



annual report
tuairisc bhliantúil

2002



National Council on Ageing and Older People
An Chomhairle Náisiúnta um Aosú agus Daoine Aosta

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Foreword

2002 was a busy and productive year for the National Council on Ageing and Older People. The Council continued to fulfil its mandate to promote the health, welfare and autonomy of older people and to create a better understanding of ageing and older people in Irish society. In the context of the Council's *Strategic Plan 2000-2003*, the year represented a mid-way point, and as such presented an opportunity both to review progress over the previous two years and to take account of the evolving situation of older people in Ireland and the factors which will influence the formulation of a new strategy in succession to the current one.

The Council is informed and guided in its work by a range of legislative and administrative requirements, policies and key documents pertaining to health and social gain among older people in Ireland. Since its current Strategy was formulated, the policy and administrative contexts for the Council's work have changed, particularly with the November 2001 publication of the National Health Strategy, *Quality and Fairness: A Health System for You*.

There were several other developments during the year which will have a significant bearing on the Council's administration and work programme development in the immediate future. At the United Nations World Assembly on Ageing in Madrid in April, a new International Plan of Action on Ageing was adopted, as well as a Political Declaration. In September, the United Nations Economic Commission for Europe (UNECE) Ministerial Conference on Ageing agreed a Regional Implementation Strategy for the Madrid International Plan of Action on Ageing, as well as a further Political Declaration for the UNECE region.

In June 2002, Mr Ivor Callely TD was appointed Minister with responsibility for Services for Older People. In his address to the Council on 10 July, the Minister emphasised his commitment to being a voice in Government for older people and to covering all services for older people. In November 2002, *Protecting Our Future* (Report of the Working Group on Elder Abuse) was launched by Minister Callely.

In November 2002, the National Health Strategy Consultative Forum reviewed progress on the implementation of *Quality and Fairness*. An important health strategy action initiated in 2002 likely to prove important in the future was the introduction of an integrated approach to meeting the needs of ageing and older people, including a programme of investment. Another important health strategy action initiated during the year was the establishment of an inter-departmental group, under the chairpersonship of the Minister with responsibility for Services for Older People, which will address housing, transport and information services development and coordination issues relating to older people.

A development of considerable significance for older people in Ireland during the year was the publication of the Equality Authority's report *Implementing Equality for Older People*. In the same context, the National Economic and Social Forum established a Project Team to review barriers to the implementation of the recommendations of the report. The Council's ongoing partnership with both agencies is very important to its work to promote the social inclusion of our older citizens against the backdrop of an emerging rights-based agenda in the formulation of public policies at all levels and in all sectors.

The Council's Work Programme in 2002

The Council's research programme continued with the publication of a major report on the information needs of older people, *Meeting the Health, Social Care and Welfare Services Information Needs of Older People in Ireland* (Report No. 69). The report was launched at a national conference in October, drawing a large attendance from both statutory and voluntary sectors, as well as older people themselves.

Another successful Council conference held during 2002 focussed on the issue of assessment. Entitled *Assessment of Older People's Health and Social Care Needs and Preferences*, the conference was attended by planners, service providers, academics, health professionals and personnel from the voluntary sector.

During 2002, the Council responded to calls for submissions on a variety of issues. These included a submission to the Department of Health and Children on the review of the Nursing Home Subvention Scheme, a joint submission on care and case management with the Health Board CEOs Group to the Department of Health and Children, and a submission to the Equality Authority in respect of its *Strategic Plan 2003-2005*. The Council's pre-Budget submission to the Minister for Finance focussed on the continuum of care required to maintain older people in their own homes, with particular reference to issues arising from recent studies and other Council work.

The Council's Healthy Ageing Programme also continued during the year with the appointment of a Healthy Ageing Programme Adviser. By the end of 2002, a programme framework to promote healthy ageing throughout country had been designed and agreed with the assistance of relevant authorities and interested parties.

Another significant development in October 2002 was the commencement by the Policy Standing Committee of its work. It is envisaged that the Committee will assist the Council in setting and developing the ageing and older people's policy agenda, as well as responding to opportunities for liaison, partnership and advice in the policy arena.

The term of office of Dr Michael Loftus, Chairperson of the Council, ended on 30 September 2002. The Council owes Dr Loftus a great debt of gratitude for his leadership and service to the Council despite his many other commitments. The Council is also most grateful to Council members who completed their terms of office at the same time. They each contributed most generously of their time and expertise to the benefit of the Council and the community of older people in Ireland. Finally, I would like to express my appreciation to the staff of the Council Secretariat for their valued contributions to the work of the organisation during the year.



Bob Carroll
Director

Introduction

The National Council on Ageing and Older People is a statutory agency, funded by the Department of Health and Children. Established on 19 March 1997, in succession to the National Council for the Elderly (January 1990 to March 1997) and the National Council for the Aged (June 1981 to January 1990), the Council is a corporate body with its own independent legal and administrative status.

Its primary function is to develop a comprehensive understanding of ageing and of the older population in Ireland with a view to providing the best possible advice to the Minister for Health and Children, the Minister with responsibility for Services for Older People at the Department of Health and Children, other Ministers, and all concerned with the welfare of older people in Ireland.

In that context, the Council articulates the needs and concerns of older Irish people and makes evidence-based recommendations on what actions should be taken to remedy problems encountered by them. In particular, the Council works to promote the health and social inclusion of older people, as well as advising on methods of meeting the needs of the most vulnerable among the older population and on means of encouraging positive attitudes to life after 65. The Council also works towards the achievement of greater coordination between public bodies at national and local levels in the planning and provision of services for older people.

Terms of Reference

The functions of the Council are as follows:

1. To advise the Minister for Health and Children on all aspects of ageing and the welfare of older people, either at its own initiative or at the request of the Minister and in particular on:
 - a) measures to promote the health of older people;
 - b) measures to promote the social inclusion of older people;
 - c) the implementation of the recommendations contained in policy reports commissioned by the Minister for Health and Children;
 - d) methods of ensuring coordination between public bodies at national and local level in the planning and provision of services for older people;
 - e) methods of encouraging greater partnership between statutory and voluntary bodies in providing services for older people;
 - f) meeting the needs of the most vulnerable older people;
 - g) means of encouraging positive attitudes to life after 65 years and the process of ageing;
 - h) means of encouraging greater participation by older people;
 - i) whatever action, based on research, is required to plan and develop services for older people.

2. To assist the development of national and regional policies and strategies designed to produce health gain and social gain for older people by:
 - a) undertaking research on the lifestyle and the needs of older people in Ireland;
 - b) identifying and promoting models of good practice in the care of older people and service delivery to them;
 - c) providing information and advice based on research findings to those involved in the development and/or implementation of policies and services pertaining to the health, well-being and autonomy of older people;
 - d) liaising with statutory, voluntary and professional bodies involved in the development and/or implementation of national and regional policies which have as their object health gain or social gain for older people.
3. To promote the health, welfare and autonomy of older people.
4. To promote a better understanding of ageing and older people in Ireland.
5. To liaise with international bodies which have functions similar to the functions of the Council.

The Council may also advise other Ministers, at their request, on aspects of ageing and the welfare of older people which are within the functions of the Council.

Council Membership and Committees

Council members, who are appointed by the Minister for Health and Children, are drawn from many walks of life and come from different parts of Ireland. While members are not appointed to represent particular organisations or interests, they bring to the Council a broad range of concerns, experiences and abilities.

Council Membership in 2002

John Brady	Dr Ruth Loane
Noel Byrne	Sylvia Meehan
Kit Carolan	Mary O'Neill
Paul Cunningham	Paddy O'Brien
Iarla Duffy	Dr Davida de la Harpe
John Grant	Bernard Thompson
Frank Goodwin	Martina Queally
Patricia Lane	

The following members completed their terms of office in September 2002.

Chair: Dr Michael Loftus

Janet Convery	Leonie Lunny
John Cooney	Dr Diarmuid McLoughlin
Cllr Jim Cousins	Mary McDermott
Cllr Joseph Dooley	Mary Nally
James Flanagan	Pat O'Leary
Professor Faith Gibson	Peter Sands
Dr John Gibbon	Eamon Kane

Meetings in 2002: 6

Management Committee

Chair: Dr Michael Loftus

Bernard Thompson

John Brady

Sylvia Meehan

Leonie Lunny

Jim Cousins

Frank Goodwin

Peter Sands

Bob Carroll

Meetings in 2002: 6

Healthy Ageing Consultative Committee

Chair: Dr Michael Loftus

CLlr Jim Cousins

Shay McGovern

Dr John Gibbon

Mary O'Neill

Dr Margaret Hodgins

Mary Nally

Dr Nazih Fakher-Eldin

Martina Queally

Maria Lordon-Dunphy

Catherine Rose

Angela King

Dr Shelagh Wright

Dr Sheila MacEvilly

Peter Sands

Mary McDermott

Meetings in 2002: 5

Employment and Retirement Consultative Committee

Chair: Leonie Lunny

Carol Baxter

Ita Mangan

Michael Browne

Catherine Maguire

Laurence Bond

Michael O'Halloran

Linda Conway

Peter Sands

Jim Cousins

David Silke

Eamon Donnelly

Meetings in 2002: 4

Older People's Information Needs Consultative Committee

Chair: Mary McDermott

Michael Browne	Patricia Lane
Dr Daris Broomfield	Michael Lillis
Kit Carolan	Dónal McManus
Paul Cunningham	Mary Nally
Eamon Donnelly	Peter Sands
Terry Fagan	Tom Landers

Meetings in 2002: 2

Working Group on Elder Abuse

Chair: Professor Des O'Neill

John Brady	Frank Goodwin
Mary Brennan	Dr Henry Jack
Bob Carroll	Geraldine Kenny
Janet Convery	Niav O'Daly
Dr Colm Cooney	Anne O'Loughlin
Ann Doherty	Dolores O'Neill
Antoinette Doocey	Supt John Mulligan
Dr Joseph Duggan	Aideen Stanley
Dr Susan Finnerty	

Meetings in 2002: 9

Policy Standing Committee

Chair: Dr Davida de la Harpe

John Cooney	Sylvia Meehan
John Grant	Pat O'Leary

Meetings in 2002: 3

Audit Sub-Committee

Bernard Thompson	John Brady
Sylvia Meehan	Leonie Lunny
Jim Cousins	Frank Goodwin
Peter Sands	Bob Carroll

Meetings in 2002: 2

Council Secretariat

The following staff were employed by the Council in 2002:

Director	Bob Carroll
Research Officer	Sinead Quill
Resources and Publications Officer	Eamonn Quinn
Communications Officer	John Heuston
Healthy Ageing Programme Advisor	Dr Helen McAvoy
Researcher (Working Group on Elder Abuse)	Deirdre Fitzpatrick
Policy Analyst	Wendy Conroy
Human Resources Officer (Temporary)	Niamh McCarthy
Office Services and Events Manager	Michelle Rogers
Accounts Administrator	Regina Ward
Administrative Secretary	Samantha Kenny
Administrative Secretary (Working Group on Elder Abuse)	Margaret Flynn
Receptionist/Junior Secretary (Temporary)	Joanne Clarke

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Liaison: National and International

During 2002, the Council continued to liaise closely with a broad range of agencies working to promote the welfare of older people in Ireland. Particular attention was given to liaising with the following:

- the Office of the Minister of State with responsibility for Services for Older People;
- the Department of Health and Children;
- the Eastern Regional Health Authority and the Health Boards;
- the Equality Authority;
- the National Economic and Social Forum;
- the Irish Human Rights Commission;
- the Association of Chief Executives of State Agencies;
- Forfás;
- the Public Transport Accessibility Committee;
- the Dementia Services Information and Development Centre;
- Age and Opportunity (the 'Go for Life' Scientific and Technical Committee);
- Comhairle;
- the Irish National Health Promoting Hospitals Network;
- the National Safety Council;
- the Institute of Public Health in Ireland (Public Health Alliance);
- other relevant statutory, professional or private agencies providing services for older people;
- voluntary organisations representing, working with, or on behalf of older people in Ireland.

International Liaison

- The International Federation on Ageing;
- AGE – The European Older People's Platform;
- Age Concern Northern Ireland;
- Age Concern England.



Council Work Programme 2002

The Council's *Strategic Plan 2000-2003* contains four principal elements:

1. to assist the process of policy and quality services development for older people at national, regional and local levels by the provision of research, advice and liaison as appropriate;
2. to promote principles, policies and practices which result in the social inclusion of older people by the provision of research and advice as appropriate;
3. to promote the health, welfare and autonomy of older people and develop a national Healthy Ageing Programme;
4. to promote a positive image and better understanding of ageing and older people throughout society.

1. Assisting the Process of Policy and Quality Services Development for Older People

At the heart of the Council's work is the provision of information and advice based on research findings to those involved in the development and implementation of policies and services relating to the health, well-being and autonomy of older people. Without accurate information and an understanding of the issues facing older people, the policies and services best suited to their needs may not be developed. Accordingly, the Council aims to provide high quality information to policy makers and service providers in order to identify and promote models of best practice in the care of older people. In planning research projects, particular emphasis is placed on consultation and dialogue with older people as a means of discovering their views and preferences in relation to health and social care services.

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Reports

Some seventy research reports have been completed and published by the Council and new reports are published on an ongoing basis. During 2002, the Council continued to disseminate its research findings to Government departments, statutory agencies and voluntary sector personnel. There was keen interest in newly published reports relating to service provision. Those completed in 2002 were *Meeting the Health, Social Care and Welfare Services Information Needs of Older People* (Report No. 69) and *Protecting Our Future* (Report of the Working Group on Elder Abuse, published by the Stationery Office).

Meeting the Health, Social Care and Welfare Services Information Needs of Older People (Report No. 69)

The Council has long held the view that quality services for older people can only be developed if the individual is placed at the heart of service planning, delivery and evaluation. In this context, patient-centred services can only be achieved if older people have the information necessary to make informed decisions and become partners in their own care. Accordingly, in 2001 the Council commissioned a major study of older Irish people's information needs. The study was carried out by the Policy Research Centre at the National College of Ireland.

The study was commissioned by the Council to determine more precisely older people's health and social services information needs, their preferences regarding the media through which this information should be disseminated, as well as where it might be accessed at key transition points in later life such as retirement, bereavement, the onset of disability/illness, when a person becomes a carer, or when moving from home for increased care.

The research is unique because it addresses these questions from the perspective of the older person for the first time. In addition, the authors of the research used this information to develop an Action Plan designed to meet older people's health, social care and welfare services information needs by ensuring that information provision is user- rather than producer-driven.

Major findings

Based on the responses of the older people who participated in focus groups convened in urban and rural settings, the study set out to discover how frequently older Irish people use specific means of accessing information, as well as their perceptions of the usefulness or otherwise of these media.

- The most popular means of accessing information, cited by four out of five of those surveyed, was information supplied in print form including newspapers, newsletters, booklets and leaflets. This was followed by informal communication with personal contacts (79 per cent), radio programmes (72 per cent), television programmes (71 per cent), public meetings (41 per cent) and face-to-face communication with professionals in the health, social care and welfare services.
- Among the least popular means of accessing information were telephone communication with professionals (27 per cent), telephone help-lines (23 per cent), videotapes (13 per cent), Internet (13 per cent) and audio tapes (12 per cent).
- The study suggests that older Irish people seeking information tend to dislike the telephone because of the impersonal nature of the medium, preferring face-to-face contact with an information provider.
- When asked what could be done to make information providers better at meeting the information needs of older people, respondents said that the use of plain language in both speech and writing was absolutely necessary. They also said that advice on where to find information was essential and that central, convenient and accessible locations for information should be provided. Lastly it was stated that it was preferable to have a single phone number where one person would be available to provide all the requisite information.
- It is clear from the study that older people often feel that they are being treated with disrespect or being 'talked down to', and that much needs to be done in terms of training of information personnel to ensure that they are respectful, patient, friendly, courteous and understanding of older people's needs.
- The older people consulted for the study felt that more and better-presented information, more personal contact with information providers, more financial support and additional technology, such as help-lines, would greatly improve their circumstances and make it easier for them to get the information they required at key transition times in their lives.

An Action Plan for addressing the information needs of older people

Included in the study is a comprehensive Action Plan designed to address the information needs of older people in Ireland. Central to the Plan is the proposal that information provided by the national information gateway (OASIS) and local information pathways (Citizen's Information Centres – CICs) should be specifically tailored around the life events or transition times identified by the research as being particularly relevant for older people.

In addition, the Plan proposes the fostering of an increased awareness of these information gateways and pathways among the service providers identified in the study as being key information providers to older people. These include general practitioners, public health nurses, community welfare offices and informal social networks. The Plan also

proposes the establishment of mechanisms to assist older people who may experience difficulty in accessing information by providing an outreach information service operated from the CICs.

The Council believes that this report, and the Action Plan and recommendations that it proposes, will enhance the effectiveness and efficiency of the communication of information between service providers and older people. This will promote the social inclusion of older people and empower them to adopt a proactive role in the management of their own care.

Protecting Our Future (Report of the Working Group on Elder Abuse)

Until relatively recently elder abuse – the abuse, neglect and/or mistreatment of older people – was not recognised as a problem. In the last 15 years this had begun to change, partly as a result of the recognition and acceptance of other forms of abuse. The level of occurrence of elder abuse in Ireland is not known but it is acknowledged that it does happen, and also that is likely to occur to the same extent as in other developed countries. Studies show that between three and five per cent of older people living in the community suffer abuse at any one time. It is important to note that these figures underestimate the size of the problem since we have no figures on the incidence of abuse in institutions, where elder abuse also occurs.

In October 1999, the Minister of State with special responsibility for Older People, established the Working Group on Elder Abuse under the aegis of the Council. This followed publication of the report *Abuse, Neglect, and Mistreatment of Older People* (O'Loughlin and Duggan, 1998) by the Council. The Working Group was asked to advise the Minister on what was required to address the issue of elder abuse in general, as well as particular incidences of elder abuse, and to make recommendations in relation to several specific aspects of elder abuse.

The Working Group instigated a two-year programme of work on which to base its advice. This involved requesting and receiving submissions from interested parties, reviewing international literature and best practice on elder abuse, and attending conferences and seminars. From this body of knowledge, the Working Group developed training programmes and draft policies, procedures and guidelines. These were introduced on a pilot basis for a period of six months in two health board areas, in the Mid-Western Health Board and the Southern Health Board. The aim of the pilot projects was twofold, firstly to see how these policies, procedures and guidelines worked in practice, and secondly to determine whether or not there were areas of need in relation to services for older people which might usefully inform service development.

Report recommendations

The report of the Working Group made a range of recommendations designed to provide a basis for an effective response to elder abuse under several headings: policy; staff structure; legislation; carers; awareness education and training; financial abuse; advocacy; implementation of the report; research; and education and reporting.

In summary, it recommended the following:

- that elder abuse be placed in the wider context of health and social care services for older people. In this context, it noted that the absence of a satisfactory framework for service provision for older people currently prevents the development of a standardised approach to the problem. There are significant gaps in the provision and distribution of services in both community and extended care and this gives rise to anomalies in terms of equity of access to services for older people;
- that there is an absence of national standards of care and a lack of regulation governing statutory residential care for older people;
- that a clear policy on elder abuse be formulated and implemented at all levels of governance within the health, social and protection services in Ireland;

- that each health board develop a strategy to implement the policy recommendations made in the report;
- that a staff structure comprising a Steering Group, a dedicated health board officer (half-time at least), senior case-worker and secretarial support be implemented. The Steering Group should include representatives from the public sector, from private and voluntary sector organisations, and from representative groups for older people;
- that clear pathways be identified in dealing with allegations of elder abuse;
- that a dedicated budget in the region of €4.25 million per annum be set aside for the provision of staff and services, as well as for a National Centre to provide a focus for national research and support for training;
- that legislation be enacted to establish older people's entitlement to core community services following assessment of need, including home help or home care, therapist services, day care, meals service and respite care;
- that changes be made to the Ward of Court System, relevant legislation and the Enduring Power of Attorney System;
- that a public awareness programme be undertaken to raise awareness of elder abuse;
- that the curricula of professional training courses and continuing professional education for health and social care workers, and those in legal and financial services be expanded to include abuse;
- that the Department of Social and Family Affairs should facilitate access to an advocacy service for older people in long-term residential care in order to enable them to protect their financial and property assets, to have their opinions heard and their wishes respected when making decisions and transactions;
- that the Department of Health and Children immediately establish a National Implementation Group to guide the implementation of the recommendations outlined in the report.

Welcoming the report, the Minister with responsibility for Services for Older People emphasised the need for the entire community to unite in tackling the problem of elder abuse, noting that it represented a very significant body of work and a blueprint for dealing with such abuse. Describing the publication of the report as 'an important occasion for the older people of the country', the Minister indicated that he would seek to have the report formally accepted by Government and that he was determined to press ahead with its implementation, commencing in 2003. He also noted that the Report had recommended the establishment of a National Implementation Group, which in his view should be aligned with the Council.

Events

National Conference on the Assessment of Older People's Health and Social Care Needs and Preferences

Recent Council reports have asserted the need for an improved system of identifying and assessing older people's needs to ensure that services are delivered on an equitable basis. Given a substantial degree of interest in the topic among service providers and others engaged in the provision of services for older people, the Council organised a national conference entitled *Assessment of Older People's Health and Social Care Needs and Preferences* on 30 May 2002 at the Royal Marine Hotel, Dun Laoghaire. It attracting more than 250 participants from the statutory, voluntary and private sectors, and there was clear evidence of a growing acknowledgement of the importance of establishing a more coordinated means of conducting health and social care assessments for older people, as well as a desire among health and social care service providers to improve the manner in which assessments are currently being conducted.

The conference provided a forum for an exchange of views on and experiences of old age screening, and assessment practices and instruments. It also provided an opportunity for participants to clarify the objectives of different forms of assessment and to discuss in detail how standardised approaches to the assessment of older people's needs and preferences might be developed. It also offered an opportunity to explore the merits of a national framework for multi-disciplinary assessment of older people's health and social care needs, and to identify priorities for the further development of old age assessment policies and practices in the context of promoting equality of access to health and social care services for older people.

Of particular significance, was the description of the single assessment process in the UK by Dr Chris Dunstan. The attributes of the process are that it is person-centred and standardised, avoids duplication, assesses clients to the correct level with triggers to further assessment as required, and is outcome-centred. The approach involves a number of components. The client's basic data is collated and made available to all professionals requiring it. A contact assessment then takes place, on the basis of which a decision is made about the client's needs. If these include an overview, specialist or comprehensive assessment, the client is referred to whichever is appropriate. The implications for professionals of the single assessment process were also outlined. These include:

- understanding the person-centred values underpinning the process;
- knowledge about the different types of assessment;
- structuring information for sharing with other professionals;
- acceptance of the need for culture change, supported by training.

One of the elements of culture change specified in the presentation is the need for professionals to aim for joint ownership of information to meet the needs of clients. Barriers to effective joint working between all concerned include individual concerns about ownership of information, as well as the processes that comprise an overall assessment.

Conclusions

Several conclusions reached during the conference found substantial and broadly-based support among participants. It was generally agreed that there was a great deal happening 'on the ground' with regard to assessment but that there were difficulties in gathering this information and sharing it with interested parties. Accordingly, there was consensus that the establishment of a central point of access to information on assessment would be critical and it was proposed that a website that would act as a clearing-house for relevant information on assessment would be very useful.

A further conclusion reached was that there was a need for a national approach to assessment and again it was suggested that the gathering and sharing of information would be a vital prerequisite to the development of this approach. It was also noted that a national steering group should be established in this regard. Significantly, a substantial number of participants at the conference, including several speakers, expressed an interest in future Council initiatives aimed at improving assessment practices in Ireland.

In the context of these conclusions, the conference also highlighted the fact that health and social service providers often have difficulty in gathering information on good assessment practices. Consequently, any initiative established to create a central access point for information should be mindful of these difficulties. It was agreed that the task of collecting this information on local and regional assessment practices would be considerable, requiring a dedicated post or piece of research.

National Conference on the Information Needs of Older People in Ireland

The Council has long asserted the need to improve information provision for older people in order to enable them to make informed choices in relation to their health, social care and welfare services information needs and preferences. In that context, the Council commissioned a study entitled *Meeting the Health, Social Care and Welfare Services Information Needs of Older People in Ireland*. To mark the launch of the study, a one-day conference was held at the Burlington Hotel, Dublin on 10 October 2002. Attended by more than 200 participants from Government departments, statutory agencies, voluntary and community groups, organisations working with and for older people, as well as older people themselves, the conference was formally opened by Ivor Callely TD, Minister with responsibility for Services for Older People.

Overview

The conference focussed on two major themes:

- improving older people's capabilities in relation to accessing information;
- enhancing the capability of service providers to deliver information to older people.

Several further themes were explored in ten parallel workshops: planning for transitions in later life; overcoming literacy and health literacy barriers; empowering older people as information seekers; age awareness training for information providers; fostering communication between health service providers and older people; and fostering communication between social service providers and older people.

In a presentation of the main findings of report, one of the study authors emphasised that an objective of the study had been to develop an Action Plan to meet the health, social care and welfare services information needs of older people in Ireland. The key aims of the study were to investigate the kinds of information needed by older people, the most appropriate means of communication, and the most effective points of access for accessing that information. The study framework was based on four key events or transition times in the lives of older people: retiring/reaching pension age; the onset of illness or disability; moving from home for increased care; and bereavement.

The key findings of the study as they related to each of the transition times were outlined in addition to detailed information on the frequency of usage of different means of information dissemination, and older people's attitudes to various media.

In her paper entitled *Adjusting to Transitions in Later Life: The Importance of Information for Successful Ageing*, Geraldine Kenny, Principal Clinical Psychologist, Northern Area Health Board pointed to the need to counter ageist attitudes that see old age as being synonymous with dependency, need for care, loss of intellectual ability, inactivity and social isolation. There is a need for information regarding normal physical, psychological and social ageing in order to counter ageist and stereotypical views of older people. Focussing on the four transition times identified in the study, she noted that retirement was not only a specific event but also a process with a pre-phase of anticipation and preparation, as well as immediate and longer-term post-retirement phases.

Proposals for implementing the Action Plan

Outlining the Action Plan developed from the study, Dr Helen Ruddle, Policy Research Centre, National College of Ireland noted that the national CIC network could assume the 'driving role' in the proposed structures for enhancing information delivery to older people. She recommended that the a CIC could be used as a 'first stop shop' for older people, acting as an important central access point for information and working closely with key information providers. In this context, it was proposed that the CIC network employ an Outreach Information Officer who would establish and work with a panel of volunteer advocates who would in turn either do the information-seeking on behalf of the older person where that might be necessary or provide very intensive assistance to an older person seeking information.

Dr Ruddle indicated that the recruitment of volunteers could be problematical at a time when volunteerism is weakening generally in the community. However, a useful approach might be to build on locally-based voluntary organisations which are already well-established and which have the trust of the community at large.

An essential element of the proposed structure would centre on support of volunteer advocates by means of training, supervision, clear direction and the formulation of realistic expectations. Above all, the valuing of the contributions made by the volunteers would be a cornerstone of the whole initiative.



Pictured at the launch of the Meeting the Health, Social Care and Welfare Services Information Needs of Older People in Ireland report on 10 October 2002, (left to right): Dr Michael Loftus, Chair, NCAOP; Ivor Callely TD, Minister of State at the Department of Health and Children with responsibility for Services for Older People; Sinead Quill, Research Officer, NCAOP.

Liaison and Joint Working with Statutory and Other Bodies

Throughout the year, the Council liaised with a broad range of statutory, professional and community/voluntary agencies in relation to service development for older people including the Department of Health and Children, the Department of Social and Family Affairs, and statutory bodies particularly health boards. In particular, the Council sought to promote the establishment of pilot projects in care and case management, and evaluation of such projects as recommended in *An Action Plan for Dementia* (Report No. 54) and in the proceedings of the conference *Planning for Dementia Care in Ireland* (Report No. 56).

The Council also monitored the implementation of health board strategies and reviewed the research findings of other agencies in Ireland. It worked with a range of statutory agencies in pursuit of its mandate to promote the development of quality services for older people.

Developments and initiatives at international level are also important to promoting policy development and innovative approaches to service provision for older people in Ireland, and the Council kept abreast of innovative developments relating to older people at an international level throughout the year.

Council members and staff attended important events including the Valencia Forum, the NGO World Forum on Ageing, the World Assembly on Ageing, the UNECE Ministerial Conference on Ageing and meetings of AGE, the European Older People's Platform.

Submissions

As a body which articulates the needs and concerns of older Irish people, the Council is periodically asked to respond to papers and reports from other agencies. In addition, an important strategic dimension of the Council's work entails the formulation of submissions based on the Council's own research on issues relevant to older people. In this regard, an annual pre-Budget submission is made to the Minister of Finance and submissions are made to other Ministers and Departments as required.

During 2002, several submissions relating to health services development were formulated. These included:

- a submission to the Department of Health and Children on the review of the Nursing Home Subvention Scheme;
- a joint submission with the Health Board CEOs Group to the Department of Health and Children on care and case management;
- comments on the Eastern Regional Health Authority's (ERHA) draft standards of care for residential services for older persons.

Pre-Budget Submission to the Minister for Finance

The Council's annual pre-Budget submission to the Minister for Finance identified several key priorities relating to service development for older people. Acknowledging that the maintenance of older people at home was a principle of government policy, and a principle which was also in accordance with the identified preferences of older people themselves, the submission expressed the Council's concern that the prospective tightening of resources in the health sector would continue to prevent older people from receiving the services necessary to maintain them in their homes for as long as possible.

Focussing on the need for a continuum of care to help maintain older people at home, the submission emphasised that older people are a heterogeneous group with different abilities and needs. The Council believes that an array of services is required to fulfil their diverse needs and preferences. It also underlined that such a continuum of care should have three distinct elements: self-care; informally assisted care; and care management.

Self-care refers to situations in which older people are able to look after themselves without direct intervention. Critical components of this element of the care continuum include health promotion and health information. (It is important to note that health promotion and health information also play a vital role in informally assisted care and care and case management). Informally assisted care refers to the fact that informal care networks and services within the community may be required to maintain older people in their own homes. Critical components of informally assisted care include, but are not limited to health and social care assessment, support for carers, community care services, housing and transport.

The submission noted that as older people become more vulnerable, they require greater assistance to enable them to 'age in place'. With the agreement of all parties involved, a Case Manager may intervene to provide support to informal carers and to facilitate the provision of services to maintain these older people in their own homes. In this regard, the submission emphasised that care management requires a coordinated response from a number of health and social service providers. The Council welcomed the proposals made in the National Health Strategy for the 'development of

care management approaches involving packages of care for groups with multiple needs', noting that the Primary Care Strategy seeks to strengthen care in the community by proposing the establishment of implementation projects throughout the country by the end of 2003.

Finally, given the concern that older people are not receiving the services most appropriate to their needs and preferences, the submission emphasised the need for a more coordinated approach to health and social care assessment, noting that the National Health Strategy highlighted the value of assessment in the older population to ensure the 'right care in the right place at the right time'. In this regard, the submission recommended the allocation of resources to create a mechanism to gather and support information provision on existing assessment processes in Ireland, fund further research into assessment processes and develop a coordinated approach to multi-disciplinary assessment for older people.

Submission to the Department of Health and Children in Relation to the Review of the Nursing Homes Subvention Scheme

In its submission to the Department of Health and Children in relation to the review of the Nursing Homes Subvention Scheme, the Council identified specific elements of the existing Scheme which it considered should be revised as a result of the review. The submission also focussed on several broader issues that the Council believes should be considered in relation to future revision. It strongly recommended that a publicity campaign directed at those on the margins of home and residential care informing them of their options regarding long-term care should be made a priority.

In relation to the existing Scheme, the Council reiterated its view that the cost of long-term residential care should be equitable and should not cause added distress to those availing of it. In this regard, it recommended that subvention rates be increased, citing the proposals made in the National Health Strategy that 'subvention rates payable in private nursing homes would be reviewed'. In addition, the submission re-emphasised the Council's belief that the review of the Nursing Homes Subvention Scheme should take account of the continuing and respite care needs of ill or disabled older people in long-term residential care or in the community and their ability to pay for such care.

The submission also emphasised the need to increase income and asset disregards significantly. Currently grounds for refusal include owning assets of more than €25,395, having an annual income of more than €6,349 or owning a home worth more than €95,230.

The submission also drew attention to the 'pocket-money' issue in relation to people in long-term care. Calling for a greater respect for older people's autonomy, the submission noted that residents should be guaranteed the right to retain some independent income as one means of promoting autonomy. In addition, it reiterated its view that raising the value of the non-contributory old age pension would have the effect of increasing the amount of income that a resident in a private nursing home would be entitled to retain.

The health boards recommend that people apply for a subvention before taking residence in a nursing home, as applicants may be debarred from claiming for two years if the application is made after admittance. The Council believes that this restriction is unjust and questioned its validity, noting that there is no justifiable reason for such a restriction being in place. The submission recommended that this issue be clarified and that the regulations in this regard be made more explicit and standardised between health boards.

A key issue identified in the submission related to refusals to 'top-up' subventions. Currently, an assessment of dependency is carried out to determine the level of subvention that will be awarded to a prospective resident of a nursing home. A reassessment of dependency should be carried out regularly and any changes in rates payable made accordingly. The submission noted that there is evidence to suggest that the refusal to 'top-up' subventions is an issue in a number of nursing homes, in addition to the timing and conduct of dependency reviews. Consequently, the Council recommended that the rules governing the reassessment of dependency and the conditions regarding the payment of 'top-ups' be made more explicit and not open to interpretation.

Other important issues included those relating to appeals regarding assessment of means and circumstances, appeals regarding assessment of dependency, ambiguity of regulations relating to access to nursing home care, enhancement of the rights of older people, funding of long-term residential care and issues relating to quality of care.

Finally, the submission noted that the *Nursing Homes Act* had led to a growth in institutional care, a phenomenon that was contrary to the main aim of health and social service policy for older people. It also noted that the stated policy objective of enabling 90 per cent of all older people over the age of 75 to remain at home and in the community for as long as possible required that a strong community support service should be in place. Accordingly, the submission recommended that specific measures be undertaken to ensure an increased focus on home and community care solutions while retaining a capacity for financing care in institutional settings.

Joint Submission with the Health Board CEOs Group to the Department of Health and Children on Care and Case Management

A further submission relating to service provision for older people made by the Council in 2002 focussed on care and case management. Care management is the process of service coordination and planning at management level, while case management is defined as the development of individually tailored care plans, with a person-centred and multi-disciplinary focus delivered through a Case Manager or team. In a joint submission with the Health Board CEOs Group to the Department of Health and Children, the Council reiterated its core belief that hospital-, home- and community-based health and social care services are essential to the realisation of older people's aspirations to remain at home.

The need for care and case management in the delivery of community-based services to older people was emphasised in several recent Council reports. The National Health Strategy emphasised person-centred care as a core principle, in addition to principles of equity, quality and accountability. A key component of the National Health Strategy, *Primary Care: A New Direction* (2001) acknowledged the central role of primary care in the future development of Ireland's health services and proposed the introduction of an inter-disciplinary team-based approach on a phased basis over the next ten years. It is envisaged that the primary care team will liaise with specialist teams in the community to improve integration of care. The purpose of such integration is to provide seamless care for individuals, families and groups.

Given the acknowledged need for care and case management, the Council in its joint submission proposed that, within the context of the Primary Care Strategy, pilot care and case management projects be planned, implemented and evaluated in each of the health board areas with the assistance of a National Care and Case Management Working Group. Implementation would be the responsibility of the health boards as part of their general responsibility for delivery of care. It was anticipated that these developments would be an integral part of the implementation of the Strategy and would be piloted with the early pilot projects. The health boards would be ultimately responsible for the planning, operation and evaluation of these projects in a manner that would be consistent with the common definitions, scope and objectives established by the National Care and Case Management Working Group. Consultation would take place with service users and family members/carers as appropriate at all stages of the projects to ensure that the twin aims of health gain and social gain were being realised.

Council Comments on the Eastern Regional Health Authority's Draft Standards of Care for Residential Services for Older Persons

The Council was invited to comment on standards for residential services for older people being drafted by the ERHA. Welcoming the ERHA's commitment to improving standards for people in long-term residential care, the Council offered its comments and recommendations in the context of several key reports including *A Framework for Quality in Long-Term Residential Care for Older People in Ireland* (Report No. 62), *Protecting Our Future* (Report of the Working Group on Elder Abuse) and the National Health Strategy. The Council noted that the underlying thrust of these documents was based on the provision of long-term residential care services that are person-centred, that protect the autonomy of residents and that aim to improve their quality of life.

Accordingly, the Council lauded the elements of the ERHA document that maintain that privacy, dignity and choice are residents' rights. It also welcomed the detail that the standards provide in ensuring that residents receive their rights. The Council recommended that older people in residential services be made aware of their existing rights, and that standards should underscore the need to inform residents of their existing legal rights, either by providing them with written information or arranging for legal advocates to speak with them and their families upon admission and as requested. In this regard, the Council welcomed the proposal in the ERHA draft standards document to support the use of advocates.

With regard to pre-service admission, the Council suggested standards regarding pre-service practices should include a formal orientation/induction process for residents and/or family. Such an orientation would provide information about daily life in the facility and would also allow future residents, or their family, to visit and be introduced to staff and residents. Noting that the WHO refers to 'health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity', the Council urged that these standards should recognise that older people themselves have a key role to play in maintaining their own health. In this regard, it was felt that the overall goal of the standards would be to ensure that residents receive the high quality primary and secondary care to which they are entitled.

The current ERHA standard on healthcare assessment ensures that residents have 'minimum annual ... hearing, sight, dental and cognitive checks'. However, the Council strongly advocated consultation with an expert panel of geriatricians to further develop clinical guidelines for the assessment of residents in residential facilities, given that annual health checks may not be adequate to meet the needs of residents. Furthermore, assessments should include functional disability (e.g. Barthel Index of Independence in Activities of Daily Living), mental health (e.g. 15-point Geriatric Depression Scale) and nutrition (e.g. mini-nutritional assessments). Finally, the Council recommended that the standards allow residents informed choice and autonomy regarding health assessments by stating that only 'consenting residents' will have health checks.

With regard to supporting the efforts of residents in gaining access to specialist care, a change in the language of the current draft standards was suggested so that access is guaranteed. The Council also urged that the list of services to which residents have access be expanded to include palliative care and a physician of the resident's choice.

The Council recommended that GPs have access to specialist care for their residential patients, suggesting that GPs contracted to the service should be facilitated in seeking full support/advice from their specialist colleagues in secondary care and be given unhindered access to the full range of specialist medical services.

The Council recommended the development of policies and procedures to avoid adverse drug reactions or accidents and the reporting of such incidents.

Finally, the Council recommended the inclusion of elements relating to the social and physical environment in the ERHA draft standards in order to ensure an 'environment supportive of health, independence and a healthy lifestyle' in residences. These should include standards regarding health promotion and healthy lifestyle activities for residents, given that people in nursing homes and in other long-stay facilities are in a group setting ideal for health promotion activities. Accordingly, the Council advocated the inclusion of a health promotion dimension aimed at empowering residents to work towards improving their own health, independence and quality of life.

Other elements of the ERHA standards document commented upon included standards relating to the usage of restraints, the inclusion of disability standards, encouragement of resident focus groups to determine needs and preferences, information provision for residents and families, promotion of a holistic approach to death and dying, protection for residents, handling of complaints, nutrition, food preparation and mealtimes, recruitment and retention of staff in long-term care facilities, physical environment, health and safety issues, clinical risk and quality management, infection control and immunisation, care coordination and the importance of developing and maintaining good relationships with the families of residents.

Day Services

Day services play a crucial role in assisting older people to remain in their homes for as long as possible and are essential to the successful delivery of a continuum of care that is responsive to the differing needs of older people. This perspective is reflected in the National Health Strategy, which points to inadequate day care provision as being one of the gaps in current service provision. The Strategy also notes that the continued growth in the population of those aged 65 years and over will give rise to additional demands for community-based services and that significant development of these services will be required as a priority.

Given the importance of day services, in 2002 the Council commissioned research to determine the objectives of the various day services currently in operation and the components of service delivery required to achieve these objectives. Involving an extensive consultation process with older people and with service providers, the findings of this research will be published in 2003.

2. Promoting the Social Inclusion of Older People

The Council believes that older people are a major resource for their families, their communities and for society as a whole and that far from being a burden on society, the life of the nation is greatly enriched by our growing population of older citizens. It also believes that no older citizen should be marginalised by the mainstream of Irish society and that the same rights and privileges must be guaranteed to all citizens, regardless of age. This view is in harmony with the central thrust of current national social policy which aims to bring about 'a society for all ages' in which every citizen enjoys full and equal rights.

Regrettably, a substantial number of older Irish people continue to experience social exclusion as a consequence of poverty, poor health, disability, educational disadvantage, sub-standard housing or inadequate transport facilities. Older people are also marginalised by unequal access to the health, social care and welfare services which they require to live healthy, fulfilling and independent lives for as long as possible.

Launch of Research Studies on Employment and Retirement in Ireland

Two Council reports relating to older people, employment and retirement in Ireland were launched on 23 January 2002 at a press reception held at Jury's Hotel, Dublin: *Older People's Preferences for Employment and Retirement* (Report No. 67), and *Employment and Retirement Among the Over 55s – Patterns, Preferences and Issues: Conference Proceedings* (Report No. 65).

The reports were presented to Dr Tom Moffatt TD, Minister of State with responsibility for Services for Older People and Mr Tom Kitt TD, Minister of State with special responsibility for Labour Affairs. A third report entitled *Participation of Older People in the Labour Force* (published by the Expert Group on Future Skills Needs/Forfás) was also presented to the Ministers.

Welcoming the studies as timely contributions to the debate on older people's participation in the workforce, Mr Kitt said that issues of equality and social justice should take precedence over economic and labour supply issues when considering older people's participation in and retirement from the labour force. This, he maintained, would lead to a more strategic focus affording the older generation the choice to either retire or stay at work, the choice to retire gradually, the choice to commit more time to voluntary activities if they so wish, the choice to allocate their time the way they want to, not the way they have to.



Pictured at the joint launch on 23 January 2002 of reports by the NCAOP and the Expert Group on Future Skills Needs/Forfás relating to older people's participation in the workforce in Ireland, (left to right): Colm Regan, Executive Director, Forfás; Tom Kitt TD, Minister of State at the Department of Enterprise, Trade and Employment with responsibility for Labour Affairs; Dr Tom Moffatt TD, Minister of State at the Department of Health and Children with responsibility for Services for Older People; Dr Michael Loftus, Chair, NCAOP.

The Minister suggested that the issue of older people's participation in the workforce would come into sharper focus in the next five years, whether driven by domestic labour and pensions considerations or by EU employment and equality considerations. In that context, policies in the area of work and retirement have to be governed by the overriding principle of choice. People of a certain age and circumstances should be able to choose if they want to work or whether they want to take advantage of the benefits which they have earned over their working life to date.

In the key area of retaining people and skills in the workplace for as long as possible, the Minister said that the onus was on employers to provide the conditions to allow that to happen. There would not be any benefits from Government action to encourage a longer working life if at the same time employers were not seeking to retain long-serving employees. He concluded that the Government needed to look at the relationship between tax, pension and benefits to see if it can provide a greater incentive to extend working life, rather than encourage early retirement as would have been the objective in the past.

2002 Partnership Conference

Since 1996, the Council has cooperated with individual health boards, Age and Opportunity, the Health Promotion Unit of the Department of Health and Children, and the Health Boards Executive in organising an annual conference designed to promote positive attitudes to ageing and older people. The 2002 conference entitled *Technology and Older People: Information, Communications and Assistive Technologies. Opportunity or Obstacle?* took place in Limerick on 6-7 November 2002 and was hosted by the Mid-Western Health Board.

The aim of the conference was to promote the development of services that encourage more positive images of ageing and older people, and that provide opportunities for greater participation by older people in society. The conference also set out to provide opportunities for people from diverse backgrounds to explore the role of technology in the lives of older people, specifically how health and social gains for older people can be achieved by means of information, communications and assistive technologies.

The opening address was delivered by Mr Stiofán de Búrca, Chief Executive Officer of the Mid-Western Health Board and the conference programme included papers on key themes relating to information and communications technology (ICT), and assistive technologies. Internationally prominent social commentator, Charles Handy spoke on the topic of 'reinventing lives' in later life. Professor Anthea Tinker, Professor of Social Gerontology, Kings College, London in her paper focussed on developments in assistive technologies designed for the homes of older people. Professor Declan Lyons, Professor of Medical Science and Consultant Physician, Mid-Western Health Board delivered a paper on technology in the diagnosis and management of age-associated disease. Professor Des O'Neill of the Trinity Centre for Health Sciences at the Adelaide and Meath Hospital, Dublin delivered a paper on transport issues relating to older people. Dr Paivi Topo, Research Director, National Research and Development Centre for Welfare and Health, Helsinki focussed on ethical concerns and developing technology. The role of information and communications technologies in meeting the health, social care and welfare services information needs of older people was the focus of a paper by John Heuston, the Council's Communications Officer. Michael Meally of the Summerhill Active Retirement Group shared his personal experiences of becoming computer literate.

Parallel workshops focussed on a broad range of topics relating to technology and older people including: IT training for older people and their carers; quality of life, technology and dementia; the effects of hearing impairment on personal and social aspects of older people's lives; introducing older people to basic computer technology skills; practical applications of assistive technologies; promoting social inclusion of older people in a residential care setting by means of simple computer technology; older people and technology; and the ability thresholds in older people.

The papers presented at the conference are available on CD-ROM from the Mid-Western Health Board.

Liaison and Joint Working with Statutory and Other Bodies

An important dimension of the Council's work in relation to social inclusion involves the ongoing monitoring of the degree to which Irish society responds to the particular needs of older people and how successful our society is in ensuring that older people participate as equal citizens.

In articulating the needs and concerns of older people in Ireland, the Council is guided in its work by several core principles, including that of active citizenship. This principle is based on the concept of participative democracy which recommends that the problems experienced by individuals be addressed in public policies by enabling them to participate in decisions which affect their lives. Clearly, as the demographic profile of the Irish population ages significantly in the years ahead, the formulation of policies specific to older people will be crucial in determining not only their quality of life but also their status in Irish society.

In recent years, the Council has emphasised the need for an equality strategy for older people that will influence policies in such a way as to generate measures that promote the social inclusion of older people. Believing that a rights-based approach to the provision of community care services is of prime importance, the Council works in partnership with various statutory and other agencies with the aim of influencing public policy in this direction in order to achieve social gain for older people.

Since the foundation of the Equality Authority, the Council has worked in partnership with its Advisory Committee on Older People which sat from 2000 to 2002. The deliberations of the Committee led to the publication in June 2002 of *Implementing Equality for Older People*. In the view of the Council, this document is important, not only for the present generation of older Irish people, but also for those who are middle-aged or younger.

Implementing Equality for Older People is significant in that it seeks to examine and address the issue of ageism in Irish society, while at the same time putting forward an equality agenda that will have the capacity to change the overall situation and experience of older people. Formulating an agenda designed to enable older people to participate as full

and equal citizens in Irish society, the report outlines a set of principles for positive ageing, defines the current legal status of older people in Ireland, makes recommendations for changes in the area of upper age limits, emphasises older people's role in the policy-making process, examines issues relating to work and older people, income security and access to health and other services. It also focuses on the issue of education and lifelong learning.

In recognising that age discrimination extends to all aspects of civic life, the report reflects the Council's stated position on the importance of active ageing and makes several recommendations regarding the creation of an environment that facilitates health promotion in the older population. It also recognises the need to move beyond negative prohibitions of discrimination towards positive action that promotes equality. Positive action is required to address a past history of discrimination and to change institutional practices in order to ensure benefit to older people from services provision.

The Social Partners committed themselves under the *Programme for Prosperity and Fairness* to considering how best the recommendations of *Implementing Equality for Older People* might be carried forward. Given its monitoring and evaluation role in relation to equality and social inclusion issues, it was decided that it would be appropriate that the National Economic and Social Forum should undertake the work. The Forum established a Project Team, including representatives of the Council, to identify potential implementation barriers and challenges to fulfilling the recommendations that had been made in the report. The Council has been pleased to be associated with and support this institution designed to ensure that the major issues of equality and social inclusion for older people identified in the report are addressed.

Submissions

Submission to the Equality Authority in Preparation of its Strategic Plan 2003-2005

In addition to its contribution to the formulation of *Implementing Equality for Older People*, the Council also made a substantial submission to the Equality Authority in relation to that agency's *Strategic Plan 2003-2005*. In this submission, the Council emphasised opinions and aspirations relating to a range of issues including older people's legal status, upper age limits, policy-making, research, old age and disability, work and retirement, income, access to health and community services, and lifelong learning.

It particularly commended the holistic approach adopted by the Equality Authority which recognises that age discrimination extends beyond the labour market to all aspects of civic life. It also welcomed the fact that the Equality Authority was moving beyond negative prohibitions of discrimination towards positive action to promote equality.

The Council also noted that many aspects of age discrimination in policy and practice interact and reinforce one another. A better health status enhances employability, and employment may enhance health. Better housing and transport make it more likely that older people will be able to participate actively in society, whether as carers or as paid workers. In this regard, it submitted that positive action is the most appropriate way for public authorities to advance age equality as part of the overall goal of achieving the equal right of all to participate as full and valued members of society.

With regard to discrimination against older people seeking employment, the submission noted that positive action measures are required to encourage employers to rethink recruitment practices. Given that the Equality Authority is in a prime position to encourage good practice in relation to the employment and retention of older workers, the Council suggested that employers should be encouraged and rewarded for adopting best practice as well as being penalised for allowing discriminatory practices to continue.

The Council recommended that discrimination in the area of health and community services be addressed immediately, given that health is central to the well-being of older people. However, it is also clear that older people are especially vulnerable in terms of the rationing of health care. Consequently, in the Council's view, a dual approach to equality in the area of health and older people must be adopted. This approach must reveal and challenge prejudicial assumptions that old age inevitably means failing health and capability. Concurrently, those who face ill health must be treated fairly, according to their needs and preferences, and with respect.

The way forward is to ensure the mainstreaming of older people's needs in health policy. Mainstreaming should seek to ensure fair outcomes to frequently competing individual needs and it should be designed around the principle of individual entitlement. Putting the human right to equal treatment and fulfilment of basic entitlements at the heart of the debate is the most effective way of mainstreaming the concerns of older people.

The submission concluded that the Equality Authority must work to promote the recognition of age discrimination where it exists in the health services and it must work for a commitment from relevant stakeholders to 'root it out'. This approach must be proactive rather than punitive. The establishment of a code of practice that is objectively justified before being acted upon will be important in combating ageism in health service provision.

3. Promoting the Health, Welfare and Autonomy of Older People

The projected increase in the numbers of older people in Ireland during the coming decades will have major implications for Irish society, bringing with it many challenges but also presenting great opportunities. It is clear that if these opportunities and challenges are to be successfully managed, it will be necessary to introduce active ageing policies and programmes that enhance the health, participation and security of our older citizens.

In April 2002, at the United Nations Second World Assembly on Ageing in Madrid, it was acknowledged that when health, labour market, employment, education and social policies support healthy ageing, there are fewer premature deaths in the highly productive stages of life, fewer disabilities associated with chronic diseases in older age, improved quality of life among older people, greater numbers of people actively participating as they age in social, cultural, economic and political aspects of society, and lower costs related to medical treatment and care services.

The importance of health promotion was emphasised at the World Assembly on Ageing by the representative of the Irish Government, the Irish Ambassador to Spain, Mr Declan O'Donovan, who stated:

'There can be no doubt that health promotion has an essential role to play in improving health and well-being in later life. Clearly, health promotion will only achieve the desired results if older people themselves, health professionals and society in general are all convinced of the value of such programmes and, in particular, that such initiatives can help maintain a good quality of life.'

The potential of healthy ageing programmes was recognised in the recent *Value for Money Audit of the Irish Health System* which identified the development of the *Adding Years to Life and Life to Years: A Health Promotion Strategy for Older People in Ireland* (NCAOP, 1998) in particular and the work of the Council in general as 'good investment', recommending that priority be given to health promotion and preventive measures. Again, the National Health Strategy cited the need for a 'clear framework for implementing the recommendations contained in reports on health promotion'.

2001-2002 Developments

In 2001, to promote the implementation of *Adding Years to Life and Life to Years*, the Council developed a national programme of healthy ageing activities designed to focus attention on all the determinants of the health, well-being and autonomy of older people in Ireland. As a first initiative, a review of healthy ageing activities in seven health board areas was undertaken with a view to ensuring that appropriate action would be taken over time to promote healthy ageing programmes with the assistance of relevant authorities and interested parties in all parts of the country.

On completion of this review in 2001, a directory of services for older people was prepared for publication on the Council's website. Based on the information provided in the review, it was recommended that the Council should make provision for a more vigorous national Healthy Ageing Programme underpinned by a strong organisational and operational framework.

In a major development in March 2002, a Healthy Ageing Programme Advisor was appointed to the project. The remainder of the year was devoted to the development of a multi-faceted Healthy Ageing Programme utilising the Council's own extensive research, the findings of the review and extensive consultations with health service providers, specialist agencies, professionals and others with an interest in promoting the health and autonomy of older people.

In addition, it was decided that the 2001 review should be updated to include activities in the ERHA area and also to adopt a wider, inter-sectoral approach than that taken in the original study, to include activities being organised by professional organisations and community development and voluntary agencies. To this end a brief for the programming of the Healthy Ageing Database was prepared and tenders received for the work. Towards the end of the year, the Council in cooperation with the researchers commissioned to progress the database, planned a series of regional seminars designed to achieve a mapping of healthy ageing activities throughout the country.

Strategic Framework

To guide the development of the Healthy Ageing Programme and to develop a work-plan that supports the implementation of *Adding Years to Life and Life to Years*, the Council established the Healthy Ageing Consultative Committee which is representative of key stake-holders and includes members with relevant knowledge and expertise in the sphere of healthy ageing. This development process resulted in the formulation of a comprehensive framework for action designed to inform the Council as to how it might best encourage and support other agencies in their efforts to achieve health gain for older people.

The design of this framework reflected not only the combined expertise and wisdom of the committee, but also critically reviewed evidence on health promotion for older people globally and in Ireland. In preparing an equitable and evidence-based conceptual framework the Council has sought to develop a Healthy Ageing Programme that would overcome the following distinct problems.

1. The high level of undetected and untreated morbidity among older Irish people is well documented and has been referred to as the 'clinical iceberg'. Addressing these issues in a strategic manner will facilitate appropriate long-term planning of services.
2. Older people and older people's groups have an interest in improving their own health but may require practical help to achieve their health promoting capacity. Increased communications between regions and networking opportunities for those in the area of health promotion for older people emerged as a key finding of the 2001 review of healthy ageing activities.
3. Health promotion initiatives for older people have suffered from the 're-inventing the wheel' syndrome between health board regions. The Healthy Ageing Programme hopes to minimise this duplication of effort, encourage networking and support national initiatives within an over-riding strategic approach, rather than the further proliferation of pilot projects.
4. Health promotion with older people is limited by the lack of a national focus and the absence of clear models of good practice to guide its direction.

5. Health promotion for older people has had a relatively low profile in comparison to the schools and youth health promotion programme. Health promotion for older people is challenged by ageism.
6. Health promotion for older people in Ireland has a world-class strategy, *Adding Years to Life and Life to Years*, but as yet it lacks a comprehensive approach to the implementation of that strategy.

The strategic framework was prepared as a governing document for the Healthy Ageing Programme. In it, the ethos of the project was set out, together with an outline of the Council's resourcing role and how it was envisaged the Council would fulfil that role in the future.

Submissions and Liaison

During 2002, the Council contributed to several submissions from a health promotion perspective and liaised with several relevant agencies and organisations including the Public Health Alliance and the Irish National Health Promoting Hospitals Network. Assistance was also furnished to researchers including those involved in a study of stress and older people being carried out at the Department of Psychology at UCD, a food poverty study being carried out by the Women's Education and Resource Centre at UCD, and with the Federation of Active Retirement Associations and the Health Promotion Studies Centre at NUI, Galway.

4. Promoting a Better Understanding of Ageing and Older People

Underpinning the Council's work to create a better understanding of ageing and older people in Ireland is the recognition that all sectors of society must be well informed about older people and their particular concerns if their future welfare is to be assured. It is also important that society values older people, their experience and the contributions they have to make. Consequently, it is necessary to examine what is meant when people refer to the 'problem of ageing', as well as how the concept is constructed by social attitudes and social and economic policies. There is particular need to combat ageism in the community as it limits the expectations of older people and their capacity to live in dignity and independence. It is also necessary to counter the negative stereotypes of ageing and older people that lead them to disengage prematurely from social institutions of all kinds, including the workforce.

Accordingly, the Council believes that older citizens should be encouraged to participate in all aspects of Irish society and that positive attitudes to life after the age of 65 should be promoted widely and effectively. It is of the view that in addition to being an important social resource, older people are also significant consumers of goods and services, and their needs and requirements should be given due prominence in both the market place and in the provision of services.

The Council seeks to promote a better understanding of ageing and older people in Ireland through the publication of reports and the provision of information via a range of channels including conferences, seminars and other events, as well as the Council website and other media.

2002 Publications

During 2002, the Council produced the following reports and publications:

- *Meeting the Health, Social Care and Welfare Information Needs of Older People in Ireland* (Report No. 69);
- *Annual Report 2001* (Report No. 70);
- *Towards Care Management in Ireland: Conference Proceedings* (Report No. 71);
- *Assessment of Older People's Health and Social Care Needs and Preferences: Conference Proceedings* (Report No. 72);
- *Pre-Budget Submission to the Minister for Finance*;

- *A Brief Guide to the Work of the National Council on Ageing and Older People*;
- an updated *Publications Catalogue*.

Complimentary Distribution and Sales

In keeping with its mission to promote a better understanding of ageing and older people, targeted distributions of complimentary copies of reports were undertaken as these were published during the year. Council reports were also submitted to journals for review. In addition, all publications were press-released to the mainstream press and to selected specialist journals.

A Brief Guide to the Work of the National Council on Ageing and Older People which outlines the Council's history, mandate and research, as well as other relevant information, was distributed widely at exhibitions and in the context of the Council's day-to-day information service.

Council publications have also been made available for purchase through the Government Publications Office.

2002 Events Programme

Whether focusing primarily on policy or on service development, Council events such as conferences, seminars, publications launches and exhibitions are intended to promote a better understanding of issues of importance to the welfare of older people which have already been the subject of Council research.

Events

In 2002, events included:

- the launch of *Employment and Retirement among the Over-55s – Patterns, Preferences and Issues: Conference Proceedings* (Report No. 65) jointly organised by the Council and the Expert Group on Future Skills Needs/Forfás in January 2002;
- a national conference entitled *The Assessment of Older People's Health and Social Care Needs and Preferences* held at the Royal Marine Hotel, Dun Laoghaire in May 2002;
- a national conference entitled *Meeting the Health, Social Care and Welfare Services Information Needs of Older People in Ireland* held at the Burlington Hotel, Dublin in October 2002 ;
- the 2002 partnership conference held in Limerick in November 2002, organised by the Mid-Western Health Board, in association with Age and Opportunity, the Office for Health Gain and the Health Promotion Unit of the Department of Health and Children, entitled *Technology and Older People: Information, Communications and Assistive Technologies. Opportunity or Obstacle?*.

Exhibitions

In order to promote its work of creating a better understanding of ageing and older people, the Council provided information stands at events and exhibitions throughout the year, including:

- the Annual Conference of the Health Promoting Hospitals Network, Donegal;
- the Over 50's Exhibition, RDS, Dublin.

In addition to its publications and events programmes, the Council continued to promote a better understanding of ageing and older people through its information services.

Requests for Information

During 2002, the Council continued to provide a comprehensive information service to the public by responding to a substantial number of information requests by letter, phone, fax and e-mail. Information requests emanated from a wide range of sources both in Ireland and overseas: older people, service providers and planners, health professionals, journalists, researchers and other media personnel, personnel in voluntary agencies, as well as students from all levels of the educational system.

NCAOP Website

Launched in 2001, the Council website (www.ncaop.ie) continued to play an important role in the dissemination of Council information, providing details of new reports, conferences and general news relating to ageing and older people in Ireland. In addition to summaries of new reports and fact files, out-of-print publications were made available on the site during the year. Very positive reactions were received from those using the site including academics, service providers, planners, personnel from voluntary agencies, students and older people themselves.

Other Media

Young and Old

During 2002, the Council continued to support health board personnel and others interested in utilising and promoting the *Young and Old* CD ROM-based programme for primary schools. In this regard, meetings and exchanges between health promotion personnel and teachers were arranged, including a presentation to thirty teachers engaged in the *Primary School Curriculum* Social, Personal and Health Education (SPHE) programme.



Developments in 2002

Developments in 2002

New Minister of State with Responsibility for Services for Older People

Mr Ivor Callely TD was appointed Minister for State at the Department of Health and Children on 18 June. It was announced that Mr Callely, who was previously chairperson of the ERHA, would have special responsibility for services for older people in the new administration. Mr Callely addressed the Council at its meeting of 18 July emphasising that his main focus of attention would be improved welfare and health services for older people. In addition, he noted that he would bring senior officials of several departments together to explore ways and means of enhancing service delivery for older people. Acknowledging that many of the recommendations contained in various Council reports had been incorporated into the National Health Strategy, the Minister said that he looked forward to seeing the fruits of the Council's ongoing and future work.

Developments Relating to Older People's Incomes

Several income-related benefits for older people were announced in the 2002 Budget. Some 205,000 persons on full rate contributory and non-contributory pensions received increases, with proportionate increases announced for 82,000 pensioners on reduced rates. 58,000 widowed persons over 66 received a special increase, the second year running that such an increase had been announced. All increases announced in the Budget were paid from 1 January 2002 and widows and widowers received a lump-sum payment on 15 February.

The fuel allowance was increased from 1 January, the first increase in the allowance since 1985. Over 300,000 pensioners benefited from the increase. The free electricity/gas allowance was increased by 300 units to 1,800, to take effect from February. It was announced that from May 2002, a new 'household benefits package' would be introduced which would streamline 'free schemes' into one combined package to ensure that all recipients would receive the full range of entitlements. A person who qualified for one of the schemes would henceforth qualify for all three. Over 13,500 households already in receipt of the electricity allowance and free television licence would be eligible for the telephone allowance. From February a single application form was required, making it easier to access entitlements. From January, a measure was introduced to benefit some 2,000 pensioners over the age of 65 and their spouses who live in the private rented sector. This increased the income disregard from €6.35 per week to €10 per week, ensuring that any increase pensioners received higher than the increase in supplementary welfare allowance would not be clawed back in a reduced rent supplement. Finally, it was announced that the widowed parent grant would be almost doubled to €2,500 with immediate effect.

In February, the Minister of Health and Children advised the Health Board CEOs Group that medical card holders would not lose their cards on account of recent increases in social welfare rates, i.e. people who went over the income threshold for medical cards as a result of social welfare increases would not lose their entitlement. The Minister said that the Government was committed to extending medical card coverage as set out in the National Health Strategy, noting that the medical card applications process would be streamlined to ensure fairness and transparency. Mr Martin added that clearer information about how and where to apply for medical cards would be provided and that officials would actively seek out those who should have medical cards to ensure access to the services available.

The Minister for Social, Community and Family Affairs announced that improvements in the carer's allowance would include an easing of the means test for the carer's allowance: It was also announced that the annual respite care grant would be increased and that the respite care grant for carers who look after more than one person would be double the single amount.

In an Ardfhéis speech in mid-March 2002, the Taoiseach Mr Ahern pledged to increase the old age pension to €200 per week 'in the lifetime of the next government'. In addition, he promised a 'homemakers pension' which would replace the current dependent adult's allowance, under which a retired worker receives an allowance less than the current non-contributory State pension in respect of a spouse who is not in the paid workforce. The payment would be made when the worker reached pensionable age, irrespective of the age of the stay-at-home spouse. It would be the equivalent to the full old-age non-contributory pension.

Also in March 2002, the Department of Social, Community and Family Affairs announced that over 23,000 people had applied for the special half-rate contributory pension. Over 4,000 of those who applied did not qualify. The Department examined its records of pensioners currently in receipt of an Irish /EU pro rata contributory pension (13,800 in total). Of these, 8,500 people also qualified for the pre-1953 pension while 800 qualified for a standard rate pension. It was revealed that the number of those receiving this payment was greater than the Department of Social, Community and Family Affairs had anticipated. Initially, the Department expected that some 3,000 people would benefit from this improvement but six times that estimate received the special pre-1953 payment or a higher rate pension during 2002.

A report from Combat Poverty in April 2002 revealed that despite the economic successes of recent years, older people had benefited only marginally. Those older people whose only income source was social welfare pensions and who lived on an income of less than €120 per week had gained an extra €9.90 in weekly income, while a person earning above €500 per week gained an extra €120 per week over the period of the previous five budgets. This represented a 3 per cent figure for those on less than €120 per week, compared to 24.5 per cent for those on the highest incomes.

According to a survey conducted by a major Irish life and pensions company and published later in the year, just 25 per cent of Irish adults had made provisions for their retirement and more than half the working population was unaware of the tax benefits of saving into a pension scheme. Although a new form of pension will be available from 2003, which will target those who are not benefiting from membership of an occupational scheme, only 18 per cent of people were aware of these Personal Retirement Savings Accounts (PRSAs). The new flexible pension product will be available to the self-employed, the unemployed and to parents working in the home and will be sold by banks, life assurance companies and other regulated investment firms.

The Minister for Social and Family Affairs announced in July 2002 that she had made regulations extending and improving the rent allowance scheme benefiting people living in formerly rent-controlled dwellings. The 1982 *Housing Act* had protected most of these tenants for their lifetime but for others i.e. successor tenants, the protection was due to cease on 25 July 2002, subject to having received a minimum period of 5 years protection. The people affected (approx. 600 successor tenants) were living in formerly rent-controlled dwellings who became tenants after July 1982. As a result of the new regulations, these successor tenants would continue to receive State aid towards their rent. The Department of the Environment and Local Government, in consultation with the Department of Social and Family Affairs, initiated an information campaign to ensure that tenants and landlords were aware of the changes.

Developments Relating to Service Provision

The first report of the National Cancer Registry (NCR), *Cancer in Ireland 1994-1998: Incidence, Mortality, Treatment and Survival*, published in February 2002 revealed that older people in Ireland were less likely to receive treatment for cancer than those diagnosed at a younger age. The report also indicated that many patients were not receiving cancer-specific treatment for their conditions and that there was significant regional variation in cancer treatment services. It revealed that:

- younger people were twice as likely to receive treatment for melanoma skin cancer as older people;
- two-thirds of patients in the Republic of Ireland aged 80 or over received no specific treatment for cancer of the bowel;
- half of those patients with lung cancer received no cancer-specific treatment;
- 57 per cent of those with leukaemia were not offered chemotherapy.

In June 2002, a new service was initiated by St Michael's House for clients who develop Alzheimer's Disease in later life. Although many people with Down's Syndrome or a learning disability remain unaffected, others experience early ageing and develop symptoms of Alzheimer's or another form of dementia in middle age. The St Michael's House initiative was introduced in response to the emerging needs of older clients and their carers, catering in particular for the growing number of people with learning disabilities who are now living longer, healthier lives, and who are enjoying more independent lifestyles than ever before. The service is designed to provide a continuum of care and therapy, from the support stages of the provision of information through to the total support of the service user in residential care.

The Minister for Health and Children announced in July 2002 that 850 beds in 17 community nursing home units for older people would be provided over the coming three years in a Public Private Partnership initiative. The beds will be provided in the ERHA and SHB areas in community nursing home units with day centres attached. Besides extended care, the units would offer respite and rehabilitation to help promote the dignity and independence of older people and to support them in living at home. The announcement of this initiative marked the inauguration of Public Private Partnership in the health sector and the establishment of a coordinating unit within the Department of Health and Children.

Equality Issues

The Equality Authority's Report *Implementing Equality for Older People* was published on 6 June 2002. Marking a major milestone in the affairs of older people in Ireland, the report pointed to a fairer and more inclusive society, one in which every older citizen would enjoy full and equal rights. It acknowledged that many older people continued to experience poverty, poor health or disability, educational disadvantage, sub-standard housing and inadequate or non-existent transport facilities and unequal access to the health, social care and welfare services. It also pointed to evidence of widespread 'ageism' in Irish society, manifested in the form of attitudes based on inaccurate images of older people, attitudes that portray them as marginal, dependent, in decline, or a burden on society. The report set out to examine and expose the issue of ageism in Irish society, while at the same time putting forward an equality agenda that would have the capacity to change the overall situation and experience of older people.

In the first successful case taken by an older person under equality legislation, a 72 year-old Dublin man was awarded €1,000 for being refused entry to a city-centre public house. The ruling stated that the licensed premises had discriminated against him when he was refused entry by a security man. The Equality Officer found that the refusal of service was based on age and amounted to discrimination under the *Equal Status Act*.

A Charter of Rights for Older People in residential care was launched by the three area health boards of the ERHA region. The Charter was formulated to uphold the rights of older people in residential care including the rights to respect, dignity, privacy and control of their environment. One of a number of recommendations for action identified in the ERHA's *Ten Year Action Plan for Older Persons 1999-2008*, the Charter was developed following consultation with older people, service providers and volunteers working with and for older people.

Demographics

According to an EU report published in 2002, the population of the Republic of Ireland is ageing faster than any other EU member country. Entitled *The Social Situation in the European Union 2001*, the report estimated that the number of Irish people aged between 55 and 64 would be 49 per cent higher in 2015 compared to 2000. This will represent the largest shift in terms of age profile of any EU member state. The projected increase for the same age bracket over the same period will be 23 per cent in the UK and just 3 per cent in Germany. The same study predicts a fall of 17 per cent in the 15 to 24 age group between 2000 and 2015, while the 25 to 54 age group will grow by 19 per cent.

The report also noted that life expectancy at birth for the Irish male was 74 years, one year less than the EU average. For the Irish female, life expectancy was 79 years in 2002, two years less than the EU average. It was compiled by the European Foundation for the Improvement of Living and Working Conditions, an EU research body which has its headquarters in Loughlinstown, Co. Dublin.

The Second United Nations World Assembly on Ageing

The most significant international event for older people that took place during 2002 was the Second United Nations World Assembly on Ageing, which was held in Madrid in April. As well as considering progress since 1982, when an International Plan of Action on Ageing was adopted at the first World Assembly on Ageing held in Vienna, the Madrid Assembly adopted a new International Plan of Action on Ageing to respond to the opportunities and challenges of population ageing in the twenty-first century and to promote 'a society of all ages'.

In preparation for the World Assembly on Ageing, a meeting of gerontological researchers, educators and providers was held in Valencia, Spain. A report on the outcomes of the Valencia Forum provided an evidence base in support of the International Plan of Action on Ageing and was subsequently transmitted to the Madrid Assembly.

The WHO's contribution to the World Assembly on Ageing, *Active Ageing: A Policy Framework*, was also presented at the Valencia Forum and launched at the World Assembly. Defining 'active ageing' as the process of optimising the opportunities for health, participation and security in order to enhance quality of life as people age, this approach is based on the recognition of the human rights of older people and the United Nations principles of independence, participation, dignity, care and self-fulfilment. Taking a life course perspective on ageing, the framework emphasises the heterogeneity of the older population and the fact that individual diversity increases with age. It also identified the following as being the determinants of healthy ageing: culture; gender; health and social services; behavioural factors; personal factors; physical environment; social environment and economic factors.

In the accompanying Political Declaration, the Assembly committed itself to actions at national and international levels on three priority directions:

- older persons and development;
- advancing health and well-being into old age;
- ensuring an enabling and supportive environment.

The Political Declaration emphasised that the global demographic transformation of the coming decades will challenge all societies to promote increased opportunities for older persons to realise their potential and to participate fully in all aspects of life. Underscoring the determination of the United Nations to enhance the recognition of the dignity of older persons and to eliminate all forms of neglect, abuse and violence, it noted that persons, as they age, should enjoy a life of fulfilment, health, security and active participation in the economic, social, cultural and political life of their societies.

The Declaration also emphasised the importance of international research on ageing and age-related issues as an important instrument for the formulation of policies on ageing, and stressed the primary responsibility of governments in promoting, providing and ensuring access to basic social services, bearing in mind the specific needs of older persons. The Declaration recognised the need to strengthen solidarity among generations, and intergenerational partnerships, as well as the need to achieve progressively the right of every person of whatever age to the highest possible standard of physical and mental health.

The Madrid Assembly was addressed by the heads of the delegations attending. Accordingly, His Excellency, Declan O'Donovan, Irish Ambassador to Spain, addressed the Assembly in his capacity as chairperson of the Irish delegation. Outlining the expected demographic changes in Ireland in the coming decades, Mr O'Donovan noted that the projected increase of 13 per cent in the proportion of people in Ireland aged 60 or older by the year 2050 will present serious challenges for Irish Governments in the years ahead. Emphasising that the Irish Government greatly values older people and recognises their achievements, he stressed the Government's view of the importance of research into ageing and age-related issues, and paid tribute to the work of the National Council on Ageing and Older People. The Ambassador also highlighted the importance of health promotion in improving health and well-being in later life, noting that it will only achieve the desired results if older people, health professionals and society in general are all convinced of the value of such programmes, and in particular that such initiatives can help maintain a good quality of life in older people who are well, that they can lessen the effects of illness or disability, that they can help maximise the contribution of older people to society and that they can, at least partly, offset the escalating health care costs associated with an ageing population. He noted, however, that if older people are to take a lead role in improving and maintaining their own health, it will mean countering many negative attitudes to ageing that are still to be found in people of all ages. In particular, it will be necessary to counter the view that older people do not benefit from behaviour changes. Consequently, it will be vital to ensure that older people are not excluded from health promotion activities and from preventive measures routinely offered to younger people.



Compliance with Legislation and Other Regulations

Compliance with Legislation and Other Regulations

As a statutory agency with independent and legal status, the Council is governed in its work by several legislative enactments and other procedures. These include:

- *the Data Protection Act (1988)*;
- *the Freedom of Information Act (1997)*;
- *the Prompt Payment of Accounts Act (1997)*;
- *the Code of Practice for the Governance of State Bodies (2001)*.

The Data Protection Act (1988)

During the past twelve months, the Council has taken all steps necessary to ensure that it complies fully with the legal requirements on keeping and processing personal data as set out in the *Data Protection Act (1988)*. In order to fulfil its legal obligations, the Council has registered as a data controller with the Data Protection Commissioner, has a policy statement on data protection, and has appointed its Resources and Publications Officer to supervise the application of the Act within the organisation. All staff are familiar with the Council's Data Protection Policy and written procedures have been put in place regarding all areas which involve the Council holding computerised information about individuals.

The Freedom of Information Act (1997)

The Council is a listed agency under the *Freedom of Information Act (1997)*. In compliance with the Act, the Communications Officer fulfils the role of Freedom of Information Officer within the organisation, and a Council Manual has been prepared and is available on request. The Council did not receive any requests for information under the Act during 2002.

The Prompt Payment of Accounts Act (1997)

The Council is included as a listed purchaser of goods in the schedule to the *Prompt Payments of Accounts Act (1997)*. Since 2 January 1998 when it came into operation, the Council has complied with its provisions. In accordance with the Act and guidelines issued by the Department of Enterprise, Trade and Employment, the following information is provided.

The Council has implemented procedures to ensure that all invoices received are paid within the time limits specified on the invoices or the statutory time limit if no period is specified. While the procedures are designed to ensure compliance with the Act, they can only provide reasonable and not absolute assurance against material non-compliance. These procedures operated in the period under review, and no late payment interest was incurred by the Council in 2002.

The Code of Practice for the Governance of State Bodies (2001)

The *Code of Practice for the Governance of State Bodies* was published by the Department of Finance in October 2001. Under the Code, the boards of state bodies, of which the Council is one, must aspire to the highest standards of 'corporate governance', a concept defined as being about 'the management of management'. In February 2002, the Code was forwarded to the Council by the Minister for Health and Children. Accordingly, during 2002 the Council complied with the provisions of the Code and formulated a *Code of Practice for the Governance of the National Council on Ageing and Older People*. The Code outlines a range of codes, policies and procedures in conformity with laws and regulations that relate to the Council and its work, including a Code of Business Conduct, a Code of Best Practice and a System of Internal Financial Controls.

In compliance with the Code, a Statement of Accounts together with a Statement of the Council's System of Internal Financial Controls is incorporated in this report. This is forwarded to the Minister for Health and Children with the Chairperson's Statement of Assessment of the Council's internal financial controls.



Accounts

NATIONAL COUNCIL ON AGEING AND OLDER PEOPLE

Report of the Comptroller and Auditor General for presentation to the Houses of the Oireachtas

I have audited the financial statements on pages 3 to 9 under Section 5 of the Comptroller and Auditor General (Amendment) Act, 1997.

Respective Responsibilities of the Council and the Comptroller and Auditor General

The accounting responsibilities of the Council are set out in the Statement of the Council's Responsibilities on page 2. It is my responsibility, based on my audit, to form an independent opinion on the financial statements presented to me by the Council and to report on them.

I review whether the statement on page 1 reflects the Council's compliance with applicable guidance on corporate governance and report any material instance where it does not do so, or if the statement is misleading or inconsistent with other information of which I am aware from my audit of the financial statements.

Basis of Audit Opinion

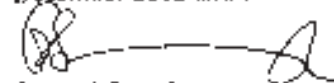
In the exercise of my function as Comptroller and Auditor General, I conducted my audit of the financial statements in accordance with auditing standards issued by the Auditing Practices Board and by reference to the special considerations which attach to State bodies in relation to their management and operation.

An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgments made in the preparation of the financial statements, and of whether the accounting policies are appropriate to the Council's circumstances, consistently applied and adequately disclosed.

I planned and performed my audit so as to obtain all the information and explanations that I considered necessary to provide me with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement whether caused by fraud or other irregularity or error. In forming my opinion I also evaluated the overall adequacy of the presentation of information in the financial statements.

Opinion

In my opinion, proper books of account have been kept by the Council and the financial statements, which are in agreement with them and have been properly prepared in accordance with accounting policies laid down by the Minister for Health and Children, give a true and fair view of the state of affairs of the National Council on Ageing and Older People at 31 December 2002 and of its income and expenditure for the year then ended.



Gerard Smyth
For and on behalf of the
Comptroller and Auditor General
12 August 2003

Accounts

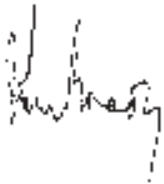
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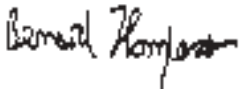
Statement on System of Internal Financial Controls

1. The National Council on Ageing and Older People is responsible for its system of internal financial control. This is described in the Council Members' Handbook.
2. The system provides reasonable, but not absolute assurance against material error.
3. The key procedures in the Council's system of internal financial controls which have been put in place include:
 - steps taken to ensure an appropriate control environment. These are outlined in the Council Members' Handbook, the Council Staff Handbook and the Council's Policies and Procedures Manual;
 - measures to identify, assess and agree how to address and contain business risks (control procedures);
 - information systems introduced to ensure detailed budgetary reporting and to provide the means to compare results with budgets during the financial year;
 - monitoring procedures to ensure that the system is operating effectively.
4. It is the Council's opinion that an effective system of internal control operates within the Council. This view is affirmed by a review of the Council's policies and procedures carried out by the Audit Committee on the Council's behalf.

Member of Council:



Member of Council:



Date:

21.7.03

Statement of Council's Responsibilities

On the 19th March 1997, the Minister for Health and Children, in exercise of the powers conferred on him by Sections 3 to 6 of the Health (Corporate Bodies) Act, 1961 as amended by Section 22 of the Health (Amendment) Act, 1966 made an order establishing the National Council on Ageing and Older People to replace the National Council for the Elderly. The new Council, inter alia, advises the Minister for Health and Children and other Ministers on all aspects of ageing and the welfare of older people.

Article 16 of the Order establishing the Council (S.I.No.120 of 1997) requires the Council to keep all proper and usual accounts of all moneys received or expended including an income and expenditure account and balance sheet. In preparing those financial statements, the Council is required to:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- disclose and explain any material departures from applicable accounting standards;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Council will continue in operation.

The Council is responsible for keeping proper books of account which disclose with reasonable accuracy at any time the financial position of the Council and which enable it to ensure that the financial statements comply with Article 16 of the establishment order. The Council is also responsible for safeguarding its assets and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Member of Council:



Member of Council:



Date:

21.7.03

1. Basis of Accounting

The financial statements are prepared on an accruals basis, except as stated below, under the historical cost convention, and in accordance with generally accepted practice. Financial reporting standards recommended by the recognised accountancy bodies are adopted as they become applicable. The unit of currency in which the financial statements are denominated is the Euro.

2. Income

Income shown in the accounts under Oireachtas Grants represents the actual amount received in the year.

3. Fixed Assets and Depreciation

- (i) Fixed Assets are stated at cost less accumulated depreciation.
- (ii) Fixed Assets are depreciated at annual rates on a straight-line basis estimated to write off the assets over their useful lives. Depreciation is charged at half the annual rate in the year of purchase. Depreciation is at the following rates:

Office Equipment	20%
Office Furniture	12.5%

4. Capital Account

The Capital Account represents the unamortised value of income used to finance fixed assets.

5. Superannuation

The Minister for Health and Children has approved the admission of the Council to the Nominated Health Agencies Superannuation Scheme. This is a contributory defined benefit scheme. Superannuation entitlements arising under the scheme are paid out of current income and are charged to the Income and Expenditure Account in the year in which they become payable. By direction of the Minister for Health and Children, no provision has been made in the financial statements in respect of benefits payable.

Income and Expenditure Account for the Year ended 31 December 2002

	Notes	2002		2001	
		€	€	€	€
Income					
Oireachtas Grants	1	1,021,000		897,770	
Publications		10,175		16,076	
Conference & Seminar Fees	2	18,981		21,210	
Miscellaneous	3	-		15,418	
			1,050,016		950,474
Transfer(to)/ from Capital Account	11		(20,857)		(6,648)
			1,029,299		957,122
Expenditure					
Salaries and Wages		370,580		274,467	
Travel		58,107		29,501	
Establishment	4	130,367		89,373	
Office Administration	5	66,253		53,266	
Publications and Printing		53,586		43,450	
Conferences and Seminars		56,110		64,803	
Research Studies	6	152,372		105,696	
Age & Opportunity		-		36,822	
Working Group on Elder Abuse	7	137,842		259,462	
Audit Fee		2,750		3,270	
			1,027,967		960,110
Surplus/(Deficit) for the year			1,332		(2,988)
Balance as at 1 January			15,268		18,256
Balance as at 31 December			16,600		15,268



The Statement of Accounting Policies and Notes 1 to 13 form part of these Financial Statements.

Member of Council:

Member of Council:

Date:

21.7.03

Balance Sheet as at 31 December 2002

	Notes	2002		2001	
		€	€	€	€
Fixed Assets	8		74,651		53,794
Current Assets					
Cash on Hand		4		213	
Debtors and Prepayments	9	24,868		11,538	
Bank		413		9,691	
Total Current Assets		25,285		21,442	
Current Liabilities					
Creditors and Accruals	10	8,685		6,174	
Net Current Assets			16,600		15,268
Net Assets			91,251		69,062
Represented by:					
Capital Account	11		74,651		53,794
Income & Expenditure Account			16,600		15,268
			91,251		69,062

The Council had no gains nor losses, in the financial year nor in the preceding financial year, other than those dealt with in the Income and Expenditure Account. The Statement of Accounting Policies and Notes 1 to 13 form part of these financial statements.

Member of Council:



Member of Council:



Date:

21.7.03

Notes to the Financial Statements for the Year ended 31 December 2002

	2002	2001
	€	€
1. Oireachtas Grants		
General Allocation from the Department of Health and Children	926,000	687,125
Allocation towards Working Group on Elder Abuse	95,000	210,645
	<u>1,021,000</u>	<u>897,770</u>
2. Conference and Seminar Fees		
<p>These monies represent fees received for a National Conference on The Assessment of Older People's Health and Social Care Needs and Preferences held on 30 May 2002 and a Conference on Meeting the Health, Social Care and Welfare Services Information Needs of Older People in Ireland held on 10 October 2002.</p>		
3. Miscellaneous		
<p>This includes a contribution in 2001 of €15,350 (IR£12,089) by FORFÁS towards the costs relating to the Employment and Retirement Conference held on 26 September 2001.</p>		
4. Establishment		
Rent & Rates	78,729	41,589
Service Charges	3,634	3,390
Heat & Light	2,731	2,772
Refurbishment, Maintenance & Repairs	13,286	15,307
Depreciation	23,250	20,141
Insurance	8,652	6,174
Loss on Disposal of Fixed Asset	85	-
	<u>130,367</u>	<u>89,373</u>
5. Office Administration		
Postage & Telephone	18,666	18,455
Stationery & Other Office Supplies	18,963	15,884
Staff Training	2,329	1,079
Subscriptions etc.	3,799	1,564
Advertising	11,618	4,688
Professional Fees	10,224	10,831
Bank Charges	654	765
	<u>66,253</u>	<u>53,266</u>

Notes to the Financial Statements for the Year ended 31 December 2002

	2002	2001
	€	€
6. Research Studies		
Day Care Services in Ireland	44,940	-
Employment & Retirement Phase II	50,784	-
Healthy Ageing Framework Development	2,477	-
Healthy Ageing Research for Database	26,000	-
Programming of Healthy Ageing Database	3,000	-
Towards Care Management: A Study of Care Practices	-	14,532
Employment & Retirement Phase I	-	33,670
Review for 2nd Level Schools	-	2,539
Information Needs of Older People	20,966	48,263
Proceedings of Conferences and Seminars	4,205	6,692
	<u>152,372</u>	<u>105,696</u>

7. Working Group on Elder Abuse

Salaries	65,423	67,323
Travel & Meetings	8,700	18,715
Light & Heat	455	1,196
Telephone & Postage	4,517	7,145
Stationery & Office Supplies	5,597	3,722
Repairs & Maintenance	1,051	1,902
Rent & Insurance	8,797	19,743
Professional Fees	3,779	3,174
Grants for Pilot Projects & Training	-	136,075
Research Consultants	26,254	-
Publications	12,802	-
Depreciation	467	467
	<u>137,842</u>	<u>259,462</u>

Notes to the Financial Statements for the Year ended 31 December 2002

8. Fixed Assets

	Office Equipment		Office Furniture		Total	
	€	€	€	€	€	€
Cost at 31 December 2001	130,398		32,607		163,005	
Additions in year	43,352		1,347		44,699	
Disposals in year	(2,106)		(286)		(2,392)	
		171,644		33,668		205,312
Depreciation:						
Accumulated Depreciation as at 31 December 2001	94,334		14,877		109,211	
Depreciation charge for the year	19,964		3,753		23,717	
Depreciation on disposal	(2,106)		(161)		(2,267)	
Accumulated Depreciation as at 31 December 2002		112,192		18,469		130,661
Net Book Value at 31 December 2002		59,452		15,199		74,651
Net Book Value at 31 December 2001		36,064		17,730		53,794

Notes to the Financial Statements for the Year ended 31 December 2002

	2002	2001
	€	€
9. Debtors and Prepayments		
Trade Debtors		
- Publications	743	1,873
- Conferences	330	6,758
Prepayments	23,795	2,907
	<u>24,868</u>	<u>11,538</u>
10. Creditors and Accruals		
Creditors & Accruals	4,963	1,884
Audit Fee	2,750	2,000
Accountancy Fee	972	972
PAYE	-	1,149
PRSI	-	85
Union Dues	-	84
	<u>8,685</u>	<u>6,174</u>
11. Capital Account		
Balance at 1 January 2002		53,794
Income allocated for Capital purposes	44,699	
less amortisation in line with depreciation	(23,717)	
Amount released on disposal of fixed assets	(125)	
		<u>20,857</u>
Balance at 31 December 2002		<u>74,651</u>

12. Commitments Under Operating Lease

Leasing commitments payable in the next twelve months amounts to €135,120 and comprises the rental payable on the Council's leasehold interests in two properties.

13. Approval of Financial Statements



These financial statements were approved by the Council on 12 March 2003.



Publications

Publications

Reports

No.	Report Name	Price	P & P
1	<i>Day Hospital Care</i>	€0.63	€0.63
2	<i>Retirement: A General Review</i>	€0.63	€0.76
4	<i>Community Services for the Elderly</i>	€0.47 	€0.76
5	<i>Retirement Age: Fixed or Flexible? Seminar Proceedings</i>	€0.63	€1.14
6	<i>The World of the Elderly: The Rural Experience</i>	€1.90 	€1.14
7	<i>Incomes of the Elderly in Ireland: And an Analysis of the State's Contribution</i>	€2.54	€1.90
9	<i>Home from Home? Report on Boarding Out Schemes for Older People in Ireland</i>	€2.54	€1.14
10	<i>Housing for the Elderly in Ireland</i>	€2.86 	€1.90
11	<i>Institutional Care of the Elderly in Ireland</i>	€2.86 	€1.90
12	<i>This is Our World: Perspectives of Some Elderly People on Life in Suburban Dublin</i>	€1.90 	€1.14
13	<i>Nursing Homes in the Republic of Ireland: Study of the Private and Voluntary Sector</i>	€3.17	€1.90
14	<i>'It's Our Home': The Quality of Life in Private and Voluntary Nursing Homes</i>	€3.17	€1.90
15	<i>The Elderly in the Community: Transport and Access to Services in Rural Areas</i>	€1.90 	€1.14
16	<i>Attitudes of Young People to Ageing and the Elderly</i>	€0.63	€1.14
17	<i>Choices in Community Care: Day Centres for Elderly in the EHB</i>	€2.38 	€1.90
18	<i>Caring for the Elderly. Part I: A Study of Carers at Home and in the Community</i>	€2.54	€1.14
19	<i>Caring for the Elderly. Part II: The Caring Process: A Study of Carers in the Home</i>	€4.44	€1.90
20	<i>Sheltered Housing in Ireland: Its Role and Contribution in the Care of the Elderly</i>	€4.44	€1.90
22	<i>The Role and Future Development of Nursing Homes in Ireland</i>	€4.44	€1.90
23a	<i>Coordinating Services for the Elderly at the Local Level: Swimming against the Tide</i>	€4.44	€1.90
23b	<i>Coordinating Services for the Elderly at the Local Level. Summary of Evaluation on Two Pilot Project</i>	€0.63	€0.76
24	<i>The Impact of Social and Economic Policies on Older People in Ireland</i>	€3.81	€1.14

25	<i>Voluntary-Statutory Partnership in Community Care of Elderly</i>	€5.08	€1.90
26	<i>Measures to Promote Health and Autonomy for Older People: A Position Paper</i>	€2.54	€1.14
27	<i>Coordination of Services for the Elderly at the Local Level. Seminar Proceedings</i>	€2.54	€1.14
28	<i>Voluntary-Statutory Partnership in Community Care of the Elderly. Conference Proceedings</i>	€2.54	€1.14
29	<i>Dementia Services: Information and Development. Conference Proceedings</i>	€2.54	€1.14
30	<i>Bearing Fruit. A Manual for Primary Schools</i>	€4.44	€1.90
31	<i>In Due Season. A Manual for Post-primary Schools</i>	€4.44	€1.90
32	<i>Measures to Promote the Health and Autonomy of Older People in Ireland. Conference Proceedings</i>	€5.71	€1.90
33	<i>Theories of Ageing and Attitudes to Ageing. Round Table Proceedings</i>	€1.90	€1.14
35	<i>The Economics and Financing of Long-Term Care of the Elderly in Ireland</i>	€8.89	€1.90
36	<i>Home Help Services for Elderly People in Ireland</i>	€7.14	€3.17
37	<i>Older People in Ireland. Social Problem or Human Resource?</i>	€3.81	€1.14
38	<i>The Economics and Financing of Long-Term Care of in Ireland. Seminar Proceedings</i>	€3.81	€1.14
39	<i>Health and Autonomy Among the Over-65s in Ireland</i>	€10.79	€1.90
40	<i>Support Services for Elderly People Living at Home</i>	€8.09	€1.90
41	<i>Home Help Services for Elderly People in Ireland. Conference Proceedings</i>	€5.08	€1.14
42	<i>Health and Social Care Implications of Population Ageing In Ireland, 1991-2011</i>	€5.08	€1.14
43	<i>Planning Health and Social Care Services for the Elderly. Conference Proceedings</i>	€5.08	€1.14
44	<i>Elderly Return Migration from Britain to Ireland. A Preliminary Study</i>	€6.35	€1.14
45	<i>Mental Disorders in Older Irish People: Incidence, Prevalence and Treatment</i>	€9.52	€1.90
46	<i>Mental Disorders in Older Irish People: Incidence, Prevalence and Treatment. Conference Proceedings</i>	€5.08	€1.14
47	<i>Training Carers of Older People: An Advisory Report</i>	€9.52	€1.90
48	<i>The Years Ahead Report: A Review of the Implementation of its Recommendations</i>	€12.70	€3.17
49	<i>Conference Proceedings: Review of the Recommendations of the Years Ahead Report</i>	€8.63	€1.90
50	<i>Adding Years to Life and Life to Years: A Health Promotion Strategy for Older People in Ireland</i>	€6.35	€1.90
51	<i>The Law and Older People: A Handbook for Service Providers</i>	€15.87	€2.29
52	<i>Abuse, Neglect and Mistreatment of Older People</i>	€7.62	€1.90
53	<i>The Future Organisation of the Home Help Service in Ireland</i>	€7.62	€1.46
54	<i>An Action Plan for Dementia</i>	€10.79	€1.90

55	<i>Income, Deprivation and Well-being Among Older Irish People</i>	€8.89		€1.90
56	<i>Conference Proceedings: Planning for Dementia Care in Ireland</i>	€5.72		€1.46
57	<i>Young and Old</i>	€19.05		€1.90
59	<i>What Works in Health Promotion for Older People in Ireland: Conference Proceedings</i>	FOC		FOC
60	<i>Costs of Caring for People with Dementia and Related Cognitive Impairments</i>	€12.70		€1.52
61	<i>Annual Report 1999</i>	FOC		FOC
62	<i>A Framework for Quality In Long-Term Residential Care for Older People in Ireland</i>	€8.89		€1.46
63	<i>Towards a Society for All Ages: Conference Proceedings</i>	€9.52		€1.46
64	<i>Health and Social Services for Older People (HeSSOP)</i>	€22.86		€3.17
65	<i>Employment & Retirement Among the Over-55s: Conference Proceedings</i>	€13.50		€1.90
66	<i>Care and Case Management</i>	€16.51		€1.90
67	<i>Older People's Preferences for Employment and Retirement</i>	€10.54		€1.90
68	<i>Annual Report 2000</i>	FOC		FOC
69	<i>Meeting the Health, Social Care and Welfare Services Information Needs of Older People in Ireland</i>	€16		€2.80
70	<i>Annual Report 2001</i>	FOC		FOC
71	<i>Towards Care Management in Ireland: Conference Proceedings</i>	€16		€1.90
72	<i>Assessment of Older People's Health and Social Care Needs and Preferences: Conference Proceedings</i>	€16		€1.90
73	<i>Protecting Our Future (Report of the Working Group on Elder Abuse)</i>	€4		€1.90
74	<i>The Role and Future Development of Day Services in Ireland</i>	€17		€1.90
75	<i>Annual Report 2002</i>	FOC		FOC



This denotes a publication that is out of print but is available to download on the Council website (www.ncaop.ie).

No.	Title	Price
FF1	<i>Demography</i>	€1.41
FF2	<i>Physical Health</i>	€1.41
FF3	<i>Income</i>	€1.41
FF4	<i>Work and Retirement</i>	€1.41
FF5	<i>Housing</i>	€1.41
FF6	<i>Community Care Services</i>	€1.41
FF7	<i>Long Stay Care</i>	€1.41
FF8	<i>Mental Disorders</i>	€1.41
FF9	<i>Carers</i>	€1.41
FF10	<i>Voluntary Sector Services</i>	€1.41
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FF13	<i>Age and Attitudes</i>	€1.41
FF14	<i>Accidents and Safety</i>	€1.41

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