



annual report
tuairisc bhliantúil

2004

National Council on Ageing
and Older People

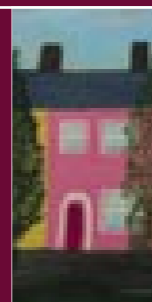
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Foreword



2004 was a productive and challenging year for the National Council on Ageing and Older People. In January, the Council adopted its second Strategic Plan, which informs its work for the period 2004-2006.

Several important research studies were brought to completion in 2004, including *Population Ageing in Ireland: Projections 2002-2021*. The projections outlined in the report point to a substantial increase in the absolute numbers of older people in Ireland over the next two decades. The Council believes that the expected ageing of the population should be the catalyst for the development of evidence-based policies that will ensure the full and equal integration of older people in Irish society. It is my hope that these population projections will serve as an important component in the development of such policies in the years ahead. To mark the launch of the report, the Council held a successful national conference entitled *Planning for an Ageing Population: Strategic Considerations* which was attended by participants from across the statutory, voluntary and private sectors.

In addition, the Council published *Older People in Ireland: A Profile of Health, Status, Lifestyle and Socio-Economic Factors from SLÁN*. This report presents a comprehensive analysis of factors relating to the physical and mental health of older Irish people, including a detailed investigation of issues relating to disability and the quality of life of the older population. I am confident that this study will be of invaluable assistance to those involved in setting national and regional priorities in public health, health promotion and health services, as well as those engaged in planning living environments for an ageing population.

Later in the year, the Council brought the crucial issue of ageism into sharp focus by launching a joint public awareness campaign aimed at promoting a greater understanding and awareness of ageism in Irish society. Organised with The Equality Authority and The Health Boards Executive, the two-week campaign focused on the slogan: 'Life will always have limits: age should not be one of them'. The core message of the campaign was disseminated widely using national and local radio slots, and press and billboard advertising. To coincide with the campaign, the Council held a major conference to examine ageism in Ireland. Its aim was to explore the problems of prejudice, stereotyping and discrimination experienced by older people. It provided a forum for a wide-ranging discussion of ageism, with particular emphasis on ageism in health and social services.

In the area of healthy ageing, the *2004 Healthy Ageing Conference* focused on issues relating to safety and older people, with particular emphasis on the main causes of unintentional injury among older people: falls, road traffic injuries, fires and burns. Several international and Irish experts contributed to this very successful conference.

As a body that articulates the needs and concerns of older Irish people, the Council made several submissions to Government Departments, statutory agencies and other bodies. In 2004, the Council's Pre-Budget Submission to the Minister for Finance focused on long-term care of older people. The Council made a presentation on the content and implications of the Disability Bill 2004 to the Joint Oireachtas Committee on Justice, Equality, Defence and Women's Rights. The Council also presented a healthy ageing submission to the National Task Force on Obesity.

I would like to express my thanks to Council members for the time, energy and commitment, which they invested so willingly throughout the year. During 2004, several Council members completed their terms of office and I would like to thank them for their contributions. The Council could not fulfil its mandate without the expertise of the members of its Consultative Committees and I would like to express my special appreciation to them for their work. In conclusion, I would also like to thank the staff of the Council Secretariat for their valued contributions in 2004.

A stylized, handwritten signature in black ink, appearing to read 'Eibhlin Byrne'.

Cllr Éibhlin Byrne Chairperson

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 2004

Chair Cllr Éibhlin Byrne

Pauline Clancy-Seymour

Cllr Jim Cousins

Michael Dineen

Dr Ciaran Donegan

Fr Peter Finnerty

James Flanagan

Eamon Kane

Dr Michael Loftus

Michael Murphy

Mary Nally

Pat O'Toole

Rosemary Smith

Martha Sullivan

Eddie Wade

The following members completed their terms of office in September 2004:

Paul Cunningham

Iarla Duffy

Frank Goodwin

Patricia Lane

Mary O'Neill

The following members were appointed or reappointed to the Council in December 2004:

John Brady

Noel Byrne

Kit Carolan

Oliver Cleary

John Grant

Dr Davida de la Harpe

Annette Kelly

Dr Ruth Loane

Sylvia Meehan

Mr Paddy O'Brien

Eileen O'Dolan

Paul O'Donoghue

Martina Queally

Elaine Soffe

Bernard Thompson

Meetings in 2004 6

Management Committee

Chair Cllr Éibhlin Byrne

John Brady
Bob Carroll
Cllr Jim Cousins
Frank Goodwin

Dr Michael Loftus
Sylvia Meehan
Pat O'Toole
Bernard Thompson

Meetings in 2004 7

Audit Sub-Committee

Chair Bernard Thompson

Cllr Éibhlin Byrne
John Brady
Bob Carroll
Cllr Jim Cousins

Frank Goodwin
Dr Michael Loftus
Sylvia Meehan
Pat O'Toole

Meetings in 2004 4

Policy Standing Committee

Chair Dr Davida de la Harpe

Cllr Éibhlin Byrne
John Cooney
Jimmy Duggan
John Grant
Dr Frances Hannon

Joe Larragy
Mary McDermott
Sylvia Meehan
Dr Virpi Timonen
Dr Margo Wrigley

Meetings in 2004 6

Healthy Ageing Consultative Committee

Chair Dr Michael Loftus

Cllr Jim Cousins
Dr Nazih Fakhir-Eldin
Dr John Gibbon
Dr Margaret Hodgins
Angela King
Ann Leahy
Mary McDermott
Dr Sheila McEvilly

Shay McGovern
Mary Nally
Deirdre O'Mahoney
Mary O'Neill
Martina Queally
Bernadette Rooney
Peter Sands
Dr Shelagh Wright

Meetings in 2004 7

Consultative Committee on Health Promoting Residential Care Initiative

Chair Julie Ling

Geraldine Delorey
Hilary Dunne
Enda Egan
Margaret Feeney
Mairead Hayes
Angela Keegan
Catherine Lawlor
Elly McCrea

Shay McGovern
Stephen McMahan
Rosemary Nolan
Ann O'Riordan
Dr John Redmond
Bridget Roche
Mary Rooney Stanford

Meetings in 2004 4

Consultative Committee on Perceptions of Ageing and Older People and Ageism in the Health Services

Chair Dr Ruth Loane

Hilary Coates
James Conway
Cllr Jim Cousins
Dr Ciaran Donegan
Iarla Duffy
Fiona Fitzgerald
Brenda Hannon

Fiona Johnston
John Kincaid
Dr Michael Loftus
Eileen McGlone
Mary Nally
Ann Ryan

Meetings in 2004 6

Consultative Committee on Quality of Life in Long-Stay Care

Chair Dr Ciaran Donegan

Cllr Jim Cousins
Ann Coyle
Sheila Dickson
Ellen Dillon
Brenda Hannon
Breda Hayes
Angela Keegan
Julie Ling

Bridie McGroarty-Fletcher
Dr Kathy Murphy
Mary Nally
Rosemary Nolan
Dr Eamon O'Shea
Mary Prendergast
Ann Ryan

Meetings in 2004 1

Consultative Committee on Social Inclusion Measures at Local Level

Chair Pat O'Toole

Kit Carolan
Cllr Jim Cousins
Kevin Cullen
Sarah Delaney
Petrina Duff
Patricia Lane
Pascal McDaid
Pat McDonnell

Shira Mehlman
Kevin Molloy
Mary Nally
Michael O'Brien
Sinead Pentony
Mairead Ryan
David Silke

Meetings in 2004 3

Consultative Committee on Loneliness and Social Isolation

Chair Frank Goodwin

Mary Brennan
Noel Byrne
Dr Jonathan Drennan
Dr Gerard Feeley
Fr Peter Finnerty
Grace Fraher
Kate Frazer
Frank Goodwin

Kitty Harlin
Anne Harris
Julie Healy
Dr Kate Irving
Mary Nally
Hilary Scanlan
Paula Sims
Prof. Pearl Treacy

Meetings in 2004 3

Council Secretariat

The following staff were employed by the Council in 2004:

Director

Work Programme Coordination Manager (temporary)

Research Officer

Policy Analyst (temporary)

Communications Officer

Resources and Publications Officer (to October 2004)

Healthy Ageing Programme Advisor

Healthy Ageing Projects Officer (temporary)

Healthy Ageing Projects Officer (temporary)

Office Services and Events Manager

Accounts Administrator

Accounts Administrator (temporary)

Administrative Secretary

Administrative Secretary

Receptionist/Junior Secretary (temporary)

Bob Carroll

Gabrielle Jacob

Sinéad Quill

Patricia Conboy

John Heuston

Gabrielle Jacob

Dr Helen McAvoy

Dervilla Keegan

Jane England

Michelle Rogers

Regina Ward

Margaret Stanford

Samantha Kenny

Margaret Flynn

Joanne Clarke



Council Work Programme 2004

Context

The primary function of the National Council on Ageing and Older People (NCAOP) is to develop a comprehensive understanding of ageing and the older population in Ireland with a view to providing the best possible advice to the Minister for Health and Children and all those concerned with the welfare of older people in Ireland.

The Council, through its research, seeks to identify the views and perceptions of older people on issues of importance to them. It makes evidence-based recommendations on actions that should be taken to remedy problems encountered by them and to improve opportunities for health and social gain. In particular, the Council works to promote the health and social inclusion of older people; advises on ways to meet the needs of the most vulnerable among the older population; and encourages positive attitudes to life after the age of 65. The Council also works to enhance greater coordination between public bodies at national and local levels in the planning and provision of services for older people.

The Council's vision is for a society where older people are:

- guaranteed the same rights and privileges as all citizens, regardless of their age
- unaffected by poverty, poor health or disability, educational disadvantage, sub-standard housing or inadequate transport services
- assured of the health, social care and welfare services necessary to enable them to live healthy, fulfilling and independent lives for as long as possible
- valued as a resource for their families, their communities and the economy
- free from ageist attitudes expressed in the media or elsewhere
- involved in the development of the policies and the programmes that directly affect them.

These core values underpin the Council's Strategic Plan 2004-2006 and are expressed in the Plan as five goals. Through its work during that period, the Council aims to:

1. promote a positive understanding of population ageing in Ireland and support the health and social gain of older people in our society through the creation of a policy, planning and implementation environment
2. promote a better understanding of individual ageing and the needs of older people generally
3. support the development of policies, strategies and good practices which will enable older people to participate as equals in society
4. support the development of integrated health and social care provision so that older people and their carers have timely access to appropriate supports and services
5. support the implementation of the action plans of the 1998 Health Promotion Strategy for Older People: to improve life expectancy at age 65 and beyond; to improve the health status of people aged 65 and beyond; and enhance the lives and autonomy of older people already affected by illness and impairment.

1. Promoting a Positive Understanding of Population Ageing in Ireland

Research

Population Ageing in Ireland: Projections 2002-2021 (Report No. 81)

Many societies throughout the world are already experiencing population ageing – the process by which older people as a group become a proportionally larger share of the total population. Ireland will also experience population ageing and the Council believes that a society with large numbers of older people is one to which we all should want to belong. The prospective increase in the older population, however, has fuelled a perception among some groups that Ireland will face an ‘ageing crisis’ over the next twenty to fifty years.

According to this ‘crisis theory’, a smaller workforce will bear the cost of supporting an increasingly dependent older age group, causing an unsustainable depletion of our public finances. To avert this impending threat, proposed policies have focused on greater fiscal discipline and reduced public provision of services in favour of greater self-sufficiency, increasing productivity and increasing population growth.

It is clear that the following assumptions lie behind the prediction of a crisis: that older people are a burden; that population ageing will result in correspondingly higher levels of dependency; and that there is a linear relationship between the size of the older population and public expenditure. These assumptions are at best erroneous and at worst promote ageism in society.

In 1995, a set of population projections was prepared for the Council by Peter Connell. In order to assist in informing public debate on the issue of population ageing, the Council decided to commission further projections for the period 2002-2021. The resulting report, *Population Ageing in Ireland: Projections 2002-2021*, sets out projections at national and county levels for the period 2002-2021 with particular reference to the older population.

Major Findings

- By 2021, the total population of the State is projected to rise to between 4.57 million and 4.91 million (depending on assumptions made in relation to migration).
- In 2002, 11.1 per cent of the total population (436,000 people) was aged 65 or over; by 2021 that figure is expected to rise to between 14.8 per cent and 15.3 per cent of the total population (i.e. to between 698,000 and 728,000 people).

- In 2002, there were 247,000 older females. In 2021 that figure will rise to between 375,000 and 389,000 – an increase of between 52 per cent and 57 per cent.
- The counties with the highest projected percentages of older people by 2021 will be those in the western half of the country, together with Dun Laoghaire-Rathdown and Waterford county.
- In terms of absolute numbers of older people, Dublin City Borough and county will have an estimated 24 per cent of all males and 26 per cent of all females aged 65 and over.
- It is projected that there will be an increase in the numbers of married and separated people and fewer numbers of single and widowed in the 65 years and over group.
- The areas expected to experience the largest growth in the numbers of single older people will be South Dublin, Kildare, Fingal, Wicklow and Meath.
- By 2021, 10 per cent of men and women aged 65-74 years will be either separated or divorced.
- By 2021, just over 30 per cent of older people (211,000) will be living alone.
- There will be a doubling of the number of older people aged 70 or over living alone by 2021.
- Dublin, Meath and Kildare will gain an additional 24,000 households with an older person living alone. Wexford, Waterford City Borough and county, and Galway City Borough will all experience significant increases in the numbers of single-person households.

Literature Review of International Experience in the Community Care of Older People

With a view to informing policy development in Ireland, in November 2004 the Council commissioned a literature review of international experience in the community care of older people. The review examined policy, financing frameworks and models of provision for the community care of older people in nine countries. These countries were: Scotland; Northern Ireland; England; Australia; Canada; Denmark; Finland; the Netherlands; and Sweden.

Learning from International Experience

Although the periods for which figures were available differed across the nine countries, the percentage of the population aged 65 and over ranged from 10 per cent to 17 per cent. Sweden had the highest percentage in 2004 (17 per cent). Where figures were available for those aged 65 and over receiving home care, the percentages of the total population in 2000 ranged from between 6 per cent (France) to 23 per cent (Denmark). Also, in 2000 the percentage of those aged 65 years and over in institutions ranged from 3 per cent (Denmark) to 9 per cent (Sweden).

The main tenets of international policy and good practice guidance with regard to community care of older people point to a strong focus on the following: supporting people in their own homes; increasing the capacity of long-stay care; enabling the integration of care services; the need to listen to older people's views; and the importance of person-centred care.

Informing Policy Development on the Care of Older People in Ireland

- Existing Irish policy and NCAOP research all point towards supporting older people to continue living at home in dignity and independence. This is reinforced by the literature review findings – many countries exhibit a strong policy focus in the same regard and demonstrate practical ways of working to enable this.
- A key theme emerging from the literature is the need for standardised and multidisciplinary, or shared, assessment processes to assess an individual's care needs and to act as a pointer to appropriate health and social services. There is also a suggestion in the literature that there should be a single point of access for an individual's health and social care needs.

- The need to support informal carers, family and friends is an important consideration. Practical examples of support are apparent in Finland, for example, where relatives who care for an older person are entitled to an allowance and various other health and social care services are provided.
- France and the Netherlands provide practical examples of involving older people in the management of care via consumer-directed home care. A recurring policy theme throughout the literature relates to recognising and promoting older people's rights and involving them in the development of community care.
- There is a clear need for long-stay care in the context of highly dependent older people. For lower levels of dependency, however, many of the countries provide access to new forms of residential care, including sheltered or protected housing, and short-term periods of institutional care as general respite. Also, long-stay care should be less formalised so that the resident's fear of losing their independence is minimised.
- Examples in the literature point towards a need for comprehensive planning and management of community care services, which are underpinned by national and local strategies. In England, the Audit Commission Report (2002) states that in the development of a 'whole system' perspective, the following steps need to be taken: developing a shared vision; mapping services and the experiences of older people; and redesigning services to streamline access or reduce duplication.
- Funding arrangements to ensure that older people have access to all the health and social care services they require vary across the countries reviewed; however, community care services are generally funded or joint funded by national and local governments. Scotland has introduced free personal and nursing care – this is viewed as a key best practice consideration.

Many of the recurring themes in the literature review will inform policy development and best working practice in the community care of older people. Those involved in planning and providing community care services for older people in Ireland should seek to maximise the opportunities presented to implement change.

Events

National Conference, Planning for an Ageing Population: Strategic Considerations

To mark the launch of *Population Ageing in Ireland: Projections 2002-2021*, the Council held a national conference on 15 June 2004 in Dublin. Attended by participants from the statutory, voluntary and private sectors, the conference was organised with the aim of promoting a positive understanding of population ageing in Ireland.

Conference presentations took place across four sessions and dealt with a range of issues critical to the implementation of successful planning for an ageing population:

- population ageing
- independence and dependence in old age
- the evidence base for planning for an ageing population
- a society for all ages.

Speakers included Dr Eamon O'Shea, Dermot McCarthy, Aidan Punch, Paul Morrin, Dr Richard Layte, John Cooney, Dr Ruth Barrington, Patricia Conboy, Prof. Hannah McGee, Dr Anne Goode, Dr Eithne Fitzgerald, Peter Connell, Dennis Pringle and Dr Garret Fitzgerald.

First Session: Population Ageing

Peter Connell and Dennis Pringle presented a summary version of their population projections for 2002-2021 emphasising the key findings, as outlined in the summary of the report earlier on.

In his response to their paper, Dr Garret Fitzgerald noted that there is time to plan and prepare for an ageing population in this country. Highlighting the change in the balance of dependency in the future from young to old, he suggested that taking the combined number of older people and younger people, the overall dependency ratio relative to the working population will only increase from the current 67 per 100 people of working age to 75 per 100 in 2041.

Pointing to the poor life expectancy figures for men and women aged 65 in Ireland, he acknowledged the importance of policy measures to address the poor performance in this area. He also made the case for the gradual reinstatement of the public pension at the age of seventy, which would provide flexibility for older people, as well as reducing the country's mid-century public pensions bill by about one quarter.

Second Session: Independence and Dependence in Old Age

Dr Anne Goode and Dr Eithne Fitzgerald of the National Disability Authority (NDA) presented a paper on understanding dependency and the challenge for planners in developing appropriate responses for dependent populations. They suggested that there is a need to distinguish three main types of dependency if policy and services are to be planned effectively: necessary dependency (flowing from individual life situations), unnecessary dependency (created by society) and complex dependency (a combination of the two).

Within this framework, they argued for a social model of dependency that takes account of the social and environmental factors that influence the participation of older people in economic, social, political and cultural life. They placed particular importance on creating a supportive environment to help older people remain independent in all aspects of life including lifetime adaptable housing, transport, work and social care.

Prof. Hannah McGee's presentation emphasised the importance of maximising independence for all in old age. Noting that individuals are living longer and living better for longer, she emphasised that ageing is simultaneously a uniquely personal and global challenge. Older people make significant contributions at all levels of society and are an important resource to other members of society. That contribution is not always acknowledged either in official datasets or at the level of policy.

Third Session: The Evidence Base for Planning for an Ageing Population

In her paper, Patricia Conboy focused on a recent survey and analysis of selected national datasets undertaken by the Council and emphasised that existing datasets do not adequately capture the impact of public policy on older people or the contribution that older people make to Irish society. They lack an ageing perspective, which means that they are of limited value when it comes to planning for an ageing population.

Responding to Patricia Conboy's discussion paper, Dr Ruth Barrington highlighted the need to optimise opportunities for people in old age. She emphasised the influence of socioeconomic status on health and healthy ageing. Poor people are much less likely to live to enjoy an active old age than people who are well off. In addition, a longitudinal cohort study of older people is necessary to enhance our understanding of the ageing process and the various influences on healthy ageing.

John Cooney took up the issue of information deficiencies and argued for greater investment in information by the new Health Service Executive (HSE). Noting that too little is spent on generating information on older people, he stressed the need for linked datasets and for greater coordination by Government Departments in the planning and delivery of services for older people. He emphasised that evaluation is also necessary to judge the efficiency and effectiveness of various interventions and investments.

Dr Richard Layte identified the potential of official statistics as repositories of valuable information. Data protection laws may need to be changed to allow the potential of administrative datasets to be explored fully and a new licensing

system may need to be developed for that purpose. However, he also referred to the need for linked datasets covering all aspects of ageing, as well as more information on the things that older people value.

Paul Morrin argued that the needs of older people should be reflected in the development of any new statistical framework. Information on older people is necessary for good policy-making in a range of Government Departments. For example, the Office for Social Inclusion (OSI) is very interested in identifying the groups among older people most at risk from poverty and the Department of Social and Family Affairs (DoSFA) is interested in the development of statistics in the pensions policy area.

Aidan Punch argued that the population of people aged 65 and over could increase from its present level of 436,000 to about 1 million in the next thirty years and that those aged eighty years and over could increase threefold in the same period to more than 300,000. Drawing attention to a number of new questions on disability and carers which were included in the 2002 census form, he noted that a further set of relevant questions had recently been piloted for inclusion in the 2006 census, including questions relating to unpaid work, looking after the home or family, voluntary activities, household income and family interrelationships.

Fourth Session: A Society for All Ages

Dermot McCarthy spoke of the importance of various interdependencies in society, including the relationship between young and old. He suggested that rapid technological change makes it more important than ever to nurture and develop intergenerational solidarity. He highlighted the importance of identifying and mobilising all relevant stakeholders in the pursuit of successful policies and strategies for healthy and participative ageing at both national and local levels.

In his summing up of the proceedings, Dr Eamon O'Shea identified seven issues as being critical to successful planning for older people in the future and of crucial importance to the achievement of a society for all ages:

- recognition of the positive contribution older people make to society
- recognition of the importance of comprehensive and timely information for planning
- nurturing of existing intergenerational relationships and responsibilities
- separating dependency from situations of dependency in the lives of older people
- implementing a home-based model of care for dependent older people
- integrating medical and social models of care for dependent older people
- reducing health inequalities at all age groups so that more people reach old age.

Dr O'Shea argued that planning for an ageing population forced us to consider more carefully the relationship between economic growth and social progress. We need continued economic growth to fund services for older people but if we continue to emphasise economic growth over social issues we run the risk of losing sight of important ties that bind rich to poor and young to old. We have not yet exhausted the level of goodwill that exists between the generations in Ireland – solidarity between the generations remains strong even if it disappears from view now and again. That solidarity still needs to be nourished through good planning and enlightened public policy. Public policy should respect the individuality and complexity of ageing but it should also protect the social and intergenerational dimensions of the ageing process.

The Older Population: Information Issues and Deficits

This discussion paper was distributed at the Council's conference, *Planning for an Ageing Population: Strategic Considerations*, and had its origins in a survey and analysis of selected national datasets undertaken by the NCAOP. The datasets analysed for the paper were: Census 2002; *Health Statistics 2002*; the Hospital In-Patient Enquiry Scheme (HIPE); the Living in Ireland survey (LIIS); *Long-Stay Activity Statistics 2002*; the National Cancer Registry; the National Intellectual Disability Database (NIDD); the *Irish National Survey of Housing Quality* (NSHQ); the National Physical and Sensory Disability Database (NPSDD); the National Parasuicide Registry; the National Psychiatric In-Patient Reporting System (NPIRS); the Quarterly National Household Survey (QNHS); the National Health and Lifestyle Surveys (SLÁN); and the Survey on Income and Living Conditions (SILC).

Paper Conclusions

Active Ageing

To develop programmes and policies which will enable the active ageing of the population, policy-makers need to be able to access information about older people within a national framework. Information deficits in the datasets analysed include the quality of life and social contribution of older people; housing and transport; and health and social services where the datasets are stronger in the provision of institutional data, though the majority of older people live in community settings. There are particular concerns about the lack of population-based morbidity data, lack of a national psychiatric out-patient database and lack of data on the prevalence and incidence of different forms of impairment and disability in the population.

Perceptions of Old Age

Datasets are not neutral repositories of information about the older population. The selection of categories to describe older people reflects underlying assumptions about ageing. One of the most striking contrasts in the datasets is the focus on dependency to estimate the costs of an ageing population, compared to the limited nature of the data available on the contribution of older people to society. The education and training needs of older people receive little attention and do so only in light of the economic costs of population ageing.

The Population of Older People

The population of older people does not form a homogeneous group. What is required is the capacity to plan for the increasing numbers of older people remaining independent into very old age as well as the smaller sub-groups of older people who are more vulnerable. This remains difficult with information deficits on the health status of older people. The corollary of this is the need to profile the older population as a whole, within different age bands, in terms of a range of health, social and economic indices and to identify vulnerable sub-groups.

Person-centred data is essential to be able to plan for the needs of a diverse older population. Currently, the emphasis of several of the main datasets is to track activities and events, rather than individuals. In advocating the need for the availability of person-centred data about older people, the NCAOP is mindful and fully supportive of requirements to honour the confidentiality of individual patients. In that context, the NCAOP welcomes the publication of the National Health Information Strategy (NHIS) and looks forward to the implementation of its recommendations in respect of a Unique Patient Identifier within an information governance framework.

Systematic Recording, Collation and Publication of Data

There is a need for all relevant national datasets to record, collate and publish data about the older population. Exclusion from a dataset on the basis of age is discriminatory. The older population, as already stated, is heterogeneous and this is reflected in differing needs and concerns as they move through successive age bands.

Health Status of the Older Population

Valuable data on the health status of the older population does exist. However, there are significant gaps with respect to population-based morbidity data and data on older people with disabilities. Given the extent to which increased levels of ill-health affect older people, there is a clear need for a strengthened emphasis on preventative healthcare and health promotion strategies.

In light of these concerns, the NCAOP welcomes recognition in the NHIS that ‘... the population health surveillance function is under-developed and information on morbidity, health inequalities, health status and health determinants of the population and sub-groups is limited and fragmentary’ (DoHC, 2004).

The Health Services and the Older Population

As the DoHC does not provide a figure for its expenditure on services for older people, it is not possible to compare the level of funding allocated to the older population with funding for other sectors of the population.

Data on the provision of specialised services for older people, in which there are regional variations and inequalities, is incomplete. There is no national psychiatric out-patient database and the speciality of Old Age Psychiatry is not identified as a dedicated service. In the case of older people in long-stay care, published figures on the duration of their stay in permanent care are unreliable.

The NCAOP welcomes the development of national data frameworks to support evidence-based planning and policy-making in Ireland. The findings of this survey highlight the need for further work to reflect the status of the older population in Irish society. The Council is also acutely aware of the complexity of some of the information needs it has identified.

The Views of Older People

The main datasets were not established to seek the views of older people, but those views are a vital component of the information needed about the older population in Ireland. The inclusion of their perspectives, coupled with the further development of data frameworks, will help to ensure an evidence base for planning that is truly responsive to the needs of the older population.

2. Promoting Better Understanding of Individual Ageing and Ageing Generally

Research

Older People in Ireland: A Profile of Health Status, Lifestyle and Socio-Economic Factors from SLÁN (Report No. 82)

Life expectancy in Ireland at age 65 still lags considerably behind the EU average. In addition, our older citizens experience a greater degree of ill-health and disability than their counterparts in most other European countries. The Council is, therefore, convinced of the need for policies and programmes that enhance the health, participation and security of older citizens. It is also of the view that effective healthy ageing programmes will be achievable only if they are underpinned by dependable and up-to-date baseline information on the health and lifestyle issues that affect the lives of older people.

In light of this, and in response to the policy recommendations made in the report *Healthy Ageing in Ireland: Policy, Practice and Evaluation* (O'Shea, 2003), the Council commissioned a secondary analysis of the data provided by people aged 55 and over who participated in the 1998 and 2002 SLÁN surveys.

The resulting report provides empirical data on the well-being of older people with a focus on health, equity, environment and lifestyle factors. It was launched in Dublin on 30 September 2004.

Major Findings

The following is a snapshot of what was discovered:

- More than 50 per cent of respondents live in detached homes, while less than 5 per cent live in multi-storey apartments.
- 77 per cent owned their homes outright in 1998, while 68 per cent did so in 2002. Older people in rural areas are more likely to own their homes outright.
- In 1998, 53 per cent of older people had a medical card; in 2002, 63 per cent had one.
- 64.5 per cent of older people reported earning less than €320 per week. The greater the income, the greater the likelihood that the person lives in an urban setting.

- More people rated their own health as being excellent/very good in 2002 than had done so in 1998. There was a corresponding decrease in those rating their health as good/fair and poor between 1998 and 2002. Medical card holders are under-represented in the excellent, very good and good health categories, and over-represented in the fair and poor health categories.
- 64.5 per cent reported that they are not sexually active; 7 per cent more women than men are sexually active.
- 79.8 per cent of respondents underwent a general health checkup in the previous three years (two percentage points less than in 1998). Over half the respondents in both surveys attend their GP surgeries or health centre once every three months.
- 25.6 per cent report being limited in their work or daily activity due to long-term illness or disability.
- 77.2 per cent of those affected by a long-term illness or disability hold a medical card.
- More than 50 per cent of respondents aged 55 or over experience extreme or moderate pain.
- More women than men walk on most days of the week; 5.2 per cent attend a gym or leisure centre.
- 20 per cent are regular smokers; 23.65 per cent report never having a drink.
- 27 per cent of males and 15 per cent of females report having exceeded the recommended units of alcohol per week.
- 54 per cent feel they could eat more healthily. There was a dramatic decline in the consumption of cereals, bread and potatoes between 1998 and 2002 but fruit and vegetable consumption increased, as did the consumption of dairy products.

Report Recommendations

- The Council supports the key health target of the National Anti-Poverty Strategy (NAPS) to reduce the gap in premature mortality between the lowest and highest socioeconomic groups by at least 10 per cent for circulatory diseases, cancers, injuries and poisoning by 2007. It proposed that this target be monitored specifically in relation to the older population.
- Older people in ill-health should be afforded particular attention in the design, implementation and evaluation of mental health promotion and the development of mental health services for older people.
- Research on pain and older people, and in particular the association between pain and disability, should be a priority in clinical research with older people.
- In view of the evidence that the early detection, management and treatment of diabetes can reduce morbidity and costs, the Council recommends the allocation of additional resources and the development of services to internationally recognised ratios as detailed in the report of the Diabetes Service Development Group.
- The Food Safety Authority's (FSA) recommendations for a national food and nutrition policy for older people should be implemented in full.
- As high levels of inactivity among men in the 55-64 years group may be associated with sedentary work practices, physical activity programmes for older men in the workplace should be developed by health promotion officers.
- Council research has demonstrated that 31 per cent of people cited illness and disability as the main reason for early retirement and this group should be addressed in relation to workplace health promotion and flexible retirement options.
- Particular attention should be paid to preserving the income of older people with disabilities and to ensuring they receive their entitlements.

- With regard to visual impairment, further research is urgently required in order to set targets and to form an appropriate basis for prevention strategy and service development.
- A list of priorities should be developed for a National Injury Prevention Strategy for older people living at home.

Submissions and Papers

Submission to the National Task Force on Obesity

Research undertaken by the NCAOP clearly demonstrates the vital importance of health in facilitating independence, choice and well-being in later life. In that context, the Council welcomed the opportunity to contribute to the development of policy in relation to the prevention of obesity in the Irish population and the older population in particular. The Council's submission was informed by international research and the terms and reference of the National Task Force on Obesity.

How many Irish older people are obese?

Citing the 2002 SLÁN survey, the Council pointed to an obesity rate of 17.6 per cent among Irish people aged 55 and over, with just over a third of the over 55s having an acceptable body mass index. Older men are more likely to be obese and overweight whereas older women are more likely to be normal or underweight.

Why has this happened?

The Council suggested that the barriers to older people accessing healthy foods could be examined within the research agenda of the Task Force on Obesity, particularly as older people are at risk of poverty.

The consumption of health supplements by older people is of concern, as the use of supplements is not an adequate substitute for a healthy diet. The Council urged that the Food Safety Authority of Ireland examine the marketing based solely on age of such products.

More men (11.6 per cent) than women (3.7 per cent) consume fried food. The Council emphasised that the ability of older men to make healthy eating choices should be optimised and their cooking skills improved (and those of younger men, the future generations of older men, who are more likely than previous generations to be single or separated).

What could happen if the problem continues?

Obesity is associated with a decline in community-dwelling of older people. If current trends in obesity continue, disability rates will rise. The Council urged that the recommendations of the report of the Diabetes Service Development Group be implemented as a priority in order to preserve the independence of older people, as over two-thirds of type-2 diabetes occurs in older people.

The Council also noted that the Task Force might wish to plan for increased demands on other services that come from a rising prevalence of diabetes. In its view, the Department of Health and Children should configure Ireland's screening policy for diabetes at primary care level (and in the nursing home and day care setting) among middle-aged and older people.

What can be done to prevent and treat obesity?

Older people have low levels of physical activity and such activity declines rapidly with age. The Council noted that beliefs about desirable levels of physical activity in older people need to be challenged. It advised that programmes designed to increase physical activity need to address physical symptoms and address fears about perceived ability to undertake physical activity. Such programmes should also be designed to cater for older people, including those with a disability and those in deprived economic circumstances.

In conclusion, the Council urged that the *Recommendations for a National Food and Nutrition Policy for Older People* be implemented in full and that a review of the implementation of these recommendations be conducted in 2005.

Communications

Offering Support and Information

During 2004, the Council continued to provide a comprehensive information service to the public, responding to a substantial number of requests received by post, phone, email and fax. A broad range of Irish and overseas enquirers contacted the Council: older people; service providers and planners; health professionals; journalists; researchers; students; and personnel in the statutory, voluntary and private sectors.

To give an introduction to the Council's work, a book called *A Brief Guide to the Work of the National Council on Ageing and Older People* was distributed widely at exhibitions and through the information service. The Council was present at a number of exhibitions throughout the year, including: the Over 50s Exhibition, Cork; the Over 50s Exhibition, Dublin; and the Bealtaine festival.

The Council website (www.ncaop.ie) continued to be an important channel for the distribution of information relating to ageing and older people. Regular users of the site include academics, service planners and providers, personnel from voluntary agencies, students and older people.

Working in Partnership

A key element of the Council's work is liaising and working with other agencies and organisations to promote the welfare of older people and coordinate efforts on their behalf. During 2004, notable work was done with the following:

- The Office of the Minister of State with Responsibility for Older People
- The Department of Health and Children
- The Eastern Regional Health Authority and Health Boards
- The Equality Authority
- The Health Boards Executive
- The National Economic and Social Forum
- The Association of Chief Executives of State Agencies
- The Elder Abuse Implementation Group
- 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 Health Promoting Hospitals Network
- Combat Poverty

- The National Safety Council
- The National Disability Authority
- The Disability Federation of Ireland
- Age Concern Northern Ireland
- The Federation of Active Retirement Associations
- The International Federation on Ageing
- AGE – The European Older People’s Platform.

3. Enabling Older People to Participate as Equals in Society

Research

ARK Survey of Attitudes to Older People and Their Treatment

In 2003, the Council contributed to the funding of a survey on attitudes to older people and their treatment in the Republic and in Northern Ireland. The ESRI conducted the survey in the Republic of Ireland on behalf of the Northern Ireland Social and Political Archive (ARK). The results were based on interviews with a representative sample of the population aged 18 years and over. These surveys reflect the increasing importance of ageing as a field of enquiry and policy concern on the island of Ireland.

Major Findings

How Older People are Treated

- More than a third of respondents expressed the view that older people were treated worse than the general population because of their age. Only 21 per cent of those aged seventy and over expressed this view compared to almost 40 per cent of those aged under fifty.
- The vast majority of all age groups experienced the same level of respect, or more respect, as they got older. Of those aged seventy and over, 42 per cent felt they received more respect as they got older. However, a significant minority of people aged sixty and over experienced less respect as they aged.

Services Provided to Older People

- More than two thirds of respondents expressed the view that public authorities provide adequate services for older people, although the percentage expressing this view declined with age.
- Pension increases and financial benefits were the most frequently mentioned issues (34 per cent) followed by healthcare (26 per cent) and services to enable older people to remain independent at home (24 per cent).
- The basic State pension (€157.30 at the time of the interviews) was a poor deal for those with a full contribution record, according to 71 per cent of respondents.

The Main Problems Facing Older People

Very high levels of concern about problems faced by older people surfaced amongst respondents when they were provided with a list of possible problems:

- Fear of crime was identified by more than 80 per cent of all age groups as among the main problems facing older people.
- Loneliness was identified by more than 75 per cent of respondents.
- Two economic issues, 'making ends meet' and 'keeping warm in winter', were identified by 56 per cent and 49 per cent of respondents respectively as key problems for older people, and 50 per cent identified access to healthcare.

Being Treated Equally

Along with the importance of access to healthcare, receiving equal treatment is also of crucial importance to individuals, whatever their age:

- Age impacted on the care offered in terms of the attitudes of providers, the treatment offered and access to waiting lists according to 40 per cent of respondents. Significantly, those aged seventy and over are least likely to identify differential treatment because of age.
- Eight per cent of respondents aged fifty years and over reported feeling that they had been treated 'with less dignity and respect' by health and social care professionals because of their age.

In the Workplace

- Almost three quarters of all respondents, and over three quarters of those under the age of sixty, expressed the view that older people were discriminated against in recruitment and training.
- The vast majority of respondents across all age groups have a preference for some part-time work around retirement, with the largest category (37 per cent overall) expressing a preference for part-time work before and after the State retirement age. Only 12 per cent of respondents did not express a preference for any part-time work around retirement.

Conclusions

While there is a widespread perception that older people are treated less favourably because of their age, it should be noted that younger people were more likely to have such a perception. Those aged seventy and over were less likely to be negative in their responses. There was a strong view across all age groups that the State does not do enough for older people and that older people are treated less favourably by financial services.

Campaigns

Say No to Ageism

As part of its role to help eradicate ageism in Irish society, the Council launched a two-week public awareness campaign on 4 October 2004, in collaboration with The Equality Authority and The Health Boards Executive. Called *Say No To Ageism*, the campaign focused on the slogan 'Life will always have limits: age should not be one of them', and aimed to raise a greater understanding and awareness of ageism in Irish society. There was widespread promotion on national and local radio, as well as press and billboard advertising.

Cllr Éibhlin Byrne, Chairperson of NCAOP, said 'we believe that the key to our success in developing a society for all ages will be the elimination of negative attitudes towards older people and of the stereotyping and discrimination they experience'.

Niall Crowley, CEO of The Equality Authority, commented at the launch that, 'saying no to ageism is about saying no to discrimination, to negative stereotypes and to inflexibilities that exclude older people. It is about overcoming our fears of ageing and acknowledging older people as a resource.' One example of ageism in Irish society is that 9.2 per cent of The Equality Authority's casefiles during 2004 were claims of discrimination based on age in promotions, job interviews and job advertisements. A valuable recent development in equality legislation, however, has been the removal of the upper age limit that confined protection from discrimination to those aged under 65.

Launching the campaign, Prof. Desmond O'Neill said that ageism 'harms and kills older people. Older people are all of us as we age. We should keep in mind that in providing for older people we are preparing the very standards by which all of us will eventually be provided for.'

Events

National Conference, From Ageism to Age Equality: Addressing the Challenges

On 14 October 2004, The Health Boards Executive, The Equality Authority and the NCAOP jointly hosted a conference in Dublin. It was attended by participants from the statutory, voluntary and private sectors, as well as individual older people and provided a forum for a wide-ranging discussion of ageism in Ireland, with particular emphasis on health and social services.

The aims of the conference were to promote a greater understanding of ageism and to explore the problems of prejudice, stereotyping and discrimination as they affect older people in Ireland. The conference was part of a wider age discrimination awareness campaign outlined above.

The conference objectives were:

- to present the findings from recent research studies on ageism in Ireland
- to consider the English experience of tackling age discrimination
- to identify priorities in addressing age discrimination in Europe and Ireland
- to inform recommendations on age equality, access and quality of service provision for older people to be developed by the NCAOP.

Speakers included Craig Muir from the Department of Health in the UK; Ros Levenson of the King's Fund; Loretta Crowley, School of Nursing and Midwifery, UCD; Prof. Síle O'Connor, School of Policy Studies, University of Ulster; Lizanne Dowds, Director, ARK; Eileen McGlone, Director, QE5; Richard Baker, Chair, Non-Discrimination Expert Group, AGE; Niall Crowley, CEO, The Equality Authority; Bob Carroll, Director, National Council on Ageing and Older People.

Conference Themes

Eradicating Ageism

Several speakers emphasised how a national programme of action and reform, such as the National Service Framework for Older People (Department of Health, UK), and a guide such as *Auditing Age Discrimination* for use on the ground, could help to identify and eradicate ageism. Both Richard Baker and Niall Crowley pointed to the existing legal framework in the EU and in Ireland but the latter noted that there is still some work to be done in terms of legislation. Niall Crowley also emphasised the need to ensure that employers and service providers develop effective policies and practices. However, there is a need to provide guidance and support to older people, employers and service providers to help this process to evolve.

Rooting Out Age Discrimination

To confront an endemic problem such as age discrimination there was general agreement that awareness of ageism must be fostered among policy-makers and those who manage services of critical importance to older people.

Craig Muir's briefing, 'Rooting Out Age Discrimination in the NHS and Social Care Services', was acknowledged to have crucial relevance in Ireland. It demonstrates a recognition of ageism and a determination to ensure that older people never suffer unfair discrimination.

Once recognised, action is required to eradicate age discrimination. In this regard, Ros Levenson outlined UK initiatives to audit age discrimination and tackle it at management and grass roots levels. In this context, it was accepted that such initiatives will be important leads for Irish efforts aimed at addressing ageism in general and, in particular, in Ireland's health and social care services.

Investing for an Ageism-Free Society

Several speakers, including Craig Muir, Ros Levenson and Niall Crowley argued that if ageism is to be addressed effectively, it will require the participation of the whole of society, including older people themselves. Rooting out ageism is a sizeable task and will not be achieved without a considerable level of funding. It is of vital importance, however, that expenditure allocated to the eradication of ageism is seen as an investment in our society, one that will pay substantial dividends for all in the future.

Developing the Age Equality Agenda

Richard Baker from the organisation AGE – the European Older People's Platform provided a European perspective on developments relating to age discrimination. He pointed to the recent European Council decision to look at universal access and fairness in healthcare and its significance to the development of an age equality agenda in the EU context.

Niall Crowley of The Equality Authority provided a comprehensive updating of issues relating to his agency's report *Implementing Equality for Older People*. He suggested that while there is still much work to be done, there should be particular emphasis on those recommendations relating to age discrimination, age abuse, access to core community care services and access to long-stay residential services for those who need them and, most importantly, quality of services for the frail and chronically ill.

Conclusions

In his summary, Bob Carroll noted that when implementing policies relating to the welfare of older people, we must not underestimate the barriers. If the older population is characterised as a burden, this can make it immeasurably more difficult to develop a 'society for all ages'. Older people and their advocates need to be particularly resourceful in promoting intergenerational solidarity to encourage long-term planning for an equitable society. Noting that the World Health Organisation (WHO) has said that societies who are willing to plan can afford to grow old, he posed the question: is Ireland willing to plan so that as a society it can afford to grow old?

Submissions and Papers

Presentation on Older People and the Disability Bill 2004

In November 2004, the Council made a presentation to the Joint Oireachtas Committee on Justice, Equality, Defence and Women's Rights regarding the Disability Bill 2004. The Council welcomed the newly published Bill, noting that it entitled older people with disabilities to an independent assessment of their education and health needs. This would result in the preparation of a service statement without regard to the cost of services required. The Council also expressed the view that the Bill may address some of the requirements of the significant proportion of older people with disabilities who would benefit from a personal assessment and a care and case management approach to meeting their needs. The Council similarly acknowledged the potential value of the Comhairle (Amendment) Bill 2004, in terms of the provision of personal advocacy services to applicants for assessment.

The Council expressed several concerns in relation to the Bill:

- It is essential to distinguish between different experiences and types of disability. Some people become disabled in later life through illness or injury. Others grow old with an existing disability; for these people the ageing process has been called 'the second disablement'. There are also those who experience 'premature ageing', e.g. people with early onset dementia and people with Down Syndrome who develop dementia in their thirties and forties. These individuals have special needs and there is a real danger that they may fall between disability and old age services.
- It is important to stress the need for equity in the treatment of all persons with a disability. Age should not be the factor in deciding who should be assessed and what services should be provided.
- The Disability Bill 2004 included a provision that the assessment of needs arrangements may be brought into effect at different times for people of different ages. In the Council's view, discrimination in the provision of assessment services on the basis of age would not be consistent with equality legislation.

The Council urged that action must be based on sound assessment results to ensure that national social policy objectives relating to older people and people with disabilities will be achieved. It also urged a standardised, comprehensive approach to assessing the medical, social, psychological and financial circumstances of older people, which takes into account the older person's needs, preferences and abilities.

Questions Relating to Assessment Provision

The Council asked several questions in relation to assessment provision, including:

- Health services will include a 'personal social service': will this include the full range of home care, personal care and social supports required to implement the objectives of services for older people listed above?
- What principles and criteria will guide the assessment process? To what extent will the assessment process engage

with the needs and views of those caring for the person with disabilities? To what extent will the resulting service statements incorporate the views of the adult with disabilities whose needs are being assessed?

- How will the independence of the assessment processes be assured?
- How will the new assessment framework be integrated with existing systems of assessment and referral? Will particular sub-groups of the population be overlooked or find themselves remaining on a waiting list for an assessment?

Offering Appropriate Responses

The Council noted that the administrative framework as a whole was potentially cumbersome and contentious. It queried whether services for people with disabilities have the capacity to respond promptly to sudden onset of disability and the ensuing crises for the individuals and their families. Though there is a complaints procedure, can it accommodate situations where those conducting assessments and their clients have very different views of the best way forward – and therefore of the contents of service statements?

Moving Away from Eligibility

The Council noted that the National Health Strategy, *Quality and Fairness: A Health System for You*, promises to define eligibility for health and personal social services and to broaden the scope of the eligibility framework. The objective in preparing new legislation, however, will be to move away from the rather theoretical model of 'eligibility' to a system of entitlement to services within a reasonable timeframe. Clearly this will have important implications for those who are frail, ill and have disabilities. It will also have implications for the implementation of national policy on services for older people and for the impact of this disability legislation.

Service Statements

Service statements are subject to approved standards and codes of practice for the services proposed. It will be important, therefore, to establish in advance that services likely to be in demand have met approved standards and are in accord with relevant codes of practice.

4. Developing Integrated Health and Social Care Provision

Submissions and Papers

Pre-Budget Submission to the Minister for Finance on the Long-Term Care of Older People

In its 2004 Pre-Budget Submission to the Minister for Finance, the Council revisited the topic of long-term care in the light of a number of developments. These included:

- the continuing evolution of Irish health and social policy
- the systemic reform and modernisation of the Health Services
- the publication of the Mercer study on the future financing of long-term care and the associated Consultation Paper prepared by the Department of Social and Family Affairs; and the continuing review of the Nursing Home Subvention Scheme.

The Planning and Provision of Long-Term Care

Council research confirms that older people want to remain in their own homes. The support of families, friends and neighbours, as well as voluntary and statutory providers, is necessary to enable them to do this. In its Pre-Budget Submission, the Council outlined its views on prioritising the funding of long-term care for older people.

Setting the Parameters

The Council urged that the parameters within which priorities are set should be determined by the core principles outlined in *The Years Ahead: A Policy for the Elderly*:

1. To maintain older people in dignity and independence at home.
2. To restore to independence at home those older people who become ill or dependent.
3. To encourage and support the care of older people in their own community by family, neighbours and voluntary bodies in every way possible.
4. To provide a high quality of hospital and residential care for older people when they can no longer be maintained in dignity and independence at home.

Securing Independence Through Partnership

The core principles place emphasis on maintaining the independence of the older person and supporting families and others caring for older people in their own homes. The requirement, in the Council's view, is for the development of a partnership model, based on shared values, involving older people themselves, their families, various State agencies, the private sector, the voluntary sector and local communities within which older people live.

Ensuring the Right to Supports and Services

The Council restated its view that, following assessment, older people should be entitled to access those services and supports that enable them to remain in their own homes. The Council recommended that the Government recognise the principle of entitlement to core services for older people.

Clarifying Entitlement to Long-Stay Care

The Council has been concerned for some time about the anomaly whereby older people have access to free public hospital care but do not have automatic access to long-stay care. It creates considerable distress for older people and those caring for them. Older people should have an entitlement to public long-stay care and speedy clarification of the existing situation is required.

Ensuring the Quality of Care Provision

The Council believes that attention must focus unequivocally on the quality and effectiveness of long-term care services, rather than on the provision of such services to a minimum standard. There is need for a new national system of inspection to replace the current inspection system for private nursing homes. Such a system would ensure equity and uniformity in terms of care facilities, staffing and care provision within all types of residential care: public, private and voluntary. The Council recommended the establishment, without delay, of a new national system of inspection for all long-stay care facilities, both private and public.

Obtaining Accurate Information

The Council's analysis of national datasets has identified critical information issues and deficits with regard to the older population. It recommended the speedy implementation of reforms in national health information systems.

Tracking Health Spending on the Older Population

The Council believes that sufficient resources should be allocated to the DoHC to maximise health and social gain for older people. The Council recommended the development of financial information systems that will enable the tracking of expenditure on older people; comparative analysis of inputs and outcomes for a variety of care options; and the evaluation of the impact of expenditure on the well-being of older people.

Establishing an Assessment Framework

Assessment is the cornerstone of long-term care. In this regard, the Council recommended that the Department of Finance provide the resources to establish a national assessment framework. It also recommended the provision of sufficient resources to enable the implementation of assessment-based care plans for older people.

Integrating the Provision of Care

If their needs are to be addressed effectively, older people require integrated packages of care and integrated responses from service providers. This implies an integration of public and private healthcare provision to ensure that patients receive care on the basis of need rather than ability to pay for a service. In this regard, the Council recommended that the planned budget allocation to the DoHC should enable progress in the implementation of the Primary Care Strategy.

The Implementation of a Policy of Care and Case Management

The Council once again drew attention to the potential of targeted care and case management in enabling vulnerable older people to continue living in their own homes. Specifically on this occasion, it recommended that the Minister for Finance ensure that resources for care and case management programmes are sufficient to enable such programmes to access adequate personnel, funding, time and information technology systems.

Supporting Carers

The provision of informal care cannot be taken for granted. Every effort should be made to support carers who are enabling older people to remain in their own homes, often against significant odds. The Council repeated its call for the provision of a Constant Care Attendance Allowance which would not be means-tested, but based on the costs of providing care at home.

The Council recommended a change in Social Welfare regulations to enable older carers to receive the Old Age Pension to which they have an entitlement and the Carer's Allowance as recognition of the care and support they are providing. Funding for a range of respite options, including in-home respite care, day care places, short-term relief care, night sitting and domiciliary care provided by Home Helps and others during the day should be provided.

Providing Resources

The Council recommended:

- that resources should be allocated in a manner that supports the integrated care of older people
- the introduction of a new community care subvention scheme, which should be developed and implemented in harmony with a reformed long-stay care subvention scheme. It would support an integrated approach to the provision of long-term care across the continuum of community care, care and case management and long-stay care
- that funds generated through a new social insurance scheme should be ring-fenced for the long-term care of older people
- that measures be taken to target and actively enable those on lower incomes to make private provision for their old age through savings and pension planning.

5. Supporting the Implementation of the 1998 Health Promotion Strategy for Older People

Events

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2004 Healthy Ageing Conference: Safety and Older People

The *2004 Healthy Ageing Conference* was held on 30 November 2004. Officially opened by Mr Sean Power, TD, Minister of State at the Department of Health and Children, the conference attracted more than 120 participants from across the statutory, voluntary and private sectors. The conference examined the issue of safety for older people, in particular the impact of the main causes of unintentional injury and death among older people – falls, road traffic injuries, and fire and burns.

International speakers included Dr Robert Conn, Smartrisk, Canada, who described current work to develop a national strategy for injury prevention in Canada; Dr Dinesh Sethi, of the World Health Organisation European Region who presented key findings of the WHO/World Bank report on road traffic injury prevention as these related to older people. Dawn Irwin outlined strategic approaches to falls prevention in European countries.

Conference themes

Saving Lives, Saving Money

Unintentional injuries among older people are a major cause of hospitalisation and death. They have not just an enormous human cost in terms of pain and suffering, but an economic cost calculated to be in the region of €85 million per annum in Ireland. Many unintentional injuries, however, are both predictable and preventable and this in itself is a powerful argument for the implementation of preventative measures.

The Need for a National Prevention Strategy

Safety education and awareness building must begin well before the age of 65. As well as local collaboration, coordination and communication, there is also a need for a well-resourced and coordinated national strategy that involves older people and their carers, health service providers, budget holders, risk managers and planners of the built environment.

Challenges in Developing and Implementing a National Strategy

Injury is a complex issue, which presents several challenges to developing and implementing a broad-reaching injury prevention strategy. The first is to resolve the issue of 'ownership', while the second challenge is to ensure that all involved are clear about roles and responsibilities. The third challenge is to ensure that there is 'buy-in' to a coordinated multi-sectoral approach at all levels.

Learning from Others

The experiences of other countries in safety education and injury prevention can help greatly in developing good practice in Ireland.

Falls: Smartrisk's 'Smart Move' programme in Canada and the work of the Prevention of Falls Network Europe (PROFANE) suggest that an approach that covers bone health, exercise, medication management and home modifications can be effective in preventing falls.

Road traffic crashes: All road users need to change their behaviour to reduce the unacceptably high rate of injury on our roads. Change comes through awareness building, education and enforcement of speed limits. Adapting the physical environment, such as increasing 'green man' time at crossings, can also have a substantial impact on pedestrian injuries.

Fire: Again, education and awareness building have significant roles to play in helping people to understand and identify the risks so that they can take action to minimise the incidences of fires.

Priorities for Action

It was widely acknowledged by conference participants that a well-resourced National Injury Prevention Strategy will help save lives and reduce the incidence of injuries among older people. However, an effective strategy will require clearly defined roles and responsibilities, the setting of priorities and well-formulated action plans.

Submissions and Papers

Proposal for a National Falls Prevention Strategy for Older People

Falls and their consequences are a major public health and economic issue. In 2004, the NCAOP prepared a proposal for consideration by the DoHC on the development of a national falls prevention strategy. There are many examples of good practice in relation to falls prevention in Ireland. However, the development of services and programmes has occurred on an *ad hoc* basis in the absence of a unifying strategy. While falls prevention policies have been developed in some health areas, they tend to focus on the reduction of falls among older people in care settings such as individual hospital wards and nursing homes rather than the wider community.

A prevention strategy needs to integrate the views of a wide range of specialists to ensure that older people's risks of having a fall are reduced, and that those encountering a fall are assessed and the risk of subsequent falls minimised. There is also a need to direct scarce resources towards priority interventions with strong supporting evidence.

The development of a national falls prevention strategy would lead to:

- clear priorities towards which the HSE and regional health authorities can work
- recommendations for the development and integration of falls prevention practice within current national health services
- recommendations on data collection and the development of appropriate injury surveillance systems for falls among older people in Ireland
- clear evidence-based guidelines on the prevention of the first fall and bone fragility
- clear evidence-based guidelines on best practice in seamless coordinated referral mechanisms and the specialist assessment of older people experiencing a fall
- tools for future planning of related health services in line with reducing falls among an ageing population
- recommendations for resource allocation that assist in the establishment of dedicated and evidence-based falls prevention services at regional level
- increased awareness, cohesion and continuity of work across all sectors of the health services and wider community;
- fewer gaps in services and minimal duplication of effort between health authorities
- increased investment in preventing falls
- substantial progress towards attainment of the goals set in the *Adding Years to Life and Life to Years: A Health Promotion Strategy for Older People* (Brenner and Shelley, 1998).

Highlighting Fatalities Among Older Pedestrians

The Council launched a safety campaign on 14 July 2004 in association with the National Safety Council (NSC) and the Irish Road Haulage Association (IRHA). The campaign targeted both heavy goods vehicle (HGV) drivers and vulnerable road users, especially older pedestrians, to make them aware of the 'blind spot' in HGV drivers' line of vision. The campaign ran in the national and local press.

According to the NSC 3,360 people were killed or injured between 1998 and 2002 in road collisions involving HGVs and pedestrians of all ages. Of these collisions 10 per cent resulted in fatalities and 20 per cent resulted in serious injury. Looking just at collisions between HGV drivers and older people, however, the figures reveal that 44 per cent of these collisions resulted in fatalities and 22 per cent in serious injuries.

One contributory factor in the deaths of older pedestrians involved in collisions with HGVs may be crossing the road in slow moving urban traffic too close to the area immediately in front of a goods vehicle, which is normally hidden from the driver's view. This problem may have been a factor in up to six older pedestrian deaths in 2003 alone.

The three organisations called on HGV manufacturers to fit special mirrors on all new cabs at assembly line stage to eliminate the driver's blind spot. Haulage operators and fleet managers were also being asked to retro-fit these mirrors on cabs if they haven't done so already.

Speaking on behalf of the NCAOP, Ms Jane England said, 'A driver's field of vision, within a [HGV] cab, is limited; the area immediately in front of the vehicle is often hidden from view and pedestrians are at increased risk of being struck. Pedestrians, especially older people, are therefore advised never to cross the road in front of large vehicles'.

Health Promoting Residential Care Initiative

The Council has long recognised the particular needs of older people in residential care and the fact that residential facilities are ideal settings for health promotion initiatives. In 2004, the Council worked with the Irish Health Promoting Hospitals Network to launch the Health Promoting Residential Care Initiative. The programme devised a ten-step focus that residential facilities can use to encourage their residents to stay healthy and a National Coordinator was appointed to implement the scheme and support the centres enrolling in the initiative. The ten steps covered the following areas of residents' daily lives:

- consultation
- healthy ageing policy and how it is practised
- the level of choice offered in various aspects of daily living
- information practices
- personal space and belongings
- independence
- lifestyle (issues such as regular community involvement, learning opportunities and physical exercise)
- staff and their health
- family-friendly matters and facilities for visiting.

Capacity-Building Training Initiative

The Council report *Healthy Ageing in Ireland: Policy, Practice and Evaluation* (O'Shea, 2003) stated that the NCAOP's Healthy Ageing programme should be a valuable resource to support voluntary groups in achieving best practice in the operation of healthy ageing projects:

Capacity-building could take the form of supporting training workshops in planning, running and evaluating healthy ageing projects and supporting groups in an advisory capacity.

Building on this recommendation, in 2004 the Council explored ways to support capacity-building for voluntary groups supporting older people in the community. In this context, it conducted a pilot capacity-building programme over two sessions in Galway and Tallaght. The programme was run jointly with the Federation of Active Retirement Associations, Age Concern Northern Ireland and the South Western Health Board. It is envisaged that this pilot programme will inform the development and implementation of a larger training programme to support capacity-building across the voluntary sector.



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 Acts 1988 and 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 Acts 1988 and 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 Acts 1988 and 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 2004.

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.

During 2004, the Council complied with the provisions of the Code as formulated by the Department of Finance, and stipulated in the Council Members' Handbook and Policies and Procedures Manual.

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. These are 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 House of the Commons

I have audited the financial statements on pages 4 to 10 under Section 3 of the Comptroller and Auditor General (Amendment) Act, 1993.

Respective Responsibilities of the Members of the Council and the Comptroller and Auditor General

The accounting responsibilities of the Members of the Council are set out 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 the system of internal financial control 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

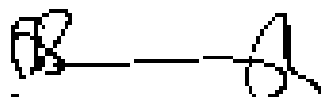
In the exercise of my function as Comptroller and Auditor General, I conducted my audit of the financial statements in accordance with auditing standards issued by the Auditing Practices Board and by reference to the special considerations which attach to State bodies in relation to their management 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 in order 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 2004 and of its income and expenditure for the year then ended.



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

13 June 2005

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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, the Council conducted a review of the effectiveness of the system of internal financial controls for the year ended 31 December 2004.

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 2004

	Notes	2004 €	2004 €	2003 €	2003 €
Income					
Oireachtas Grants	1	1,252,000		1,055,000	
Publications		7,729		11,674	
Conference and Seminar Fees	2	5,625		31,950	
			1,265,354		1,098,624
Transfer (to)/from Capital Account	10		(914)		20,173
			1,264,440		1,118,797
Expenditure					
Salaries and Wages		607,998		540,157	
Travel		62,503		48,175	
Establishment	3	197,777		197,481	
Office Administration	4	57,611		40,526	
Research Studies	5	220,231		119,407	
Publications and Printing		59,013		52,681	
Conferences and Seminars		50,197		45,037	
Communications		66,572		–	
Working Group on Elder Abuse	6	–		761	
Audit Fee		3,100		2,800	
			1,325,002		1,047,025
Surplus/Deficit for the year			(60,562)		71,772
Balance as at 1 January			88,372		16,600
Balance as at 31 December			27,810		88,372

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.



Chairperson of Council



Member of Council

8/6/05

Date

Balance Sheet as at 31 December 2004

	Notes	2004 €	2004 €	2003 €	2003 €
Fixed Assets	7		55,392		54,478
Current Assets					
Cash on Hand		198		89	
Debtors and Prepayments	8	14,684		16,776	
Bank		19,047		77,094	
Total Current Assets		33,929		93,959	
Current Liabilities					
Creditors and Accruals	9	6,119		5,587	
Net Current Assets			27,810		88,372
Net Assets			83,202		142,850
Represented by:					
Capital Account	10		55,392		54,478
Income and Expenditure Account			27,810		88,372
			83,202		142,850

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

Eugene Byrne

Chairperson of Council

Samuel Zindler

Member of Council

8/6/05

Date

	2004	2003
	€	€
1. Oireachtas Grants		
General Allocation from the Department of Health and Children	1,202,000	960,000
Allocation from HPU towards Healthy Ageing Programme	50,000	70,000
Benchmarking Costs	–	25,000
	<u>1,252,000</u>	<u>1,055,000</u>
2. Conference and Seminar Fees		
These monies represent fees received for a National Conference on Healthy Ageing held on 30 November 2004.		
3. Establishment		
Rent and Rates	145,955	143,580
Service Charges	6,226	6,899
Heat and Light	4,144	4,617
Refurbishment, Maintenance and Repairs	9,631	8,386
Depreciation	20,525	22,291
Insurance	11,296	11,042
Loss on Disposal of Fixed Asset	–	666
	<u>197,777</u>	<u>197,481</u>
4. Office Administration		
Postage and Telephone	16,129	17,648
Stationery and Other Office Supplies	16,442	13,299
Staff Training and Recruitment	5,665	1,880
Subscriptions, etc.	5,237	2,980
Advertising	5,255	1,331
Professional Fees	8,236	2,797
Bank Charges	647	591
	<u>57,611</u>	<u>40,526</u>

	2004	2003
	€	€
5. Research Studies		
Social Inclusion Measures	49,895	–
International Experience of Community Care	17,214	–
Quality of Life in Long-Stay Care	33,333	–
Oral Health Policy	16,200	–
Alcohol and Older People	4,500	–
Residential Care Initiative	16,900	–
Secondary Analysis of SLÁN Data	6,000	12,000
All Ireland Ageism Study	6,100	12,200
Perceptions and Experiences of Ageism in the Health Sector	24,575	23,800
Social Isolation and Loneliness Among Older Irish People	31,218	31,218
Population Projections and Demographic Analysis of 2002 Census Data	3,000	3,000
Research for Healthy Ageing Database	–	17,391
Programming of Healthy Ageing Database	–	3,000
Proceedings of Conferences and Seminars	11,296	5,650
Strategy 2004-2006	–	2,000
Ageism Public Awareness Promotion	–	9,148
	220,231	119,407
6. Working Group on Elder Abuse		
Travel and Meetings	–	643
Telephone and Postage	–	4
Stationery and Office Supplies	–	114
	–	761

7. Fixed Assets

	Office Equipment		Office Furniture		Total	
	€	€	€	€	€	€
Cost at 31 December 2003	120,974		33,092		154,066	
Additions in year	20,356		1,083		21,439	
Disposals in year	–		–		–	
		141,330		34,175		175,505
Depreciation						
Accumulated Depreciation as at 31 December 2003	77,569		22,019		99,588	
Depreciation charge for the year	16,660		3,865		20,525	
Depreciation on disposal						
Accumulated Depreciation as at 31 December 2004		94,229		25,884		120,113
Net Book Value at 31 December 2004		47,101		8,291		55,392
Net Book Value at 31 December 2003		43,405		11,073		54,478

	2004	2003
	€	€
8. Debtors and Prepayments		
Trade Debtors	127	1,513
Publications	749	320
Conferences	1,335	1,750
Prepayments	12,473	13,193
	<u>14,684</u>	<u>16,776</u>
9. Creditors and Accruals		
Creditors and Accruals	2,047	1,692
Audit Fee	3,100	2,800
Accountancy Fee	972	972
Union Dues	–	23
Health Service Staffs Credit Union	–	100
	<u>6,119</u>	<u>5,587</u>

	2004	2004	2003	2003
	€	€	€	€
10. Capital Account				
Balance at 1 January		54,478		74,651
Transfer (to)/from Income and Expenditure Account				
- Income allocated for Capital purposes	21,439		2,784	
- Amortisation in line with asset depreciation	(20,525)		(22,291)	
- Amount released on disposal of fixed assets	–		(666)	
		<u>914</u>		<u>(20,173)</u>
Balance at 31 December		<u>55,392</u>		<u>54,478</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 9 March 2005.



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 of the Elderly 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
42	Health and Social Care Implications of Population Ageing In Ireland, 1991-2011	€5.08		€1.14
43	Conference Proceedings: Planning Health and Social Care Services for the Elderly	€5.08		€1.14
44	Elderly Return Migration from Britain to Ireland. A Preliminary Study	€6.35		€1.14
45	Mental Disorders in Older Irish People: Incidence, Prevalence and Treatment	€9.52		€1.90
46	Conference Proceedings: Mental Disorders in Older Irish People: Incidence, Prevalence and Treatment	€5.08		€1.14
47	Training Carers of Older People: An Advisory Report	€9.52		€1.90
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
62	A Framework for Quality In Long-Term Residential Care for Older People in Ireland	€8.89		€1.46
63	Conference Proceedings: Towards a Society for All Ages	€9.52		€1.46
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