



Annual National Report 2009

Pensions, Health and Long-term Care

Ireland

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1 Executive Summary

The year under review, May 2008 to April 2009, can be divided in two parts. In the first five months policy discussion and policy initiatives took their usual course, one of slow progress in the policy areas covered by this report, pensions, health policy and services and long-term care. But the issues, and the challenges they posed, and still pose for policy makers, were wide-ranging. They were issues of overall policy planning. How could and should the population be covered for services in these three areas? How should services be funded, what services should be paid for out of taxation and what services paid for by contributions and what services should be provided by the market? How should entitlement to services be regulated? How should services be organised and coordinated for efficiency and equity? Debates on these issues had been ongoing for years but the state and the citizens were convinced that solutions had to be found and decisions taken.

The first five months ended with a government announcement on 30 September 2008 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, public finance crisis, an economic crisis, a social crisis and a “reputational” crisis (NESC, 2009). The months since then have been months of surprises and shocks, dominated by the unfolding crises for the economy, for the state and for the whole of society.

The impact of the overall crisis on the policy areas covered in this report has been manifold. Firstly, the energy of politicians and public servants at the highest levels has had to be devoted entirely to crisis management so that other policy issues relating to social exclusion, legislative reform and the organisation of public services have had to be put aside or resolved on an *ad-hoc* basis.

Secondly, the precipitate rise in unemployment to an unprecedented level has presented the most urgent social problems that have to be dealt with by the Government.

Thirdly, the fall in revenue to the Government, again unprecedented, required significant revisions in public expenditure and necessitated a second emergency budget for the current year.

Fourthly, 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. Urgent decisions have to be taken but they are met with criticism and distrust, and this makes policy debates fraught.

The parties that originally formed the present Government (Fianna Fáil, the largest party in parliament, the Progressive Democrats, since dissolved, and the Green Party) came into office in June 2007 and had agreed an extensive *Programme for Government*¹ 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). In the new climate many of them seem like wishful thinking. Planning new developments has been displaced by crisis management.

¹ <http://www.greenparty.ie/en/content/download/12478/147267/file/Eng%20Prog%20for%20Gov.pdf>.

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

2.1 Pensions

2.1.1 An overview

In Ireland the government department responsible for pensions' policy overall (both public pensions and private pensions), and for social protection generally (which in Ireland is referred to as "social welfare"), is the Department of Social and Family Affairs (referred to simply as "the Department" from this on), under the Minister for Social and Family Affairs. All financial social protection schemes, both social insurance and social assistance, are administered directly by the Department. There is also a government-appointed Pensions Board, separate from, but under the supervision of, the Department, whose task is to supervise the private pensions industry and in particular the activities of PRSA (Private Retirement Savings Account) providers. The department has had three different ministers since 2002.

The current debate about pension reform, so far quite inconclusive, has been going on in Ireland since the mid-1990s. The main issue is about public, or state, pensions v. private pensions, the role of the state v. the role of the market.

Irish people are living much longer than ever before. At present we have almost 6 workers for every person of pension age: by 2060, we will have fewer than two. This huge shift is already under way and will put increasing pressure on the state pension system. This difficulty is made even more significant by the fact that over 1 million, i.e. nearly half of all workers, do not have a private or occupational pension and may be entirely reliant on the State pension when they retire. Both of these factors mean that action must be taken now to ensure that today's workers will not face a huge income deficit when they retire and go on pension. (Minister for Social and Family Affairs, opening pension conference, 29 May 2008.)

State pensions or "Social Welfare pensions" are intended to provide an adequate basic standard of living and are of two kinds: *State Pension, Contributory* and *State Pension, Non-Contributory*. *State Pension, Contributory* is a social insurance payment made to people age 66 or over who satisfy certain social insurance contribution conditions and it is paid for from the social insurance fund. The fund, into which every worker pays PRSI contributions (Pay-Related Social Insurance) is used to pay unemployment benefit, maternity benefit and redundancy and insolvency payments as well as the *State Pension, Contributory*. The pension (personal rate) is not means-tested or affected by other income such as an occupational pension. *State Pension, Transition*, previously known as Retirement Pension, is a social insurance payment made to people reaching age 65, who are retired and who satisfy certain social insurance conditions. It is not means tested or affected by other income such as an occupational pension. *The State Pension, Non-Contributory* is a means-tested payment for people aged 66 or over who do not qualify for *State Pension, Contributory*.

The overall public pensions package includes other benefits to pensioners including a "living alone allowance", eligibility for free travel on public transport, a "medical card" (i.e. access to free medical services) 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).

Personal Retirement Savings Accounts (“PRSAs”) were introduced by the Pensions (Amendment) Act, 2002.² A PRSA is an investment vehicle used for long term retirement provision by employees, the self-employed, homemakers, carers, the unemployed and any other category of person. A PRSA is a contract between an individual and an authorised PRSA provider in the form of an investment account and the PRSA benefits will be determined by the contributions. There are two types of PRSA – namely a Standard PRSA and a non-Standard PRSA – the main difference being that the maximum charges under a Standard PRSA cannot exceed 5% of contributions paid and 1% per annum of the PRSA assets. The Pensions Board supervises the activities of providers in relation to their approved products and monitors compliance with the relevant legislation.

2.1.2 Pension coverage

On 30 October 1996 the National Pensions Policy Initiative (NPPI) was launched. This was jointly sponsored by the Department of Social and Family Affairs and the Pensions Board. The objective of the initiative was to facilitate national debate on how to achieve a fully developed national pension system and to formulate a strategy and make recommendations for actions needed to achieve this system. A pension coverage survey was included in the Quarterly National Household Survey (QNHS) in Quarter 4 of 2005. This survey provides the latest data on pension coverage and showed that the overall coverage by occupational and private pensions for all persons in employment was 55%, which is an increase from 51.2% in 2002. The coverage rate for those over the age of 30 was 61.8% which is up from 57.8% in 2002 and this means that the five-year interim NPPI target for 2008 of 62% had been achieved. This improvement had been achieved in a period when the labour force grew from some 1.8 million to 2 million. (Ireland’s National Strategy Report to the European Commission on Adequate and Sustainable Pensions, July 2005 = “NSR”)

Women continue to have a lower coverage rate than men, although the gap is narrowing, and certain sectors of the economy such as hotels and restaurants, and the agriculture and retail sector, continue to be extremely difficult to reach. In total there are at present around one million people without supplementary pension cover. However many of these will in due course make pension provision before they reach the age of 65. Despite this there will still be many people who will rely exclusively on social welfare provision for their retirement income unless action is taken. (NSR)

The 2005 survey also showed that 58.3% of males and 50.6% of females have a supplementary pension. On that basis, the figures for those without coverage are 532,000 males and 476,000 females. There are no statistics available in relation to pension coverage for those who are not in the workforce.

2.1.3 Ongoing debates

The key issues in relation to the current system of pensions as identified by two leading pension experts and critics are as follows: the low level of public expenditure on pensions; the poor performance of the private pension system in delivering pensions; the cost of tax incentives for private pensions; the replacement of defined benefit pensions by defined contribution pensions; the lack of access to private pensions for about half of the labour force; and the relatively limited role of social insurance in providing retirement income. (Stewart and Hughes, 2007: 15).

² <http://www.irishstatutebook.ie/2002/en/act/pub/0018/index.html>.

Policy in relation to pensions over the last decade has focused on making progress towards achieving the targets recommended in the *National Pensions Policy Initiative* (NPPI), which was published in 1998. This report suggested a range of targets for pension adequacy and coverage and these were reaffirmed in the National Pensions Review (NPR) which was published by the Pensions Board in October 2005. These targets included:

- A retirement income from all sources (social welfare, occupational pension savings, investments etc) of 50% of pre-retirement income.
- A social welfare contributory pension of 34% of Gross Average Industrial Earnings. (GAIE)
- Supplementary pensions cover for 70% of those at work over 30 years of age for the period after 2013 (the social welfare pension should be adequate to achieve the 50% income target for 30%)

The Pensions Board, a majority of whose members (10/17) are from the business and private insurance sectors, is regarded as biased in favour of the promotion of *private* pensions as distinct from public provisions. (The board also includes representatives of trade union and consumer interests and some independent members.) This apparent bias is also reflected in the policies of the Government and this has been a subject of interest in the debate about pensions in Ireland for some time. In 2007 probably under pressure from the trade unions, the Government decided to open up the discussion to the social partners and civil society by publishing a Green Paper on Pensions (October 2007).

The major issues and challenges identified in the Green Paper (internet link) included the following:

- ***The demographic challenge.*** In common with most other countries, Ireland is experiencing demographic changes which increasingly over time will add considerably to the cost of pension provision. Therefore, along with the focus on maintaining adequate income in retirement, a key objective of the pensions system must also be economic and budgetary sustainability and the tension between these competing objectives is evident throughout the draft Green Paper.
- Issues in relation to ***the sustainability of the pensions system.*** While the shift towards an older society will give rise to increased spending on health and long-term care, it is expected that the bulk of the rise in age-related public expenditure will be accounted for by pensions. Spending on public pensions (social welfare and public service occupational pensions) is projected to increase from roughly 5% of GDP (6% of GNP) at present, to 13% of GDP (15% of GNP) by 2050.
- ***Incomes of existing pensioners*** and the contribution various elements of the pension system make to the adequacy of this income. At present social welfare pensions are the main source of income for Irish pensioners and account for 54% of gross income. Occupational and private pensions are the next most important source contributing 24% of income. Income from work and self-employment is also important making up some 11% of income. Overall 32% of pensioner units in the State have income from an occupational or private pension.
- Issues relating to ***social welfare pensions and options for reform*** - In order to address a range of issues associated with social welfare pensions a number of reforms are discussed including the use of universal entitlements, and changing the basis of assessment for the State pension (contributory) from average contributions to total contributions.

- The role of **tax incentives** in the current system and their efficiency and effectiveness in supporting Government objectives in the area - The role of tax relief in encouraging supplementary pension provision is discussed at length dealing with, among other things, issues of equity and effectiveness. The cost of relief is also assessed and the Green Paper stresses that estimates in this regard (EUR 2.9 billion in 2006) are extremely tentative and that further work is required in this area.
- Issues associated with **defined benefit and defined contribution** provision. Defined benefit provision is under pressure for a number of reasons including the increasing costs to employers and pressures arising from the need to satisfy accounting standards (FRS17) and the minimum funding standard required under the Pensions Act.
- **The role of annuities** and the operation of that market - Annuities are perceived as providing bad value for money. Consultancy was engaged to assess the annuity market, and in particular the value it offers. In general, the conclusion is that while the Irish annuities market is small, the prices charged are not unreasonable.
- **Public service pensions.** The cost of public service pensions is one of the contributors to the high cost of ageing, and the paper acknowledges reforms already agreed in this regard. In addition, the Government intends to research and consider a number of further possible options to address future challenges.
- **Work flexibility** in older age. The root of the sustainability problem faced by many pensions systems is a growing imbalance between those who are retired and those at work. Accordingly, measures to increase the numbers at work can contribute to the sustainability of the system and this may require that people work longer.
- **Role of Regulation.** The role of regulation including the charges levied by pension providers forms an important element.

The replacement income target of 50% from all sources was endorsed in the current Programme for Government adopted after the General Election of 2007. Another target in the Programme for Government was to increase the basic state pension by around 50% to at least EUR 300 per week by 2012. This would be equivalent to 40% of GAIE. The Programme for Government also made a commitment to developing proposals, in the context of the Green Paper and in consultation with the social partners, to provide a Special Savings Investment Account (SSIA) type scheme designed to make supplementary pension provision more attractive to those on low incomes.

The Green Paper instigated a further public debate. Consultations and public meetings and a high-powered conference with international speakers were held and the outcome of all that discussion was presented in a report published in September 2008 (Cousins, 2008; see reference in Chapter 4). Over 380 submissions had been made by organisations (58) and individuals (322). Key issues raised during the consultative process included “the operation of pension tax incentives, retirement age, eligibility for State pension, security of pension benefits and public sector pensions.” The Minister, Mary Hanafin, said the generous response to the Green Paper showed that pensions were a priority issue for Irish people and that the Government remained committed to producing a long-term framework by the end of the year. However this intention was overtaken by the fiscal and public finance crisis that broke in late September 2008.

2.1.4 The current crisis

The current financial crisis has serious implications for all pensions, both state pensions and occupational pensions.

In relation to state pensions the unprecedented *increase* in unemployment meant not just increased expenditure on (social insurance) Unemployment Benefit, but also a huge *decrease* in social insurance contributions and the depletion of the Social Insurance Fund. The Secretary of the Department of Social and Family Affairs reported to the parliamentary Public Accounts Committee that "at the end of [2008] the fund had a surplus of EUR 3.4 billion, but that is likely to run out by the end of this year or the start of 2010... next year we will definitely be in deficit. There won't be anything left in the fund to carry over from this year... The rate of increase on the live register and the drop in the contribution has been such that we had not anticipated and we are still trying to assess it. We're working on the figures as we go along." (*Irish Times*, 13 March 2009)

The implications of the financial crisis for the private pensions sector were also very serious: according to Rubicon Investment Consulting Irish pension funds lost EUR 27 billion in the turbulent global developments in 2008, with the average managed fund declining by 34.8%. "These aren't just empty figures - to many people in Ireland they indicate serious personal loss. There are almost 100,000 different pension schemes in the country, with more than 800,000 members. 66% of them have defined benefit schemes, while 34% are in a defined contribution scheme."³ It has been estimated that 90% of all Irish private defined-benefit schemes are under-funded and that the total deficit could be as large as EUR 30 billion. In December the Minister for Social and Family Affairs announced changes to the governance of defined benefit schemes as a response to the crisis. The Pensions Board, the supervising agency for private pension schemes, was to implement the following changes:

- to allow "in appropriate circumstances" longer periods (than the ten years heretofore stipulated) for recovery plans;
- to take account of voluntary employer guarantees in approving recovery plans;
- to reject recovery plans that fail to demonstrate an appropriate investment approach.⁴

At the same time the Irish Association of Pension Funds sought government assistance in relation to the purchase of annuities. Retirees who were members of defined contribution pension schemes were being hit because the purchase of annuities had increased enormously with the decline in interest rates. They sought and got approval for more flexible provisions in relation to the purchase of annuities upon retirement. Members of defined-contribution schemes will have the option to take a tax-free lump sum and purchase an annuity immediately on retirement, or take a lump sum and purchase an annuity later.

The issue of the cost of civil servants' and public servants' pensions was raised in the Dáil (lower house of Parliament) by an Opposition deputy. The Minister for Finance informed her that the estimate of the liability of public sector pensions amounted to EUR 75 billion as of 2007. "The more immediately relevant measure of public service pension costs is the actual annual outgoing on pensions, which amounted to EUR 2.5 billion in 2008, or 1.3% of GDP. This annual outgoing is projected to rise to 2.5% of GDP by 2050, almost doubling. The projected increase arises from the growth in public service employment in the past and from

³ RTÉ, retrieved from <http://www.rte.ie/money/2009/0127/pensions.html>.

⁴ <http://www.welfare.ie/EN/Press/PressReleases/2008/Pages/pr191208.aspx>.

increasing longevity.⁵ Of course despite the high costs the pensions of public servants are secure, enviably secure as compared with private sector pensions.

However the pension crisis was to be highlighted more dramatically with the closure of two major businesses that had had generous defined-benefit pensions schemes. They were Waterford Crystal, which went into receivership on 5 January 2009, and SR Technics, an aviation company, in Dublin which announced in early March that it was closing its Dublin operation. Both firms had generous defined benefits pensions, but there were problems in both cases. The Waterford workers' pension scheme had a EUR 110 million deficit which meant that workers who had been paying into the scheme would end up with just 20% of their expected pension. Waterford Crystal, a long established and iconic business, had a workforce of 480. The workers embarked on a sit-in in the factory which lasted four weeks to highlight their plight,⁶ and in particular their losses in their pensions. The Labour Court recommended that the firm should fund the deficit.⁷ SR Technics had a pension fund deficit of EUR 26 million. They had expected that they would be protected by Directive 80/987/EEC as amended by 2002/74/EC on the protection of employees in the event of the insolvency of their employer, but in the event they were not able to get any satisfaction on that score. In the event neither group of workers were protected from their employers' misfortunes.

In its report, *Ireland's Five-Part Crisis*, the National Economic and Social Council emphasised "the current financial and economic crisis reinforces the need for immediate reform of Irish pension policy. The crisis brings to the fore the adequacy and appropriateness of the pension coverage of the Irish population in particular in the private sector" and makes the point that in the case of state pensions and public service pensions their financial sustainability in the longer term "remains a critical concern." They call for "medium term reform to deliver a more sustainable and equitable pensions system".

In devising a more effective overall system, a key question is whether to continue with the voluntary, but tax-supported, approach to earnings replacement or to adopt an alternative approach. Earlier work and recent developments suggest that there is a need to move pensions from their current reliance on a market-based model with its focus on high risk investments, high administrative costs and low levels of transparency.

In this context, it has been suggested that one of the options that merits attention is the introduction of a universal state pension. It is claimed that this would include in a significant increase in the state pension available on a universal basis, the option of a contributory element and a significant reform of the existing system of tax reliefs. Any proposal in this regard needs to take into consideration the funding challenges or sustainability question associated with long term public pension provision: Spending on public pensions (social welfare and public service occupational pensions) is projected to increase from roughly 5% of GDP (6% of GNP) in 2007 to 13% (15%) by 2050 (Green Paper: 27). It is also likely that the current crisis will bring the question of state support for private sector pension funds into question. In reforming the pension system, attention should be given to anomalies which can make some ineligible for state pensions. (NESC, 2009; see Chapter 4)

An important proposal in this regard is the idea of a 'notional defined contribution' (NDC) pension scheme (Mc Hale, 2009). This would be a state pension in which pensions benefits would be closely linked to individual contributions. It would be additional, both as regards contribution and benefits, to the existing state pension. People in employment would pay a percentage of their earnings into this pension scheme. Individual contributions would be

⁵ Dáil Debates, Wednesday 8 July 2009, Vol. 687, No.4.

⁶ <http://www.irishtimes.com/newspaper/frontpage/2009/0131/1232923379888.html>.

⁷ http://www.insolvencyjournal.ie/index_archive/09-05-01/Pensioners_pay_for_funding_crisis.aspx.

recorded and receive a notional return. On retirement the accrued contributions would provide an entitlement to a pension. The contributions would not actually be invested; rather the scheme would operate on a pay-as-you-go basis. The contributions of each generation would pay for the pensions of earlier generations. The rules regarding contributions, rates of return and entitlements would be designed to ensure that the system is financially sustainable over time.

The NESC had already noted “the fiscal advantages associated with this approach, namely the immediate impact on revenue; lack of disincentive effect associated with alternatives ways of raising revenue.

The proposal also helps build confidence about future incomes in retirement as contributions are linked to higher future benefits. It provides a real alternative for workers, at least those starting or recently started in their careers, to build up more secure and appropriate pension wealth. It would provide enhanced pension benefits for contributors but it would not in itself be a solution to all of the current pension challenges. In particular it would not resolve the problems of those nearing retirement with reduced or depleted pension funds.⁸

The Government has not yet responded to this proposal.

2.2 Health

2.2.1 Administration

Until 1970 health services in Ireland were administered at the level of the county, of which there are 26, under the policy direction of the Department of Health at the national level. From 1970 the administration of the health services was regionalised: the country was divided into eight, later ten, regions (combinations of 3 – 5 counties in most cases) each run by a Health Board, which consisted of elected representatives from the constituent cities, towns and counties and elected representatives of the main health professions.

By the beginning of the new century, in an Ireland of increasing prosperity and with a new Minister for Health in office, the fragmented administrative structure of the health services appeared to be out of date and perverse. The Health Boards simply provided in each case a forum for local interests. There was a healthy rivalry between the Health Boards, but due to local loyalties among board members, there was a lot of duplication of services, especially expensive hospital services: it proved difficult to rationalise hospital services on a nation-wide basis, because it would involve closing some hospitals that people in local areas wanted to maintain.

In December 2001 the new Minister for Health and Children, Michael Martin, drafted a new national health strategy, “Quality and Fairness – a Health System for You”. Among other ambitious proposals it promised an independent audit of functions and structures in the health system. This audit, the *Prospectus Report*, was published in June 2003. At the same time there was the *Report of the Commission on Financial Management and Control Systems in the Health Service*. (Shortly afterwards the *Report of the National Task Force on Medical Staffing*, “the Hanly Report”, was to be published.) In launching the first two reports the Minister announced a “reform programme”, including the abolition of the regional health boards and its replacement with the Health Service Executive (which would in time become

⁸ NESC, 2009, p 94.

known as the HSE). The new HSE incorporated not just the Health Boards but also a plethora of other executive agencies concerned with health policy.

The Hanly Report proved the most controversial of the three reports as it made recommendations on the establishment of regional networks of hospitals that would require decisions on which hospitals would become regional hubs and which would not. If the Hanly Report recommendations were followed through, there would have to be clear decisions on which hospitals should be developed and which would be ‘downgraded’ to become community hospitals or step-down facilities. It was rightly felt that as long as locally elected politicians sat on health boards no brave decisions would be made in this regard. The system of political and administrative supervision and management had to be reformed.

One national agency, the Health Service Executive (HSE), was established from 1 January 2005 to take 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 Health Act, 2004⁹ states that “the objective of the HSE is to provide services that improve, promote and protect the health and welfare of the public.” The governing “executive” is a board appointed by the Government to which the chief executive reports.

Since 2005 the design and planning of the new administrative structures has taken a lot of time and the process is not completed yet. With a population of five million Ireland is not too large to be administered from one centre but instead, for administrative purposes within the HSE it is still divided into regions, this time only four 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 14.7 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 care (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.

Four years after its establishment the HSE is not yet a model of successful health management and provision. It has laboured under a number of disadvantages. First, the amalgamation of the pre-existing Health Boards was not accompanied by any agreed scheme of redundancy for administrative staff and it is probably still very much over-staffed with

⁹ <http://www.oireachtas.ie/viewdoc.asp?fn=/documents/bills28/acts/2004/a4204.pdf>.

middle and senior managers and administrators.¹⁰ Secondly, the hospitals that deliver hospital care have varied origins in the public service but also in private charities. Most of them have long established local or regional identities and command great loyalty. In addition many of them are identified with particular regions and prospective patient do not want to be treated anywhere else other than in their nearest hospital. Thirdly, the Irish hospital service overall is an un-integrated amalgam of public hospitals and private hospitals. This is combined with a dual system of funding, eligibility and charges, a division between public patients and public hospital facilities on the one hand and private patients and private hospital facilities on the other, what has been labelled *Irish Apartheid* in a new 2009 book on “Healthcare Inequality in Ireland”.¹¹

2.2.2 Paying for services in Ireland

The Irish health system, therefore, is a mix of public and private institutions and funding mechanisms although it is primarily tax-financed. The one third 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 symbol of this is the “Medical Card”: those on lower incomes, as determined by a “means test” have a Medical Card. They choose from a public panel a GP, or family doctor near where they live and get free primary medical care, including prescribed medications, 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 have health insurance. In 2007 24% of the population had “Medical Cards”, 44% had private Health Insurance, 5% had *both* Medical Cards *and* health insurance and an astounding 27% had neither a Medical Card nor health insurance. In addition some health services are available on a universal basis regardless of whether the patient, or prospective patient, has a Medical Card or not.

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.

¹⁰ In relation to putative over-staffing the McCarthy Report (p 56) recommends “that staff flexibility and re-deployment, on a compulsory basis if necessary, be introduced in the best interests of patients. The Group observes that restrictive agreements and work practices, involving trade unions and professional staff organisations, have been a major inhibitor to staffing and pay efficiencies in the Health sector, and a block to good quality patient-focussed care. The Group considers such practices have no place in an efficient, modern health system that is operating under severe budgetary constraints, in which the needs of patients should be the paramount consideration.”

¹¹ Burke, Sara, *Irish Apartheid: Healthcare Inequality in Ireland*, Dublin: New Island.

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.

In the past the divisions between public facilities for public hospital patients and the private facilities for private patients, whether paying patients or those with private insurance, existed *within* hospitals. But now, for the past thirty years or so, the “apartheid” that Burke refers to has been exacerbated by the building of privately owned free-standing hospitals that take only paying patients, i.e. in some cases it is a division *between* hospitals. This system is supported by the present Minister for Health, Mary Harney, TD, now an independent TD but previously one of the founder members of a pro-private-enterprise political party. She has proposed the “co-location” of hospital services, i.e. the building of new privately-funded hospitals alongside public hospitals. Because of the present financial situation progress on that policy initiative has been held up for the present.

2.2.3 Assessment

Overall clinical standards in Ireland are high, even if access to some medical procedures is uneven.

Ireland has the 11th most consumer friendly health care system in Europe, according to the 2008 Euro Health Consumer Index (EHCI) launched today in Brussels. This is an improvement from last year’s 16th position that places Ireland on a longer and firm improvement trend. The Euro Health Consumer Index, an annual survey of EU health care, ranked the Irish health care system as 11th out of 31. The Netherlands lead the ranking with a score of 839 points, followed by Denmark (Diabetes Index winner in 2008), Austria (EHCI winner in 2007), Luxemburg and Sweden. In six categories, covering 34 performance indicators, Ireland scores 671 points out of a potential 1,000. The Irish performance was at the same level for the Heart Index 2008 and even better for the Diabetes one.¹²

2.3 Long-term care

For policy making and service provision long term care is grouped with health services. The Department of Health and Children is the responsible department 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.

At present, there are approximately 23,000 people in long-term residential care of whom two-thirds are in private nursing homes. While it is estimated that at present only about 5% of all older people ever need residential or nursing home care it is expected that the numbers of people in long-term residential care will increase to 44,000 in 2036 and 61,000 in 2056. This assumes that the proportion of older people needing care will decrease from its current level of 4.6% to 4% of the population. (*Relate*, Volume 36: Issue 3, December 2008; see Citizens Information Board in Chapter 4)

¹² <http://www.healthpowerhouse.com/files/2008-EHCI/pr/Ireland%20EHCI%202008.pdf>.

There are in effect three main categories of services, "community care", public hospitals and homes, and private nursing homes.

2.3.1 Community care

The HSE provide a range of Community Care Service to enable older people and the disabled to continue to live at home. Such assistance may include home help services and home nursing, referred to as "public health nursing". Where full time care is required a "Home Care Package" of services may be provided by the HSE. Such a package may include a Home Care Grant, to be used to employ a carer. The carer may qualify for Carer's Benefit or Carer's Allowance and or a Respite Care Grant. Employing a carer may qualify for tax relief to help with the costs.

The HSE also operates a scheme of Boarding out of Older People (i.e. placing older people with special care needs with private families) but it is not widely used.

Day Centres provide medical services as well as social and recreational activities.

Where building adaptations are required to enable a person to continue to live at home, he/she may qualify for a grant under the Disabled Person's Grant scheme. The HSE also provides some grants under the scheme of home improvements for older people. In addition when a dwelling is physically unsuited to the needs of an older person, a County or City Council, as part of its responsibility for housing, offers grants for adaptations. There are voluntary housing organisations that provide specially built and adapted home, suitable for tenants with special needs.

2.3.2 Options for long term residential care

There is no clarity, in terms of policy or practice, about a persons entitlement to long-stay care. In theory, everyone is eligible for a public long-term care place. In practise, there are not enough public places available. Public long stay care is provided in a number of different institutions including Welfare Homes, geriatric hospitals and community nursing units. There are no absolute rules about who gets a public long-term care place. Generally an assessment is carried out by the HSE and places are given on the basis of need and availability. Every resident in a public long term care place has to pay charges for long-term care. These charges are set out in legislation and cannot be more than 80% of the maximum State Pension Non-Contributory (formerly the Old Age Non-Contributory Pension).

If the HSE consider that you need a public long stay care bed but none is available, they may allocate a contracted bed in a private nursing home.

Private long stay Care

Private long stay care is provided by private nursing homes. Private nursing homes are regulated and monitored by the Health Service Executive. Plans are afoot to change the system of monitoring and regulation by establishing an independent Social Services Inspectorate within the Health Information and Quality Authority.

The Nursing Homes Inspection Teams examine all areas covered by the Nursing Homes (Care and Welfare) Regulations (See Ireland 1993 in Chapter 4) including the quality of care, staffing, welfare and wellbeing of patients, records, nutrition and the physical environment. When an individual nursing home is found to be compliant with all aspects of the regulations, this is stated in the report. Where a nursing home is found not to be compliant with the regulations, the areas of non compliance are detailed in the reports.

In early 2008 the Board of the Health Information Authority approved their draft National Quality Standards for Residential Care Settings for Older People and submitted them for the approval of the Minister for Health and Children, as required under the 2007 Health Act. The draft Standards and the Regulations required to underpin them are subject to a Regulatory Impact Assessment (RIA) before finalisation. The RIA process has commenced and it is intended to have the RIA finalised and both the approved Standards and Regulations in place in 2009.

In October, 2008 the Minister for Health and Children, Ms Mary Harney and her colleague the Minister for Older People, Ms Máire Hctor, hosted a consultation session on the National Quality Standards for Residential Care Settings for Older People. The purpose of the consultation was to provide key stakeholders an opportunity to feed into and inform the RIA before finalisation and to discuss the standards, their criteria and proposed Regulations in advance of their introduction. Participants included representatives from;

- The National Federation of Pensioners Association.
- Caring for Carers,
- Patient Focus,
- Rehab Group,
- Peter Bradley Foundation
- Disability Federation of Ireland,
- The Irish Haemophilia Society and
- Office of the Ombudsman,

Service providers were represented by Nursing Homes Ireland, representative organisation for the private and voluntary nursing homes sector, the Health Service Executive, together with several private nursing home owners and several participants from the Voluntary Sector.

Concerns and issues raised by participants, included;

- Environmental standards, including fire regulations, transition provisions for existing centres and transfer of ownership.
- Staffing issues, including staff and skill mix, staffing levels and qualifications.
- Access to therapies and medical care and communications between nursing homes and other parts of the health services.
- The particular needs of residents, including mental health and the particular issue of younger people in older people's residential centres.
- Importance in maintaining the individual's rights and dignity and role of Advocacy Services for philosophy of care going forward.

The HSE may pay Nursing Home Subventions to residents of private nursing homes if they meet various requirements in relation to dependency and pass a means test. Payment of the fees may qualify for tax relief on nursing home fees.

2.3.3 Nursing Homes Support Scheme Bill 2008

The Nursing Homes Support Scheme Bill 2008 (see IRELAND, 2008 in Chapter 4) was published on 9 October 2008 to provide the legislative basis for the Nursing Homes Support

Scheme - *A Fair Deal*. The “second stage” of the debate on the bill in parliament was completed on 18 February 2009. It probably not become law until the end of 2009.

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.

According to the Minister for Health and Children, Mary Harney, (Press Release - Thursday, 9 October, 2008)

People will be asked to contribute towards their long-term nursing home care according to their means. A person's contribution will be measurably less than their income. People will be sure they won't have to sell or mortgage their home. Families should not find themselves under big financial pressure to find large amounts of cash to pay for a relative's care.

- Contributions based on the value of a home will not exceed 15% of its value, and 7.5% if one person in a couple needs care. They will be deferred until the settlement of their estate.
- Every body's medical needs will be assessed the same way by the HSE.
- Everybody's financial situation will be assessed the same way by the HSE.
- All but those with the highest incomes should receive some financial support from the State towards nursing home care.
- No-one currently in a nursing home, whether public or private, will be disadvantaged by the introduction of the introduction of the Fair Deal.

The Citizens Information Board (see reference in Chapter 4) summarised the main effects of the proposals in the new Bill as follows:

- You will not be adversely affected by the changes if you are in a nursing home when the new scheme is put into effect; if you are in a public nursing home, you will continue to be charged under the current arrangements (the new scheme would not be to your advantage); if you are in a private nursing home, you may opt for the new scheme if it would be to your advantage (the new scheme is likely to be better for many current residents)
- State support (see below) may be provided to nursing home residents who are assessed as being in need of long-term residential care
- New residents of both public and private nursing homes or other long-stay residential facilities will be liable to pay 80% of their assessed means towards the costs of their stay; assets, including the family home and other property, will be taken into account in assessing means
- There will be a 3-year limit on the assessment of the family home, which means you are liable to pay a maximum of 15% of the value of your family home towards your nursing home costs
- Charges arising from the assessment of assets may be deferred until a specified event occurs such as the sale of the asset or your death or, in the case of the family home, the deaths of certain other family members

- The means test for financial support for long-term residential care is broadly similar to the one currently used for the private nursing home subvention scheme
- There will be a legal distinction between acute care and long-term residential care and different charging arrangements will apply to each type of care. Citizens Information Board, 2008; see Chapter 4.

The majority of people in long-term residential care are older people. However, the rules set out here are the same regardless of age.

3 Impact of the Financial and Economic Crisis on Social Protection

3.1 The beginning of the crisis

On the morning of 30 September 2008 the Irish public awoke to an announcement by the Government that following meetings through the night with the main Irish financial institutions the Government had decided “to put in place with immediate effect a guarantee arrangement to safeguard all deposits (retail, commercial, institutional and interbank), covered bonds, senior debt and dated subordinated debt” with the six main banks and building societies in Ireland. “It has done so following advice from the Governor of the Central Bank and the Financial Regulator about the impact of the recent international market turmoil on the Irish Banking system. The Government’s objective in taking this decisive action is to maintain financial stability for the benefit of depositors and businesses and is in the best interests of the Irish economy.” This notice of a banking crisis was followed by notice of a public finance crisis when the Government announced that the budget for 2009 would be brought forward from December (its usual date) to 14 October, to “reflect the necessary prioritisation of expenditures in the light of expected [i.e. greatly reduced] tax revenues to give clarity and confidence to investors and taxpayers alike.”

This report is written against the background of the global crisis in banking, economic activity and national expenditure. The implications of that crisis for social policy programmes generally, and for government expenditure in particular, are very extensive. In this context changes, especially cutbacks in public expenditure, are inevitable. The Government of Ireland responded to the crisis as soon as it became obvious in October of 2008 and since then has taken certain steps to deal with it. In particular it established a six-person Special Group on Public Service Numbers and Expenditure Programmes, chaired by an economist, Colm McCarthy. The group published its report on 16 July 2009 and that report is referred to here as the McCarthy Report.¹³ The Government has not yet indicated which of the proposals in the report will be adopted and which will not. In this policy context, with many important decisions impending, it is important to note that the observations in this present report may soon be overtaken by significant policy changes.

¹³ <http://www.finance.gov.ie/documents/pressreleases/2009/bl100vol1.pdf>.

3.2 A five-part crisis

The current crisis overall has been described on good authority 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. (NESC, 2009). The economic crisis can be measured as a “swing from GDP growth of 6% in 2007 to a contraction of 1.8% in 2008 with a further contraction of at least 4% to 5% 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. All the developments since that time have underlined the seriousness of the multiple crises, or the overall crisis, for the Irish Government.

3.3 The first Budget for 2009

The extent of the challenge of the social crisis did not become evident immediately. In the budget on 14 October social protection did well: the Minister for Finance said the Government was “determined to protect the most vulnerable in our society” and, in line with the precedent in the annual budgets for fifty years announced increases in all payments. However he indicated that he was going to go in the direction of greater selectivity. “I believe in some cases we have to differentiate between those who have and those who have not. I am proposing to initiate some action in this direction in some areas and to promote a wider debate in others.” The area he chose for action was health service entitlements.

3.4 The "Medical Card" skirmish

As described above Ireland has a two-tier system of eligibility for primary health services, including medication. Those on the lowest incomes, a quarter to a third of the population, have what is called a “medical card”, which means they get free primary health care, general practitioner service and medications: the better off have to pay for these. In 2001 all those aged 70 or over were granted a medical card, regardless of their income. In the budget for 2009 the Government proposed to abolish this automatic entitlement and re-introduce a means test for all. 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 would be excluded and made to rely on their own resources. However this skirmish did not indicate the magnitude of the challenge ahead.

3.5 The worsening situation

In January 2009 the Government, in an appeal to the social partners, indicated the range of problems to be tackled.

While the uncertainty about international developments makes predictions difficult, Ireland now faces the prospect of:

- a reduction of up to 10% in national income over the 2008-10 period

- a loss of more than 120,000 jobs over 2009 and 2010
- an increase in unemployment to more than 10%
- tax revenues in 2008 more than EUR 8 billion below expectations, and a further fall projected in 2009, creating an unsustainable Exchequer deficit
- without further adjustments, a general government deficit in the range of 11% to 12% of GDP for each year up to 2013 (*Framework, 2009*)

By then it had become clear that the October 2008 budget would have to be up-dated and it was announced that there would be a revised budget for 2009 on 8 April.

Since then up-to-date unemployment statistics have become available (1 April 2009). The seasonally adjusted Live Register total increased from 352,800 in February to 372,800 in March, an increase of 20,000. In the year to March 2009, there was an unadjusted increase of 173,279 (+87.5%). This represents a major challenge for social protection.

3.6 The North-South problem

The challenge of supporting the unemployed is vitiated because Ireland (the independent state) has a land border with Northern Ireland, which is part of the United Kingdom. Unemployment has risen steeply in both jurisdictions but the unemployment payments, or “job-seekers allowances”, in the two jurisdictions at current exchange rates are vastly different, those in “the South” being over three times the value of those in “the North”, as the following table shows.

Comparative Rates of Jobseekers Allowance, 2009

	Single <25 years	Single>25 years	Married Couple
Northern Ireland	GBP 47.95 (EUR 53.90)	GBP 60.50 (EUR 68.00)	GBP 94.95 (EUR 106.70)
Republic of Ireland	EUR 204.30	EUR 204.30	EUR 339.90

Given that the border is very porous and difficult to patrol there is a good deal of abuse by putative claimants from the North coming to the South and claiming benefits there, or indeed in both jurisdictions.

3.7 Further complications

Recent developments present three further challenges in relation to social protection. The first relates to the Social Insurance Fund. For the past eleven years the Fund has been in surplus, but that is now changing.

As a result of further increases in unemployment expenditure is expected to exceed income to the Fund by over EUR 900 [in 2009]. Although these current deficits can be met from the accumulated surplus, it looks likely that the Exchequer may yet have to subsidise expenditure

from the Social Insurance Fund within a few years. (Minister for Social and Family Affairs, 14 October, 2009)

Secondly, the whole issue of pension reform in Ireland has been debated now for over three years. The *Green Paper on Pensions* was published in October 2007, beginning a period of consultation on pension issues which continued until May 2008. The *Report on the Consultation Process for the Green Paper on Pensions* was published on 30 September 2008. The report sets out the many issues raised in over 380 submissions made since the publication of the Green Paper in October 2007. It also summarises proceedings at a major pensions conference held in May 2008 and the outcomes of six regional public consultation seminars held earlier in the year. The Minister was to proceed to complete to process by announcing policy proposals. In the present state of financial uncertainty there is no immediate prospect of further developments.

The third challenge is that of finding possible savings in the Social Welfare or income maintenance budget. This was addressed in the McCarthy Report. It points out that Social Welfare rates of payment “have increased by between 90% and 110% since 2000, (or up to 67% in real terms”, while the cost of living has decreased by 5.3%. However for workers taxes have gone up and rates of pay, in some cases, have decreased, and therefore the ratio of social welfare income to take-home pay has increased. “In these circumstances, the Group considers that there is a clear case for social welfare rates to be adjusted downwards in line with the pay and price adjustments that are being borne across the wider economy.”¹⁴

3.8 A comprehensive response?

The "partnership" institutions, and in particular the National Economic and Social Council where representatives of government departments sit down with the employers, the trade unions, the farmers and the "community and voluntary" sector, have now begun to discuss the current crisis, or crises. Its response to the social consequences, as summarised by the Council itself, is set out here in full.

The current crisis is already having significant social consequences. It is critical to insulate the most vulnerable from the worst effects of the recession and not to ease up on, or postpone, the reforms and strategies that are in place to tackle existing social deficits. It is also imperative to adopt new measures that protect those now experiencing loss of employment, income, savings and pensions. Practical measures are needed that re-order and re-fashion existing education, training and social welfare budgets in ways that more effectively help workers now losing their jobs and those unfortunate to be seeking jobs for the first time during this recession. Only integration and innovation in how Ireland's educational system, training and labour market policies and welfare state respond will ensure that a new problem of long-term unemployment is not created. The aim must be to stimulate the creation of '21st century' equivalents to the special labour market programmes that were introduced in the late 1980s and early 1990s.

The Council urges the immediate establishment of a Jobs and Skills Summit at which the labour market authorities, and all bodies with a capacity to deliver high quality, market relevant training and education programmes, would identify and implement a set of measures feasible and effective in meeting these goals.

¹⁴ McCarthy Report, p 68.

Paradoxically, the economic recession and collapse of private construction provides an opportunity to address some outstanding housing issues in particular social housing, rental accommodation, sustainable communities and active land management. Social policy initiatives would be unsustainable and ineffective if they are not accompanied by measures to address the public finance crisis and the economic crisis.

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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.

[R1] COYLE, Dominic (2008), “No time like the present for your pension”, *Irish Times*, 17 October, 2008.

[R1] COMBAT POVERTY AGENCY (2008), “Submission on the Green Paper on Pensions”,

http://www.cpa.ie/publications/submissions/2008_Sub_GreenPaperOnPensions.pdf

The Combat Poverty Agency was set up under legislation in 1986 as a research, development and advisory agency in relation to poverty in Ireland. The Agency engaged in research, publishing and promotional work with poor people and with poverty activists and experts. It publicised its activities, analysis and policy proposals in reports and in a quarterly newsletter Action on Poverty Today. This publication summarised recent research, reported on projects and activities and comment on policy developments. As part of the cut-backs in government expenditure the Agency is to be integrated into the Office for Social Inclusion of the Department of Social and Family Affairs in 2009.

[R2] HUGHES, Gerard (2007), “Delivering Pensions: The Performance of Public and Private Providers and the National Pensions Review”, in Gerard Hughes and Jim Stewart, eds., *Choosing Your Future: How to Reform Ireland’s Pensions System*, Dublin: tasc at New Island, 2007.

Hughes and Stewart are the main independent and critical analysts and critics of the pensions policy in Ireland.

[R2] NATIONAL WOMEN’S COUNCIL OF IRELAND (2008), *Pensions: What Women Want*, Dublin: National Women’s Council of Ireland, May 2008.

An analysis of, and commentary on, pensions policy and proposals from the perspective of women and other home-makers.

[R] HUGHES, Gerry and Brendan WHELAN (1995), *Occupational and Personal Pension Coverage 1995*, Dublin: The Economic and Social Research Institute

An analysis of occupational pensions in Ireland, drawing on national statistics and comparative data.

[R] COUSINS, Mel and Associates, *Report on the Consultation Process for the Green Paper on Pensions*, Dublin: Department of Social and Family Affairs, September 2008.

<http://www.welfare.ie/EN/Policy/PolicyPublications/Pensions/Documents/GreenPaperConsultationReport.pdf>

The publication of the Green Paper on Pensions in 2007 (see Government of Ireland below) was intended to be the beginning of an extensive process of information and consultation involving the population at large and various organisations and interests. Information / consultation sessions were held throughout the country and the

consultation concluded with a national conference in April 2008. This report describes the various consultative exercises and their outcomes.

[R] GANNON, Brenda and Roman RAAB, “Pensions in Ireland” (Irish Centre for Social Gerontology), *Economics of Aging Bulletin*, 2/2009.

An up-to-date review of pensions and pensions policy in Ireland

[R] GOVERNMENT OF IRELAND (2007), *Green Paper on Pensions: Executive Summary*, Dublin: The Stationery Office, October 2007

A “Green Paper” is a consultative and discussion document issued by the Government at an early stage in the policy making process. It sets out the Government’s analysis and evaluation of current policies and the reasons why legislative change is needed and suggests various options for policy development

[H, L, R] *Framework for a Pact for Stabilisation, Social Solidarity and Economic Renewal*, 28 January 2009

This is the most recent “national policy programme” agreed by the social partners within the framework of the partnership (or corporatist) organisation the National Economic and Social Council.

[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

[H1, H3] CAHILL, Joe, “State ‘will pay cost’ of drugs funding cutbacks”, *Irish Examiner*, 18 May 2009

This story suggests that cutbacks on subventions for pharmaceutical products will have adverse consequences on health status generally and give rise to delayed costs later on.

[L] Long-term care

[L] ACHESON, Nicholas and Brian HARVEY, *Social Policy, Ageing and Voluntary Action*, Dublin: Institute of Public Administration, 2008.

This is a comparative review of the development of policy in respect of older people in Ireland and Northern Ireland. It describes the similarities and differences between policy making, and policy achievements, in the two parts of the island of Ireland.

[L] CITIZENS INFORMATION BOARD (2008), *Relate*, Volume 36: Issue 3, December 2008

The Citizens Information Board is a statutory agency charged with ensuring that citizens have access to relevant and intelligible information on public policies and services and of their own entitlements.

[L] COONEY, Adeline and others, "Resident perspectives of the determinants of quality of life in residential care in Ireland", *Journal of Advanced Nursing*, Vol. 65, Issue 5, pp 1029-1038 (March 2009)

This article was based on participant observation of and consultation with older people in residential care.

[L] Health Service Executive (February, 2007), *National Guidelines for the Standardised Implementation of the Nursing Home Subvention Scheme (NURSING HOMES (SUBVENTION) REGULATIONS, 1993 to 2006)*

<http://www.lenus.ie/hse/bitstream/10147/45818/1/9314.pdf>

[L] Ireland, 2008, Nursing Home (Support Scheme) Bill, Bill No. 48 of 2008

<http://www.oireachtas.ie/viewdoc.asp?fn=/documents/bills28/bills/2008/4808/b4808d.pdf>

This is a hugely important legislative initiative. For more than a decade now there has been confusion and uncertainty about government policy in respect of the residential care of older people. This draft legislation (still going through parliament) aims to achieve certainty and distributive justice in policy provisions, especially in relation to the funding of residential accommodation for older people. Its most distinctive feature is a proposal to charge an older persons estate posthumously for part of the cost of the residential care s/he has benefited from.

5 List of Important Institutions

Government Agencies

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:

- Finance <http://www.finance.gov.ie> and <http://www.budget.gov.ie>
- Health and Children <http://www.dohc.ie>
- Social and Family Affairs <http://www.welfare.ie>
- The Taoiseach (Head of Govt., Prime Minister) <http://www.taoiseach.gov.ie>

Central Statistics Office (CSO)

Address: PO Box 559, Dame Street, Dublin 2

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

The areas of inquiry covered by the CSO include: demographic; economic; industrial; labour market and earnings; environmental; and 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 phone 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)

Address: Conyngham Road, Islandbridge, Dublin 8

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

CPA is a statutory organisation responsible for advising government on policies to reduce poverty, based on evidence drawn from a research programme and practical, innovative projects. A decision was taken in October 2008 to integrate the CPA with the Office for Social Inclusion in the Department of Social and Family Affairs. The CPA will be wound down as a state agency, with staff and assets transferred to the department. This will include the relocation of the Agency to new premises, in or around July 2009.

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. 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

Address: 11th Floor, Hawkins House, Hawkins Street, Dublin 2

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

The Council is a statutory body which heretofore operated independently under the auspices of the Department of Health and Children but has now (2009) been incorporated into the Department. The functions of the Council include, research and policy development; liaison work with other agencies; the provision of information to relevant agencies and the public; the provision of advice to the Minister for Health and Children and other ministers; and the promotion of a better understanding of ageing and older people in Ireland. Publications cover such topics as housing, long-term care, and adequate income and living standards.

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 and Family Affairs 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.

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.

Representative and Consultative Bodies. General

Conference of Religious of Ireland (CORI)

Address: Bloomfield Avenue, Dublin 4

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

The Conference of Religious of Ireland (CORI) has a membership of over 80 religious congregations. As many of these congregations have members across all continents, CORI has the capacity to network across the globe. The purpose of the Conference is to serve the leaders and through them the members of religious congregations. It provides a forum where religious can work together on such areas as pastoral care, child protection, education, health care, social justice and the Irish Peace Process. CORI is a respected contributor to public debate and its publications influence social policy and social partnership.

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 six national partnership agreements over the past 18 years.

Irish National Organisation of the Unemployed (INOUE)

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

Webpage: <http://www.inoue.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 (NWCIE)

Address: 9 Marlborough Court, Marlborough Street, Dublin 1

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

The National Women's Council of Ireland (NWCIE) is the national representative organisation for women and women's groups. The role of the NWCIE is to work with its members to determine core priorities and undertake a broad range of activities at local, national and international levels. The NWCIE 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.

Representative, Consultative and Service Bodies: Older People

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 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.

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 (tel: 1850 440 444)

Address: Third Age Centre, Summerhill, Co. Meath

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 traveler 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.

Research / Academic Bodies

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/employment_social/progress/index_en.html