



Annual National Report 2010

Pensions, Health and Long-term Care

Ireland
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On behalf of the
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Equal Opportunities

Gesellschaft für
Versicherungswissenschaft
und -gestaltung e.V.



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1 Executive Summary

In Ireland everything changed on 30 September 2008 when the Government announced that the country was experiencing a crisis in the banking system. This was only the beginning of a realisation that in fact there was a five-fold crisis, i.e. a combination of a banking crisis, a public finance crisis, an economic crisis, a social crisis and a “reputational” crisis (NESC, 2009). The twenty months since then, October 2008 to June 2010, have been months of surprises and shocks, dominated by the unfolding crises for the economy, for the state and for the whole of society, and the attempts to deal with them. See the chronology on the next page.

In April 2009, the Minister for Social and Family Affairs announced the introduction of the Pensions Insolvency Payments Scheme (PIPS), a scheme which aims to reduce the pensioner liabilities of defined benefit schemes which wind up in deficit with an insolvent employer. In July 2009, the McCarthy Report (Report of the Special Group on Public Service Numbers and Expenditure Programmes) was published and made a number of recommendations with regard to cuts in expenditures across government departments and in the field of pensions. The Report of the Commission on Taxation was published on 7 September 2009; it included a number of recommendations in relation to the tax treatment of pensions in order to encourage people to save for their retirement. With the Budget of 2010, a number of changes to public service pensions have been introduced. A most significant development for many years has been the publication in March 2010 of the National Pensions Framework, which sets out the Government’s plans for reform of the Irish pension system. It follows on the earlier Green Paper on Pensions, published in October 2007. The objectives formulated in this framework are to deliver security, equity, choice and clarity for the individual; to increase pension coverage, especially among low to middle income groups and to ensure that state support for pensions is equitable and sustainable.

As far as the funding of services and paying for health services are concerned the Irish system is a mixed public / private system. The third (approximately) of the population with the lowest incomes (as determined by a means test) have “full eligibility” for health services which means that services are free to them. Health services are partly funded by the income from the Health Levy, a special tax. In the Supplementary Budget of April 2009 the Health Levy was substantially increased: it was doubled to a rate of 4% for those earning up to EUR 75,000 and increased to 5% for those earning over that amount. Because of the financial crisis the budget of the Health Service Executive (HSE) was substantially reduced for 2009 and also for 2010. The impact of the recession on public expenditure, even in a policy area as sensitive as that of health services, was shown when the Health Expenditure Estimates for 2010 were published in December 2009. The Budget provisions in relation to health expenditure were to include EUR 659m in pay savings and EUR 400m in non-pay savings, made up of cost reductions (EUR 283m), collection of outstanding income (EUR 75m) and increased charges (EUR 42m). “Reference pricing” and generic drug substitution is to be implemented from 2011 onwards.

In the field of long-term care, the newly introduced Nursing Homes Support Scheme is an innovative new scheme of financial support for people in need of nursing home care. By February 2010 the Minister for Older People and Health Promotion was able to report that applications for the Nursing Homes Support Scheme, A Fair Deal, had exceeded 7,000. Further topics of discussion in 2009/2010 include the quality of residential care, with particular reference to “elder abuse” and the development of home care services as an alternative to residential care.

2 Current Status, Reforms as well as the Political and Scientific Discourse during the Previous Year

The impact of the overall crisis on the policy areas covered in this report has been manifold. First, the energy of politicians and public servants at the highest levels has had to be devoted entirely to crisis management: other policy issues relating to social exclusion, legislative reform and the organisation of public services have had to be put aside or resolved in an ad-hoc rough-and-ready way. Second, the precipitate rise in unemployment to an unprecedented level has presented the most urgent problems that have had to be dealt with by the social departments. Third, the, again unprecedented, fall in revenue to the government has required significant revisions in public expenditure. Fourth, the steep decline in public confidence in politicians, but especially those in government, has led to public anger and confusion and distrust. This makes all discussion of policy difficult.

The parties that now form the present government (Fianna Fáil, the largest party, and the Green Party) which came into office in June 2007 had agreed an extensive Programme for Government with policy promises under thirty policy headings, including long lists of proposals or aspirations on “Health”, “Better supports for older people” and “Social affairs” (= social protection), but in the new climate many of them came to seem like wishful thinking. A Revised Programme for Government was produced by the two parties in October 2009.

What is clearer now is that in the first two months or so after the crisis broke at the end of September 2008 there was an air of unreality and during that time, despite forebodings, very little changed. Even the Budget of 14 October, obviously drafted before the deluge, took little account of the gravity of things. But long before Christmas it was realised that severe cuts in public expenditure would have to be made, the McCarthy group was appointed, and work began on a new Budget for the coming year.

Since then the story has been one of increases in taxation/service charges and cuts in public expenditure. The public service has initially had to bear the brunt of the cuts, but very few citizens have gone unscathed with the breadth of austerity measures introduced. People of working age in receipt of social welfare were ultimately subjected to a reduction in their payments and public servants had pay cuts imposed. The Government adopted a tough line with public servants during 2009 despite resistance to cuts in pay and swinging changes in their rights and perquisites. The Government and the public sector unions entered talks and agreed the Croke Park deal in March 2010, which was subsequently endorsed by some but not all of the trade unions. The ICTU ratified the Croke Park Agreement in June 2010.

2.1 Pensions

In Ireland the government department responsible for pensions’ policy overall (both public pensions and private pensions, but excluding public service pensions), and for social protection generally (which in Ireland is referred to as “social welfare”), used to be called the Department of Social and Family Affairs but since March 2010, when a new Minister was appointed, it has been re-named the Department of Social Protection (referred to simply as “the Department” from this on). The new Minister for Social Protection is Mr Éamon Ó Cuív. 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.

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 to those aged 66 or over, who have contributed to the social insurance fund during their working lives. A State (transition) pension is available to those aged 65, retired from work and with sufficient social insurance contributions. The Non-Contributory State Pension is a means-tested payment for people aged 66 or over who do not qualify for a Contributory Pension. The overall public pensions package includes other benefits to pensioners 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).

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 individual workers for themselves) such as Retirement Annuity Contracts and Personal Retirement Savings Accounts. 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 (Private Retirement Savings Account) providers.

The third element is public service pension schemes. In Ireland “Public Service Pension Schemes” means 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 90,000 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.

Since the enactment of the Public Service Superannuation (Miscellaneous Provisions) Act 2004, the minimum age at which pensions are payable to new entrants to the public service, from 1 April 2004, is 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.

Employees entering the public service from 2010 will be affected by the Government’s plans to reform public service pension arrangements. The introduction of a single scheme, which is set to be in place by the end of next year, is expected to bring public pension terms in line with private sector norms. From 2010 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 Government has also said that the minimum pension age for public service employees will be raised to 66 years from 65 at present, “to bring it into line and link it henceforth with the State pension age”, while the maximum retirement age will also be increased to 70 years.

The last time that supplementary pension coverage of the Irish working population was surveyed was in the first quarter of 2008. At that time 54% of the population aged between 20 and 69 had pension coverage, 56% of males and 50% of females. The gender gap in pension coverage rates has narrowed in recent years, although there remains significant disparity in supplementary pension coverage, as indicated in the CSO (2008) survey as follows:

- Nationality - Irish nationals: 58%; Non-Irish nationals: 28%
- Economic sector - Public administration and defence: 93%; Construction: 49%; Wholesale and retail trade: 36%; Hotels and restaurants: 23%
- Broad occupational group – Professional: 75%; Clerical and secretarial: 59%; Managers and administrators: 58%; Plant and machine operatives: 51%; Sales: 33%

Such variations have been noted in the recent National Pensions Framework (2010) discussed below.

For decades the rates of state/public pensions, and of other income maintenance benefits, have been increased annually in the national Budget for any given calendar year presented the previous December. It transpired that there were to be two phases of the state Budget for the year 2009.

2.1.1 Budget October 2008

The first Budget was brought forward to 14 October 2008. It was the first response by the Government to the economic and financial crisis but did not represent a well-considered response. In the usual way, as in previous years, it proposed certain increases in what are referred to in Ireland as “Social Welfare” pensions, i.e. the public pensions payable to qualified pensioners both on a social insurance basis (“contributory pensions”) and on a means-tested basis (“non-contributory pensions”). These increases came into effect at the beginning of January 2009 and are set out in the table below.

Table 1: January 2009: Increases in Social Welfare pensions.

| Category of Pension etc. | Rate per week | | |
|--|---------------|--|-----------------|
| | Personal rate | Increase for Qualified Adult (spouse, partner etc.) | |
| | | Aged under 66 | Aged 66 or over |
| State Pension, <i>Contributory</i> | | | |
| 48 or over | EUR 230.30 | EUR 153.50 | EUR 206.30 |
| 20-47 | EUR 225.80 | EUR 153.50 | EUR 206.30 |
| 15-19 | EUR 172.70 | EUR 115.10 | EUR 154.70 |
| 10-14 | EUR 115.20 | EUR 76.80 | EUR 103.20 |
| State Pension (Transition) | | | |
| 48 or over | EUR 230.30 | EUR 153.50 | EUR 206.30 |
| 24-47 | EUR 225.80 | EUR 153.50 | EUR 206.30 |
| Increases for qualified child if you get an increase for | Full rate | | EUR 26.00 |

| | | |
|---|------------|-----------------|
| a qualified adult or if you are parenting alone. | Half-rate | EUR 13.00 |
| State Pension, <i>Non-Contributory</i> | Personal | Qualified Adult |
| Maximum rate (means <EUR 30pw) | EUR 219.00 | EUR 144.70 |
| Extra benefits | | |
| — Living Alone Increase for people age 66 or over | | EUR 7.70 |
| — Extra increase for people age 80 or over | | EUR 10.00 |

2.1.2 February 2009: Introduction of public service pension levy

When the likely impact of the economic and financial crisis became apparent it had to be acknowledged that it would have serious implications for taxation and for public expenditure. The Government decided to raise additional revenue by levying a charge (or tax, or levy) on all officials paid by the state, on the basis that they all benefited from generous pension provisions when the retired. On 27 February 2009, the *Financial Emergency Measures in the Public Interest Act, 2009* was passed, introducing a so-called Pension Levy in the public service.

From 1 March 2009, the Act authorised a deduction from the remuneration of all public servants who are members of a public service pension scheme or who have an analogous arrangement. (Commercial state sector bodies were excluded from these provisions, as well as the Judiciary and the President.) The deduction is charged on all income, both pensionable and non-pensionable, and the deduction is treated as a pension deduction under the Tax Acts and relief is given at the marginal rate. The deduction rates are:

| | |
|------------------|-----|
| First EUR 15,000 | 3% |
| Next EUR 5,000 | 6% |
| Above EUR 20,000 | 10% |

(Dept. of Finance, 03/03/09)

These rates were subsequently amended in the Supplementary Budget in April 2009 (see below).

2.1.3 April 2009: Supplementary Budget 2009

It transpired that the drafting of the Budget for 2009 presented in October 2008 had not sufficiently taken account of the crisis for public expenditure caused by the economic and financial crisis. A Supplementary Budget was introduced on 7 April in which further changes were made. Pension-related announcements in the Supplementary Budget (Dept. of Finance, 07/04/09) included:

- A change to the rate at which the public service pension levy would be charged was introduced to ameliorate the impact on lower paid public servants, partly offset by an increase in the levy on higher earnings. Under the new arrangement, the rate of deduction is as follows:

| | |
|--------------------------------|--------|
| First EUR 15,000: | exempt |
| Next EUR 5,000: | 5% |
| Between EUR 20,000–EUR 60,000: | 10% |
| Above EUR 60,000: | 10.5% |

- The assets and liabilities of certain pension funds in Universities and non commercial State agencies to be transferred to the Exchequer, because under existing Eurostat classification rules the transfer would have a positive effect in terms of the General Government Balance (GGB). This would be offset in the future by the payment of pension benefits that would be recorded as Government expenditure at the time of payment. The assets would be managed as part of the NPRF.
- To save expenditure on salaries an early retirement scheme for public servants was announced. In public service areas where permanent staff reductions are required, staff aged 50 or over can retire without actuarial reduction of pension entitlements accrued to date. 10% of the relevant lump sum would be payable immediately, with the balance paid at normal retirement age (60 or 65). The scheme opened to applications on 1 May 2009.
- The arrangement whereby former Ministers are paid Ministerial pensions while they are still members of the Oireachtas would be discontinued.

In addition, the government confirmed that the Christmas ‘double payment’, usually made (in early December) to many long term recipients of weekly social welfare payments (including those in receipt of the state pension) would not be paid in 2009.

2.1.4 April 2009: Pensions Insolvency Payment Scheme (PIPS)

On 27 April 2009, the Minister for Social and Family Affairs announced the introduction of the Pensions Insolvency Payment Scheme (PIPS), a scheme which aims to reduce the pensioner liabilities of defined benefit schemes which wind up in deficit with an insolvent employer. The scheme is intended to be cost neutral for the Exchequer. Provision for the scheme was included in the Social Welfare and Pensions Act 2009 (Dept. of Finance 01/10; 18/01/10; Dept. of SFA 27/04/09). The scheme will operate on a pilot basis for 3 years, after which it will be reviewed. The PIPS offers special payments where a defined benefit pension scheme winds up in deficit and the sponsoring employer is insolvent – the ‘double insolvency’ criterion. Under the PIPS, the trustees may pay Government a lump sum to cover the cost of paying the pensions of retired members, and Government will take responsibility for future payment of pensions at the rate approved at the time of application. The PIPS expressly excludes post retirement increases. As an anti-abuse measure, provision is made for the exclusion of schemes that have contrived a double insolvency or where in the view of the Minister it is in the public interest or in the interests of the Exchequer to exclude them.

The statutory instrument giving effect to this scheme was signed on 18 January 2010, and the PIPS is open to applications since February 2010. The application process has three main stages: 1) application to the Pensions Board for certification of eligibility under the terms of the scheme, 2) on certification, trustees apply to the Minister for Finance to participate in the scheme and 3) following the approval of the Minister, a quote is provided to Trustees and payments may then be made to the Exchequer to give effect to the scheme (Dept. of Finance, 01/10; 18/01/10).

2.1.5 July 2009: Report of the Special Group on Public Service Numbers and Expenditure Programmes (nicknamed ‘An Bord Snip Nua’)

In November 2008, just after the recognition of the onset of the economic and financial crisis, the Government appointed a Special Group on Public Service Numbers and Expenditure Programmes, 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”

(McCarthy Report, 2009). The McCarthy Report was published on 16 July 2009. It included a number of references and recommendations in relation to pensions' supervision. Recommendations were also made in relation to merging a number of state agencies, including merging the Pensions Ombudsman with the Financial Service Ombudsman and the Pensions Board with the Financial Regulator.

In relation to public service pensions, while acknowledging that a review of the pensions area was beyond the Group's remit, they noted a number of recommendations made in the Government's Green Paper on Pensions (September 2007), including:

- raising the minimum public service pension age;
- increasing the rate of pension contributions from staff;
- modifying the earnings-linking of pensions;
- removal of fast accrual terms; and
- moving to the calculation of pensions on the basis of "career average" earnings.

The Report urged that all of these be pursued and implemented. In the light of the "dramatically worsened position of the public finances" since publication of the Green Paper, a number of other alternative / modified reform options were put forward:

- reinstating a mandatory retirement age;
- qualifying ages for pensions in both State occupational and social welfare schemes should be revised upwards, taking account of the significant recent increases in longevity;
- better transparency to be brought to bear on the true cost of accrued pensions arrangements, and accelerated arrangements to be phased out or eliminated as soon as possible; and
- a move as soon as possible away from full earnings-linking of pensions to include an element of inflation-indexing, as in some other EU countries.

Furthermore the Group noted that in the private sector, models other than the defined benefit were in place, including defined contribution and hybrid arrangements enabling balanced risk-sharing, but that such reforms would yield no immediate savings (although significant in terms of longer-term affordability) unless applied to existing public servants and pensioners.

Finally, it recommended that Government consider how best to secure an appropriate contribution to bearing the burden of budgetary adjustment from those currently in receipt of public service salaries, who in many cases have earnings-linked pensions at present.

2.1.6 August 2009: Dept. Social & Family Affairs 'Fraud & Error' study leak

An internal fraud and error study by the Department of Social & Family Affairs which was seen by the *Irish Times* identified up to 15,000 older people receiving State Pension payments in excess of their entitlements. Close to 15% of claimants were being paid too much, mainly because they were also in receipt of a British pension; many others had savings, assets or weekly income in excess of the means test threshold for the payment they were receiving (O'Brien, 2009).

2.1.7 September 2009: The Commission on Taxation

The Report of the Commission on Taxation was published on 7 September 2009; it made a broad range of recommendations relating to broadening the base of taxation in Ireland. It included a number of recommendations in relation to the tax treatment of pensions in order to encourage people to save for their retirement. The Report acknowledged gaps in supplementary pension coverage, the changing demographics, and equity issues with regard

to the tax treatment of retirement savings. The Commission proposed a package of measures in relation to supplementary pensions including:

- Matching contribution: that contributions towards supplementary pensions (subject to current age-related and earnings limits) qualify for a matching Exchequer contribution of EUR 1 for each EUR 1.60 contributed by the individual taxpayer. This would, according to the Commission, “improve equity and incentivise savings by low to middle income earners.” In addition, a higher rate of support could be made available for a limited time, of EUR 1 for each EUR 1 contributed, for all supplementary pension contributions.
- Soft-mandatory approach: that employers be obliged to offer the PRSA facility and automatically enrol employees in the scheme. Employees would be entitled to opt out of the scheme later.
- A retirement savings scheme: that a retirement savings scheme similar to the former special savings incentive accounts (SSIA) scheme be introduced. Such a scheme would facilitate savings for retirement based on a minimum savings requirement with an Exchequer contribution of EUR 1 for each EUR 2 saved. Limited pre-retirement access to funds would also be permitted.

The Commission acknowledged “that the changed economic climate is not making it easy for individuals to decide to invest in pension products” and that matching contributions by the Exchequer where pension contributions are made by individuals might be appropriate at a future time. It also recommended changes in relation to the tax-free lump sum:

- The first EUR 200,000 of that lump sum should be tax-free
- The excess of that lump sum over EUR 200,000 should be taxable at the standard rate

2.1.8 November 2009: ESRI research on pensions published

The ESRI report *Pension Policy: New Evidence on Key Issues* (Callan, Keane & Walsh, 2009) was published in November 2009. The key findings include:

- Changes to tax relief on pensions – standardising the rate – would save public money and be fairer.
- More than EUR 8 out of every EUR 10 of tax relief goes to the top 20% of tax payers, as high income earners are more likely to participate in pension schemes, more likely to make higher contributions, and tax relief at the top rate is about double that for the standard rate taxpayer. The incentive to contribute to a pension scheme is strong for high earners, but weaker for those with low and middle incomes.
- Evidence from the UK and the US suggests that much of the saving by high income households would take place even without the incentive (‘deadweight loss’). There is also evidence that decisions on pensions can be strongly influenced by non-economic factors, at lower cash cost to the Exchequer e.g. where the default option is to enrol in the scheme, but with an option for individuals to withdraw (‘soft mandatory’), and a system of partial matching of contributions at a single rate, rather than tax relief, have been found to be effective in other countries.
- The report examines the impact of standardising tax relief for pensions, both at the current standard rate, and at a ‘hybrid’ rate.
- Under the first option, standardisation of relief on all pension contributions could raise revenue of over EUR 1,000m per annum, implying a reduction in tax relief for top rate tax payers and no change for those paying at standard rate. Revenue raised could be applied to sustaining State pension levels as demographic pressures on the financing of public pensions intensify. A ‘hybrid’ standardised rate e.g. 30% (similar to recommendations of Commission on Taxation and included in Programme for

Government) would realise gains for standard rate taxpayers and a loss at the higher rate, and would yield the Exchequer approximately EUR 500m per year.

2.1.9 December 2009: Budget 2010

On 9 December 2009 the Minister for Finance introduced Budget 2010. He announced further changes that would be made in relation to public service pensions as outlined in the *Summary of Budget Measures*, including:

A single scheme for all new entrants to the public service from 2010 onwards in which:

- the minimum public service pension age will be raised to 66 years
- a new maximum retirement age of 70 years will apply
- pension entitlement will be based on “career average” earnings rather than on the final salary system that currently applies.

In addition, the Government is to consider using the Consumer Price Index as the basis for post-retirement increases for both existing and future pensioners in an effort to reduce the actuarial cost of public service pensions. Other details of the new scheme will be finalised in legislation, with issues highlighted for consideration to include:

- the rate of employee pension contribution (to remain at 6.5%) but may apply to all pensionable pay;
- the pension accrual rate applying to pensionable pay taking account of entitlement to a State Pension
- fast accrual terms which generally apply to the Gardaí, Permanent Defence Forces, Prison Officers and Firefighters (early retirement ages to be retained by these groups); other terms such as added years and non-actuarially reduced early retirement benefits will be generally discontinued
- the pension terms applied to the Judiciary and Attorney General, Oireachtas members and the President.

In his Budget speech, the Minister also noted that the recommendation of the Commission on Taxation that pension lump sums below EUR 200,000 should not be taxed was accepted, and that the treatment of sums above this level, and the tax treatment of pensions, would be considered in the Government’s National Pensions Framework.

Finally, social welfare pensions were spared the rate cut (4.1% on average) applied to payments for people of working age. Younger people were subject to more severe cuts in their job-seekers entitlement rates. The ‘double payment’ traditionally made in early December to long-term recipients of social welfare (including state pensions) was also removed for 2010.

2.1.10 February 2010: IBEC research on defined benefit pension schemes

IBEC reported the findings of a survey of 253 employers which it carried out. It found that of those who operated a defined benefit pension scheme, just under half (47%) did not comply with the minimum funding standard set by the Pensions Board, while 62% said they faced difficulties in funding their scheme. Of those who had difficulties:

- 63% had closed the scheme to new entrants and 20% were considering doing so
- 29% had made a monetary contribution to the pension fund and 34% were considering this
- 8% had closed their scheme and this was under consideration in 39% of cases

IBEC called for radical reform of funding requirements (Wall, 2010).

2.1.11 March 2010: National Pensions Framework

In October 2007 the Government launched a *Green Paper* (discussion document on policy options) *on Pensions*, and for over a year there had been extensive, prolonged and inconclusive consultations on the policy options. However, at the launch of a new study on pensions by the Economic and Social Research Institute (Callan, Keane and Walsh, November 2009) the Minister for Social and Family Affairs pointed out that "the outlook for pensions has changed dramatically since the launch of the Green Paper on Pensions": Specifically, the Minister noted that:

The assumptions we made then are no longer valid, for example:

- GNP growth was at 5.7 per cent in 2007 – it is now at minus 8 per cent
- Employment growth was at 4.4 per cent – it is now at minus 7.8 per cent
- Unemployment was at 4.6 per cent – it is now at some 12 per cent.
- The Social Insurance Fund, from which we pay the contributory State pensions, is now in deficit and the current surplus will be exhausted next year.

This will require the Government to subvent this Fund some five years earlier than planned.

In effect the discussion of pensions had to begin anew. It reached a conclusion with the most significant development for many years in relation to pensions that is the publication in March 2010 of the National Pensions Framework, which sets out the Government's plans for reform of the Irish pension system.

The main aim of the National Pensions Framework is "to deliver security, equity, choice and clarity for the individual". It also seeks to increase pension coverage, especially among low to middle income groups and to ensure that state support for pensions is equitable and sustainable. Key pension policy developments are to include:

Social Welfare Pensions

- Continuation of mandatory social welfare pension coverage
- Maintenance of the social welfare pension rate at 35% of average weekly earnings.
- Simplification of the system through a total contributions approach.
- Replacement of the homemakers disregard with credits for new pensioners from 2012.
- Increases in the State pension age to 66 in 2014, 67 in 2021 and 68 in 2028.
- Facility to be put in place to allow for postponement of receipt of State Pension and to allow people to make up contribution shortfalls.

Auto-enrolment

- All employees (aged 22 and over) to be automatically enrolled in a new pension scheme (unless they are already a member of their employer's scheme and that scheme provides higher contribution levels or is a defined benefit scheme)
- Matching employer contributions and matching State contributions to be provided – employees will contribute 4% of salary, employers to pay 2% and the State to contribute another 2%. The State contribution will equal 33% tax relief (delivery mechanism to be decided).
- An opt-out mechanism to be available to employees (with automatic re-enrolment every two years)
- A once-off bonus for continuous contributors to the scheme (more than five years).
- Access to Approved Retirement Funds to be provided
- Introduction to commence in 2014, only if prudent in the economic circumstances which prevail at that time.

Current Occupational & Voluntary Provision

- Replacement of the current system of employee/individual tax relief with a matching State contribution equal to 33% tax relief (delivery mechanism to be decided).
- Access to Approved Retirement Funds to be provided for defined contribution scheme members.
- Regulation to be strengthened.
- A new DB model is proposed which schemes may wish to adopt in future.
- The funding standard will be kept under review.

Public Service Pensions

- A single new pension scheme to be introduced for all new entrants, with effect from 2010.
- Minimum pension age of 66 years (to be linked to changes in the state pension age) with a maximum retirement age of 70 years
- Pensions to be calculated on the basis of 'career average' earnings, rather than the final salary system that is currently used.

Tracing Service Dormant Benefits

- A tracing service to be put in place to facilitate the tracing of pension rights by former employees and scheme trustees.
- A State managed fund may be established into which untraceable accounts would be deposited.

In short, the need to plan now for sustainable pension provision in the future has been acknowledged by Government in launching the National Pensions Framework in 2010, whilst also noting their attention to the economic context in which the implementation of the reforms occur:

The inescapable fact is that for every pensioner we have now there are around six people at work to support them; by 2060 that figure will be less than two. The sooner we face this inevitability, the better prepared we will be to meet it. This Government is keenly aware of the current economic environment and the potential impact of some of the proposals on competitiveness, if implemented now. We will ensure that changes are introduced only when we are confident that the time is right.

Reaction to the main elements of the policy framework has been mixed. The Irish Congress of Trade Unions (2010) was critical of the proposal to compel people to invest more money into private pension funds when their investment record was so poor. SIPTU (2010), the largest trade union in the country, recorded its disappointment with the framework's reliance on the private fund market too and argued that despite its own preference for enhanced universal provision the contribution rate of 8% for supplementary pensions was not likely to be sufficient to provide adequate pensions in retirement. The Irish Small and Medium Enterprises Association was critical of the proposal for a mandatory contribution of 2% from employers (Burke Kennedy & Collins, 2010), while the Irish Business and Employers Confederation (2010) argued that mandatory contributions would fuel wage demands. IBEC also rejected 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. On the other hand, Mercer noted that increases in the retirement age are in line with developments elsewhere while The Irish Senior Citizen's Parliament vowed to fight the proposal to raise the pension age; at its annual conference it said that Government's pensions

policy was “unfair” (Smyth, 2010). *Age Action* said this proposal could lead to poverty traps (McGreevy, 2010). TASC (2010) stressed the importance of how the proposed framework would be implemented; it welcomed the commitment to the state pension, although it argued that to eliminate pensioner poverty the rate should be higher. In addition, TASC noted that while the social insurance system is to be used to promote auto-enrolment, the next step should be to provide supplementary pension arrangements through the social insurance system. Given that there is no immediate prospect of implementing the plan in full, the debate on its merits and demerits will go on for some time.

2.2 Health

2.2.1 Administration

The Irish health system is a mix of both public and private institutions and funders. It is primarily tax-financed and is available to all inhabitants, subject to residency rules. All public health services are run by the Health Service Executive (HSE) which came into existence on 1 January 2005 and took over responsibility, under the Department of Health and Children, for the organisation, administration and provision of all the health services, and related personal social services (for example for children and for people with disabilities, and long-term care for older people) throughout the country.

The HSE was set up under the provisions of the Health Act, 2004, which states that “the objective of the HSE is to provide services that improve, promote and protect the health and welfare of the public”. For administrative purposes the country is divided now into four HSE administrative regions and the running of some services is devolved to that level. The establishment of the HSE represented the beginning of the largest programme of change ever undertaken in the Irish public service. The HSE is now the single body responsible for health and personal social services. It is the largest organisation in the State, employing over 130,000 people and with an annual budget of EUR 14 billion.

Within the HSE responsibility for the provision of health and personal social services lies with:

- National Hospitals Office (NHO) who provide public hospital and ambulance services
- Primary, Community and Continuing Care who provide care in the community
- Population Health who promote and protect the health of the population.

These services are delivered through medical professionals and hospitals and through a network of Local Health Offices, health centres and clinics at community level.

Personal social services, are distinguished from health services or medical care, and include both residential (or institutional) care and “community care”. “Community care” is understood to refer to those services that are designed to enable people to remain living in their communities, especially when they have difficulties doing so because of illness, disability or age. Examples include home nursing services, home helps, occupational therapy and social work services.

2.2.2 Paying for services in Ireland

As far as the funding of services and paying for services are concerned the Irish system is a mixed public / private system. The third (approximately) of the population with the lowest incomes (as determined by a means test) have “full eligibility” for health services which means that services are free to them. The “passport” for these services is the “Medical Card”: those on lower incomes, as determined by a “means test” have a Medical Card. They choose a

GP, or family doctor, near where they live and get free primary medical care, including prescribed medications (now subject to a per item charge, up to a maximum of €10 per family per month), and access to hospital care, through the GP. Hospital care in public hospitals is in principle free to the whole population, but most people who do not have a Medical Card have health insurance, which they can use to pay for treatment in private hospitals or in private beds in public hospitals. In addition of course those who are better off and do not have a Medical Card pay their GPs and pay for medication and non-institutional therapeutic services. Most of them (47% of the population) have health insurance.

Health services in Ireland are funded out of general taxation. The so called *health levy*, despite what its name suggests, is really just another part of income tax that is deducted from earnings. It is supposed to be used by Department of Health and Children to fund health services in Ireland. It is a progressive tax. Firstly, the following categories of people on lower incomes do not pay the levy:

- People earning less than EUR 500 gross per week
- People who have a medical card (which is means-tested)
- People getting One-Parent Family Payment, Deserted Wife's Benefit/Allowance, the Widow's/Widower's Contributory Pension and the Widow's/Widower's Non-Contributory Pension.

Before the April Budget the rate of the health levy was 2% on all earnings up to EUR 100,100 and 2.5% on earnings over EUR 100,100. The April 2009 Supplementary Budget doubled the rate of this levy, i.e. increased income tax under this title. In the Budget the health levy was increased to:

- 4% on all earnings up to EUR 75,036
- 5% on earnings over EUR 75,036

All of the services provided by the *HSE's Primary, Community and Continuing Care* are delivered through the four HSE Administrative regions. They provide many of the services directly and they arrange for the provision of other services by health professionals, private health service providers, voluntary hospitals and voluntary/community organisations. The main delivery point for community health and personal social services is through the network of 32 Local Health Offices and local health centres. The wide range of services that are provided through Local Health Offices and from health centres include general practitioner services, public health nursing, child health services, community welfare, chiropody, ophthalmic, speech therapy, social work, addiction counselling and treatment, physiotherapy, occupational therapy, psychiatric services and home help. The HSE Area is obliged to provide certain services, e.g., family doctor (GP) and public hospital services. There are other services that they *may* provide, e.g., home helps and other community care services. A significant part of the HSE Area's overall budget is allocated to those services that are obligatory.

Hospitals serving the general public are of two kinds: there are public hospitals (run by the HSE) and private hospitals, both non-profit and for-profit hospitals. Some of the HSE hospitals have "private beds" and the HSE can pay for treatments in private hospitals for those on low incomes who are not insured. About 15% of total hospital bed capacity is privately owned and in public hospitals 20% of beds have been designated for use by private patients. Thus, about a third of hospital beds are available for private use.

2.2.3 Health trends

In December 2009 the Department of Health and Children published *Health in Ireland: Key Trends 2009*, the second edition of a report first published in 2007. It presents a range of data on significant trends in health and health care over the past decade covering population and health status as well as trends in service provision. The overall picture “is one of population growth and population ageing, of major improvements in health status and life expectancy, and of increasing health service investment and provision. Threats to health gain are also evident particularly in the area of lifestyle factors such as alcohol consumption and obesity.”

Some of the key findings in relation to health services’ provision include the following:

- Annual births are now over 75,000, the highest level in the history of the State. Ireland now has the highest fertility rate in the EU.
- Population ageing is a key feature which has clear implications for health service planning. The number of people over the age of 65 is projected to almost double between now and 2026, and almost triple by 2041.
- Since 1999 there has been a 16% increase in in-patient hospital discharges. There has also been a 148% increase in the number of day cases seen in public acute hospitals. Improved and less invasive medical practice is largely responsible for the rapid growth in day patient activity.
- Numbers in psychiatric hospitals have fallen by 31% over the period reflecting continuation of a policy of more appropriate community-based models of care.
- Diseases of the circulatory system and cancer continue to be the major causes of death, but there have been very significant reduction in both over the last decade. There has been a reduction of 41% in the former and 10% in the latter since 1999. Death rates from circulatory system diseases have experienced a reduction of 65% over the last 30 years.
- Obesity in Ireland is now one of the major challenges which faces the health services into the future. In 2007, 59% of men and 41% of women self-reported as either being overweight or obese.
- Alcohol consumption in Ireland has declined from a peak reached in 2001 and has levelled off in recent years. Tobacco consumption has also declined in the years since the introduction of the smoking ban, though consumption has been stubbornly constant in the most recent years.
- The number of prescription items dispensed under the General Medical Services has rapidly increased from 20 million to about 45 million since 1998.
- Immunisation rates have been increasing since 2002 and are now approaching the 95% rate as envisaged by the ‘Immunisation Guidelines for Ireland’, (2008).
- Total public health expenditure has risen from EUR 5.7 billion in 2000 to over EUR 15.2 billion in 2008.
- Capital expenditure increased by 192% over the period 1998-2007.
- Overall employment in the public health services increased by nearly 39% whole time equivalents between 2000 and 2009. However the total numbers employed has seen reductions since 2007.
- Expenditure on Primary, Community and Continuing Care has increased by 37% (gross) since 2005.
- Health spending per capita increased between 1998-2007. Ireland’s total health expenditure as a % of Gross National Income (GNI) was 8.9% in 2007 and ranked midway in a list of OECD countries.

Some of the key findings in relation to the *impact* of health policies, as summarised in the report, are as follows:

- Ireland continues to have the highest levels of self-perceived health of those countries in Europe participating in the EU Survey on Income and Living Conditions. 83.9% of men and women rate their health as being good or very good. The survey also shows significant chronic health problems in the older age groups
- Over the past decade, Ireland has achieved a rapid and unprecedented improvement in life expectancy. During a period when the average life expectancy in the EU has continued to rise, Ireland has gone from a position of nearly 1 year below the EU average life expectancy, to almost 1 year above. Much of this increase is due to significant reductions in major causes of death such as circulatory system diseases.

December 2009 also saw the publication of the OECD publication *Health at a Glance 2009*, a valuable source of internationally comparable data on health and health systems up to and including 2007. The following selected statistics provide useful measures of health status generally:

- Life expectancy in Ireland stands at 79.7 years in 2007 which is above the OECD average of 79. A key contributory factor is the significant reduction in major causes of death such as diseases of the circulatory system – down by 26% from 13,380 in 1999 to 9,883 in 2008.
- Infant mortality rates in Ireland have fallen dramatically over the last few decades. The rate is 3.1 deaths per 1000 live births in 2007, lower than the OECD average of 4.
- Ireland ranks high in terms of the percentage of adults reporting to be in good health – 84% of Irish people rated their health to be good or very good or excellent compared with the OECD average of 69%, placing Ireland in 6th position.

2.2.4 Health expenditure

The impact of the financial recession on public expenditure, even in a policy area as sensitive as that of health services, was shown when the Health Expenditure Estimates for 2010 were published in December 2009. The Budget provisions in relation to health expenditure were to include EUR 659m in pay savings and EUR 400m in non-pay savings, made up of cost reductions (EUR 283m), collection of outstanding income (EUR 75m) and increased charges (EUR 42m).

The pay savings of EUR 659m were to take account of the Government decisions on public service pay reductions, including:

- general pay reductions, and higher reductions for those on higher pay on foot of the recent Report of the Review Body on Higher Remuneration;
- a proposed further reduction in the fees payable to certain health professionals;
- savings associated with the moratorium on recruitment and promotion.

The non-pay savings of EUR 400m were to be made up of *cost reductions* and *improved income collection and charges* as follows:

Cost Reductions (EUR 283m):

- Reduction in drugs costs (EUR 141m)
- Dental treatment (EUR 30m)
- HSE economies (EUR 106m)

- Dept. of Health & Children economies (EUR 3.5m)
- National Childcare Investment Programme (EUR 0.5m in 2010 & EUR 7.5m full year)

Income Collection & Charges :

- Improved private income collection by public hospitals (EUR 75m)
- Increase in Drug Payment Scheme threshold (EUR 27m)
- Prescription Charges (EUR 15m in 2010 & EUR 25m in a full year)

On 8 February the Minister for Health and Children announced that the HSE plans to deliver health and personal social services within its 2010 current budget of EUR 14 billion. It projects service activity levels for 2010 which are broadly in line with 2009 levels. A target of EUR 106m in non-pay savings has been set for the HSE in 2010. This is in addition to the continuation of measures that achieved savings of EUR 280m in 2008 and EUR 115m in 2009.

Because of the savings that are being made in both pay and non-pay costs, the Government has been able to make available additional resources to assist the HSE in responding to priority demographic and other needs and to support ongoing reform of the public health services. These measures will allow for various new provisions including the following:

- EUR 97m to support the growth in the number of people qualifying for Fair Deal for nursing home care for older people;
- EUR 10m to bring Home Care Packages up to 5,100, benefiting 9,613 people;
- EUR 230m to bring the numbers covered by a medical card to over 1.6m and to provide 114,436 GP visit cards;

In February 2010 the Minister announced the Irish Pharmaceutical Health care Association had undertaken to reduce costs of medicines in 2010 by a substantial amount. "These 40% price cuts on 300 of the most common off-patent drugs will save taxpayers and consumers considerable amounts of money - well over EUR 90 million for taxpayers and several millions for consumers when they pay for drugs themselves."

She also announced that she intended to bring forward legislation to allow for "reference pricing" and generic drug substitution to be implemented from 2011 onwards. (That certain drugs are interchangeable in terms of their health benefits is the idea behind "reference pricing": the therapeutic effectiveness of drugs, both generic drugs and name brand drugs, within a disease group are evaluated and the least expensive option is purchased). This will put in place a dynamic system for continual price reductions on drugs that are off-patent, "so that transparent price cuts will be a recurring feature of drugs costs for consumers and taxpayers."

2.2.5 Recent policy developments¹

In 2001 all those aged 70 or over were granted a medical card, regardless of their income. In the Budget for 2009 (published in October 2008) the Government proposed to abolish this automatic entitlement for pensioners and re-introduce a means test for them. Older people who were going to lose out got alarmed and mobilised to oppose the change. In the face of this opposition the Government relented: the original plan was changed so that only older people with higher incomes (over EUR 36,000 per annum) would be excluded and made to rely on their own resources. Over 20,000 people lost their entitlement. The income threshold for those under 70 years of age is still significantly lower than for the over 70s.

Health service charges were also increased in the October 2008 Budget. Charges for private and semi-private beds in public hospitals were increased by 20%. The third of the population with a “Medical Card” are eligible for free drugs, or medication. The payment threshold for the Drugs Payment Scheme, which reimburses non-Medical Card holders was raised from EUR 90 to EUR 100, i.e. they would have to pay more before getting reimbursement. The charge for a non-Medical Card holder to attend an outpatients’ or A&E (Accident and Emergency) service, without a referral from his/her doctor, was increased from EUR 66 to EUR 75. And for the same group the public hospital in-patient charge was also increased from EUR 66 to EUR 75. In Budget 2010, a new prescription charge was announced which applies a per item charge on medicines dispensed under the medical card scheme. The charge is set at 50 cents per item up to a maximum of €10 per family per month.

As mentioned above the health services are partly funded by the income from the Health Levy, a special (or “ear-marked”) tax of 2% on earnings up to EUR 100,000 per annum, and 2.5% on earnings over EUR 100,000. (There are exemptions for people with very low incomes.) In the Supplementary Budget of April 2009 the Health Levy was substantially increased: it was doubled to a rate of 4% for those earning up to EUR 75,000 and increased to 5% for those earning over that amount.

In February 2009 the *Financial Emergency Measures in the Public Interest Act* provided that all state agencies should seek to reduce by 8% all professional fees paid by them. This allowed the HSE to cut fees to pharmacists, to achieve savings of EUR 53 million in 2009 and EUR 133 million in a full year.

2.3 Long-term care

2.3.1 Political responsibility

For policy making and service provision long term care is grouped with health services. The responsible minister is the Minister for Health and Children. The Department of Health and Children is responsible for policy at the national level and the Health Service Executive (HSE), a national agency, is responsible for providing and/or supervising a wide range of residential, community and home services designed to support people to live at home.

There is a Minister for State (a “Junior Minister”) called the Minister for Older People whose responsibilities for the co-ordination of policy extend beyond the Department of Health and

¹ Section 2.2.4 above relies to a large extent on the report of Sara Burke for asisp (September, 2009) entitled “The Impact of the Economic and Financial Crisis of the Health Care Sector in Ireland.”

Children. By 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 and Children, the Department of Social Protection and the Department of the Environment, Heritage and Local Government. The Minister for Older People is a member of the Cabinet Committee on Social Inclusion.

The Census of 2006 found that there were 427,000 people aged 65+ 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 %. The Department of Health and Children published a report, Long-Stay Statistics 2008, which showed the following numbers in residential care that year.

Table 2: Census of Residents in Long-term Care.

| | Long-stay beds | Limited-stay beds | All beds |
|-------------------------------------|----------------|-------------------|----------|
| No. of beds | 22,967 | 2,242 | 25,209 |
| % 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 |
| % Admitted from community | 32.1 | 60.9 | 54.4 |
| % Discharged to community | 19.6 | 85.2 | 70.7 |
| % Discharged after 3 months or less | 29.1 | 96.6 | 81.7 |

Source: Department of Health and Children, 2008

The subject of long-term care relates not just to older people, but also to people with disabilities. The first results of the first comprehensive national disability survey 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. 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 domiciliary 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. For practical purposes this review is confined to residential and home care for older people.

The ambitions of Irish society for the care of older people (“Older people: Vision”) were rather grandly expressed in “Towards 2016: Ten-year Framework Social Partnership Agreement 2001-2015” (page 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.

It would be impossible to evaluate comprehensively the progress to date in achieving the above vision. However it is useful and possible to trace progress on the three major issues on which some progress has been made during the period under review. They are:

- the cost of residential care (in what are frequently called “nursing homes”)
- the quality of residential care, with particular reference to “elder abuse”
- the development of home care services as an alternative to residential care.

2.3.2 The cost of residential care

For the past few years one of the main preoccupations of the Government, or more particularly of the Minister for Health is to organise a scheme which would make it financially practicable for older people to resort to private nursing homes without having to worry about the cost. The Nursing Homes Support Scheme Bill 2008 was published on 9 October 2008 to provide the legislative basis for the Nursing Homes Support Scheme- A Fair Deal.

The new scheme is intended to provide support for individuals who require long-term nursing home care. 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.

The Nursing Homes Support Scheme is an innovative new scheme of financial support for people in need of nursing home care. Its fundamental purpose is to make long-term nursing home care:

- Accessible
- Affordable and
- Anxiety-free

Every person with need for residential care who applies for financial support will make a personal contribution to cost, strictly in accordance with their means. A person's contribution will be limited to 80% of their disposable income. No one will be forced to sell or mortgage their home to pay for care. The families of care recipients will not be means tested or asked to contribute. The contribution related to house value (principal private residence) is 5% a year, capped at three years, but this contribution may be deferred for payment from the estate of the person.

Overall, the State will meet 70% of the cost of long term care with personal contributions covering the balance.

With these features, the scheme offers assurance to one of the most vulnerable sections of society- those in need of long-term nursing home care- that such care will be affordable and will remain affordable for as long as they need it.

By February 2010 the Minister for Older People and Health Promotion was able to report that applications for the Nursing Homes Support Scheme, A Fair Deal, had exceeded 7,000. The Minister pointed out that the Government had made EUR 97 million available in 2010 for the scheme in addition to the EUR 55 million made available in 2009.

2.3.3 The quality of residential care

The main issue that has been raised about the residential care of older people, apart from the cost, is the risk of elder abuse. New provisions were put in place to deal with that. 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. The objective of HIQA is to promote safety and quality in the provision of health and personal social services for the benefit of the health and welfare of the public.

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.

Ms Áine Brady, T.D., Minister for Older People and Health Promotion stated that "over 1,800 allegations of elder abuse were referred to the HSE in 2008, compared to over 900 in 2007". Paradoxically any increase in numbers is a good thing as this shows that the structures are in place and working. The Review makes recommendations around three main areas: strengthening existing institutional arrangements, accelerating progress on existing recommendations in Protecting our Future and addressing emerging areas of concern.

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.

It was found that HIQA had a necessary and valuable role to play. For example on 10 April 2010 the Minister for Older People was reported as having noted recent reports which referred to complaints made to the HSE in relation to nursing homes during the first six months of 2009. In response the Minister said

I understand the HSE investigated the complaints it received in relation to private nursing homes up to July 2009 and took action where they found complaints to be upheld. There are approximately 25,000 people residing in nursing homes around the State at any one time and any number of complaints must be examined in that context... This Government has put in place an independent inspection and registration regime for all nursing homes public and private. The National Quality Standards provide the basis for the very best quality of care to be provided, monitored and enforced in all nursing homes. These are underpinned by regulations which provide the Health Information and Quality Authority (HIQA) with significant powers to act where there are concerns for the safety and welfare of residents.

One of the specific issues that has caused concern is the use of restraint of patients in nursing homes. The Minister and Department of Health and Children have recently responded to that concern. The following is a report from the Department of Health and Children dated 30 March 2010.

The Minister [...] has launched a public consultation process to assist with the development of a policy to promote a culture of non-restraint in Nursing Homes. The Minister noted that “Towards a Restraint Free Environment in Nursing Homes will guide the future development of regulations and standards for nursing homes and we want to have as many views as possible to inform the policy”. The Minister also announced that a Working Group has been established with the following terms of reference;

To examine the issue of restraint and to develop an overarching policy to promote a restraint free environment and where necessary, regulate the use of restraint in designated centres for older people, taking account of:

- Human Rights,
- Legal principles,
- Best practice and professional guidelines, and
- Submissions from residents, service providers, advocacy groups and the public.

2.3.4 The development of home care services

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.

The HSE fund Home Care Packages (HCPs) which provide enhanced supports over and above existing mainstream community services, with the objective of maintaining older people at home and in their communities. They are also targeted towards those at risk of inappropriate admission to long-term care or acute hospitals, or those who require discharge home from acute hospital. At present, the HSE provides in the region of EUR 120 million per annum to cater for approximately 8,700 clients at any one time, or around 11,500 over the course of a full year. An independent evaluation found that the Health Service Executive was successful in implementing the policy vision to make HCPs a viable option to support a highly dependent cohort. It indicates, for example, that the majority of HCP recipients are over age 75 years and that around 80% of those surveyed had a medical card. All the objectives of Home Care Packages are being met to varying degrees of success. For example while packages are strong in supporting older people to live at home and in preventing inappropriate admission to residential care, improvement could occur to relieve pressures on certain acute hospitals around the country.

However, when considering home care services the big new issue in recent years is the employment of home carers to look after older people in their own homes. In most cases carers are recruited and employed on an individual basis. The only standards that are in operation are those insisted on by the people paying the carers, usually the older persons themselves or their grown children. Over the past decade or more when immigration into Ireland was high many immigrants took up jobs in home care. Sometimes the workers were employed as general domestic servants as well as carers. It is a buyers' market in which those who wish to employ workers have the advantage and the workers, or prospective workers, are powerless. There is a good deal of evidence of exploitation.

At the other end of the spectrum private companies are coming into the home care market, and commercial service providers see a great potential in developing home care services. This is shown in the following excerpts from a report by PA Consulting (Feb. 2009) commissioned by the Irish Private Home Care Association.

Ireland's home care market is new but substantial in value (EUR 340.27M) and set to grow. Significantly Ireland is following a global trend of shifting the focus of care from the acute sector to the individual's home for demographic, financial and policy reasons. The Irish home care market is relatively new but substantial with an estimated value of EUR 340.27million. Our analysis indicates that based on population growth alone, the number of home care recipients may increase from 57,581 to 96,250 by

2021. This potential future demand heightens the importance of getting the conditions right for a regulated, healthy, competitive market so that the required capacity is available and cost effective.

This review identified two necessary changes to the market to ensure the required capacity is provided in a cost effective and safe manner:

- Greater transparency of cost of home care provision is required to inform purchasing decisions and identify opportunity for savings
- The market must be regulated to safeguard home care customers. Whilst there is poor cost transparency in the home care market, analysis of the available data indicates a significant cost differential between providers

The stage is set for further debate, and strategic moves, on the relative roles and functions of private providers and the state in relation to the long-term care of older people.

3 Impact of the Financial and Economic Crisis on Social Protection

3.1 The Financial and Economic Crisis in Ireland

Honohan (2009), then a university professor, now the Governor of the Central Bank, in a report prepared for the World Bank in 2009, provides a cogent account of the Irish disaster:

[A]fter almost two decades of rapid growth, Ireland's economy has collapsed more severely than almost all others in the current economic downturn. Real GDP fell by over 2 % in 2008 and is expected to fall 8 % in 2009 and a further 3 % in 2010. The downturn in the real economy has been reflected in the sudden emergence of a twin crisis in the banking sector and in the public finances. These in turn have fed back negatively into credit availability and rising tax rates deepening the output loss.

Why did this happen? In answering this question Honohan says that "the Irish crisis from 2007 on was not merely an aspect of international pressures": there were factors particular to Ireland at play too. Ireland was relatively poorly positioned heading into the global recession for three distinct but related domestic reasons: a home-grown banking crisis, a trend loss in wage competitiveness that had been underway since 2000 and a tax structure whose yield was far too heavily dependent on a continuation of the boom. In the Budget speech on 9 December 2009 the Minister for Finance gave his own diagnosis:

The economy went into reverse for three reasons:

- a steady loss of competitiveness during a prolonged boom;
- the bursting of the property bubble; and
- an international banking crisis which triggered a worldwide recession.

The speed and scale of the contraction in the Irish economy was confirmed by figures released in the first half of 2010 which recorded a severe decline in GDP -7.6% (GNP -10.7%) in 2009 (CSO, 2010a) and the highest government deficit in the EU at 14.3% of GDP (Eurostat, 2010).

In June 2010, two key reports were published on the Irish banking crisis. Regling and Watson (2010), former officials of the IMF, note global influences on the Irish banking crisis but highlight weaknesses in domestic policy and practices which exacerbated the situation. Specifically they point to weaknesses in fiscal policy, and failures in bank governance and

financial supervision, which “left the economy vulnerable to a deep crisis, with costly and extended social fallout” (ibid.: 5). The Honohan Report (2010) documents the context in which the weaknesses in the Irish banks were exposed in 2008; he too notes the pro-cyclical fiscal policy position and the availability of funds on international financial markets but concludes that this alone does not account for the subsequent banking difficulties. Failings in bank regulation and in the maintenance of financial stability were in evidence. The two reports also note shortcomings in both internal and external assessments of the Irish financial system, in not being sufficiently robust in their evaluations.

While the subsequent policy response to the banking crisis is beyond the scope of discussion here, this unprecedented crisis in the banking system has occurred at considerable cost to the State and alongside significant difficulties in the public finances. The General Government Deficit is expected to be 11.5 % of GDP in 2010. When bank bailout monies are included, this figure rises to 19.75% in 2010 (ESRI, 2010). A reduction in the deficit is anticipated for 2011, based on the austerity measures to be introduced in the forthcoming Budget. In short, the sharp reversal in the economic position of Ireland reflects the multiple factors which are identified (and variously debated) to have worked in mutually reinforcing ways to create such difficult economic and social conditions.

3.2 Policy making context

From the outset of the crisis the Government has made all important policy decisions on its own, without the possible benefit of consultations with the wider membership of the two political parties in government, the opposition political parties, the social partners or NGOs. The Minister relies on the advice of the civil service. At the beginning of the crisis he recruited a university professor of economics to his personal staff. He may also have personal advisers of his own whom he consults informally. On economic and financial policy it is likely that he consults the Governor of the Central Bank (referred to above), and certain academic experts. The partnership arrangements with the trade unions, employers’ organisations and civil society organisations, which had operated apparently successfully in Ireland for two decades, have broken down and the consultations with the social partners that used to take place within the partnership frameworks have been discontinued.

In general terms, policy in relation to employment creation, education and training, and social protection is, with few exceptions, made and executed at the national level and regional and local interests and functions are not significant in policy terms. The work of the National Economic and Social Council has historically played an important role in delivering in-depth policy assessment and advice on key areas of economic and social policy as evidenced during the last economic crisis in the 1980s. The NESCC provides a forum for engagement between Government and the social partners on policy matters of strategic importance but ultimately it is up to Government to accept or otherwise the recommendations emanating from this group. The impact of policy responses is monitored mainly through surveys of income which are concerned with the incidence of poverty and, conversely, the attainment of a high rate of social inclusion.

The broad thrust of the policy response to the current situation in Ireland has been dominated by attention to the banking and fiscal crises that present, although in this context, all aspects of government expenditure have been subject to greater scrutiny. Measures introduced to address the fiscal problems have meant that focus has tended to centre on the rapid rise in social protection expenditure; the reduction in the duration of entitlement to jobseekers benefits, increases in some social service charges and reductions in the social welfare rates for working aged adults suggest that the cumulative effect of the crisis to date has been marked

by a policy primarily seeking to contain the cost of the Irish social protection system, now and into the future.

3.3 The ‘social’ crisis and its implications for social protection

The impact of the crisis has manifested itself most forcibly in workers losing their jobs and becoming unemployed and in the fact that prospective entrants to the labour force, many with specialist qualifications, are not able to get jobs. The overall rate of employment in Ireland has declined from its peak of 69.9% of 15-64 year olds in the third quarter of 2007 to 60.2% in the first quarter (Q1) of 2010. Unemployment has almost trebled in two years, with a seasonally adjusted rate of 12.9% recorded for Q1 2010. However the rate of youth unemployment is higher still. Unemployment amongst 20-24 year olds has risen to a rate of 24.9%. In addition the unemployment rate of 15-19 year olds stood at 30% by Q1 of 2010 (CSO, 2010b). As in previous severe economic downturns, already disadvantaged groups in the labour market – youth, immigrants and workers in temporary or part-time jobs – are bearing most of the brunt of the job losses, although men have been disproportionately affected. Long-term unemployment has also risen rapidly; from 22% of total employment in Q1 of 2009 to 40.9% in Q1 of 2010 (ibid.).

Temporary workers have also been hard hit by the current economic downturn and there is ample evidence that immigrants and their families may be especially hard-hit. The impact on the immigrant labour market is particularly visible in countries where the crisis began earlier and immigrant labour had played a large role in the preceding expansion period. For example, immigrant unemployment surged in the early months of the crisis in Ireland, although it has subsequently subsided as many immigrants returned to their countries of origin (OECD, 2010). Emigration has once again appeared as a feature of Irish life, with the ESRI (2010) predicting that 120,000 people may leave Ireland by the end of April 2011.

The other major impact of the crisis on individuals and families has been in relation to house prices and consumer credit. By 2007, the Central bank noted that Ireland had the second highest ratio of personal sector credit to GNP in the Euro area, attributable in the main to housing debt in the form of mortgages. In the wake of the property crash, many home owners now have negative equity. The Renewed Programme for Government (Fianna Fáil and the Green Party, October 2009) promised to “introduce new measures to protect families having difficulties with their home mortgage payments” and while the establishment of a group of experts to work with the Government on its response to the issue of indebtedness was announced in February 2010, and the Central Bank’s Code of Conduct on Mortgage Arrears was updated, more specific government responses have been called for to address this problem.

At the level of the state, the sharp decline in the Irish economy has had a major impact on the social welfare system. Social welfare expenditure rose 14.8% between 2007 and 2008 and grew a further 15.3% in 2009 (DSFA, 2009; DSP, 2010). This represents a significant increase in gross current government expenditure from 29.4% in 2007 to 36.8% in 2009 (ibid.). Expenditure on jobseekers supports has risen sharply as the numbers in receipt of jobseekers benefit has increased by over 170% between 2007 and 2009 while 153% more people were in receipt of jobseekers allowance in the space of two years (DSP, 2010). On its own this can be interpreted as a very rapid rise in the costs associated with social protection, but set against the larger picture of a crisis in the banking system which has come at a significant cost to the state, and alongside the collapse in tax revenue since 2008, which has precipitated a fiscal crisis, the scale of the challenges confronting the Irish state are immense.

It is against this backdrop that the cost of social protection has come into such sharp focus in Irish political discourse.

3.4 Irish social protection debate in a time of crisis

The SILC data published in November 2009 (CSO, 2009) indicated that poverty continues to be a serious issue in Ireland. One in seven people (14.4%) were at risk of poverty in Ireland in 2008 (compared with 16.5% of people in 2007). Children continued to be at the highest risk of poverty (18%) when analysed by age group, while lone parent households were at greatest risk of poverty (36.4%) when the data is examined by household type. A very minor improvement in income inequality (the Gini coefficient fell from 31.7 in 2007 to 30.7 in 2008) was recorded for 2008. Consistent poverty fell by just under one percent to 4.2%, but children again appear to be at greater risk at this basic threshold at 6.3%. Lone parent households had a consistent poverty rate of 17.8% in 2008. The inclusion of questions on household indebtedness in the survey found that over 20% of households were in arrears (of at least one type) in 2008, with 52.6% of households in consistent poverty reporting arrears.

The reduction in the risk of poverty was widely welcomed and the crucial role played by social transfers in poverty reduction was also noted. Organisations such as EAPN Ireland (2009) pointed out, however, that the data doesn't cover the time period in which the crisis has really taken hold and warned that potential cuts in social welfare and bringing low paid workers into the tax net would have a negative impact on many individuals and families.

Generally speaking the existing rules of the government's social protection programmes, assumed to be fair and reasonably adequate, were applied to the increasing numbers of the unemployed and their families. Numerous references were made by government ministers of the desire 'to protect the most vulnerable in society', notwithstanding the difficult budgetary measures to be adopted. In his Budget 2010 speech, the Minister for Finance pointed out that "consumer prices have tumbled this year [2009], and a small decline is forecast for next year. Falling consumer prices will also cushion the effects of reduced pay and social welfare payments." However, the removal of the Christmas double payment coupled with the subsequent reduction in welfare payments to working aged adults was criticised by some influential non-governmental organisations as demonstrated through the civil society coalition group that launched *The Poor Can't Pay* campaign (Its members include the Community Workers Co-operative, EAPN Ireland, Irish Congress of Trade Unions, National Women's Council of Ireland, Social Justice Ireland and the Society of Saint Vincent de Paul.). The group argue that "Far from being protected, people on the lowest incomes have been amongst the hardest hit by the first phase of cutbacks. In 2010 household income of an unemployed couple with two children will drop by €13.60 from its 2009 level, giving them a weekly income of €477 per week. This is €44 per week or 8% below the poverty line." The impact of the fiscal austerity measures on people in receipt of social welfare payments as well as those on the lowest pay, the so-called 'working poor', and the very many others affected by the changes in the economic circumstances is part of a larger debate on the way in which the burden of fiscal adjustment is to be shared in Irish society. The need for everyone to contribute to the restoration of the public finances has been widely argued, although the precise impact of the measures that give effect to this raises serious questions, the debate on which looks set to continue as the severe economic difficulties persist.

The high rate of unemployment amongst young people has become the focus of attention by the National Youth Council of Ireland (NYCI) and by local youth organisations. The NYCI organised a Consultation on Youth Unemployment in March 2010 as part of a European Initiative, sponsored by the EU Commission in preparation for a European Youth Conference

on Youth Employment in Spain. The young people consulted called on the government to tackle the issue of youth unemployment and improve communication between government departments and agencies responsible for the issue. They fear being considered the “mothball generation”, expected to just ride out the recession and emerge unaffected when the economy improves. Among the issues highlighted were the following:

- Quality education and training remains the most important factor in securing employment.
- Young people can be exploited as cheap labour
- Employment is considered a key factor for youth autonomy and this is threatened by new social welfare rules that mean that young people not in education will get reduced unemployment payments
- There was a call for initiatives to encourage entrepreneurship
- Unemployment has a detrimental impact on the mental health of young people

The Irish National Organisation of the Unemployed (2010) has also called for greater action in this regard, particularly in disadvantaged areas where failure to engage with young people “in a constructive and considered way” may result in more significant long-term socio-economic exclusion costs. They are particularly critical of the cut to jobseekers income supports to young people and argue that the “resounding message being sent to this group at present is ‘emigrate’”.

Returning to the social protection system in Ireland more generally, it may be argued to have a number of features which are valuable in a situation where the rate of unemployment is so high. For example under the Voluntary Work Option jobseekers receiving jobseekers’ benefits or allowances can volunteer their services and retain their entitlements while remaining available for and genuinely seeking work. Under the terms of the Back to Education (BTEA) schemes operated by the Department of Social Protection BTEA participants attending an approved full-time course can keep their Jobseeker payments for the duration of that course (which may be a number of years). Recent initiatives also include a Work Placement Programme and a Back to College Initiative for Jobseekers, although the places available fall far short of the numbers currently on the live register and calls continue for reform of activation policies and a national employment creation/investment strategy at this critical time.

Existing supports such as the Irish National Organisation of the Unemployed, a voluntary organisation “helping people move from welfare to work” is grant-aided by the Department of Social Protection as an indirect way of supporting the unemployed. The Money Advice and Budgeting Service (MABS) provides advice and support for people who have got into debt, often people depending on income support from the Department of Social Protection. Both organisations pre-date the present difficulties, but they are of particular importance since the onset of the crisis and have been expanded and modified to suit the new conditions. On the other hand, Budgetary decisions dating back to October 2008 have significantly reduced the funding to important national bodies working in areas of equality and social inclusion such as the Irish Human Rights Commission and the Equality Authority. In addition, the Combat Poverty Agency, set up in the midst of the last economic crisis, has been subsumed into the Department of Social Protection, while the National Consultative Committee on Racism and Interculturalism was closed. In this respect, it may be argued that some of the important social inclusion infrastructure built up during the boom years has also been affected by the fiscal constraints and austerity measures imposed since the onset of the crisis.

3.5 Analysing the impact of the crisis on vulnerable groups to inform social protection measures

Nolan's (2009) very comprehensive "Background note for Roundtable Discussion" for a recently convened OECD event (18 March 2009) on Monitoring the Effects of the Financial Crisis on Vulnerable Groups comes to the following conclusions.

The gravity of the economic crisis and the prospects for lasting damage to vulnerable groups mean that special measures are required to enhance the capacity of current statistical systems to provide policy-makers with the information they need to design effective responses now. This means building on rather than abandoning existing sources, but seeking to address their limitations.

Nolan suggests that improvements in information could allow for greater understanding of short-term developments with regard to poverty and exclusion including:

- Exploring the scope of learning more, and sooner, from current surveys including producing preliminary results from a sub-set of cases
- Carrying out specially-designed and targeted additional surveys
- Enhancing the value and use of data from administrative sources
- Exploiting data from other sources, such as business or the voluntary sector
- Using simulation models to explore the likely impact on households of what is happening in the macro-economy.

Nolan identifies key features of the current crisis about which relevant and timely information is important to capture including household debt, the falling value of assets, how these affect levels of material deprivation, problems on housing costs and security, the problems of the self-employed and deficiencies in the safety net of social protection systems. These recommendations have much to commend them, particularly in the context of the speed and depth of the current crisis and its social impact, as evidenced in the Irish case.

Annex -Chronology 2008 – 2010

- 30 September 2008** Government announcement of banking crisis
- 14 October 2008** *Budget 2009*
- 27 November 2008** McCarthy *Special Group on Public Service Numbers and Expenditure Programmes* appointed
- 3 February 2009** Cuts of EUR 2 billion+ in public expenditure and pension levy to be paid by public servants
- 27 February 2009** *Financial Emergency Measures in the Public Interest Act 2009* implementing public service levies
- 7 April 2009** *Supplementary Budget 2009*
- 16 July 2009** Publication of *the Report of the Special Group on Public Service Numbers and Expenditure Programmes ("the McCarthy Report")*
Its recommendations if adopted in full would result in savings of EUR 5.3 billion in total in a full year, and entail public service staff reductions of 17,300.
- 10 October 2009** *Renewed Programme for Government* following negotiations between the two parties in government, Fianna Fáil and the Green Party
- October 2009** Submission to EU of *Progress Report on National Reform Programme 2008-2010*
- 9 December 2009** Budget 2010
- 3 March 2010** Launch of *National Pensions Framework*
- 30 March 2010** Agreement between Government and public service trade unions ("*Croke Park Agreement*" referring to location of negotiations)
- no further cuts in public service pay until 2014
 - extensive reforms in work practices and conditions of employment
 - to be voted on by members of unions
- April-May 2010** Votes by public service unions on agreement, some for, some against
- June 2010** The Irish Congress of Trade Unions ratifies the Croke Park Agreement

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<http://www.siptu.ie/PressRoom/NewsReleases/2010/Name,11455,en.html>

SMYTH, JAMIE (2010), “Elderly rights group to oppose raise in pension age.” *Irish Times*. 29th March 2010. [R2, R5]

<http://www.irishtimes.com/newspaper/ireland/2010/0329/1224267277461.html>

SOCIAL JUSTICE IRELAND (6 April, 2010), *An Agenda for a New Ireland (Socio-Economic Review for 2010)*, Dublin: Social Justice Ireland [H, L, R]

SOCIETY OF ST VINCENT DE PAUL (SVP Social Justice and Policy Team) (2009), *Submission to the Department of Health and Children On the development of a new National Positive Ageing Strategy*, 14th October 2009. [L, R2]

<http://www.budget.gov.ie/Budgets/2010/Documents/Summary%20of%20Budget%20Measures%20Final.pdf>

TASC (4 March 2010), “Pensions Framework Document provides positive basis on which to go forward”, News Release,

<http://www.tascnet.ie/showPage.php?ID=3104>

WALL, MARTIN (2010), “Defined benefit pensions in danger of collapse, says IBEC”. *Irish Times*. 1st February 2010. [R2]

<http://www.irishtimes.com/newspaper/ireland/2010/0201/1224263502289.html>

4 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

[R1; R2; R3; R5] CALLAN, T., Claire KEANE, & John R. WALSH,) *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 (formerly Old Age 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. Currently, over EUR 8 out of every EUR 10 of tax relief goes to taxpayers in the top one-fifth of the income distribution. There is a strong incentive for high earners to contribute to pension schemes, but a weaker incentive for those with low and middle incomes.

[R1; R5] NOLAN, Brian, “Background Note for Roundtable Discussion”, *Monitoring the Effects of the Financial Crisis on Vulnerable Groups, OECD Roundtable Discussion Forum*, 18 March 2009.

http://www.oecd.org/document/2/0,3343,en_2649_33933_42507906_1_1_1_1,00.html

This eight-page paper by a leading Irish authority on poverty research was prepared for an OECD conference. The progress made in research on poverty throughout Europe in the past ten years occurred at a time of increasing economic development, when, generally speaking, the incidence of poverty was declining. The importance of this paper is that it addresses the challenges for researchers and policy makers dealing with inequality, poverty and exclusion in worse, and in some cases ever-worsening, economic conditions when unemployment and indebtedness are set to increase. The major limitation of the sources of information commonly used until now “is that they give only a partial picture of the person affected and their household”. The author discusses how difficulties in relation to existing sources of relevant information could be tackled and what additional sources of information, such as businesses and voluntary organizations, could be more effectively tapped. Only by being more creative in relation to research

methodologies can researchers produce the data needed for policy making in the new conditions.

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

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

The Commission was established on 14 February 2008 “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 (one based on the Special Savings Incentive Scheme) to encourage people to invest in pensions; a property tax, estimated to yield between EUR 1 to EUR 1.2 billion per annum; a carbon tax (an annual yield of EUR 500 million); and new water charges. New restrictions on high earners would also lead to more taxes. The only leading trade unionist on the Commission declined to sign the report because its recommendations were “not optimised to generate the revenues necessary to create a social infrastructure capable of supporting a cohesive and equitable society and a sustainably productive and growing economy.”

[R2; R3] GOVERNMENT OF IRELAND, *National Pensions Framework*, Dublin: Government Stationery Office, 2010.

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

This is in effect a White Paper setting out the Government’s plans for a reformed state pension system following public consultations and discussions that have been going on since the publication of the Government’s Green Paper on Pensions in October 2007. Under the proposals, the State pension will remain the basis of the pension system in Ireland, 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.

[H] Health

[H1; R1] HONOHAN, Patrick, “What went wrong in Ireland?” (Report prepared for the World Bank), May 2009

<http://www.tcd.ie/Economics/staff/phonohan/What%20went%20wrong.pdf>

This is a short report of 8 pages, plus bibliography and graphs. It is an account of how the financial crisis hit the Irish economy and public finances. What follows is the author’s abstract:

With its fiscal, competitiveness and banking crisis, Ireland is among the most severely affected countries in the global crisis. Yet its sustained growth achievement for almost two decades has been widely admired....Until about 2000, the growth had been on a secure export-led basis, underpinned by wage restraint. However, from about 2000 the

character of the growth changed: a property price and construction bubble took hold. This boom sustained employment and output growth until 2007 despite a loss of wage competitiveness. The banks fuelled the boom, especially from 2003, exposing themselves both to funding and solvency pressures. Successive Governments had bought industrial peace (and at first wage restraint), with tax reductions, relying increasingly on volatile sources of revenue thereby making the tax base increasingly vulnerable to a downturn. Among the triggers for the property bubble was the sharp fall in interest rates following euro membership: within the euro zone also the disciplines of the market which had traditionally served as warning signs of excess were muted. Lacking these prompts, Irish policymakers neglected the basics of public finance, wage policy and bank regulation.

[H1; L; R2] “McCARTHY REPORT”, *The Report of the Special Group on Public Service Numbers and Expenditure Programmes*, Dublin: Government Publications Office, 2009.

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

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

In November 2008, just after the recognition of the onset of the current crisis, 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 (76 pages and 221 pages). Vol. 2 consists of Detailed Papers on each of the Ministerial Vote Groups; Vol. 1 provides an introduction, an overview and conclusions, including summaries of the Detailed Papers. Given its wide range of analysis and its specific proposals for public service re-organisation and cuts in public expenditure and in the numbers employed in the public service it generated considerable discussion and controversy.

[H1; L; R1] NESCC (National Economic and Social Council), *Ireland’s Five-Part Crisis: an Integrated National Response* (Report No. 118), Dublin, NESCC, March 2009.

<http://www.nesc.ie/dynamic/docs/NESC-Report-No-118.pdf>

The NESCC has been the main partnership consultative body that has played a role in national planning and policy making for twenty years. This report describes the crisis that began in the last quarter of 2008 as “a five-part crisis”, i.e. a combination of a banking crisis, a public finance crisis, an economic crisis, a social crisis and a reputational crisis. The banking crisis was induced by international developments. The public finance crisis arises from the extra-ordinary financial commitments the Government has to deal with the fall out from the financial crisis. The economic crisis can be measured as a “swing from GDP growth of 6 per cent in 2007 to a contraction of 1.8 per cent in 2008 with a further contraction of at least 4 to 5 per cent forecast for 2009, a percentage that is likely to be revised upwards. The social crisis is dealing with social needs in a worsening financial situation; the reputational crisis is connected with possible perceptions by other countries, and, say, the EU, that Ireland’s public finances are vulnerable to default and that the country cannot be trusted to govern its own financial institutions effectively and pull its weight in the EU. Since the publication of the report the partnership arrangements have broken down because of conflict between the Government and the trade unions no pay cuts policy.

[H1; L; R1] NESC, *Well Being Matters: A Social Report for Ireland*, Report No. 119, Dublin: NESC, 2009.

http://www.nesc.ie/dynamic/docs/NESC_WB_Executive_Summary.pdf

This is a two-volume “social report” (500 pages in all), produced over two years is a response to an idea first mooted in 1977. It is intended to match, or perhaps counterbalance, the economic analysis, economic reports and economic planning that has been developed in Ireland since the 1970s. The central focus of the research and discussion is human “well-being”. GDP does not measure well-being but it is what people are most concerned about and therefore a focus on well-being should make it possible to monitor the impact of policy actions on policy outcomes. The report deals with six “domains” of well-being: “economic resources” (which determine wealth and poverty), “work and participation”, “relationships and care”, “community and environment”, “health” and “democracy and values”. It disaggregates and discusses “well being” in detail and how “social reporting” can be employed to monitor it changes in well-being. Volume II deals with “charting well-being” in relation to four groups, of which three are defined by age: children, “people of working age”, “older people” and “people with disabilities”. The report distinguishes between four different aspects of policy (strategy, inputs, outputs and outcomes) and the corresponding types of indicators that can be used to monitor progress in improving well-being: diagnostic indicators, baseline indicators, performance indicators and systemic indicators. This very elaborate and thought-provoking apparatus was, unfortunately, published at a time when politicians and citizens were pre-occupied with dealing with multiple crises to which immediate responses were required.

[H1; L; R1] SOCIAL JUSTICE IRELAND, *An Agenda for a New Ireland* (Socio-Economic Review for 2010), Dublin: Social Justice Ireland, April 6, 2010.

<http://www.socialjustice.ie/content/individual-chapters-agenda-new-ireland-available-here>

Social Justice Ireland was formerly part of the Conference of [Catholic] Religious in Ireland. Its statement of values include: human dignity and the centrality of the community. “We understand justice in the Biblical tradition as a harmony that comes from fidelity to right relationships with God, people, institutions and the environment.” This publication is its 250-page Socio-Economic Review for 2010. Its theme is that “Ireland’s policy-making for more than a decade was guided by many false assumptions concerning economic growth, taxation, services and infrastructure”. It goes on to elaborate on this under the following headings (inter alia): “1. Many policy failures arose from these false assumptions. 2. These policy failures produced much of the current series of crises that Ireland is facing. 3. These crises have been exacerbated by persevering with failed policies and false assumptions.” The critique in this report is very wide-ranging and detailed, so much so that it is difficult to summarise.

[L] Long-term care

[L] PA CONSULTING, *Analysis of Irish Home Care Market*, Dublin, Irish Private Home Care Association (IPHCA), Feb. 2009

<http://www.iphca.ie/IPHCAHomeCareMarketReport.pdf>

The Irish Private Home Care Association (IPHCA) which represents the owners / managers of private residential institutions providing care for older people and people with disabilities (often called “nursing homes”) commissioned this “rapid, fact-based analysis of the Irish home care market”. The analysis was based on publicly available data and literature. The report estimates that the number of home care recipients may increase from 57,581 to 96,250 by 2021. The report suggests that the true cost per hour of HSE [Health Service Executive, i.e. the public service] and non-profit care (EUR

29.44) is 29% more expensive than the private sector (EUR 21). It concludes that “the current approach to procurement is not transparent, limits competition and value for the HSE and may hinder further growth of the market.” This argument for the further privatization of the residential care market has not been widely discussed.

[L] PA CONSULTING, *Review of the Recommendations of Protect our Future: Report of the Working Group on Elder Abuse*, Dublin: National Council for Ageing and Older People, July 2009

http://www.dohc.ie/publications/pdf/pof_review2010.pdf?direct=1

The report Protecting Our Future: Report of the Working Group on Elder Abuse, was published by the Department of Health and Children in 2002 (DOHC, 2002), and included a list of recommendations in relation to the subject. This 2009 report reviews the extent to which the recommendations have been implemented in the intervening years. Significant progress had been made in many respects including the following:

- *The establishment of dedicated elder abuse structures to oversee implementation*
- *Strengthening the legal framework*
- *Education and training of professionals working particularly within the HSE;*
- *The development of an effective database on incidences of abuse by the HSE;*
- *Wider policy developments on dementia and development of a carers framework;*
- *Establishment of the National Centre for the Protection of Older People*

“However, it has been more difficult to advance recommendations requiring a multi-agency approach, e.g. financial abuse, education and training for professionals working with older people across a range of sectors, and agreement of protocols for referring incidences of elder abuse between agencies.”

5 List of Important Institutions

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>

** name of Department changed in 2009*

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.

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.

[**Combat Poverty Agency (CPA)** is now incorporated into the Office for Social Inclusion in the Department of Social Protection]

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.

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 EUR 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.

[National Council on Ageing and Older People dissolved with effect from 1 Sept. 2009]

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>

Established in 1973 to analyse and report to the Taoiseach on strategic issues relating to economic and social development. Every three years, NESC prepares an overview of economic and social conditions. These 'Strategy' reports are the key input to the negotiation of the partnership programmes. 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.

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, when these costs are projected to increase dramatically due to

an ageing population. The Fund is controlled and managed by the National Pensions Reserve Fund Commission. In February 2009 the Minister for Finance announced that the Fund would finance a EUR 7 billion bank recapitalisation programme. The Commission performs its functions through the National Treasury Management Agency, which is the Manager of the Fund.

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 (NAPinclusion) and the social inclusion elements of the National Social Partnership Agreement Towards 2016 and the new National Development Plan 2007-2013. 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.

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 and Family Affairs 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.

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."

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.

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 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. Through the social partnership process, 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. The Association is one of the social partners, and has participated in all seven national partnership agreements over the past 20 years.

Irish National Organisation of the Unemployed (INOUE)

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

Webpage: <http://www.inou.ie>

The Irish National Organisation of the Unemployed (INOUE) has 179 member groups including community based resource centres, national NGOs, trade unions and branches of unemployed people. The INOUE participates in social partnership through its membership of the Community and Voluntary Pillar. Publications are largely concerned with welfare rights and some comment on government budgets as they relate to welfare reform.

National Women's Council of Ireland (NWCII)

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 153 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.

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 publications are largely concerned with worker's rights and social partnership.

Social JusticeIreland

Address: Arena House, Arena Road, Sandyford, Dublin 18, Ireland

Webpage: <http://www.socialjustice.ie/>

This organisation, headed up by Fr Seán Healy and Sr Brigid 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.

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.

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.

Alzheimer Society of Ireland

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 over 65 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.*

Irish Association of Older People

Address: Room B15, UCD, Earlsfort Terrace, Dublin 2.

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 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.

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.

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.

Older Women's Network (OWN) (Ireland)

Address: 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

Retirement Planning Council

Address: 7/29 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.

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.

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. The helpline is open mornings 10 am to 1 pm and evenings 7 pm to 10 pm seven days a week and also on Tuesday, Wednesday, Thursday & Saturday afternoons from 1pm to 4pm, three hundred and sixty five days a year. You can contact the service for the price of a local call from anywhere in Ireland. Established by the Summerhill Active Retirement Association, Co. Meath, it is now run by 350 older volunteers from 13 centres in throughout Ireland.

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.

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.

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.

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.

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.

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. 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.

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.

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.

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>