). This use of the fund for this purpose represents a significant challenge to pension policy makers, particularly in current economic and fiscal circumstances.

2.2.5 Critical assessment of reforms, discussions and research carried out

The fallout from the crisis in Ireland brings the shortcomings in Irish pensions policy into sharper focus, if not attention. Reform of the system has been discussed for many years and while some important developments were made during this period, the more fundamental questions regarding equity and sustainability are only now really coming to the fore. Decisions made in a time of severe fiscal consolidation must take cognisance of the long-term picture and while the depletion of the NPRF does not augur well on that front, any debate in prospect presents an opportunity to rectify a system that has yet to reach its optimum. This is yet another of the major policy challenges facing the new government.

2.3 Health

2.3.1 The system's characteristics and reforms

The Irish health system has been subject to significant changes in structures over the last ten years. Up to 2005, health services were organised in 11 health boards, which reported directly to and were funded by the Department of Health. Health boards were made up of local political representatives and health care professionals.

In 2001, then health minister, Micheal Martin oversaw the development of a new health strategy which outlined 171 areas of action (Dept. of Health and Children, 2001b). Simultaneously a Primary Care Strategy was also published (Dept. of Health and Children, 2001a). These new health policies laid out a plan for the provision and delivery of health and social care in Ireland for the following decade. A series of reports on the health system followed the publication of these policies – an audit of functions and structures in the health system, a report on financial management and control systems and on medical staffing (Dept. of Health and Children, 2003a; 2003b; 2003d).

These informed the health service 'reform programme' which abolished the health boards and allowed for the establishment of the Health Service Executive (HSE) (Dept. of Health and Children, 2003c). The HSE came into being on 1 January 2005, with much confusion as to roles and responsibilities, for example it had no full time, permanent CEO until August 2005. The HSE has changed its management and structure many times since its inception, a reflection of inadequate planning and management in advance of its establishment (Tussing and Wren, 2005; Burke, 2008).

The HSE was an amalgamation of the 11 old health boards and many other health agencies. Central to the establishment of the HSE was the hand over of the health 'vote', ie the budget, from the Department of Health to the HSE. The main rationale for the HSE was to provide standardised quality services to Irish people, no matter where they lived. Its remit is to 'provide services that improve, promote and protect the health and welfare of the public' (Houses of the Oireachtas, 2004).

Much of the focus of reorganising the HSE has been 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. However the initial structure of separate pillars of hospitals and primary community and continuing care mitigated against integrated care. 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 105,000 staff. It has four regional structures, 32 local health offices and since 2008 it has one 'integrated services directorate' overseeing the integration of hospitals and primary, community and continuing care services (HSE, 2011d).

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. In recent years, there has been a series of scandals in the Irish health system involving the neglect and abuse of children and older people in residential care, adverse incidents and misdiagnoses scandals in some hospitals and continued long waits for public patients in both Emergency Departments and for elective hospital care. These combined with the long time it has taken the HSE to reorganise itself have led to a negative image of the HSE from the public (Burke, 2009).

While all public hospitals are now funded through the HSE, many of them remain as 'voluntary' providers, having their origins in the 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 can result 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 previous minister's own 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).

A change of government in Ireland in early March 2011 saw the end of 14 years of Fianna Fail/PD and laterally Green party (since 2007) coalition government. They were replaced by a Fine Gael/Labour coalition. All political parties except for Fianna Fail campaigned for the election on the basis of the introduction of universal access to a one tiered health system funded through compulsory health insurance. Both parties now in power campaigned on different forms of universal health insurance and the Programme for Government published in March 2011 commits to 'free GP care for all' and the 'introduction of universal health insurance' by 2016 (Government of Ireland, 2011).

Health financing

Irish health services are financed in a complicated manner through public tax funded money, private insurance and individual out-of-pocket payments. The vast majority of health care is funded through public money even though 50% of the population have private health insurance. 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). 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 (TASC, 2011 forthcoming). 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).

Ireland's economic crisis was officially recognised by government in September 2008, however the health budget remained largely resilient until 2009. In 2010 and 2011 about €1.75 billion has been taken out of the health system. The majority of this has been achieved through significant cuts to public sector pay and rates paid to health care professionals on contract to the HSE such as GPs, dentists and pharmacists, a reduction in the public health staff numbers and a range of savings such as better deals with pharmaceutical companies and through procurement processes (HSE, 2010a; Burke, 2010).

Health management, public health, rehabilitation

Ireland has a poor track record in health policy implementation and health service management. This is evident in the failure to introduce many of the main commitments in the 2001 health strategy, the ongoing relentless waits in public hospital Emergency Departments and for public elective treatment (Burke, 2009). Large parts of the Primary Care Strategy and A Vision for Change – the national mental health policy remain unimplemented (Burke, 2009; Dept. of Health and Children, 2010b). The establishment of the HSE without clear roles and responsibilities is also evidence of poor health service management especially at crucial times of reform.

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).

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).

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.

Technically all Irish citizens are entitled to public hospital care without charge or with a maximum charge of €750 per year no matter how much treatment received. Recently, there has been a persistent increase in charges for other aspects of the 'free' public hospital system eg 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. There are some services which are provided universally without charge such as public health nurses visits to new born babies, vaccinations and palliative care.

About 37% 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 February 2011, the most recent month for which numbers are available, 1,634,676 people were covered by medical cards, the highest number ever reflecting the rapid increase in unemployment and decline in incomes (HSE, 2011c).

The rest of the population pay €40-€60 for each GP visit and prescription drug charges up to €120 a month. 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 50% of the population with 2,227,000 citizens having health insurance in December 2010, down from a high of 2,333,000 in December 2008 (Dept. of Health and Children, 2011). 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).

There are many criticisms of the Irish health system, including a disproportionate numbers of administrators in the system, long waits in EDs and for elective care, the absence of consistent quality standards and performance. But the biggest problem in the Irish health system is the inequality experienced by public patients who cannot afford to pay privately and skip the queue in to the public system or avoid queues by going privately (Burke, 2009).

Tax reliefs are given for private health insurance estimated to cost up to €320 million for the year 2008, while tax reliefs for medical expenses cost €167 million. These reliefs benefit those on higher income who can afford private health insurance or additional medical expenses not covered by the State and exacerbate inequalities experienced by people on lower incomes, often those with poorer health (Commission on Taxation, 2009).

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

medical and social care. Other budgetary measures have resulted in cuts to income of workers and those dependent on social welfare. These combined measures means people are paying more for essential health and social care although the have less money to pay for them.

Budget 2010 included measures which introduced a prescription charge of 50c 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. It also cut €30 million from Treatment Services Scheme which covered dental services for people with medical cards, transferrring major costs on to patients for all but emergency dental care (Dept. of Health and Children, 2009b). Budget 2010 increased charges for private beds in public hospitals by 21% (Dept. of Health and Children, 2010c).

Prescription drug charges were announced in December 2010 and introduced in July 2011, however the new government in office since March 2011 has committed to undo this so that there will be no prescription charge for medical card holders (Government of Ireland, 2011).

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 80/20 public/private mix, 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 ratio was kept, however HSE figures show that some hospital persistently over provide private care (HSE, 2011a). Some hospitals exceed the ratio substantially carrying out between 30 and 50% private work. These include maternity hospitals and hospitals in parts of the country without any private hospitals.

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 provides 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.

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). 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 charge 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.

The health system had begun to feel 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 overall health spend. By February 2011, there were 5,500 fewer people working for the HSE than there was in January 2008 (HSE, 2011c). A voluntary redundancy/early retirement programme was introduced in October 2010, under which 1,500 HSE staff left the system, many of whom were senior administrators and managers.

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, the minimum wage 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 such as the withdrawal of medical cards for older people over 70 years of age in October 2008 and the introduction in Budget 2010 of a 50 cent for each prescription item for people with medical cards.

Other increased charges for drugs, hospital care 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. In 2010, the health budget was cut by €1.1 billion, largely through cuts imposed on public sector wages (€660 million) and on 'savings' through cuts to professionals contracted by the health authorities, in the drugs budget and other 'economies', with an emphasis on 'reducing costs while maintaining services' (Dept. of Health and Children, 2009b). In 2011, another €727 million was taken off the health budget reducing the overall budget to €14.1 billion. Again the focus is on reducing drugs and professional fees, savings through procurement and continued efficiencies (Dept. of Health and Children, 2010c). The capital budget for health has been cut by 25% for three years in a row.

Despite the budgetary cuts over the last two years, the HSE has managed to continue to provide more care to more people with fewer staff. Ireland has an ageing population and is experiencing a baby boom. Plus 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 National Recovery Plan was published in November 2010 just prior to the government signing up to the EU/IMF economic rescue package. While this acknowledged that 'essential health care services must be protected', it outlined how a further 6,000 jobs must go from the health sector (Government of Ireland, 2010a). It also outlined a continued need to transfer services from the hospital to the community, for longer working days, the flexible redeployment of staff and the centralising of some services including payroll, procurement and purchasing, Information and Communications Technology and Human Resource Management. It also projected a further €1 billion in cuts to the public health budget (Government of Ireland, 2010a).

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 2010 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).

In 2010, a ministerial appointed 'Expert Group on Resource Allocation and Financing in the Health Sector' published its report and two volumes of evidence on resource allocation, financing and sustainability in the health sector (Dept. of Health and Children, 2010b; Brick et al, 2010a; Brick A et al, 2010b). These three reports are crucial in terms of providing an evidence base on which future health care decisions can be made.

In October 2010, the ESRI published a document called Budget Perspective 2011 which had a chapter in it called 'the Sustainability of Irish Health Expenditure' which drew on the work of the evidence volumes and specifically addressed the issue of sustainability in health budgets (Nolan, 2010).

The significant and 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 has been 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).

All political parties published health manifestos in the run up to the general election. The most relevant of these are the two parties who got elected to government – the Fine Gael and Labour party's (Fine Gael, 2011; Labour, 2011). The new 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).

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.

There is substantial and ongoing links between health and ageing especially in the areas of increased homecare packages for older people and planning for residential 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). Activities are being 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. Details on this are not available until the Autumn.

2.3.4 Impact assessment

The key research documents produced in the last two 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.

There is a forthcoming piece of work from TASC – a think tank for action on social change which 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 will be no 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).

Technically, everyone is entitled to public hospital care and those on lower income to access without charge to GP care. However as highlighted above public patients may have to wait months or even years for initial diagnosis and treatment and those who can afford to pay privately can skip the queue into the public hospital system or into private hospitals (Burke, 2009; Dept. of Health and Children, 2010b).

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 December 2009 there were 15,471 adults waiting more than three months for treatment compared to 16,831 adults waiting in December 2010

(HSE, 2011c). Also as detailed above, there have been significant increases in charges for public and private care limiting access to people on low income (Burke, 2010).

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. 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, 2010a). 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, 2010a).

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).

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 was published in 2010 and it is expected that clinical care programmes for the other 21 areas will be published in the next two years (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). Given their early stage of development it is too soon to tell the actual impact they are having. Also 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.

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 €1.75 billion in the last two

years. It is unclear what the budget for the health system will be in 2014 or 2016 (HSE, 2010a).

The new government has committed to GP care for all without charge by 2016 and universal health insurance by 2016, how these reforms can be introduced in the current economic environment is not clear.

2.4 Long-term Care

2.4.1 The system's characteristics and reforms

Long-term care is funded and developed as part of the health services in Ireland under the auspices of the HSE. The responsible minister is the Minister for Health. The new coalition government which came into power in March 2011 appointed a new junior minister with responsibility for Disability, Equality, Mental Health and Older People. This junior ministry is situated in the Department of Health which is responsible for policy at the national level. 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 Minister for State for Older People is responsible for the coordination of policy beyond the Department of Health. Through a Government decision of 23 January 2008, a new Office for Older People was established 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 Census of 2006 found that there were 427,000 people aged 65 and over in Ireland, accounting for 11.0 % of the total population in the State. However, there are proportionally more older people in rural areas than in urban locations, 12.2 % compared with 10.3 % (CSO, 2007). A new census was carried out in April 2011 the results of which will not be available until autumn 2011.

The Department of Health and Children published a report, Long-Stay Statistics 2008, which showed the following numbers in residential care that year. This has not been updated since.

Table 1: Census of Residents in Long-term Care

	Long-stay beds	Limited-stay beds	All beds
No. of beds	22,967	2,242	25,209
In %			
Occupancy	90.9	77.7	89.7
Female	67.1	60.9	66.6
Age 80+	68.3	54.8	67.3
Men aged 80+	54.7	45.2	53.9
Women aged 80+	75.0	60.9	74.0
High or max dependency	68.7	41.7	66.6
Physical disorders	48.8	90.7	52.1
Mental disorders	38.4	5.2	35.8

Source: Department of Health and Children, 2008.

Although the vast majority of people in long stay are older, people with disabilities 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). The NDS included a broader range of disabilities but also introduced a threshold of severity for classifying someone as having a disability. The main NDS sample, which was drawn from persons who reported a disability in the Census, resulted in an estimate of disability prevalence of 8.1% of the population which was lower than the Census rate due to a small number of persons who indicated that they had a disability in the Census not reporting a disability in the NDS or their disability being below the threshold set in the NDS (CSO, 2008).

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 three 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 was published on 9 October 2008 to provide the legislative basis for the Nursing Homes Support Scheme, which came into effect in October 2009.

The legislation 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 toward 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 – if one was in a public bed all care was paid for out of public money and the resident contributed 80% of their income. If one was in a private nursing home bed, some or all of the costs of care was paid for by the State but it was a matter of chance as to how much of it was subvented by the State. 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).

Proponents of the Nursing Home Support Scheme say it creates an even playing field so that everybody contributes equitably towards their care. Opponents of it are critical of the removal on the entitlement to 'free' public nursing home care which was the case up to 2009 under the 1970 Health Act. Also there is a concern that the Nursing Home Support Scheme budget is limited and could result in long waits for accessing care, although this has not happened to date.

There been a large uptake on the Fair Deal with about 19,569 applications by February 2011 and a budget allocation of €1,011 million for 2011 (HSE, 2011c). According to the HSE, if the money runs out, "a national waiting list will apply", however this has not happened yet.

Another major concern about the Nursing Home Support Scheme is that it covers just bed and board and nursing care. Previously in public nursing homes other care like chiropodists, physiotherapists, occupational, and speech and language therapists were all included in the

care package, whereas now they are additional. Technically, people with medical cards are entitled to these under primary care services but in many places these services just do not exist. And entitlement to these services remains a grey area for those without medical cards and those in private nursing homes. Private health insurance in Ireland does not cover long-term care. As outlined in the previous section on health care, private insurance largely just covers hospital care.

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). Over the last decade there has been a large proliferation of private for-profit providers of both residential and home care in Ireland. The growth of private residential care providers was driven by tax reliefs for developers introduced in 2002 (Burke, 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 growth in the demand for long-term care also reflects Ireland's growing, ageing population, higher rates of chronic diseases and disabilities and the shift of care out of acute hospitals into the community (Wren, 2009).

In 2008, the last year from which figures are available, there were 19,000 residents in private nursing homes accounting for 65% of all long-term care beds in the country (Nursing Homes Ireland, 2008). The remaining 35% were in public nursing home beds. According to the most recent figures from the HSE, 8,661 people were resident in public residential settings in December 2010 (HSE, 2011c). Also in December 2010, 54,000 people were in receipt of home help hours and 9,941 people were in receipt of home care packages (HSE, 2011a).

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. 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. In 2011, €348 million was allocated by the HSE to fund home care services. It is not known how much is spent on private home care services.

According to the last Census there are over 160,000 family carers in Ireland, with over a quarter of them providing full time care (in excess of 43 hours per week). Two thirds of these full time carers are women (CSO, 2007). The need for greater recognition and social service supports for family carers has been highlighted in several reports over the last number of years, but the onset of the economic crisis resulted in the cancellation of the publication of the National Carers Strategy in 2009. The new government has included the development of such a strategy in their health priorities in the programme for government.

As detailed above there was a slight decline in numbers of home help hours between 2008 and 2010, 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 2011 (HSE, 2010a).

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:

- Every older person would be encouraged and supported to participate to the greatest extent possible in social and civic life;
- Every older person would have access to an income which is sufficient to sustain an acceptable standard of living;
- Every older person would have adequate support to enable them to remain living independently in their own homes for as long as possible. This will involve access to good quality services in the community, including: health, education, transport, housing and security, and;
- Every older person would, in conformity with their needs and conscious of the high level of disability and disabling conditions amongst this group, have access to a spectrum of care services stretching from support for self care through support for family and informal carers to formal care in the home, the community or in residential

> settings. Such care services should ensure the person has opportunities for civic and social engagement at community level.

The previous government commitment to publish a new National Strategy on Ageing and Older People by the end of 2010 but that never materialised. The new government in place since March 2011 has made substantial commitments in the areas of older people. These include

> Investment in the supply of more and better care for older people in the community and in residential settings will be a priority of this Government.
>
> Additional funding will be provided each year for the care of older people.
> This funding will go to more residential places, more home care packages and the delivery of more home help and other professional community care services.
> The Fair Deal system of financing nursing home care will be reviewed with a view to developing a secure and equitable system of financing for community and long-term care which supports older people to stay in their own homes.

It also commits to

> Within the Health capital budget, the immediate priority areas will be primary care centres, step-down and long-term care facilities, and community care facilities such as day centres for older people.
> We will complete and implement the National Positive Ageing Strategy so that older people are recognised, supported and enabled to live independent full lives.
> Local Authorities will be required to establish Older People councils, where members of the community can raise local concerns or issues of importance.
> We will support older people in living in their own homes and communities for as long as they wish and will facilitate this by ensuring that the eligibility criteria for the home help and the Home Care Package Scheme are applied consistently. We will also develop and implement national standards for home support services which are subject to inspection by the Health Information and
> Quality Authority. (Government of Ireland, 2011).

The new government has 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 been welcomed by groups working with older people.

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.

In 2005, an investigative programme on the national public service broadcaster RTE exposed elder abuse in a private nursing home. This was followed by an investigation and resulted in a high level of awareness in the public and political domains of the lack of standards or monitoring of public and private nursing home care (Burke, 2009). As a result of the exposé, the responsibilities for setting and monitoring standards and independent inspections were allocated to HIQA.

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.

In February 2010 the Minister for Health and Children, published the Review of the Elder Abuse Service. The Minister welcomed the Report which found that "progress was most evident and pronounced in the health sector". The HSE Elder Abuse Service is comprised of a dedicated staffing structure throughout the country, unified data collection, national and regional oversight mechanisms, a research facility and awareness and training programmes.

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.

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 standards required. 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).

There is little official linkage between long-term care and poverty, however 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 a 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.

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 (TILDA) 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 key findings relevant to long-term care and older people are the following:

- Nearly all (97%) of those aged 80 or over have medical cards that exempt them from paying fees for primary care and hospital care. This compares with 91% for people in their 70s and 30% of those in their 50s.
- Nearly 60% of people between 50 and 69 have private medical insurance, dropping to 46% for those in their 70s and 32% of those over 80.
- The prevalence of disabilities rises with age from less than 10% of those between 50 and 64 to nearly 30% of those over 75.
- 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.
- Only 3.5% of people over 50 receive state provided home help services.
- Of those with both ADL and IADL impairments, 12% do not receive formal or informal help and these people constitute a potentially very vulnerable group (Barrett et al, 2011a).

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. Whether this actually happens given the absent of sovereign control over our budget is still uncertain.

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 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.

The quality standards were developed based on legislation, research findings and best practice. They were developed in partnership with service users, service providers, health care professionals, older people's representative groups, the Department of Health and Children and the HSE. These standards were published following an extensive consultation process with key stakeholders and the wider public.

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, 2008). 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, compared to the number of places required by older people in 2006, if the present uptake rate of residential care by older people with disabilities continues.
> Proposed reductions in acute bed capacity with the implementation of an integrated health system combined with increased participation by women in the paid workforce could increase the need for non-acute beds for older people to over 21,000. The proportion of long-term care beds required for so-called "intermediate" care such as convalescence and assessment would increase.
> 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 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.

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TASC (2010), *Making Pensions Work for People*, TASC Policy Update, January 2010. http://www.tascnet.ie/showPage.php?ID=3134.

TASC (2010a), *Pensions Framework Document provides positive basis on which to go forward.* News Release 04 March 2010. http://www.tascnet.ie/showPage.php?ID=3104.

TASC (2010b), *New pension data highlights need for state-led solution – Pentony.* Press Release 22 September 2010. http://www.tascnet.ie/showPage.php?ID=3065.

THOMAS STEPHEN, L. R. (2009), *General Practitioner Care.* In: Layte, R. (ed.), Projecting the Impact of Demographic Change on the Demand for and Delivery of Health Care in Ireland. Dublin: ESRI.

TUSSING, A. D. & WREN, MA. (2005), *How Ireland Cares. The case for health care reform*. Dublin: New Island.

WESTON, C. & BRENNAN, M. (2011), *Contributors to private funds 'screwed' by fees.* Irish Independent 12 May 2011.

WREN, MA. (2009), *Long-Term Health and Social Care.* In: LAYTE, R. (ed.), Projecting the Impact of Demographic Change on the Demand for and Delivery of Health Care in Ireland Dublin: ESRI.

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

[R] 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., Claire KEANE, & John R. 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 in particular 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 on 7 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 are put forward including, engaging in further 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 (such as 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.

[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] "McCARTHY REPORT" (2009), *The Report of the Special Group on Public Service Numbers and Expenditure Programmes,* Dublin: Government Publications Office.
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[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 May 2011
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.

[H] 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 forthcoming), Eliminating Health Inequalities - A Matter of Life and Death Dublin: tasc.
This forthcoming 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

[H3] CSO (2010), Mortality Differentials in Ireland. Dublin CSO. Accessed 14 May 2011 http://www.cso.ie/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, 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.

[H1, H2, H3, H4, H5, H6, H7] DEPARTMENT OF HEALTH AND CHILDREN (2011), 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 May 2011. 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.

[H1, H2, H3, H4, H5, H6, H7] 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] 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] 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] 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 (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.

[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]. Available: http://www.HSE.ie/go/clinicalprogrammes#list
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] 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] "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
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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] 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] 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] DEPARTMENT OF HEALTH AND CHILDREN (2011), 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 May 2011. http://www.dohc.ie/publications/briefings_foi_2011.html
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[L] GOVERNMENT OF IRELAND (2011), Government for National Recovery 2011-2016 Dublin: Fine Gael/Labour Party.
http://www.finegael.ie/upload/ProgrammeforGovernmentFinal.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 (2009), HSE National Service Plan 2010 Dublin: HSE. http://www.hse.ie/eng/services/Publications/corporate/nsp2010.pdf

[L] HSE (2010a), HSE National Service Plan 2011 Dublin: HSE. http://www.hse.ie/eng/services/Publications/corporate/nsp2011.pdf

[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.

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[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
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[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.

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.

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, and 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 policymaking and civil society. ESRI researchers make extensive use of data bases at the Central Statistics Office as well as collecting primary data. The Institute's contributes a 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 Public Health in Ireland (IP)

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. Periodicals and publications include salary surveys, best practice guides as well as monthly eZines.

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 195 member groups including community based resource centres, national NGOs, trade unions and branches of unemployed people. Publications are largely concerned with welfare rights and some comment on government budgets as they relate to welfare reform.

Irish Private Home Care Association

Address: Kandoy House, 2 Fairview Strand, Dublin 3
Webpage: http://www.iphca.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: Mr. Bill Rothwell (President), 17 Kilworth Road, Drimnagh, Dublin 12

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 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 our 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 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. Membership is open to women living in Ireland who support OWN's objectives

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 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: 01850 440 444
Webpage: www.seniorhelpline.ie

The Senior Helpline is a voluntary helpline operated by older people for older people who feel lonely or isolated. Senior Help Line is open as follows: Mon/Tues/Thurs 10am – 10pm and Wed/Fri/Sat/Sun 10am - 4pm and 7pm - 10pm, 365 days of the year. 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, headed up by Fr Seán Healy and Sr Brighid Reynolds, 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 in which we engage; and to be one of the leading advocates of the changes required to build a society characterised by justice.

TASC
Address: 26 South Frederick 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, 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. The foundation has over 150 members, including older people, members of the Traveller community and long stay residents from our local nursing home. The aim of the organisation is to provide information and new ideas that will encourage older people to improve their own lives, and make a positive difference to their communities.

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 such areas as 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