



annual report  
tuairisc bhliantúil

# 2003



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

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# Foreword



2003 was a busy and productive year for the National Council on Ageing and Older People, during which it continued to fulfil its mandate to advise the Minister for Health and Children, and other Ministers on all aspects of ageing and older people in Ireland.

The Council is informed and guided in its work by a range of policies, legislative requirements and key documents pertaining to the achievement of health and social gain among older people in Ireland. In this context, the publication in June 2004 of the *Health Services Reform Programme* signalled a major development for the Council and its work in the years ahead.

The Council's Work Programme continued in 2003 in several areas, principally research, policy, healthy ageing and communications. In terms of research, a major study on the role and future development of day services in Ireland was launched in May at a national conference in Tullamore. Based on a series of in-depth interviews with some 180 respondents, the publication of this report was timely, given the current shift in emphasis towards home care and community services for older people, as demonstrated in the National Health Strategy.

Later in the year, the Council published an important study entitled *Healthy Ageing in Ireland: Policy, Practice and Evaluation*. This study is a comprehensive review of healthy ageing activities being implemented in Ireland by health boards, professional organisations, community development and voluntary agencies. Undertaken to provide criteria for best practice and evaluation that will inform practitioners and policy-makers alike, it is envisaged that it will result in improved health and social outcomes for older Irish people. The report was launched at a one-day national conference on healthy ageing in Dublin in November.

The other major development in the field of healthy ageing was the creation during the year of the Council's Healthy Ageing Database. This is an updated and re-modelled national database of projects and services that promote health and well-being among older people, the information for which was gathered during the course of a series of eight regional seminars held around the country. It is very gratifying to note the high level of cooperation that the Council received from a broad range of practitioners whose inputs made the project such a success.

As a body that articulates the needs and concerns of older Irish people, the Council made submissions on a broad range of issues to Government Departments, statutory agencies and other bodies. These included a Pre-Budget Submission to the Minister for Finance, a submission to the Joint Oireachtas Committee on Social and Family Affairs regarding the position of full-time carers, and a briefing paper to the Law Reform Commission on structures for the protection of older people against various forms of abuse.

With regard to the communications dimension of its work, the Council continued to disseminate its publications to both statutory and non-statutory sectors. It also embarked on a new venture – the production of two short video advertisements about ageism for a community roadshow.

In the course of the year it was my honour to assume the Chair of the Council and, in so doing, to welcome several new members to the Council. I am pleased to say that already at the year's end, both individually and collectively, our new members have made very positive contributions to the Council's work. To existing Council members and to those whose term of office came to an end during the year, I would like to express my sincere thanks for the time, expertise, energy and commitment which they have given so willingly to the task of promoting health and social gain for our older citizens.

In conclusion, I would like to express my appreciation to the staff of the Council Secretariat for their valued contributions to the work of the organisation.

A handwritten signature in black ink that reads "Eibhlin Byrne". The signature is written in a cursive, flowing style.

**Clr Eibhlin Byrne** Chairperson NCAOP

# 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 to 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;
  - 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 2003

*Chair* Cllr Éibhlin Byrne

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 were appointed to the Council in June 2003:

Dr Michael Loftus	Pauline Clancy-Seymour	Cllr Jim Cousins	Michael Dineen
Dr Ciaran Donegan	Fr Peter Finnerty	James Flanagan	Eamon Kane
Michael Murphy	Pat O'Toole	Mary Nally	Rosemary Smith
Martha Sullivan	Eddie Wade		

*Meetings in 2003* 6

## Management Committee

*Chair* Cllr Éibhlin Byrne

Bernard Thompson	John Brady	Sylvia Meehan	Frank Goodwin
Bob Carroll	Dr Michael Loftus	Cllr Jim Cousins	Pat O'Toole

*Meetings in 2003* 7

## Audit Sub-Committee

*Chair* Bernard Thompson

Cllr Éibhlin Byrne	John Brady	Sylvia Meehan	Frank Goodwin
Bob Carroll	Dr Michael Loftus	Cllr Jim Cousins	Pat O'Toole

*Meetings in 2003* 3

## Healthy Ageing Consultative Committee

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*Chair* Dr Michael Loftus

Cllr Jim Cousins

Dr Margaret Hodgins

Maria Lordon-Dunphy

Dr Sheila MacEvilly

Shay McGovern

Mary Nally

Catherine Rose

Peter Sands

Dr John Gibbon

Dr Nazih Fakher-Eldin

Angela King

Mary McDermott

Mary O'Neill

Martina Queally

Dr Shelagh Wright

Ann Leahy

*Meetings in 2003* 6

## Policy Standing Committee

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*Chair* Dr Davida de la Harpe

John Grant

Sylvia Meehan

Jimmy Duggan

John Cooney

*Meetings in 2003* 5

## Consultative Committee on Social Isolation and Loneliness

---

*Chair* Frank Goodwin

Fr Peter Finnerty

Hilary Scanlon

Mary Brennan

Noel Byrne

Paula Sims

Grace Fraher

Mary Nally

Jean Manahan

Ann Harris

Julie Healy

*Meetings in 2003* 1

## Consultative Committee on Ageism

---

*Chair* Dr Ruth Loane

Cllr Jim Cousins

Ann Ryan

John Kincaid

Dr Ciaran Donegan

James Conway

Mary Nally

Iarla Duffy

Fiona Johnston

Brenda Hannon

Dr Michael Loftus

Hilary Coates

William Reddy

*Meetings in 2003* 2

## *RIP* Lady Valerie Goulding

In July 2003, Council members were saddened to learn of the death of Lady Valerie Goulding. Lady Goulding served as chairperson of the National Council for the Elderly (1990-1992) and as President (1992-1994). Lady Goulding contributed greatly to the work of the Council, and to making it better known and understood.

# Council Secretariat

The following staff were employed by the Council in 2003:

*Director*

*Research Officer*

*Resources and Publications Officer*

*Communications Officer*

*Healthy Ageing Programme Advisor*

*Policy Analyst (to July 2003)*

*Policy Analyst (from September 2003)*

*Healthy Ageing Projects Officer (Social Environment)*

*Healthy Ageing Projects Officer (Physical Environment)*

*Human Resources Officer (to February 2003)*

*Office Services and Events Manager*

*Accounts Administrator*

*Administrative Secretary*

*Administrative Secretary*

*Receptionist/Junior Secretary (temporary)*

Bob Carroll

Sinead Quill

Gabrielle Jacob

John Heuston

Dr Helen McAvoy

Wendy Conroy

Patricia Conboy

Dervilla Keegan

Jane England

Niamh McCarthy

Michelle Rogers

Regina Ward

Samantha Kenny

Margaret Flynn

Joanne Clarke

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# Liaison: National and International

During 2003, 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:

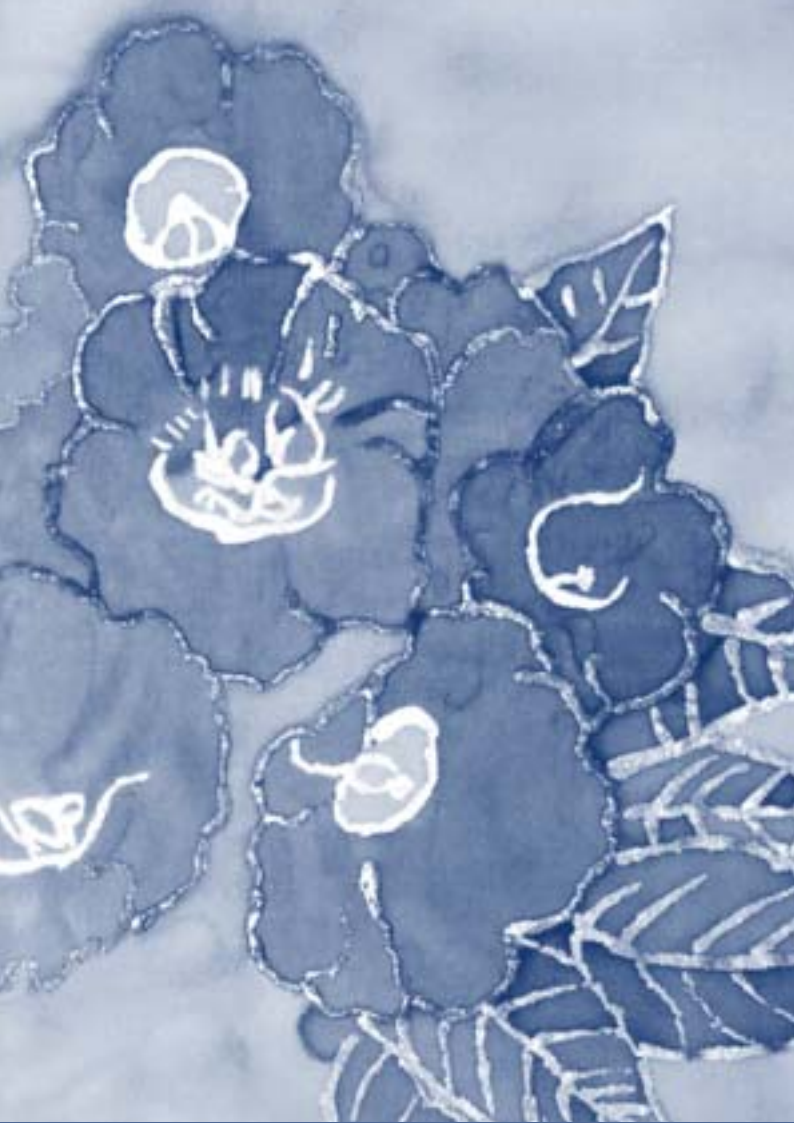
- the Office of the Minister of State for Services for Older People;
- the Department of Health and Children;
- the Department of Social and Family Affairs;
- the Interdepartmental Group on the Needs of Older People;
- the Eastern Regional Health Authority and the Health Boards;
- the Equality Authority;
- the National Economic and Social Forum;
- the National Health Strategy Consultation Forum;
- the Irish Human Rights Commission;
- the Association of Chief Executives of State Agencies;
- 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 Law Reform Commission;
- the National Safety Council;
- the National Women's Council of Ireland;
- the National Disability Authority;
- the Combat Poverty Agency;
- the Institute of Public Health in Ireland (Public Health Alliance);
- the Irish Nursing Homes Organisation;
- the Irish Hospice Foundation;

- the Irish Cancer Society;
- the Senior Citizen's Parliament;
- Sustainable Energy Ireland;
- Energy Action Ireland;
- the Irish Council for Social Housing;
- 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

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



## Council Work Programme 2003

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

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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.

## Publications

### *The Role and Future Development of Day Services for Older People in Ireland* (Report No. 74)

Government and health board policy documents have acknowledged the valuable role that day services play in providing services such as a midday meal, bath or shower, therapeutic and social services, and in promoting social contact and preventing loneliness, relieving caring relatives and providing social stimulation in a safe environment for older people with mild dementia.

In addition, the Council has long recognised the great potential of day services as a means of enabling older people to remain in their own homes, allowing them to avoid the costly, and often unwanted, alternative of long-term institutional care. In that context, day centres are an integral component in the continuum of community care services for older people and, if adequately resourced, they have the potential to achieve substantial health and social gain.

A major study entitled *The Role and Future Development of Day Services for Older People in Ireland* was published by the Council in May 2003. Based on a series of in-depth interviews with 180 respondents at 15 locations around the country, it represented the first detailed examination of the attitudes of day service providers, older people, their carers and of public health nurses (PHNs). The publication of the report was timely given the emphasis on home care and community services for older people in the National Health Strategy.

## Background to the Study

In 1987, the Convery report *Choices in Community Care: Day Centres for the Elderly in the Eastern Health Board* noted that a weakness in the community care system as a whole had been that service objectives, including those for day services for older people, had not been adequately developed. A year later in 1988, *The Years Ahead* report defined the main purposes of day centres but did not develop service objectives in such a way as to give meaningful direction to service operations and development.

There are several reasons contributing to the lack of development of service objectives for day services for older people. One of these is undoubtedly the historical confusion surrounding the terminology used to describe very different types of day service (leading to older people being directed to facilities that may not be appropriate to their needs). A second reason is the lack of consultation with older people who use day facilities and their carers, those older people in the community who do not use or want to use the facilities, and those who work in them or refer older people to them.

In order to progress the development of service objectives and to further the development of a continuum of day facilities appropriate to older people's diverse needs, abilities and preferences, the Council commissioned a report to:

- identify the main models of day facilities that exist 'on the ground';
- consult with older people, their carers and service providers in order to revise and develop primary and secondary objectives for each of the models identified;
- define the components of service delivery to assist in evaluating how well the different models of day service provision meet these objectives.

## Major Findings

This is the first national study to consult not only day service providers but also older people and their family carers, in order to consider the development of day service objectives and the components of service delivery needed to fulfil these objectives.

- Day services are hugely beneficial and supportive to the many different categories of older people attending a variety of day service environments. The services that these centres provide make a demonstrable contribution towards enabling older people to remain in their own homes, either alone or with their families, and to avoid the unwanted and costly alternative of long-term institutional care. The combination of individual services given at a personal level, the nursing and therapeutic services provided directly in the centres or accessed through them, and the social activity and stimulation programmes offered in the day service facilities, is fundamentally important to these older people and their carers.
- In addition to the tangible health benefits provided by day services, those who avail of the services and their carers become part of a wider network of caring, being known to a range of service providers and each other. Substantial social capital gains are achieved through mutual support, cooperation and empathy.
- Despite widespread acknowledgement of the value of day services, numerous gaps, deficits and weaknesses exist in the provision of these services.
- Currently, there are serious difficulties in providing certain essential services to older people attending the various types of day service, particularly physiotherapy. There are also difficulties with staffing of facilities, which hinders meeting many service objectives, and there is significant anxiety among staff in relation to continuing staffing levels.
- Service providers expressed concern that day care centres may be unsuitable for certain categories of older people, such as those with dementia, 'younger' older people with physical disabilities and those older people who no longer require support through activation and maintenance but have come to rely on the social supports provided.
- Service providers and PHNs were critical of the deficits in the service provided for family carers, especially in cases where caring caused an undue burden, either through dementia or high dependency.

## Report Recommendations

- The Council proposes that the heterogeneity of the older population requires the provision of a continuum of day services that caters for the entire range of dependence levels. However, it notes that the provision of day services for older people in general has been characterised by inadequate funding and direction. In order for day services for older people to be developed strategically, the Council recommends that they be designated as core services with adequate dedicated funding and underpinned by the appropriate legislation, so that older people can access services by right or automatic entitlement.
- The terminology used to describe different facilities is often confusing: one term may be used to describe two very different facilities and similarly, different terms are often applied to facilities that provide similar services. In order for day services for older people to be developed strategically and designated as core services, and for a continuum of day services to be established, the Council believes that the existing types of day service must be clearly defined.
- The Council recommends that the Department of Health and Children prepare guidelines for the operation and management of day services. This would greatly facilitate the process of having day services designated as core services.
- The Council recommends that the terminology that was developed in the report for the various types of facility, which is consistent with the definitions employed by the National Working Group on Performance Indicators, be adopted by the health boards and at national level.
- Centres should be developed on the basis of the classification in the report that ensures that the full range of day services are made available within each region/health board so that the needs of all older people are met, from the fully independent to those with high dependency levels.
- There is no clear definition of what constitutes a day service place. The definition of the term has critical implications for the future development of day services, as well as for the planning of services and resource allocations required to achieve service objectives.
- Health boards should endeavour to quantify the demand for the various types of day service in their respective regions, with figures based on an accurate analysis of need that pays particular attention to issues of spatial distribution and the existence of complementary services that may exist.
- There is currently no direction regarding who should be responsible for the development of day services for older people in the community. It is recommended that health boards should be legally obliged to provide and support day services, and should support voluntary organisations in the provision and management of such services, if that is the wish of these organisations.
- Standardised grant application procedures for voluntary organisations wishing to set up day services should be established with clearly defined criteria for grant eligibility.
- Service level arrangements should govern funding arrangements between health boards and service providers.
- There should be a standardised approach within health boards to charging day service users.
- Funding levels to service providers should be adequate to cover the costs associated with operating the facility.
- Depending on the type of day service in question, a specific complement of trained staff is required to ensure that the service objectives of the centre are being achieved. However, the research highlights staffing difficulties at all levels. In particular, the lack of availability of qualified physiotherapists and chiropodists was identified as a critical deficit. Accordingly, the Council recommends that staff ratios in day service facilities be increased so that the stated service objectives may be achieved. It also recommends that further research be carried out to establish norms and standards for staffing levels.

- The study also emphasises that training of staff at all levels is critical to ensuring the delivery of a quality service. It recommends that day service staff be provided with opportunities for continuing personal and professional development, and that volunteers receive training and support that is funded by the health boards.
- The report confirms previous Council research findings that transport is crucial to facilitating access to day services. The research indicates that transport owned or controlled by the centres is required to enable older people to access the services they need and the Council recommends that dedicated funding be allocated to this end.
- Consultations undertaken with older people in the course of the study highlighted the importance of providing a choice of activities in day centres. The study reveals that older people tend to accept the ageist assumptions that are associated with the more sedentary activities provided by some of the centres. The Council, therefore, recommends that older people be provided with a real and meaningful choice of activities, in particular, imaginative programmes of activities that stimulate involvement and encourage participation by those who might otherwise see day centre activities as being not for them.
- The carers who participated in the study expressed high levels of satisfaction with the services being offered to their loved ones in the various facilities. However, service providers, particularly those in the more care-oriented centres, felt that the opening hours did not facilitate carers who wished or needed to work outside the home. The Council recommends that day services be funded adequately to enable them to open for a sufficient time each day to accommodate the carers most in need of services. This should be accompanied by increased funding of other respite services to alleviate the burden on carers, including home sitting, weekend and intermittent respite services.

## Events

### National Conference on *The Role and Future Development of Day Services for Older People in Ireland*

To mark the launch of *The Role and Future Development of Day Services for Older People in Ireland*, the Council organised a national conference at the Tullamore Court Hotel, Tullamore, Co. Offaly on 27 May 2003. It was attended by more than 280 participants from the statutory, voluntary and private sectors.

In his address to the conference, Ivor Callely TD, Minister for Services for Older People emphasised that supporting older people to live in dignity and independence for as long as possible was the cornerstone of current Government policy. He also noted that an important function of day centres is the opportunities they provide for older people to meet their peers, in addition to their practical facilities including meals, baths and showers, medical assistance, and other health and recreational services.

#### Opening Session

Alastair Graham outlined a framework for day service development based on two important concepts: dignity and difference. He argued that it is necessary to establish day services that are about lifestyle enhancement: services that are highly individualised, targeted to need, non-stigmatising, able to take advantage of community resources and interests, driven by the choices and interests of the older person. Alastair argued that the ethos of day services should be informed by a social model of care rather than a medical model. He urged all involved in providing day services to 'imagine better'.

Pat O'Dowd outlined the findings of the Midland Health Board's 2002 review of its day care services. The review found that 'day care' means different things in different settings and that there was a need to define an Essential Day Care Package of Services, one that is available in all locations. The MHB envisages a future where day care services, which are person-centred, outcome-focused and meet the Board's quality standards, are integrated into a continuum of care that addresses the needs of all older people.

Kathleen Dunleavy described how Killeshandra Day Care Centre in Co. Cavan came to be set up. She outlined the services offered by the Centre and the benefits to and achievements of those using it. She endorsed the recommendations set out in the NCAOP's report including: the need to quantify the demand for day services; the importance of evaluation of services that includes consultation with older people; the vital role that transport plays in sustaining day services; and the importance of partnerships between volunteers, older people and health boards in delivering effective services.

Sinead Quill presented the NCAOP's comments and recommendations arising from the research. She outlined the prerequisites for the strategic development of day services:

- the development of guidelines for the operation and management of day service;
- the adoption of a standardised and consistent terminology for describing different types of day service facility;
- the need for development of day centres based on the Revised Classification set out in the report;
- the identification of types and number of service currently in existence;
- clarification of what is meant by a day service place;
- a refinement of the recommended number of centres per head of population;
- clear direction on responsibility for the development of day services for older people.

Sinead also set out the key components required to achieve the service objectives. These included funding, staffing, transport, addressing the needs of carers, adoption of a social model of care and the use of a partnership approach in developing and operating a continuum of community care services. She also noted the need to develop services for those living in the community who do not wish to use day services.

### **Parallel Sessions**

In Workshop One 'Addressing the Needs of Older Men', Patsy Smith outlined the services offered by Older Men's Organisations Ireland and how he found that being a member had had a positive impact on his life. Mike O'Shea described an action research project in which he was involved that examined the needs of older men in the Dingle Peninsula, an area with a high suicide rate among this age group. As a result of the research, a men's group was set up. Mike outlined the services offered by the group, including a mobile information service and an education programme. He told of the positive impact the group's services have on the lives of older men in the area. While he acknowledged the need for Government input and funding, he stressed the importance of a community taking steps to look after itself. The discussion that followed the presentations, chaired by Donal O'Sullivan, highlighted the importance of addressing a range of issues faced by older men in general, and those living alone in rural areas in particular. The most pressing issues were the high rates of suicide and depression, as well as the general lack of attention that men pay to their health and well-being. Other issues included literacy, economic hardship and the quality and availability of suitable housing.

In Workshop Two 'Promoting Health in Day Centres', Dr Helen McAvoy related the findings of a study of the quality of life of older people attending a day centre in Clifden, Co. Galway. The study findings indicated that many of those attending described a good quality of life. Dr McAvoy suggested that service providers could enhance the quality of life of their clients by focusing on preserving mobility and continence, and addressing mental illness and cardiovascular disorders. Mary Harkin described the Go For Life programme which aims to promote 'a positive state of physical, mental and social well-being' through its Active Living, Sports Participation and Grant Schemes. The discussion that followed, chaired by Dr Finbarr Corkery, highlighted the importance of widening participation in healthy ageing activities and the importance of improving ways of detecting and managing mental health.

In Workshop Three, Hilary Scanlan looked at the 'macro' or higher level issues in providing essential day services. She argued that there is a crucial need to establish legislative entitlement to community services, as well as a need to address the unconscious ageism that exists in the health services. She emphasised the need for adequate resources to fund a continuum of community care, as well as the need for research to underpin demands for allocation of resources. She further stressed the need for transport: if there is no bus, there is no day service. Sheila Kirwin looked at the day-to-day challenges in providing essential day services. She described the Carnew Community Village and Day Centre, and the services the Centre provides. She outlined the key factors in running a day centre and highlighted some of the challenges facing Carnew, including a lack of transport and staffing problems due to cut backs in the Community Employment Scheme and the summer employment scheme for third level students. The discussion that followed, chaired by Mary McDermott, drew further attention to the need for commitment from senior health board management in establishing day services, as well as the need for adequate funding for the development of services including staffing and transport.

In Workshop Four, John Grant outlined the steps involved in setting up a dementia-specific day centre. He drew attention to the need for background research, detailed and accurate costings, and suitable buildings and transport, as well as the importance of having the right staff and level of staffing. He also emphasised the importance of establishing good relationships between staff, older people and their carers. Veronica McNamara's comments echoed those of John Grant emphasising that the ideal dementia-specific day centre should have a domestic setting, a transport policy, should be housed in a suitable building and should be run by trained staff. She pointed out that there is a need to increase awareness of dementia among the general public, as well as among health and social care professionals. She stressed the need for adequate funding of services, the development and expansion of respite services, and the evaluation of current provision. The discussion that followed, chaired by Dr Suzanne Cahill, further endorsed the importance of addressing the key issues of appropriate care in appropriate settings with adequate staffing levels. The discussion also covered the issue of lack of availability of counselling for carers and the need to establish an effective counselling service.

In Workshop Five, Mary Nally and Seamus Walsh in their presentations described the Active Retirement movement. Its aim is to enhance quality of life, improve health and offer social gain to older people. They both described the challenges of running multi-activity Active Retirement Associations: the lack of public transport, particularly in rural areas; the lack of suitable venues; the cost of hiring venues; and a reluctance among volunteers to take on positions of leadership or responsibility. Suggestions about how to tackle these issues were made by Seamus Walsh, as well as by others participating in the open discussion, chaired by Noel Byrne, that followed the presentations. These included strategies for the sharing of premises and transport services. To encourage volunteers to take up leadership roles, Seamus recommended a programme of training, organised by Active Retirement Development Officers.

### **Final Session**

In the final session, Dr Kate Davidson presented the findings of a research study she conducted in the UK with her colleagues at the Centre for Research on Ageing and Gender at the University of Surrey. The research found that there is a perception among older men that the only activities at day centres are 'the sort of things that "old women" enjoy doing', e.g. sitting around, chatting or playing Bingo. One research participant described day centres as 'a pink thing rather than a blue thing'. For many, attendance at such a centre was a 'last resort' and would imply that 'you've given up'. Those who did attend saw themselves as active volunteers rather than as passive clients. Dr Davidson found that one centre, successful in attracting men, had changed its name from 'Day Centre' to 'Centre for Retired People'. At this centre, staff do not wear uniforms, facilities include a snooker table and a Computer Club, and the Centre is licensed to sell wine and beer. Men attending this centre described it as 'just like a normal social club'. Dr Davidson and her colleagues suggested that policy changes are needed to make day centres and clubs more attractive to older men. Once 'in', the research showed that men will take part in health-promoting activities such as dancing and indoor bowls. More importantly, Dr Davidson pointed out, they find themselves in an environment that enhances their quality of life: social involvement increases and social isolation is lessened.

In response, Dr Maura O'Shea invited participants to reflect on these findings in relation to the development of day services in Ireland. She highlighted some key facts about older Irish men: their life expectancy is lower than women's; they have an increased risk of suicide; they show greater reluctance to visit health services or take health advice; and they are more vulnerable to social isolation than are women. All of this, she pointed out, is essential to bear in mind in considering the role and future development of day services for older people in Ireland. It is essential to understand what can be done to encourage older men, and in particular lone older men, to use day services. As Dr Davidson's research showed, services must offer socially-based activities that are imaginative, participative and responsive to men's needs.

## National Conference on *Quality Standards in Dementia Care*

In the context of its mandate to examine ways in which services for older people with dementia and their carers might be improved, the Council and the Alzheimer Society of Ireland supported the Dementia Services Information and Development Centre in the organisation of a national conference on *Quality Standards in Dementia Care* at the Gresham Royal Marine Hotel, Dun Laoghaire on 5 December 2003. Attended by 120 participants, including service providers, policy-makers, planners, researchers and administrators from all over the country, the conference was formally opened by Ivor Callely TD, Minister for Services for Older People.

Papers were delivered by several experts in the field of dementia care including Professor Brian Lawlor, Connolly Norman Professor of Old Age Psychiatry at TCD and Consultant Psychiatrist for the Elderly at St Patrick's and St James's Hospitals; Dr Eamon O'Shea, Department of Economics, NUI Galway; Dr Wilhelmina Hoffman MD, Physician and Specialist in Geriatric Medicine, Stockholm Sjukhem Foundation, Sweden; and Professor Murna Downs, Professor of Dementia Studies at the University of Bradford.

The conference also included three workshops on different aspects of dementia care. It concluded with feedback from the workshops and with a discussion on future directions in relation to dementia care in Ireland.

## 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 2003, several submissions relating to health services development were formulated. These included:

- comments to the Human Rights Commission on the report *Older People in Long-Stay Care*;
- a submission to the Joint Oireachtas Committee on Social and Family Affairs on the review of the position of full-time carers;
- comments to the Department of Social and Family Affairs on the report *The Future Financing of Long-Term Care in Ireland*;
- a briefing paper to the Law Reform Commission on structures for the protection of older people against various forms of abuse;
- comments to the Law Reform Commission on the consultation paper *Law and the Elderly*.

## Pre-Budget Submission to the Minister for Finance

The Council's annual pre-Budget submission to the Minister for Finance identified several key priorities in relation to the long-term care of older people in Ireland. Noting demographic projections that indicate a substantial increase in the older population in the coming decades, the submission emphasised that the existing system does not have sufficient capacity to meet the long-term care needs of older people adequately, either now or in the future. Accordingly, the Council recommended that significant real term increases in financial resources should be made available to services for older people in the 2004 Budget and in future years.

The submission also emphasised the importance of ensuring that older people receive care that is appropriate to their needs and preferences. It highlighted the need to adopt a comprehensive and holistic assessment process encompassing several domains: medical, social, psychological and financial. This would ensure that those requiring long-term care would receive the services most appropriate to their needs, whether in the community or in long-stay care.

The Council also emphasised the need to allocate resources to gathering information on existing assessment processes in Ireland, funding further research into assessment processes and developing a coordinated approach to multi-disciplinary assessment for older people that is consistent, open and transparent.

Noting the existence of an 'institutional bias' towards the care of older people in Irish society, the submission observed that there was no current funding for the long-term home care of older people. Accordingly, the Council indicated that it favoured the introduction of an integrated subvention scheme to meet long-term care needs within a continuum of care for older people.

It welcomed the consideration that the Mercer and O'Shea reports have given to the need to redress the existing balance in terms of provision of financial support for home care. It endorsed the O'Shea's conclusion that the Nursing Home Subvention Scheme should be reformed to incorporate a community-based subvention system. It also endorsed the recommendation of the O'Shea report that there should be further examination of alternative cost-sharing arrangements for long-term care.

In addition, the Council endorsed the conclusion of the Mercer report that a system of social insurance provides the most appropriate mode of financing the long-term care of older people. Acknowledging the need to engender public support for the development of this system, the submission emphasised the need for wider public discussion aimed at promoting greater understanding of the issues, and respect for the needs and concerns of all age groups in Irish society. It also stressed that the security offered by the provision of integrated subvention would appeal to all age groups. The Council also noted that public support for, and confidence in a new system would be bolstered by the availability of adequate core community services to maximise the benefits of an integrated subvention scheme to individuals.

Reiterating its belief that all older people have an entitlement to core community services, including home help or home care, therapist services, day care, meals services and respite care, the Council made several recommendations in relation to a range of specific interventions and initiatives that would facilitate the provision of a continuum of care to older people. These include support for carers of older people, housing, and the introduction of care and case management.

Finally, referring to the considerable variation in the availability of publicly funded long-stay beds across the country, the submission noted that in some areas, the scarcity of public beds means that the only option open to an older person is to accept subvented care in private long-stay facilities. Given the ongoing financial costs to an older person in private subvented care and the differential provision of facilities in private and public residential settings, older people are not receiving equitable treatment within the long-stay sector. In the Council's view, older people entering long-stay care should have genuine choice and an entitlement to public long-stay care, and clarification of the existing situation in relation to long-stay care should be provided in line with the promise contained in the National Health Strategy.

## Council Comments on the Human Rights Commission Report *Older People in Long-Stay Care*

In its comments on the Human Rights Commission report *Older People and Long-Stay Care*, the Council noted that the most important issue to be highlighted in the report related to the legislative deficit regarding entitlement to care and also to the quality of care provided in long-stay facilities. A serious issue, in the Council's view, relates to the fact that the health boards, as providers of long-stay care, are not subject to any external assessment, despite being themselves charged with responsibility for the inspection of private nursing homes. Accordingly, the Council reiterated its view that objective assessment of these facilities by a national body should be given more emphasis in the Human Rights Commission report.

Acknowledging that the report reinforces the recommendations made in the Council's *A Framework for Quality in Long-Term Residential Care for Older People in Ireland*, the Council expressed surprise that the author had not placed the responsibility for ensuring the delivery of quality services with the Irish Social Services Inspectorate.

Stressing that the service user should be placed at the heart of planning, delivery and evaluation, and that this required consultation with older people, their families and carers, the Council noted that there was no model for how long-stay care facilities should incorporate the views of residents into quality assurance and service development. The development of such consultative processes, in the Council's view, should be prioritised and advocacy services in long-term care should be examined as part of this issue. It proposed that the Irish Advocacy Service for people in psychiatric care is one such model and could be developed for older people in long-stay care. It was also suggested that each facility should have an older person's representative.

The Council expressed disappointment that there was no mention of ageism in the Human Rights Commission report. It stressed that the document would benefit from such a discussion, given that ageism has fundamental implications for the quantity, and more importantly, for the quality of services received in the long-stay care sector.

Finally, the Council proposed that possible areas that warrant investigation should be prioritised in the short-term to form the basis of a future research programme. It made several recommendations for further research including quality of life studies, needs assessment, an audit of reasons for entering long-stay care, an investigation of the potential for residents to influence policies of the long-stay care setting, the relative costs and benefits of public and private long-stay care and community care, and a study of inspection reports on private nursing homes.

## Submission to the Joint Oireachtas Committee on Social and Family Affairs on the Review of the Position of Full-Time Carers

In its submission to the Joint Oireachtas Committee on Social and Family Affairs in relation to the review of the position of full-time carers, the Council restated its view that improving the position of full-time carers is vital to promoting the health, welfare and autonomy of Ireland's older people.

The submission acknowledged that the majority of older people are independent and do not require regular care. However, some older people are highly dependent, requiring daily care and supervision, while others require a certain level of care. For these people, the help that they receive from carers is an essential support. Without it, some of them would be unable to remain in their own homes and communities.

The submission noted that the provision of such informal care will pose serious problems for Irish society in the future. By the end of the current decade, the proportion of people aged 70 years and over will begin to increase significantly, and it is projected that there will be a significant increase in the labour-force participation rate of women, particularly married women with full-time employment duties. This will significantly influence future caring arrangements. Furthermore, the high proportion of ageing carers is a cause for concern, since older carers have special needs, particularly in regard to the physical aspects of caring. It is expected that the prospective decline in the numbers of carers will bring an increased demand for community-based health and social care services in the future.

Outlining the strain that caring places on carers of older people, the submission highlighted the need for a variety of support services to ensure that adopting a caring role does not cause undue physical, emotional, mental or financial pressure. It detailed the supports that are necessary to alleviate the strain of caring, discussing current welfare policy and practices, and statutory, voluntary and professional support structures.

With regard to older people with dementia, the submission also noted that it is often their families who continue to care for them with very little statutory or professional help. Accordingly, the Council emphasised that it is essential that carers receive adequate support through the provision of early diagnosis, home support services, day services and respite care. Furthermore, urgent interventions to deal with the plight of carers may be needed to counteract the potential for psychological distress inherent in the care of people with dementia. In addition, the submission noted that information and counselling on all aspects of dementia is crucial, particularly at the time of diagnosis, as it helps both the person with dementia and the carer to adjust to the new situation.

In conclusion, the submission identified access to training as being of vital importance to carers. It was recommended that the current *ad hoc* position in relation to the organisation, provision and accreditation of training in the care of older people needs to be addressed. In this regard, guidelines on the content and operation of a training system for carers should be developed, in addition to the introduction of a standardised system of training. The curriculum should include stress management, knowledge of ageing and personal care skills. The Council recommended that statutory funding should be earmarked to enable participation in any national training initiative, both to support fees and to provide leave and substitution arrangements. Given that the majority of carers are mature women, it urged that such a training initiative should be informed by the principles of adult education and placed considerable emphasis on access.

## Council Comments to the Department of Social and Family Affairs on the Report *The Future Financing of Long-Term Care in Ireland*

Welcoming the Department's initiative to examine the future financing of long-term care in Ireland, the Council's response focused on its conclusions and recommendations in the areas of needs assessment and benefit design, financing options, partnership options and implementation issues.

Noting that the development of a needs assessment framework is of central importance in underpinning the allocation of long-term care benefits and services to older people, the Council endorsed the recommendation of the study that such a framework be 'objective, independent, comprehensive and nationally consistent'. However, the Council stressed the need for a broader perspective on the assessment framework than that outlined in the study, emphasising that such a perspective should place the individual and his/her health and social care needs and preferences at the heart of the assessment process. In doing so, the assessment process would then be primarily shaped and motivated by the needs and preferences of the older person rather than by funding and service issues.

The Council also emphasised that the introduction of a care and case management system, targeted at older people on the margins of residential and community care, could produce health and social gain by enhancing the quality of care and quality of life of older people, enabling more of them to remain in the community. The submission also stressed that it was critical to ensure that care and case management be set in the context of a larger continuum of care.

With regard to benefit design, the Council noted that it would like to see the study's suggestions regarding the further development of assisted living options located within a single strategic framework. It also stressed the need for housing surveys that incorporate a comprehensive assessment of housing circumstances and older people's needs. As a way of responding to these needs, it called for the strategic and planned expansion of social housing and other initiatives, including sheltered, transitional and life-time adaptable living options.

In the context of financing options, the Council stressed that the system of social insurance for long-term care should be redesigned and planned in order to enable the maximum access and participation of Irish citizens. In addition, the Council welcomed the study's recognition of the needs of those who might not have a sufficient contribution history, i.e. the view that their benefits should be provided automatically rather than following means-testing and that there should be no variation in benefit levels between social assistance and social insurance beneficiaries.

Noting that it is widely recognised that existing financial systems for the long-term care of older people encourage an institutional bias, the Council welcomed the study's recommendation that a statutory entitlement to home care benefits be provided. It restated its view that a legislative framework governing the provision of essential services to older people be devised.

Within the terms of the study, partnership options refer to the sharing of the costs of long-term care between the State and private financial concerns, i.e. financing provided by an older person and his/her family. The Council noted that it would welcome a broader concept of partnership and a full range of partnership options that might underpin the provision of residential care in the future. Noting that some health boards have promoted successful partnership arrangements with the voluntary sector in the provision of services for older people and other groups, the Council stressed that this kind of partnership option had considerable potential, and that it merited further exploration and discussion.

Finally, with regard to implementation issues, the Council endorsed the proposal to establish a National Long-Term Care Authority. It underlined the fact that it had previously recommended the establishment of a representative Working Group on Quality Assurance in long-term residential care and that the terms of reference of the Group should be included on the proposed agenda for the Authority. It also welcomed the proposal to conduct a national information campaign in relation to long-term care.

## Briefing Paper to the Law Reform Commission on *Structures for the Protection of Older People Against Various Forms of Abuse*

At the invitation of the Law Reform Commission, the Council formulated a briefing paper on structures for the protection of older people against various abuses. This was submitted as the Council's contribution to the Commission's consultation paper, *Law and the Elderly*.

In its introduction, the Council noted that elder abuse (the abuse, neglect and mistreatment of older people) had only recently been recognised as a problem, in common with other forms of abuse. This has come about partly because of the recognition and acceptance of other forms of abuse as social problems. It also noted that although the prevalence of elder abuse in Ireland is not known, it does happen and is likely to occur to the same extent as in other developed countries. Furthermore, it is inevitable that the number of older Irish people at risk of and suffering abuse will increase as the older population grows. Identification and prevention of abuse are likely to be hindered by the prevalence of ageism in society. Accordingly, the Council emphasised that the issue of elder abuse be tackled at national and local levels.

With regard to current frameworks for dealing with elder abuse in Ireland, the Council underlined the lack of substantive law relating to elder abuse. While the legal system is gradually adapting to protect the needs of vulnerable children, a similar change is not yet evident with regard to older people. The Council pointed to a particular problem which affects the older person, i.e. the difficulty of reporting wrongs and taking legal action against them. Commenting that many older people in abusive situations may not have the physical or mental resources to take legal action against their abusers, the Council suggested that the vulnerability that gives rise to the abuse may also explain why traditional legal methods prove to be inadequate in certain circumstances.

The Council noted that abuse, such as beating, assault, harassment and coercion, can give rise to criminal prosecutions and/or civil actions but that it is more difficult to tackle psychological abuse because of its intangibility. It stressed that a range of legal remedies is available in cases of financial abuse, including the rescission of a contract, an action for conversion or deceit and prosecution for fraud and theft. Victims of abuse should seek legal advice about the best means of protecting their financial interests, perhaps through the creation of a trust or the nomination of an agent or attorney.

Insofar as legal remedies are available, they are general legal remedies and causes of action, and are not specific to the older person. In the Council's view, people suffering from physical and psychological abuse should consider using the remedies available under the legislation on domestic violence. Alternatively, they should seek an injunction, make a complaint to the Gardaí who may then institute criminal proceedings in the normal way, or bring a civil action seeking compensation for injuries suffered.

Calling for a rights-based approach to services, the Council emphasised that such an approach would empower service recipients and would also place an onus on service providers to respect, protect and satisfy the rights of the service recipient. In addition, the Council emphasised that legislation was needed to provide for Garda access in situations where there is concern that elder abuse is taking place but where access is not available in order to get consent. This provision should stipulate that for the purposes of such interview/assessment the Gardaí may be accompanied by health and social care personnel as appropriate. The Council further recommended that the access provision in any new Act be reviewed in five years time to evaluate its effectiveness.

In Council's opinion, there is a need for legal support to secure the protection of vulnerable older people who cannot protect themselves from harm and abuse, be it because of mental incapacity or the consequences of extreme abuse. Consequently, changes should be made to the Ward of Court System, the *Lunacy Regulations (Ireland) Act* and the Enduring Power of Attorney system. The introduction of appropriate mental health legislation was also recommended. This should include provision to protect from an abusive situation those older people with temporary impaired capacity, such as delirium.

Finally, the Council stressed that legislation was needed as a matter of urgency to protect both the public and health and social care workers who report elder abuse in good faith from any negative consequences that might arise from their allegations.

## Council Comments to the Law Reform Commission on the Consultation Paper *Law and the Elderly*

Welcoming the publication of its consultation paper on the law and older people, the Council congratulated the Law Reform Commission on the presentation of a paper which, in overall tone and content, struck a careful balance between the need to safeguard the autonomy of older people and the need to provide appropriate legislative protection for them.

The Council's response to the paper focused primarily on those aspects that relate to the recommendations of the Working Group on Elder Abuse. It noted that the Commission had agreed with the recommendation of the Working Group that the response to elder abuse should be placed in the wider context of health and social care services for older people. In that context, it welcomed the Commission's recognition that legal mechanisms and responses to the needs of vulnerable older people were essential, but not sufficient.

Furthermore, the Council endorsed the Commission's assertion that vulnerable older people's need for protection would be reduced if legislation and services were coordinated and integrated. Adequate core community care provision would, the Council suggested, form the best foundation for intervention to support and protect vulnerable older people against elder abuse.

The Council supported the Commission's recommendation that the Ward of Court system should be abolished and it broadly welcomed the Commission's proposals for the establishment of an independent Office of Public Guardian. It also suggested that an adequate level of core community care provision would meet the needs of older people who are brought to the attention of the proposed Office. Furthermore, the availability of adequate community services would support the operation of the Office of Public Guardian in accordance with the principle of subsidiarity.

Referring to the proposed Intervention Order, the Council noted that a role was envisaged for health board staff in the investigation of situations of neglect or abuse. In this context, the Council indicated that it wished to draw attention to the structures, staffing and procedures for the investigation of elder abuse recommended by the Working Group on Elder Abuse. These recommendations were based on recognition of the need for dedicated staff with appropriate skills to manage responses to elder abuse and the need for clarity about roles, responsibilities and mandates to intervene and act between different agencies and staff within the same agency or organisation.

However, the Council indicated that the Commission had made no provision for legislation to protect members of the public, and health and social care workers who report suspicions of elder abuse in good faith. Given the heavy reliance of the new protection systems on the participation of health and social care workers, and health board staff in particular, such legislation will be essential to their effective implementation, the Council insisted.

The Working Group on Elder Abuse recommended the extension of the Social Service Inspectorate to all community and residential services for older people, as recommended in the National Health Strategy. The Commission noted the expectation that the remit of the Inspectorate would be extended to the public long-stay sector in the near future. The Council advocated that the Commission should make a recommendation in this regard.

In its discussion of the domestic violence legislation, the Commission pointed out that health boards may apply for the relevant orders on behalf of vulnerable adults. In terms of the proposals for coordination between the existing domestic violence legislation and the new protection system outlined in the consultation paper, the Council highlighted the importance of actively consulting with the health boards and canvassing their views on all aspects of the proposals.

The Council welcomed the Commission's provisional recommendations concerning financial institutions and their customers. It noted the recommendation that financial institutions should be obliged to inform customers of the existence of the Public Guardian's Office and of the services available there.

The Council has long been concerned about the position of older people who sign over their property or their assets to another party irrevocably. Accordingly, it supported the Commission's provisional recommendation that 'detailed guidelines' be considered to assist solicitors and other professionals in dealing with financial and property transactions.

The Commission stated that legislation governing entitlement to public long-stay services is not clear. From the Council's perspective, the lack of clear guidelines with regard to the law on entitlement to long-stay care is a critical issue. The Council recommended that the Commission should make a clear recommendation about older people's entitlement to long-stay services.

Finally, the Council noted that the paper was the outcome of a welcome review of existing legal provision for vulnerable older people. It expressed the hope that this was an indication that the new measures proposed by the Commission would be the subject of regular and scheduled review, if and when implemented, and it welcomed the inclusion of a recommendation to review the Commission's final report within a given time-frame.

# 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 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.

## Submissions

### Submission to the National Disability Authority on its Strategic Plan 2004-2006

In its submission to the National Disability Authority, the Council emphasised that it is keen to dispel the perception that people with a disability under the age of 65 are considered disabled, while people with a disability aged 65 or more are simply 'old'. In the Council's view, this perception is sometimes reflected in the under-representation of older people at policy level and the separating out of disability service issues for older people. In view of the fact that age and disability are recognised as two of the nine grounds under which people are discriminated against in Ireland, the Council commends the rights-based approach set out in the Strategic Plan.

While the majority of older people are healthy and able-bodied, they are, nonetheless, more likely than younger people to experience disability. Disabilities may be multiple, for example impaired hearing, vision and mobility. In the Council's view, this means that a special effort should be made to inform disabled older people of their rights and entitlements, and empower them to take action when they experience discrimination.

Noting that the provision of suitable housing for older people is one of the most important factors in enabling them to continue living in the community, the Council endorsed *Building for Everyone – Inclusion, Access and Use* (NDA, 2002) as a key guide to ensuring an accessible physical environment for all.

Citing the Information Society Commission's assertion that 'groups such as the unemployed, people with disabilities and older people potentially have the most to gain from new technology', the Council commended the National Disability Authority in actualising Government commitments to accessible public services by drawing up national accessibility guidelines. The formulation of these guidelines will ensure that information technologies including mobile phones, ATMs and computer software are user-friendly. The submission asserted that when good practice in accessible technology becomes commonplace, older people will benefit from greater opportunities for further education, personal development and social inclusion.

The Council also proposed that an increased focus on researching the numbers of people with a disability in different regions/settings would facilitate the equitable allocation of resources to people with a disability irrespective of age. Quantifying the number of people of all ages with visual or hearing impairment and other disabilities should be a key factor in informing and underpinning the planning and development of policy and services for people with disabilities in Ireland. While the Council commended the initiative taken by the Health Research Board and the Department of Health and Children in establishing the National Physical and Sensory Disability Database in 2001, it expressed concerns that the information is collected up to age 65 only and not beyond. It stressed that there should be parity of esteem in the collection of data on disabled older persons.

Finally, the Council proposed that a core principle of the Strategic Plan should be to support independent living throughout an individual's life course, with an emphasis on the built environment, transport and financial well-being.

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

The health status of older people in Ireland has long been a source of concern to the Council. Life expectancy at age 65 still lags considerably behind the EU average, and older Irish people experience a greater degree of ill-health and disability than their counterparts in most other European countries. The Council is convinced of the need for healthy ageing policies and programmes that enhance the health, participation and security of our older citizens.

Since 2001, the Council has been developing its Healthy Ageing Programme, which is a programme of work that supports the implementation of *Adding Years to Life and Life to Years: A Health Promotion Strategy for Older People* (NCAOP, 1998). The goals of the Healthy Ageing Programme are:

- to improve life expectancy at age 65 and beyond;
- to improve the health status of people age 65 and beyond;
- to improve the lives and autonomy of older people who are already affected by illness and impairment;
- to increase the expectation of a healthy and enjoyable old age.

The Programme aims to support a range of sectors with a role to play in healthy ageing through development and capacity-building in the areas of networking, training, materials, models of good practice, national partnership initiatives, public awareness and evaluation of initiatives.

## The Healthy Ageing Database

In 2003, the Council commissioned a substantial update and remodelling of its 2000 directory of health promotion initiatives for older people. The research brief demanded more than simply an extension to the existing database. There was a desire for both qualitative and quantitative information on what practitioners felt about healthy ageing policy and practice in Ireland. Researchers conducted a series of seminars in each health board region at which representatives of the health services, and statutory and voluntary sectors contributed to multisectoral discussions on priorities and challenges in the area of healthy ageing. Further information was then collected by means of a postal survey which was carried out after the regional seminars.

Projects and services detailed in the Database include those addressing physical activity/nutrition, falls prevention, further education, social inclusion and mental health. The creation of the Database was the beginning of the process, and practitioners and organisations are being encouraged to update it and add further information to it. The Healthy Ageing Database can be accessed via the Council's website at [www.ncaop.ie](http://www.ncaop.ie).

## Publications

### *Directory of Healthy Ageing Information Resources for Older People (Report No. 76)*

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. As a result, the Council felt that a directory of existing healthy ageing materials would provide practical assistance in this regard. The materials listed in the Directory cover a broad range of topics including health and illness, lifestyle, rights and entitlements, and housing, in addition to information regarding opportunities for life-long learning and personal development.

It is hoped that the Directory will act as a useful and practical resources manual for older people, health and social care providers, and community groups working with older people. Ultimately, it is hoped that the Directory will assist older people to reach their full potential, and enjoy health and social gains in their third and fourth ages.

### *Healthy Ageing in Ireland: Policy, Practice and Evaluation (Report No. 77)*

Allied to the remodelling of the Healthy Ageing Database, the Council commissioned a report analysing the scale and direction of healthy ageing initiatives nationally. *Healthy Ageing in Ireland: Policy, Practice and Evaluation* is a comprehensive review of healthy ageing activities being implemented in Ireland by health boards, professional organisations, community groups and voluntary agencies. It also presents models of best practice in healthy ageing in terms of planning, operating and evaluating health promotion initiatives with older people.

#### **Major Findings**

- The study reveals that not enough is currently being done to improve the health and well-being of the older population in this country. Ireland ranks lowest among European countries in terms of life expectancy at age 65, with a gap of 2.11 years between Ireland and the EU average.
- In a ranking of healthy life expectancy for 23 developed countries by the WHO, Ireland ranked second-last for males and last for females. The gap between Ireland and the best performing country (Japan) for healthy life expectancy is 3.2 years for males and 4.6 years for females.
- Ageism has a negative influence on projects and services promoting healthy ageing. Misconceptions and negative attitudes to older people perpetuate the inadequate allocation of service resources to older people and lead to an underestimation of the benefits of healthy ageing projects and services on the part of policy-makers.
- Existing funding mechanisms for the development of healthy ageing are *ad hoc*, fragmented and arbitrary. This is despite the fact that more than 70 per cent of avoidable mortality is known to be caused by lifestyle behaviours and environmental factors. In addition, the development of innovative approaches to healthy ageing is hindered by inadequate resourcing of the community care system.
- The cost of public liability insurance has an inhibiting effect on the development of community-based initiatives promoting healthy ageing.

- There is no uniform approach to health promotion for older people across the country. Some health promotion departments have health promotion officers for older people but the majority do not. There is no requirement for public health/health promotion departments to report progress in relation to the Health Promotion Strategy for Older People to a central body.
- Few existing healthy ageing initiatives have a specific focus on lower-income groups, despite the fact that such groups were regarded by many stakeholders consulted for the study as being priority targets for health promotion. Many of the causes of premature death among people from lower socio-economic groups are preventable and amenable to policy intervention.

### Report Recommendations

- The reformed health structures should make provision for monitoring progress on an annual basis of the implementation of the Health Promotion Strategy for Older People.
- Ongoing monitoring and resourcing of equality measures for older people, as detailed in *Implementing Equality for Older People* (Equality Authority, 2001) would strengthen the development of healthy ageing in Ireland, and assist in combating the problem of ageism.
- The Department of Health and Children should allocate a national annual fund of €5 million to support and promote the development of national healthy ageing initiatives.
- Home and community services for older people should be established on a statutory basis and appropriate legislation should be implemented in this regard.
- A national support structure should be put in place to review and reduce the costs of public liability insurance for community groups engaged in health promoting activities. The Council also recommends the development of a Group Insurance Scheme for Voluntary Social Services Organisations which would assist in reducing the cost of public liability insurance.
- Each health board and local authority should allocate resources for ongoing needs assessment in relation to health and health promotion needs of older people. The Council noted that such needs assessment can be conducted in a cost-effective manner through partnership working with community groups and community-based services.
- Multi-annual funding is required for healthy ageing initiatives and sustainability would be further facilitated by the provision of protected staff time and designated lead persons.
- Health boards and local authorities should develop their consultative processes with older people in the planning stages of healthy ageing initiatives and strategies.

## Events

### 2003 Healthy Ageing Conference

The projected increase in the numbers of older people in the coming decades will have major implications for Irish society, bringing with it many challenges but also presenting great opportunities. The Council believes 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. To highlight the importance of healthy ageing and its potential for promoting health and well-being in later life, the Council held its 2003 Healthy Ageing Conference on 25 November 2003 at the Burlington Hotel, Dublin. It was attended by more than 350 participants from the statutory, voluntary and private sectors. The conference also marked the launch of the Council's Healthy Ageing Database and *Healthy Ageing in Ireland: Policy, Practice and Evaluation*.

## Opening Session

Professor Davis Coakley described briefly what health promotion means and why it is important to older people in Ireland. He described the health status of older Irish people, pointing out that life expectancy in Ireland is lower than it is in most other EU member states. He outlined the factors that affect the health of older people and how these might be addressed. He set out the case for health promotion and active ageing, and suggested some steps towards healthy ageing. Professor Coakley argued that there are many ways to optimise health and social gain in old age and that to be successful, programmes must address social inequalities as well as health issues and must encompass the psychological and physical aspects of ageing.

Dr Helen McAvoy described the background to the National Council's Healthy Ageing Programme, giving the context for the way forward as proposed in its strategic framework. She then went on to describe how the strategic framework was designed, and outlined in practical terms what the Healthy Ageing Programme proposes to do. She described how the Healthy Ageing Programme would act as a resource that would enable health promotion for older people to reach its fullest potential. To do this, she explained, it was necessary to, among other things, increase public awareness, provide suitable training and materials, provide information on models of best practice, encourage networking and knowledge sharing, and work towards building healthy public policy.

## Second Session

Edel Murphy described how the Healthy Ageing Database was developed and how it can be used. She explained that information on healthy ageing has generally been fragmented. However, the successful implementation of the Health Promotion Strategy meant that two things were needed: a comprehensive information and support network for promoting the health, welfare and autonomy of older people; and the identification of models of good practice for healthy ageing. To achieve both these goals it was necessary to conduct an extensive consultation exercise with stakeholders in the field of healthy ageing in Ireland. This information was used to create the Healthy Ageing Database.

Dr Eamon O'Shea presented the key findings from his report, *Healthy Ageing in Ireland: Policy, Practice and Evaluation*. In his presentation, Dr O'Shea described some of the recurring themes from the seminars: the prevalence of ageist attitudes; an acknowledgement of the multi-dimensional nature of healthy ageing and the need for the development of an integrated holistic model of ageing; and the importance of housing and transport to healthy ageing.

In terms of developing healthy ageing initiatives, Dr O'Shea found that participants were particularly concerned about the lack of funding as well as the problems encountered in trying to take a holistic approach to their healthy ageing projects – many found their difficulties magnified by the absence of partnership models for public, private and voluntary cooperation.

Consultation with older people was considered by seminar participants to be the most essential element of best practice in healthy ageing. However, there was criticism that the structures necessary to allow meaningful consultation were not always in place.

Dr O'Shea then made a number of recommendations about the future of healthy ageing, including the following:

- the need for age proofing to be applied to all areas of public policy-making, particularly the areas of health and social care, employment and education, in order to address ageism;
- the setting up of a designated and protected Healthy Ageing Fund to encourage innovation and experimentation in healthy ageing projects;
- the need to improve the housing stock of older people and to make housing more accessible and barrier-free, in order to enable older people to remain in their own homes even if they become dependent;

- the need for capacity-building for voluntary and active retirement groups at community level to enable them to fulfil healthy ageing goals;
- the need for older people to be placed at the centre of decision-making both in the community and in residential care;
- the need to ensure that healthy ageing is an integral part of primary care strategy.

Professor Cecily Kelleher set out the findings from the two SLÁN studies conducted in 1998 and 2002. She showed that the make-up, attitudes and behaviour of the population of older people aged 55 and over has changed since 1998.

A greater proportion of the 2002 sample rated their quality of life as very good. More of them rated their health as excellent or very good compared to those in 1998; yet more of them suffered from diabetes and high cholesterol levels, and fewer of them were taking mild exercise.

The research also showed that social class is an indicator of health and well-being. A person in social class 5 or 6 was less likely than someone in social class 1 or 2 to rate his or her quality of life as very good and less likely to rate health as excellent or very good. Indeed a person in this social class was more likely to be affected by long-term illness or disability.

Professor Kelleher also showed that the area in which older people live also plays a part in lifestyle and well-being. For those living in urban areas, for example, house break-ins were more likely to be seen as a problem than for those in rural areas. Those living in rural areas were significantly more likely than those living in urban areas to agree strongly that they can trust people in their area.

### **Parallel Sessions**

In Workshop One 'Homeless Older People', Pat Doherty described how the De Paul Trust came to be set up in Ireland. He described the hostels that it runs in Dublin and outlined the health problems – physical and psychological – of the hostel users. Most suffered from poor health, made worse by living a homeless life. Many also suffered from the effects of drug and alcohol misuse. The challenges for the De Paul Trust and its clients are many and varied, including lack of suitable 'move on' accommodation for older people using the hostels and lack of access to health care.

Alice Leahy described the philosophy of TRUST – to treat people as people. It aims to prevent older people who are homeless from becoming outsiders. Using three short case studies, Alice illustrated the support service it offers homeless people and the person-centred approach taken by TRUST staff.

In the discussion that followed, chaired by Mary Higgins, workshop participants acknowledged the need to stop older people from becoming homeless and to ensure that for those who do that it is short term only. It was noted that those who have lived in hostels for many years often see the hostel as home. It was agreed that moving people on was, therefore, not always appropriate and that a new and different approach must be found and applied. Participants agreed that the health care needs of older homeless people should be addressed in a suitable and person-centred way. Every homeless person should have access to mainstream health services. Participants agreed that older homeless people should not be excluded or marginalised because they are seen as difficult.

In Workshop Two 'Older People in Long-Term Residential Care', Catherine Lawlor described what Activity Nursing involves and set out the content of an Activity Programme. With such a programme she described how it is possible to create a supportive environment that helps to improve the quality of life for those living in long-term residential care.

Dr Suzanne Cahill described the importance of design and layout in enhancing the quality of life of older people living in long-stay residential homes, particularly those with dementia. She described what is widely viewed as best practice in design, and the benefits it has for all involved – residents, staff and family care givers. Dr Cahill pointed out that until recently few in Ireland have invested in design or in specialist care units. She reported the findings of recent research that show that few long-stay homes meet the best practice guidelines. She acknowledged that there is a need to balance the care home owners' needs – to run cost-effective homes and comply with regulations – with the rights and needs of residents.

The discussion that followed, chaired by Pat O'Toole, highlighted the need to foster and support purposeful relationships between patients, carers and staff. Participants agreed that making a long-stay unit a genuine home for its older residents was essential. To address these issues participants suggested that Activity Nursing be developed and supported with training; that resources be allocated to improve the design of long-stay homes, in particular those for people with dementia; and that public-private partnerships be considered as a way of funding nursing homes and long-stay care.

In Workshop Three 'Older Men, Including Those Living Alone', Geraldine Delorey described the circumstances and health of older men in the North West. Many of the older men in this area are from farming and fishing backgrounds; a large proportion of them live alone and a large proportion of them hold a medical card. Geraldine identified four key transition times in men's lives (retirement or reaching pension age, onset of illness or disability, moving from home and bereavement) and described briefly the impact of these on the lives of men in the North West. She suggested a number of things that could be done to improve the situation, including a focus on men's health before retirement, retirement programmes, and the setting up of men's groups.

In his paper Finian Murray outlined findings from research about men and their health: that men have a lower life expectancy than women; that they have higher levels of health damaging and risk behaviour; that they are less likely to seek treatment or that they wait too long before seeking treatment. Finian argued that improvements in men's health would only be achieved through consultation and partnership with all those involved, including the men themselves. He described how the North Eastern Health Board, which covers a largely rural area, has begun to do this by research and consultation with men, by developing a Men's Health Action Plan and by supporting men's groups and men's health campaigns. He recommended that a policy be developed to address the health of rural men.

In the discussion that followed, chaired by Eamon Donnelly, participants noted the lack of focus on older men's health, the need for men to take greater responsibility for their health, the risk of social isolation that many men face when they retire and/or when a wife or partner dies, the reluctance of many older men to attend clubs and groups and the problems faced by rural men in accessing health services, exacerbated by the lack of public transport and the cost of maintaining a car. Participants identified the main challenges as lack of information on men's health issues, the limited number of health awareness programmes aimed at men and the isolation of many older men from family and society. A number of suggestions were made to address these problems including making information on men's issues available in the workplace, running a greater number of health promotion campaigns aimed at men and developing activities in clubs and centres that would encourage men to attend.

In Workshop Four 'Older Women, Including Those Living Alone', Geraldine Luddy identified four areas of concern in relation to the health of older women: the increase in the number of older people in the population, the greater proportion of older women compared to older men, poverty and health. Geraldine then went on to make recommendations in the areas of health service delivery, personal and community development, policy and legislation, and research and information.

Louise Richardson in her paper explained how the Older Women's Network operates and outlined the health issues that are frequently raised by members. These relate to mental health, community care services, screening and Well Woman check-ups, care home set up, and the involvement of women in debates on issues relevant to them including abortion and HIV/AIDS in particular and health inequality in general. She described the content of submissions made by the Network to the *Draft National Plan for Women* and to the *National Anti-Poverty Strategy*.

In the discussion that followed, chaired by Mary Kelly, two main issues emerged: accessibility of health services and the suitability of the service response. Transport was seen as key to the accessibility of services, especially in rural areas. Participants also identified other aspects of accessibility as important, including access to information, to suitable and adaptable housing, and to primary and secondary health care. It was suggested that changes in social policy were needed to address these issues. Participants agreed that cooperation and coordination between sectors

and between Government Departments was essential. The prevalence of ageism, and its role as a barrier to health care, was also noted. To address this, 'top down' and 'bottom up' solutions were recommended, including training for health professionals and confidence building for older women. Participants also pointed out the need for policy-makers and service providers to understand that older women are a diverse group with diverse needs and that health care provision needs to take this into account.

In Workshop Five 'Older People in Deprived Economic Circumstances', Helen Johnston described the link between poverty and poor health, and the need to address the issue. She noted that while the proportion of older people in Ireland in consistent poverty is declining, the proportion experiencing relative income poverty is growing. She also noted that older women are particularly vulnerable to income poverty. She outlined the policy responses needed and highlighted areas for action. These include income, public service provision, vulnerable groups of older people, and the health and poverty interface.

Audrey Deane described the work of the Society of St Vincent de Paul. She outlined the problems that its work with older people uncovers. These include evidence of health inequalities, income inadequacy, fuel poverty, and lack of awareness and information on entitlements. She called for action to be taken to change a health system that hurts vulnerable groups including disadvantaged older people.

In the discussion that followed, chaired by Siobhan Weir, the importance of addressing the health-poverty interface was noted. Participants agreed that there is a need to implement plans already in place and to address the issue of fixed income versus rising costs that affects many older people. It was suggested that non-contributory and adult entitlements should be reviewed. It was argued that a rights-based approach to health care should be put in place, to ensure that older people receive the care they need as of right rather than on the basis of what they can pay.

In Workshop Six 'Older Travellers', Missie Collins, Molly Collins, Sheila Reilly and Caroline Mullen outlined the health status of Travellers and described the factors that affect it. These include accommodation, racism and discrimination, and access to health services. They described the work done by Pavee Point in partnership with Travellers and with the Northern Area Health Board through the Primary Health Care Project for Travellers. The project currently has 16 Travellers trained and working as Community Health Workers in a community care area in Dublin. Similar projects are being set up across Ireland. The speakers identified improving the health status of Travellers as the main challenge. To do this, culturally appropriate health care must be provided, as well as the opportunity for Travellers to contribute to health service policy, planning and delivery.

In the discussion that followed, chaired by Thomas McCann, the need for affirmative action to counteract the years of discrimination against Travellers was noted. It was agreed that there is a need to implement a plan for improving the health of Travellers and that Travellers and their organisations should be consulted in developing this plan. Participants recognised the need for both targeted and mainstreamed health care services for Travellers, including services for specific groups such as older Travellers. Participants also agreed that there is a need to collect and analyse up-to-date information on Travellers' health.

In Workshop Seven 'Older People in Deprived Housing Circumstances', Lillian Buchanan examined the issue of housing disadvantage among older people, particularly those living in the private rented sector. She noted that a limited amount of information is available on the housing status and living conditions of older people, or on the extent to which housing adds to or detracts from their quality of life. She outlined older people's housing concerns: security of tenure; standard of housing and its suitability as a person gets older; and affordability. She described briefly what is needed from housing policy reform to address these. Finally, she argued that an adequate home is a basic prerequisite for well-being and for effective participation in society.

Charles Roarty described the work of Energy Action and went on to describe what is meant by fuel poverty, the impact it has on health and well-being, and how to identify those at risk from it. He stressed the need to address the problem at several levels: by improving heating, insulation and ventilation systems; by providing information on energy efficiency; and by ensuring that people receive the benefits to which they are entitled. He noted that under-occupation of a dwelling is often an indicator of fuel poverty among older people, but it is difficult to address because older people are unwilling or unable to move.

In the discussion that followed, chaired by Sr Stanislaus Kennedy, participants agreed on the importance of enabling older people to stay in their own homes for as long as possible. Suggestions for bringing this about included the provision of suitable housing, support for adapting housing to keep it suitable, and the availability of supported or sheltered housing within the local community. Participants noted a lack of clear and accessible information on rights and entitlements in relation to housing, and to address this suggested that a dedicated housing agency be set up. The poor level of coordination, cooperation and integration between agencies and departments that provide services to older people was noted. To remedy this it was suggested that a care case management approach to the needs of older people be put in place.

In Workshop Eight 'Older Carers', chaired by Enda Egan, Brigid Barron described the setting up and role of the Carers' Clinic in Ennis, Co. Clare. It aims to ensure that via one-to-one consultation family carers apply for and receive the services and benefits to which they are entitled. She noted that people often call for more information to be made available to older people. She stated, however, that experience at the Clinic suggested that what is really needed is for someone to explain on a one-to-one basis what the information means to that older person. Brigid also described the Clinic's other services, which include advice and advocacy in home respite care, the administration of a respite care fund and training for carers. She called for similar services to be made available to all older carers throughout the country.

Michael Browne in his paper outlined the issues faced by many older carers. He noted that while the number of people requiring care is growing, the pool of carers is declining. He reported briefly the findings from two reports: *Supporting Carers – A Social Policy Report* (Comhairle, 2002) and *Caring in Later Life* (University of Kent/Help the Aged, 2001). He noted that there is limited information about the experiences of older carers and limited information about their particular needs. Many are sole carers, many experience social and emotional isolation, and many have health problems. He made recommendations in relation to the services needed for older carers including home-support care packages, personal support services, needs-based respite services and additional income support for those providing the highest level of care. He also suggested that the concept of a National Strategy for Carers should be examined, which would include targets for service development and a plan for coordinating support services.

In the discussion that followed participants agreed that carers must be recognised by the health systems and by health professionals, and that services currently provided on an arbitrary basis should be made statutory. They suggested that research should be carried out to identify and understand the needs of carers, and in particular older carers and that a National Strategy for Family Carers should be put in place to better address the needs of carers nationwide.

### **Final Session**

In the Final Session, chaired by Cllr Éibhlin Byrne, Ann Marie Crosse introduced Age Rage's performance of *Ageing with Confidence*. She described how the play emerged from Donegal women's experiences of ageism and discrimination. The play brings to life many of the issues faced by older people, particularly those living in rural areas, including access to transport, health care, carers and caring, and sexuality, as well as ageism and discrimination.

In his Closing Address, Ivor Callely TD, Minister for Services for Older People acknowledged the importance of healthy ageing, and stressed his Department's commitment to health promotion and to convincing health professionals and society in general of its benefits. He welcomed the launch of the Healthy Ageing Database and the report, *Healthy Ageing in Ireland: Policy, Practice and Evaluation*, and acknowledged that both would be useful tools in helping to build a national healthy ageing network. He noted, however, that challenges still remain on the way to achieving a healthy 'third age' for all. He described the setting up of the Interdepartmental Group on the Needs of Older People and explained that it aims to examine the requirements of older people, what affects their lives and how to address these in a coordinated way. He congratulated the NCAOP and all involved in healthy ageing projects on the progress made towards a National Healthy Ageing Network.

## Submissions

### Submission to the Secretary General of the Department of the Environment, Heritage and Local Government on the Disabled Persons Housing Grant

In its submission to the Secretary General of the Department of the Environment, Heritage and Local Government on the Disabled Persons Housing Grant, the Council set out its concerns with regard to specific elements of the operation of the scheme. The submission made a range of recommendations designed to improve the operation and delivery of the Grant, which is one of several financial supports intended to assist older people with disabilities to continue living comfortably in their own homes. A person with a disability in this context includes an older person suffering from arthritis or unable to walk upstairs. Work, which might qualify, includes the building of an extra room, the provision of a downstairs bathroom or toilet, the provision of ramps or the widening of door openings. To date, thousands of homes in Ireland have been adapted to enable older people with disabilities to live independently and demand for such grants is growing among older people.

The Council highlighted several difficulties with regard to the current operation of the scheme. Firstly, it has been reported that older people are encountering significant problems in accessing it as a result of budgetary cutbacks. Given that there have been changes in the operation of the scheme in some local authority areas, the Council expressed concern that this would impact on the lives of older people, their carers and on support structures within the community.

Currently, the Department of the Environment, Heritage and Local Government provides part funding for the scheme. However, this funding does not flow annually and automatically, nor are local authorities obliged to apply for funding from the Department. Accordingly, in its submission, the Council recommended that, in the first instance, there should be a review of the funding arrangements between the Department and local authorities. In addition, it recommended that local authorities be obliged to make provision each year to fund the Grant in their annual budgetary requests to the Department. The Council further recommended that the increased demand for the Grant should be reflected in the budget allocated to local authorities and in an increased commitment by local authorities to informing potential applicants about the scheme.

The Council noted that there is a maximum claimable figure from local authorities for carrying out home adaptations and that different percentages of the maximum claimable figure are allocated, depending on the housing tenure of the applicant. However, most local authorities require that the difference between the ceiling and the percentage allowable must be met from older peoples' own finances. Given the low income levels of the majority of older people, the Council recommended that the scheme be based on statutory entitlement that ensures full financing.

There is little consistency in the way in which the scheme is administered by various local authorities, with standards and processes differing widely from one local authority to another. There also appears to be variation with regard to the types of adaptation which local authorities will fund, and the application process is fragmented between Government Departments, and public and private practice. The Council recommended that the Department of the Environment, Heritage and Local Government should take a more directive role in ensuring that all local authorities assess for and administer the Grant in a consistent and transparent manner throughout the country. It also emphasised the need to benchmark models of best practice in the implementation of services and to apply these nationally.

There is also inconsistency between local authority areas with regard to eligibility criteria for the Grant. For example, older people living in some types of accommodation cannot apply. In addition, local authority tenants are entitled to claim 100 per cent of the cost of the work to adapt their home while a single older owner/occupier of a previous local authority-owned dwelling is entitled to only 60 per cent of the cost of the work. In the light of these inconsistencies with regard to eligibility, the Council recommended that all older people, irrespective of living arrangements, should be given equal access to the Grant.

There is also evidence to suggest that some local authorities have suspended the scheme, while others have introduced means tests and prioritisation lists in order to reduce costs. In this context, the Council recommended that the *Equal Status Act* (2000) should be used to ensure a fairer system based on the functional needs of the disabled person. In addition, the Council recommended that means-testing and prioritisation should not lead to the exclusion of middle-income applicants from receipt of the Grant.

With regard to reported difficulties with the applications process, the Council recommended that the process should be transparent and that national guidelines for the operation of the Grant should be complemented by standardised application guidelines to ensure that older people are aware of their rights, entitlements and responsibilities. Applicants should also be kept clearly informed about how long the application process will take.

Finally, the Council supported a recommendation made by the Equality Authority in 2002 that a transparent, independent and user-friendly appeals system should be established. It urged the establishment of a support agency or a designated officer within each local authority who would act as the point of contact for people seeking help and advice. It also recommended that the appeal body should be independent of the Department of the Environment, Heritage and Local Government and local authorities.

## Submission to Transportation Planning (International) Ltd Regarding Models of Best Practice in the Provision of an Accessible Taxi Service for People with Physical and Sensory Disabilities

Welcoming the opportunity to contribute to the improvement of the taxi service offered to older people in Ireland, the Council indicated in its submission to Transportation Planning (International) Ltd that it was aware of the need for an integrated, cost-effective, safe and accessible public transport service, and that its concerns and recommendations had been included in several previous Council reports.

Noting that a large proportion of people do not have access to a vehicle and are reliant on an integrated public transport service, the submission suggested that the taxi service plays an essential role due to the flexibility that it offers. Indeed, the taxi service is the only viable form of transport for many people with impaired mobility.

For many older people, their State pension is their only income. This limits their transport options and the number of trips they can make each week. The Council reiterated its view that older people must not be discriminated against because they may be on low incomes. It is also important that older people have the same flexibility and freedom of choice when securing transport as the rest of the travelling public.

The Council also recommended that older people should be included in the consultation and feedback process. This is crucial to ensuring that the taxi service is suitable and accessible for all older people. It also recommended that a clear complaints procedure should be put in place, which should be consistent with other public transport operators' policies.

The Council also suggested that accredited training and induction courses should be designed with the input of older people and disability groups, local authority licensing officers and equality groups. A certificate representing the level of training gained could be displayed on the vehicle as well as being placed in advertising and publicity material. In this context, basic level training and induction courses should be made compulsory by the licensing authority. Such a training course could be integrated with other public transport operators to facilitate consistency of customer service, and disability and equality training.

Lastly, in the Council's view, drivers and operators of taxis should be encouraged to adhere to a code of practice, similar to that produced by Northern Ireland's Transport Advisory Committee.

# 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 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.

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.

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## 2003 Publications

During 2003, the Council produced the following reports and publications:

- *The Role and Future Development of Day Services for Older People in Ireland* (Report No. 74);
- *Annual Report 2002* (Report No. 75);
- *Directory of Healthy Ageing Information Resources for Older People* (Report No. 76);
- *Healthy Ageing in Ireland: Policy, Practice and Evaluation* (Report No. 77).

## Complimentary Distribution

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.

## 2003 Events Programme

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

### Events

In 2003, events included:

- a national conference on *The Role and Future Development of Day Services for Older People in Ireland* held at the Tullamore Court Hotel, Tullamore, Co. Offaly in May 2003;
- a *2003 Healthy Ageing Conference* held at the Burlington Hotel, Dublin in November 2003;
- a national conference on *Quality Standards in Dementia Care* (in association with the Dementia Services Information and Development Centre, and the Alzheimer Society of Ireland) at the Gresham Royal Marine Hotel, Dun Laoghaire in December 2003.

### Exhibitions

In order to promote its work, the Council provided information stands at events and exhibitions throughout the year, including:

- the Over 50's Exhibition, RDS, Dublin;
- a community roadshow in the St Stephen's Green Centre, Dublin.

## Information Services

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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 2003, the Council continued to provide a comprehensive information service to the public, responding to a substantial number of information requests received by letter, phone, fax and e-mail. 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; and students from all levels of the educational system. *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.

## NCAOP Website

The Council website ([www.ncaop.ie](http://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. Regular users of the Council site include academics, service providers, planners, personnel from voluntary agencies, students and older people.

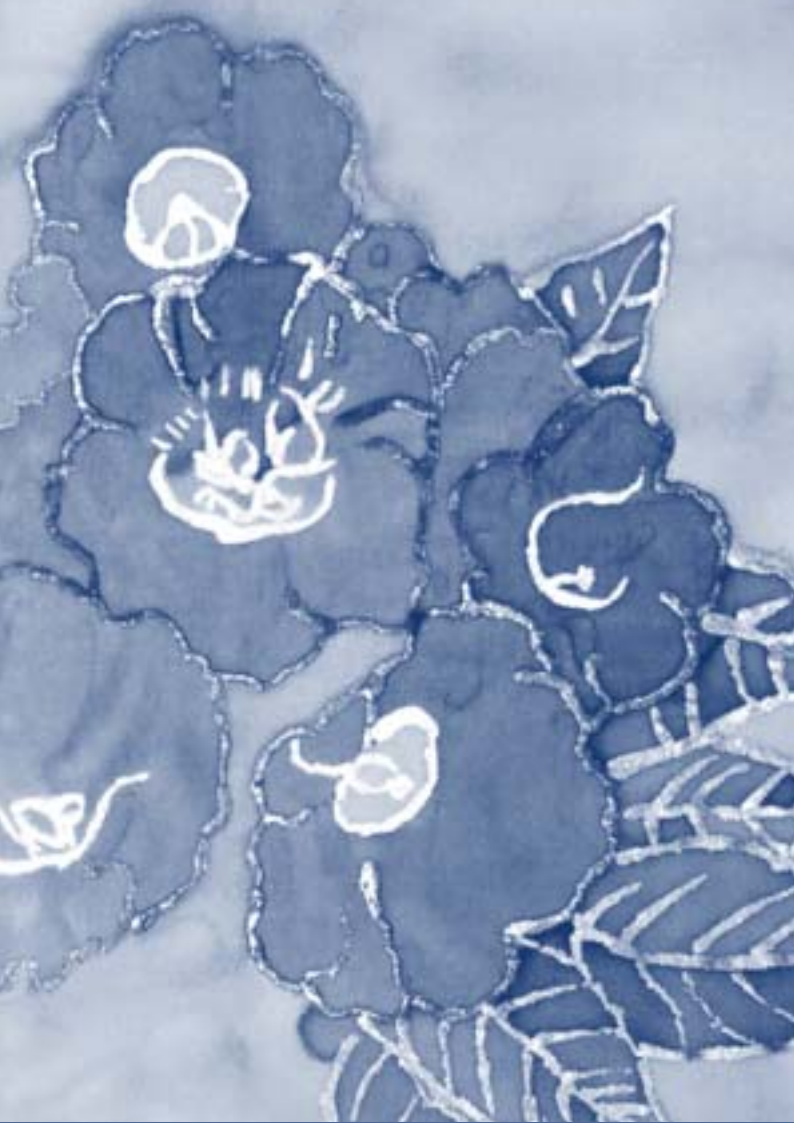
In 2003, the Council undertook an accessibility audit of the website to assess its usability by people with disabilities and those with limited Internet knowledge. On the basis of this audit, the website was upgraded to comply with international accessibility standards. This will ensure the Council's services and information are fully available to and usable by the widest possible range of people. It also supports eGovernment initiatives and public policy relating to the information society.

## Other Media

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### Ageism Advertisements

The commissioning of two video advertisements with an anti-ageism theme represented a new departure for the Council in 2003. They were shown at a community roadshow in the St Stephen's Green Centre, Dublin in October 2003, as well as at the Council's *2003 Healthy Ageing Conference*.



## Developments in 2003

# Developments in 2003

## Developments Relating to Older People's Incomes

Several income-related benefits for older people were announced in the 2003 Budget. Full-rate pensions were increased by €10 per week, with proportionate increases for contributory pensioners on reduced rates. Accordingly, in 2003, the Contributory Old Age Pension rose to €157.30 per week, while the Non-Contributory Old Age Pension was €144.00. A special €11 per week increase was announced for widows and widowers aged 66 and over on contributory pensions and for women receiving deserted wife's benefit aged 66 and over. Widows and widowers under the age of 66 and people receiving invalidity pensions under the age of 65 were awarded an extra €7 per week.

An increase of €10 per week in the Carers Allowance was announced for people aged 66 and over and €7 for those under 66 years of age. In relation to the means test for the Carers Allowance, there was an increase in the weekly income disregard of €19 for single people and €38 for couples. This brought the income disregards to €210 and €420 respectively. The Respite Care Grant was increased by €100 to €735, with carers looking after more than one person receiving a grant of €1,470. It was expected that 4,500 people would benefit from the changes to the Carer's Allowance. In addition, changes in income disregards would see 1,700 new carers qualifying for a payment and 2,800 existing carers receiving an increased payment.

An increase of €7 per week was awarded to people receiving a Disablement Benefit, and to people receiving Unemployment Benefit/Assistance, Disability Benefit/Allowance and the Pre-Retirement Allowance. From January 2003, the disregard for rent/mortgage interest supplement was increased by €13 a week to €23.

Free schemes were extended to pensioners under 70 years of age, who were in receipt of a qualifying payment, whose spouse/partner was receiving a social welfare payment and the total income of the spouse/partner was less than €203.16.

The income tax threshold for those aged 65 and over was increased from €13,000 to €15,000 or to €30,000 in the case of a married couple. The Hearing Aid Grant was doubled to €700. There was an extension of the free telephone allowance to people aged 70 or over who reside in nursing homes and who have their own telephone accounts.

The Minister for Social and Family Affairs also indicated that she would be taking action on a range of issues relevant to older people, including fuel poverty, funding for medical appliances, rural transport and extending the islander allowance.

## Widows Receive Interest on Tax Rebates

Following an amendment to the *Finance Act* (2003), introduced in March, it was announced that widows refused interest on tax rebates by the Revenue Commissioners would receive retrospective payments. Over 1,000 widows whose cases were highlighted by the Ombudsman benefited from the new measures, which permit the Revenue Commissioners to make index-linked payments for 'loss of purchasing power' to all the widows in question. The payments were made on an exceptional *ex gratia* basis.

## Warnings on Future Sustainability of State Pension Schemes

Speaking in Dublin at a meeting of the World Pension Association in March, World Bank adviser Richard Hinz warned that demographic changes would mean that state pensions in some countries would have to be reduced by half or retirement age increased by up to ten years to make the current systems financially viable in the long-term. Speaking at the same conference, the Minister for Social and Family Affairs said that the fact that Ireland had a younger population than other EU states did not mean that it was exempt from the pension-related challenges facing other countries. She added that the relatively low age profile of Irish pension schemes meant that they would have time to recover from losses before having to meet their liabilities. With Irish managed pension funds losing an estimated 18.9 per cent of their value in 2002, the Minister said that losses over the previous three years had brought a short-term focus to a long-term investment.

In mid-October, the Pensions Board launched a major advertising campaign seeking to convince workers without a private pension not to depend solely on the State for their retirement income. The €500,000 campaign, funded by the Department of Social and Family Affairs, urged people to 'think about tomorrow, today' by taking out a pension. It was designed to convince some of the 850,000 people who do not have a pension to do so. Currently, some 50 per cent of workers have a private pension, but it is hoped that the figure can be increased to 70 per cent of workers by the year 2006.

## Launch of Report on the Future Financing of Long-Term Care

The cost of providing long-term care will rise by almost 60 per cent over the next ten years, according to a report commissioned by the Department of Social and Family Affairs. The report, *The Future Financing of Long-Term Care in Ireland*, which was carried out by Mercer Consulting noted that the provision of informal care by family members can no longer be presumed upon and that for informal care to continue to be the bedrock of home care provision, more extensive support for family care givers would be needed.

The report recommended that older people should have a statutory entitlement to home help as a component of any future strategy to cut down the numbers needing 'unnecessary recourse' to nursing-home care. It also stated that any extra resources for nursing-home care should 'not occur at the expense of resources for the alternative of home care' which it noted, should be encouraged wherever possible. It recommended that vouchers should be offered to those needing care so that they have 'complete flexibility' to purchase services or else be offered a choice between services and cash. It also stressed as crucial the introduction of an objective, independent, comprehensive and nationally consistent basis for assessing an individual's entitlement.

The report estimated that the total number of older people in need of moderate or higher levels of care to be 84,000, or 19.5 per cent of those aged 65 or over. It projected that the number of people in need of high or continuous levels of care will increase from a current figure of 77,500 to 150,400 by 2051. It estimated that residential care costs will jump from €277 million in 2001 to €421 million by 2011 spending terms, while the overall cost of care will rise from €513 million to €779 million by 2011. By 2021, the report estimated that €1,184 million (in 2001 prices) will have to be found to cover the costs of long-term care.

## Review of the Nursing Home Subvention Scheme

A major review of the Nursing Home Subvention Scheme, published in June 2003, called for a new model of funding long-term care that favours home care over residential care, with the objective of keeping people out of nursing homes and in the community. The review suggested that the current system of subvention for long-stay care in private nursing homes needed reform but that it should be part of a wider strategy of keeping older people out of all types of long-stay care. It recommended that an essential part of any new strategy should be a community-based subvention scheme for the most vulnerable older people living at home.

## Report on the Quality of Life in Long-Term Care Settings

In October 2003, Age and Opportunity published a new report on the quality of life in care settings, entitled *Home From Home? The Views of Residents on Social Gain and Quality of Life*. The report focused on issues such as residents' perceptions of their quality of life. In the course of the study, the researchers interviewed 31 older people who had moved into residential care during the previous two years. They identified eight domains that contribute to quality of life in care centres: companionship; personal identity and privacy; group identity and being part of the local community; being involved in meaningful activity; contact with family and friends; feeling cared for; feeling safe and secure; and access to religious practice. Two domains were identified which, when they were mentioned by residents, tended to have a negative impact only: loss of control and choice; and loss of functional competence.

The study also found that those people who made, or participated in, the decision to enter the care setting tended to continue to have a much more positive view of life in the home, than those who did not.

## Social Isolation among Older Single Men

In early 2003, a survey of single older men in Co. Kerry identified severe isolation and feelings of despair, depression and thoughts of suicide as being major problems. The qualitative survey, which was carried out by members of local community groups in Dingle and Dochas Dingle Men's Action Group also found that lack of transport, poor housing, and changing employment and social structures contributed to feelings of low self esteem and exclusion experienced by older men in the community. Factors identified in the study which contributed to loneliness include the closure of a local creamery, a limited public transport network and the decline of traditional employment, such as fishing. Few older males attended meetings, sporting events or church on a regular basis, mainly because of lack of money and transport, while fewer than half visited neighbours regularly. Some 23 per cent reported depression or suicidal feelings and some revealed that they had actually attempted to end their lives.

## Suicide among the Over-65s in Ireland

According to figures released by the National Suicide Review Group in 2003, 200 people aged 64 and over committed suicide in Ireland during the period 1996-2000. This figure represents about 9 per cent of the total number of suicides in Ireland for the years in question. Of the 200 older people who committed suicide, 146 were men.

## NESF Report on Labour Market Issues for Older People

A report focusing on labour market issues for older people in Ireland published in mid-2003 concluded that workers should have a greater degree of choice about when to retire, more flexible working arrangements and a more supportive work environment. The report entitled *Labour Market Issues for Older Workers* recognised that the consequences of an ageing workforce are important at both individual and societal levels. It also acknowledged that greater emphasis on active ageing can be expected in the years ahead, as well as the encouragement of continuing participation in a range of spheres, including the labour market.

The report also emphasised that the current policy environment and employment practices need to be adapted so that the legitimate expectations of an ageing workforce are more effectively supported by employers in both private and public sectors.

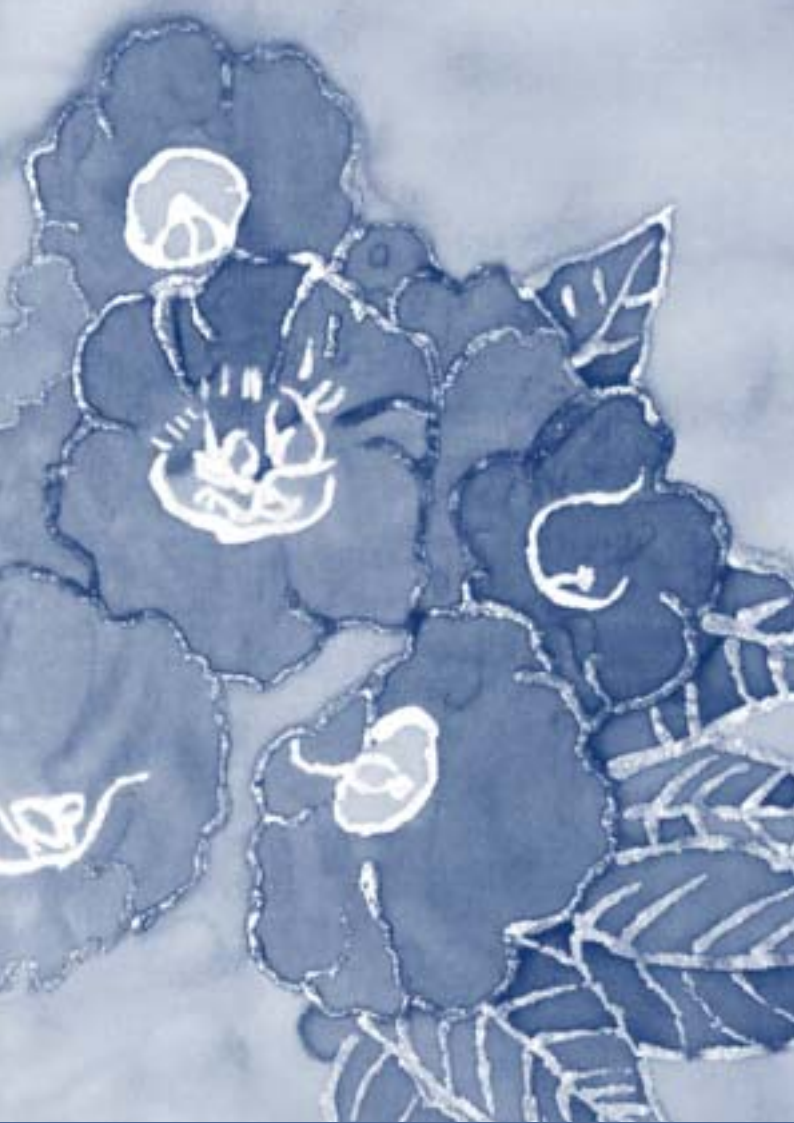
## Link between Poverty and Inequality Highlighted by Combat Poverty

A joint report on poverty and inequality was launched in June 2003 by Combat Poverty and the Equality Authority. The report highlighted the link between the promotion of equality and the anti-poverty process, and concluded that Government should adopt a robust integrated poverty and equality proofing approach when formulating policy.

## Call for Charter of Rights for Family Carers

In 2003, the Carers Association called for a Charter of Rights for the estimated 120,000 family carers in Ireland. The Association claimed that services and supports for carers looking after older or disabled relatives lag years behind other European countries. It noted that despite the fact that the work of family carers saves the State some €2 billion annually, the sector is unregulated and under-funded with carers lacking rights in relation to payment and working conditions. The Association also asserted that in many other European countries, the work of carers is properly recognised, with services provided on the basis of the needs of the individual carer. It called for services to be provided on the basis of the needs of carers rather than on their incomes and for an end to what it called 'the penal means testing of carers allowance for full-time carers'.





## 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, 2003);
- 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, 2003)*

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, 2003). In order to fulfil its legal obligations, the Council is a registered data controller with the Office of the Data Protection Commissioner, has a policy statement on data protection, and its Resources and Publications Officer supervises the application of the Act within the organisation. All staff are familiar with the Council's Data Protection Policy and written procedures are 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 is available on request. The Council did not receive any requests for information under the Act in 2003.

## *The Prompt Payment of Accounts Act (1997)*

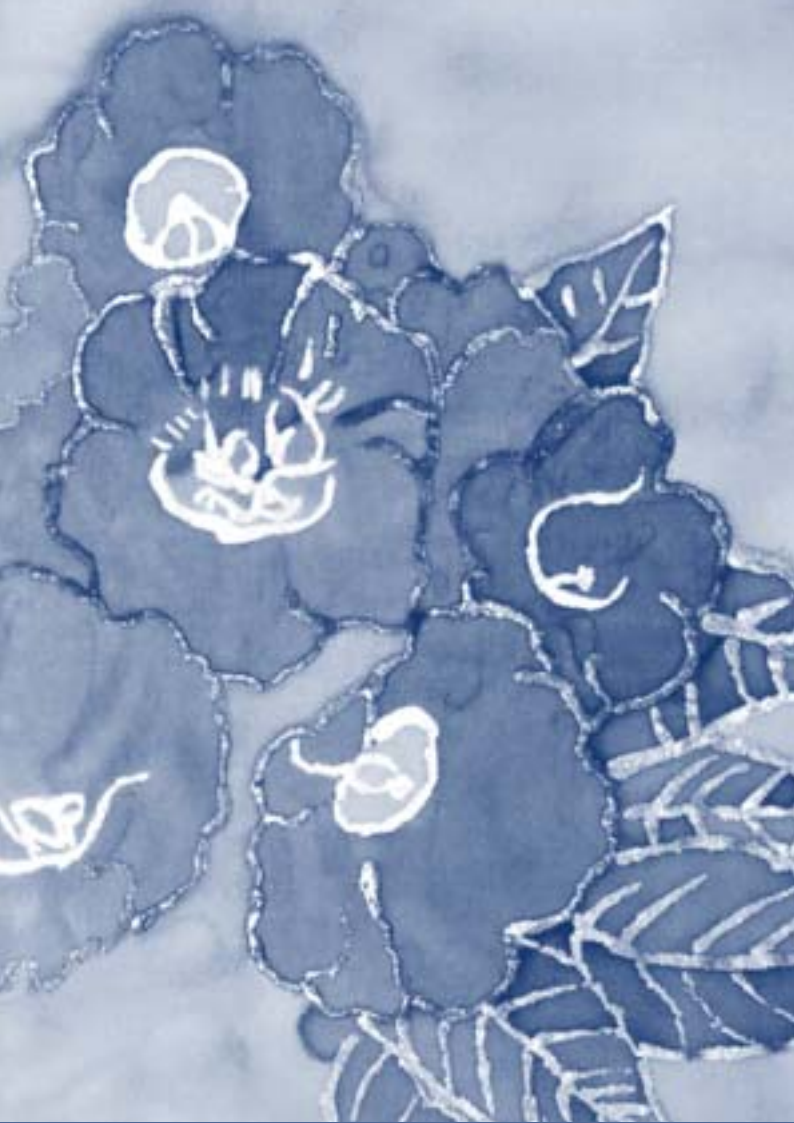
The Council is included as a listed purchaser of goods in the schedule to the *Prompt Payments of Accounts Act* (1997). Since 2 January 1998, when it came into operation, the Council has complied with its provisions. In accordance with the Act and guidelines issued by the Department of Enterprise, Trade 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 2003.

## *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 2003 the Council complied with the provisions of the Code as formulated in its own Procedures Handbook. 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 4 to 10 under Section 5 of the Comptroller and Auditor General (Amendment) Act, 1993.

#### 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 3. 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 pages 1 and 2 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 2003 and of its income and expenditure for the year then ended.



**Gerard Smyth**  
For and on behalf of the  
Comptroller and Auditor General

30 April 2004

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## Statement on System of Internal Financial Controls

1. On behalf of the National Council on Ageing and Older People, we acknowledge our responsibility for ensuring that an effective system of internal financial controls is maintained and operated. This is described in the Council Members' Handbook.
2. The system provides reasonable, but not absolute, assurance that assets are safeguarded, that transactions are authorised and properly recorded, and that material errors or irregularities are either prevented, or would be detected within a timely period.
3. Key Control Procedures

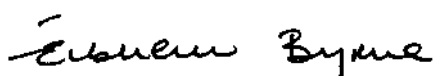
The key procedures in the Council's system of internal financial controls which have been put in place include:

- 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. Management responsibility is clearly defined and formal procedures are in place for reporting significant control failures and facilitating appropriate corrective action;
- measures to identify, assess and agree how to address and contain business risks (control procedures). The nature and extent of relevant risks have been identified, as has the Council's ability to manage and mitigate the risks that do occur;
- the system of internal financial controls is based on a framework of regular management information, administrative procedures including segregation of duties and a system of delegation and accountability. Information systems have been introduced to ensure detailed budgetary reporting and to provide the means to compare results with budgets during the financial year;
- the Council has an internal audit function, which operates in accordance with the Framework Code of Best Practice set out in the Code of Practice for the Governance of State Bodies. The work of internal audit is informed by analysis of risk to which the Council is exposed, and annual internal audit plans are based on this analysis. The risk analysis and the internal audit plans are endorsed by the Audit Sub-Committee and approved by the Council. The internal auditor provides the Council with a report of internal audit activity annually. This report includes the internal auditor's opinion on the adequacy and effectiveness of the system of internal financial controls;
- the Council has introduced monitoring procedures to ensure that the system is operating effectively. It is informed by the work of the internal auditor, the Audit Sub-Committee, which oversees the work of the internal auditor, and the Director of the Council who has responsibility for the development and maintenance of the financial controls framework, and comments made by the Comptroller and Auditor General in his report as applicable.

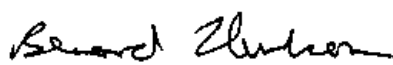
#### 4. Annual Review of Controls

- We confirm that in March 2004, the Council has conducted a review of the effectiveness of the system of internal financial controls for the year ended 31 December 2003.

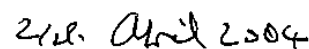
5. It is the Council's opinion that an effective system of internal financial controls operates within the organisation. No material weaknesses or errors in internal financial controls resulting in material loss, contingencies or uncertainties have been found. This view is affirmed by a review of the Council's policies and procedures carried out by the Audit Sub-Committee on the Council's behalf.



*Chairperson of Council*



*Member of Council*



*Date*

## Statement of Council's Responsibilities

On 19 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 1996 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.

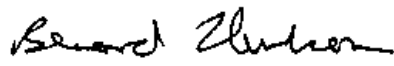
Article 16 of the Order establishing the Council (S.I. No. 120 of 1997) requires the Council to keep all proper and usual accounts of all moneys received or expended including an income and expenditure account and balance sheet. In preparing those financial statements, the Council is required to:

- 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.

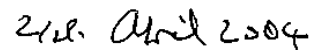
The Council is responsible for keeping proper books of account which disclose with reasonable accuracy at any time the financial position of the Council and which enable it to ensure that the financial statements comply with Article 16 of the establishment order. The Council is also responsible for safeguarding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



*Chairperson of Council*



*Member of Council*



*Date*

### 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 accountancy bodies are adopted as they become operative, except as indicated below. 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 2003

	Notes	2003 €	2003 €	2002 €	2002 €
<b>Income</b>					
Oireachtas Grants	1	1,055,000		1,021,000	
Publications		11,674		10,175	
Conference and Seminar Fees	2	31,950		18,981	
			1,098,624		1,050,156
Transfer (to)/from Capital Account	10		20,173		(20,857)
			1,118,797		1,029,299
<b>Expenditure</b>					
Salaries and Wages		540,157		370,580	
Travel		48,175		58,107	
Establishment	3	197,481		130,367	
Office Administration	4	40,526		66,253	
Publications and Printing		52,681		53,586	
Conferences and Seminars		45,037		56,110	
Research Studies	5	119,407		152,372	
Working Group on Elder Abuse	6	761		137,842	
Audit Fee		2,800		2,750	
			1,047,025		1,027,967
Surplus for the year			71,772		1,332
Balance as at 1 January			16,600		15,268
Balance as at 31 December			88,372		16,600

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 12 form part of these Financial Statements.

*Eibhlin Byrne*

Chairperson of Council

*Bernard Dunne*

Member of Council

*21st April 2004*

Date

Balance Sheet as at 31 December 2003

	Notes	2003 €	2003 €	2002 €	2002 €
<b>Fixed Assets</b>	7		54,478		74,651
<b>Current Assets</b>					
Cash on Hand		89		4	
Debtors and Prepayments	8	16,776		24,868	
Bank		77,094		413	
Total Current Assets		93,959		25,285	
<b>Current Liabilities</b>					
Creditors and Accruals	9	5,587		8,685	
Net Current Assets			88,372		16,600
Net Assets			142,850		91,251
<b>Represented by:</b>					
Capital Account	10		54,478		74,651
Income and Expenditure Account			88,372		16,600
			142,850		91,251

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The Statement of Accounting Policies and Notes 1 to 12 form part of these Financial Statements.

*Eileen Byrne*

Chairperson of Council

*Seán Cluik*

Member of Council

*21st April 2004*

Date

	2003 €	2002 €
<b>1. Oireachtas Grants</b>		
General Allocation from the Department of Health and Children	960,000	926,000
Allocation towards costs of Elder Abuse Implementation and Healthy Ageing Programmes	–	95,000
Benchmarking Costs	70,000	–
	25,000	–
	<u>1,055,000</u>	<u>1,021,000</u>
<b>2. Conference and Seminar Fees</b>		
These monies represent fees received for a National Conference on Healthy Ageing held on 25 November 2003 and a Conference on The Role and Future Development of Day Services for Older People in Ireland held on 27 May 2003.		
<b>3. Establishment</b>		
Rent and Rates	143,580	78,729
Service Charges	6,899	3,634
Heat and Light	4,617	2,731
Refurbishment, Maintenance and Repairs	8,386	13,286
Depreciation	22,291	23,250
Insurance	11,042	8,652
Loss on Disposal of Fixed Asset	666	85
	<u>197,481</u>	<u>130,367</u>
<b>4. Office Administration</b>		
Postage and Telephone	17,648	18,666
Stationery and Other Office Supplies	13,299	18,963
Staff Training	1,880	2,329
Subscriptions etc.	2,980	3,799
Advertising	1,331	11,618
Professional Fees	2,797	10,224
Bank Charges	591	654
	<u>40,526</u>	<u>66,253</u>

	2003 €	2002 €
<b>5. Research Studies</b>		
All Ireland Ageism Study	12,200	–
Perceptions and Experiences of Ageism in the Health Sector	23,800	–
Social Isolation and Loneliness among Older Irish People	31,218	–
Population Projections and Demographic Analysis of 2002 Census Data	3,000	–
Secondary Analysis of Slan Data	12,000	–
Research for Healthy Ageing Database	17,391	26,000
Programming of Healthy Ageing Database	3,000	3,000
Day Care Services in Ireland	–	44,940
Employment and Retirement Phase II	–	50,784
Healthy Ageing Framework Development	–	2,477
Information Needs of Older People in Ireland	–	20,966
Proceedings of Conferences and Seminars	5,650	4,205
Strategy 2004-2006	2,000	–
Ageism Public Awareness Promotion	9,148	–
	<u>119,407</u>	<u>152,372</u>
<b>6. Working Group on Elder Abuse</b>		
Salaries	–	65,423
Travel and Meetings	643	8,700
Light and Heat	–	455
Telephone and Postage	4	4,517
Stationery and Office Supplies	114	5,597
Repairs and Maintenance	–	1,051
Rent and Insurance	–	8,797
Professional Fees	–	3,779
Research Consultants	–	26,254
Publications	–	12,802
Depreciation	–	467
	<u>761</u>	<u>137,842</u>

**7. Fixed Assets**

	Office Equipment		Office Furniture		Total	
	€	€	€	€	€	€
Cost at 31 December 2002	171,644		33,668		205,312	
Additions in year	2,784		–		2,784	
Disposals in year	(53,454)		(576)		(54,030)	
		120,974		33,092		154,066
<b>Depreciation</b>						
Accumulated Depreciation as at 31 December 2002	112,192		18,469		130,661	
Depreciation charge for the year	18,165		4,126		22,291	
Depreciation on disposal	(52,788)		(576)		(53,364)	
Accumulated Depreciation as at 31 December 2003		77,569		22,019		99,588
Net Book Value at 31 December 2003		43,405		11,073		54,478
Net Book Value at 31 December 2002		59,452		15,199		74,651

Office equipment disposals relate to a write off of previously discarded or obsolete items which had remained on the Fixed Asset Register until 2003.

	2003 €	2002 €
<b>8. Debtors and Prepayments</b>		
Trade Debtors	1,513	–
Publications	320	743
Conferences	1,750	330
Prepayments	13,193	23,795
	<u>16,776</u>	<u>24,868</u>
<b>9. Creditors and Accruals</b>		
Creditors and Accruals	1,692	4,963
Audit Fee	2,800	2,750
Accountancy Fee	972	972
Union Dues	23	–
Health Service Staffs Credit Union	100	–
	<u>5,587</u>	<u>8,685</u>

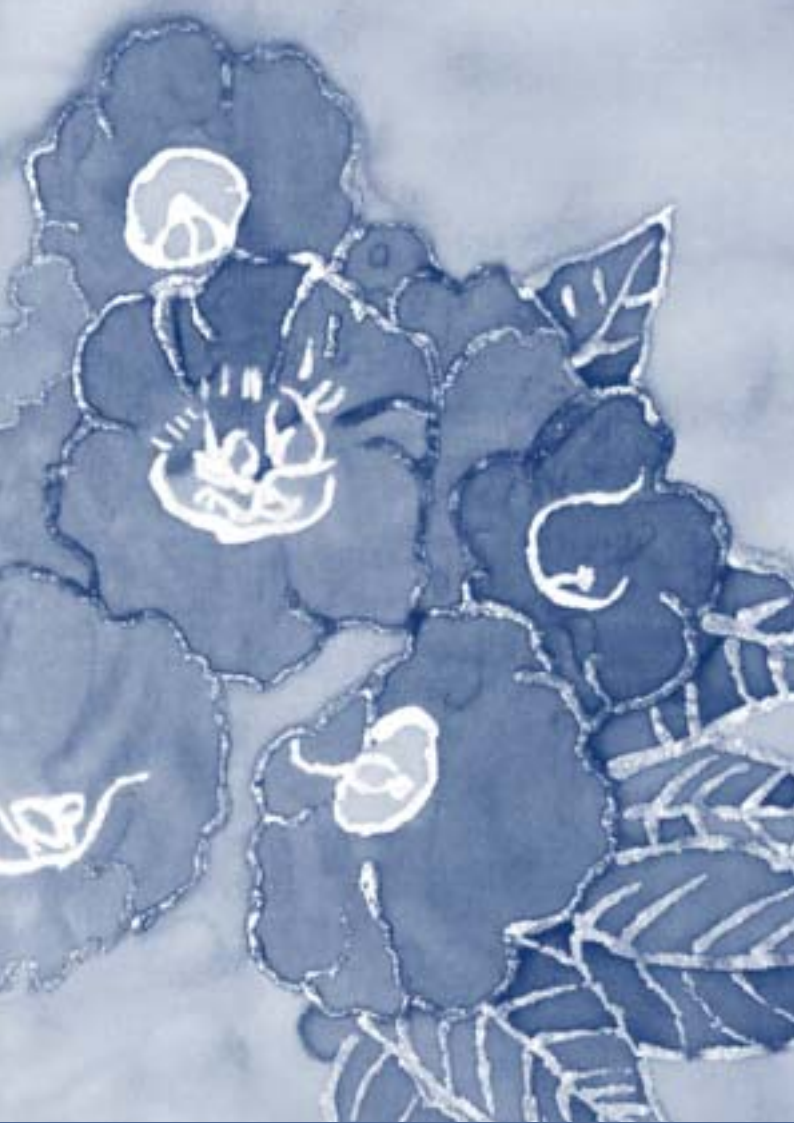
	2003 €	2003 €	2002 €	2002 €
<b>10. Capital Account</b>				
Balance at 1 January		74,651		53,794
Transfer (to)/from Income and Expenditure Account				
- Income allocated for Capital purposes	2,784		44,699	
- Amortisation in line with asset depreciation	(22,291)		(23,717)	
- Amount released on disposal of fixed assets	(666)		(125)	
		<u>(20,173)</u>		<u>20,857</u>
Balance at 31 December		<u>54,478</u>		<u>74,651</u>

**11. Commitments under Operating Leases**

Leasing commitments payable in the next twelve months amount to €135,520 and comprise the rental payable on the Council's leasehold interests in two properties.

**12. Approval of Financial Statements**








These financial statements were approved by the Council on 10 March 2004.










## Publications

# Publications

## Reports

No.	Report Name	Price		P & P
1	Day Hospital Care	€0.63		€0.63
2	Retirement: A General Review	€0.63		€0.76
4	Community Services for the Elderly	€0.47		€0.76
5	Seminar Proceedings: Retirement Age – Fixed or Flexible?	€0.63		€1.14
6	The World of the Elderly: The Rural Experience	€1.90		€1.14
7	Incomes of the Elderly in Ireland: And an Analysis of the State's Contribution	€2.54		€1.90
9	Home from Home? Report on Boarding Out Schemes for Older People in Ireland	€2.54		€1.14
10	Housing for the Elderly in Ireland	€2.86		€1.90
11	Institutional Care of the Elderly in Ireland	€2.86		€1.90
12	This is Our World: Perspectives of Some Elderly People on Life in Suburban Dublin	€1.90		€1.14
13	Nursing Homes in the Republic of Ireland: Study of the Private and Voluntary Sector	€3.17		€1.90
14	'It's Our Home': The Quality of Life in Private and Voluntary Nursing Homes	€3.17		€1.90
15	The Elderly in the Community: Transport and Access to Services in Rural Areas	€1.90		€1.14
16	Attitudes of Young People to Ageing and the Elderly	€0.63		€1.14
17	Choices in Community Care: Day Centres for Elderly in the EHB	€2.38		€1.90
18	Caring for the Elderly. Part 1: A Study of Carers at Home and in the Community	€2.54		€1.14
19	Caring for the Elderly. Part II: The Caring Process: A Study of Carers in the Home	€4.44		€1.90
20	Sheltered Housing in Ireland: Its Role and Contribution in the Care of the Elderly	€4.44		€1.90
22	The Role and Future Development of Nursing Homes in Ireland	€4.44		€1.90
23a	Coordinating Services for the Elderly at the Local Level: Swimming against the Tide	€4.44		€1.90
23b	Coordinating Services for the Elderly at the Local Level. Summary of Evaluation on Two Pilot Projects	€0.63		€0.76
24	The Impact of Social and Economic Policies on Older People in Ireland	€3.81		€1.14
25	Voluntary-Statutory Partnership in Community Care of Elderly	€5.08		€1.90
26	Measures to Promote Health and Autonomy for Older People: A Position Paper	€2.54		€1.14

27	Seminar Proceedings: Coordination of Services for the Elderly at the Local Level	€2.54		€1.14
28	Conference Proceedings: Voluntary-Statutory Partnership in Community Care of the Elderly	€2.54		€1.14
29	Conference Proceedings: Dementia Services: Information and Development	€2.54		€1.14
30	Bearing Fruit. A Manual for Primary Schools	€4.44		€1.90
31	In Due Season. A Manual for Post-primary Schools	€4.44		€1.90
32	Conference Proceedings: Measures to Promote the Health and Autonomy of Older People in Ireland	€5.71		€1.90
33	Round Table Proceedings: Theories of Ageing and Attitudes to Ageing	€1.90		€1.14
35	The Economics and Financing of Long-Term Care of the Elderly in Ireland	€8.89		€1.90
36	Home Help Services for Elderly People in Ireland	€7.14		€3.17
37	Older People in Ireland. Social Problem or Human Resource?	€3.81		€1.14
38	Seminar Proceedings: The Economics and Financing of Long-Term Care in Ireland	€3.81		€1.14
39	Health and Autonomy among the Over-65s in Ireland	€10.79		€1.90
40	Support Services for Elderly People Living at Home	€8.09		€1.90
41	Conference Proceedings: Home Help Services for Elderly People in Ireland	€5.08		€1.14
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48	The Years Ahead Report: A Review of the Implementation of its Recommendations	€12.70		€3.17
49	Conference Proceedings: Review of the Recommendations of the Years Ahead Report	€8.63		€1.90
50	Adding Years to Life and Life to Years: A Health Promotion Strategy for Older People in Ireland	€6.35		€1.90
51	The Law and Older People: A Handbook for Service Providers	€15.87		€2.29
52	Abuse, Neglect and Mistreatment of Older People	€7.62		€1.90
53	The Future Organisation of the Home Help Service in Ireland	€7.62		€1.46

54	An Action Plan for Dementia	€10.79		€1.90
55	Income, Deprivation and Well-Being among Older Irish People	€8.89		€1.90
56	Conference Proceedings: Planning for Dementia Care in Ireland	€5.72		€1.46
57	Young and Old	€19.05		€1.90
59	Conference Proceedings: What Works in Health Promotion for Older People in Ireland	FOC		FOC
60	Costs of Caring for People with Dementia and Related Cognitive Impairments	€12.70		€1.52
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63	Conference Proceedings: Towards a Society for All Ages	€9.52		€1.46
64	Health and Social Services for Older People (HeSSOP)	€22.86		€3.17
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66	Care and Case Management	€16.51		€1.90
67	Older People's Preferences for Employment and Retirement	€10.54		€1.90
69	Meeting the Health, Social Care and Welfare Services Information Needs of Older People in Ireland	€16.00		€2.80
71	Conference Proceedings: Towards Care Management in Ireland	€16.00		€1.90
72	Conference Proceedings: Assessment of Older People's Health and Social Care Needs and Preferences	€16.00		€1.90
73	Protecting Our Future (Report of the Working Group on Elder Abuse)	€4.00		€1.90
74	The Role and Future Development of Day Services in Ireland	€17.00		€3.00
76	Directory of Healthy Ageing Information Resources for Older People	€2.00		€0.90
77	Healthy Ageing in Ireland: Policy, Practice and Evaluation	€17		€3.00

<b>No.</b>	<b>Title</b>	<b>Price</b>
FF1	Demography	€1.41
FF2	Physical Health	€1.41
FF3	Income	€1.41
FF4	Work and Retirement	€1.41
FF5	Housing	€1.41
FF6	Community Care Services	€1.41
FF7	Long-Stay Care	€1.41
FF8	Mental Disorders	€1.41
FF9	Carers	€1.41
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