

National Council on Ageing and Older People  
*An Chomhairle Náisiúnta um aosú agus daoine aosta*

Annual Report *tuairisc bhliantúil*  
**1999**

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Nineteen ninety-nine will be remembered as a most significant year in the affairs of older people throughout the world. In designating 1999 the *International Year of Older Persons*, the United Nations encouraged all Member States to actively promote the independence, participation, care, self-fulfilment and dignity of its older citizens.

In Ireland, the International Year was launched on 28 January 1999 by An Taoiseach, Bertie Ahern TD at a function in Dublin Castle to mark the inauguration of a year-long programme of social, cultural, recreational and other activities involving thousands of older people at national, regional and local levels throughout Ireland.

The success of the International Year of Older Persons in Ireland could not have been achieved without the contributions of so many who gave of their expertise, their time and their energies in the planning and organisation of the year nationally, regionally and locally to ensure that 1999 would become a 'watershed year' for older Irish people. In particular, I would like to thank the members of the National Steering Committee, health board personnel, members of Regional Committees, personnel of voluntary agencies and many others who initiated and implemented such a large variety of International Year projects in cities, towns and rural communities all over Ireland. I would also like to pay tribute to the staff of the Council and the International Year Secretariat for their tireless efforts during a very busy and eventful year.

Nineteen ninety-nine also represented the second full year of operation of the Council, and during the year it continued to fulfil its core functions in relation to the commissioning and publication of research into various issues affecting the lives of our older population. The Council's publication, *An Action Plan for Dementia*, is an important development in the study of dementia care. The report identifies ways in which services for people with dementia and their carers might be improved. The report is an attempt to put into place an action plan for dementia care in Ireland, which reflects the genuine concern among providers, interest groups and carers about service provision for people with dementia. The aim of the plan is to strengthen the capacity of current programmes to provide dementia care services and to facilitate the development of new programmes in both community and secondary care settings. The report emphasises the need to provide quality care while respecting the autonomy of people with dementia.

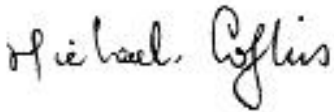
Nineteen ninety-nine also saw the publication of a major Council report on social exclusion. Entitled *Income, Deprivation, and Well-Being among Older Irish People*, the report highlighted the vulnerability of older Irish people to poverty, especially older women living alone in rural areas. This report reflects the Council's concern about the social exclusion of older people.

During the year, the Council made submissions to the Minister for Finance, the Department of Social, Community and Family Affairs, the Department of Health and Children, the National Economic and Social Forum, the Lord Mayor of Dublin and Comhairle na n-Ospidéal on a range of issues relevant to older people.

A significant development during the year was the establishment of the Working Group on Elder Abuse under the aegis of the Council by the Minister for State at the Department of Health and

Children with responsibility for older people, Dr Tom Moffatt TD. This was in response to the findings and recommendations in the Council's exploratory study, *Abuse, Neglect and Mistreatment of Older People*, which was published in late 1997. It is expected that the programme of research, training, pilot projects and evaluation, which will be undertaken under the direction of the working group, will lead to the formation of effective policies, procedures and guidelines for the detection and management of elder abuse.

Finally, I would like to thank the current members of the Council, the Director and Staff for their commitment and expertise during 1999. I look forward to working with them for and on behalf of our older citizens as we enter a new century and a new millennium. We leave behind a century that has witnessed enormous improvements in the lives of many older people in Ireland and throughout the world. Nevertheless, there is no room for complacency. Much work remains to be done, before we can truthfully acknowledge that the rights of older Irish people are being fully respected and that their needs are being adequately responded to by a society that is more prosperous today than at any time in its history.



**Dr Michael Loftus,**  
Chairperson

# Terms of Reference

The National Council on Ageing and Older People was 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 functions of the Council are as follows

1. *To advise the Minister for Health 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 co-ordination 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

The following persons were members of the Council during the period January 1999 to December 1999:

## Chairperson

Dr Michael Loftus

## Members for the period to 30 September 2000

John Brady

Frank Goodwin

Betty Keith

Jack Killane

Mary O'Sullivan

Bernard Thompson

Dr Margo Wrigley

Michael Finnerty

Dr Mary Hynes

Sheila Kennedy

Tim Leddin (dec. 24 Oct. 1999)

Sarah Scott

Liam Walsh

## Members for the period to 30 September 2002

John Cooney

Janet Convery

Cllr Jim Cousins

Cllr Joseph Dooley

James Flanagan

Dr John Gibbon

Professor Faith Gibson

Eamon Kane

Leonie Lunney

Mary McDermott

Dr Diarmuid McLoughlin

Mary Nally

Pat O'Leary

Peter Sands

# Council Secretariat

## Staff

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The following staff were employed by the Council in the period covered by this report:

|                          |                                |
|--------------------------|--------------------------------|
| Director                 | Bob Carroll                    |
| Projects Officer         | Liz Leonard                    |
| Research Officer         | Dr Nuala O'Donnell             |
| Resources Officer        | Catherine Mulvenna             |
| Communications Officer   | John Heuston                   |
| Administrative Assistant | Michelle Rogers                |
| Accounts Secretary       | Regina Ward                    |
| Administrative Secretary | Denise Moran<br>Samantha Kenny |

## Offices

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Council offices are located at 22 Clanwilliam Square, Grand Canal Quay, Dublin 2.

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# International

## Year of Older Persons

### National Steering Committee

At the request of the Department of Health and Children, the Council agreed to oversee the organisation of the *International Year of Older Persons*, 1999, and established a National Steering Committee to take this work forward. Mr Michael White, the then Chairperson of the Council, kindly agreed to chair the National Steering Committee. Seven meetings of the Committee were held in 1999.

### Committee

Michael White, Chairperson

Damien Boyle

John Brady

Bob Carroll

Eddie Collins-Hughes

Aodhnait Doyle

Monica Ann Dunne

Pat Feehan

Dr Mary Flannery

Dr John Gibbon

Eamonn Hannan

Jack Killane

John Kincaid

Cormac McConnell

Mamo McDonald

Eddie Matthews

Sylvia Meehan

Dr Catherine Murphy

Mildred O'Brien

Seamus O'Doherty

Michael O'Halloran

Brendan O'Loughlin

Des O'Loughlin

Bobby Rice

Louise Richardson

Dorothy Robinson

Catherine Rose

Bridget Smith

Chris Samways

Niall Walshe

Robin Webster

### International Year Secretariat

Director

Projects Officer

Administrative Secretary

Information Officer

Louise Richardson

Dominic Martella

Margaret Flynn

Nuala Campbell

# Council

## and Committee Meetings

The Council met on five occasions during 1999. The Council was assisted in its work by Committees, which oversaw work in particular areas and which advised the Council accordingly. The Chairperson and the number of meetings held by each Committee over the report period were as follows:

### **Management Committee**

*Chair:* Dr Michael Loftus  
(Six meetings)

### **Consultative Committee on Alzheimer's Disease and Related Disorders**

*Chair:* Dr Margo Wrigley  
(Two meetings)

### **Consultative Committee on The Quality and Effectiveness of Long-Term Care**

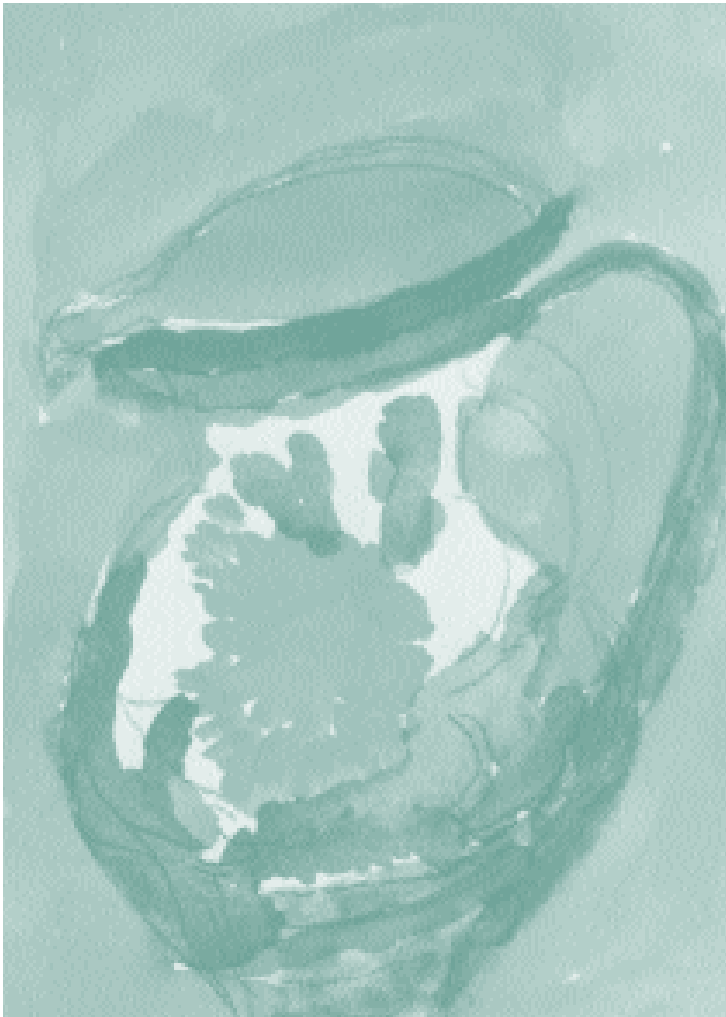
*Chair:* Dr John Gibbon  
(Three meetings)

### **Consultative Committee on Income, Deprivation and Well-Being among Older Irish People**

*Chair:* Janet Convery  
(Five meetings)

### **Consultative Committee on Young and Old Project for Primary Schools**

*Chair:* Sarah Scott  
(Three meetings)



## Review

# Review

## of Relevant Developments in 1999

### International Year of Older Persons

Nineteen ninety-nine was designated *International Year of Older Persons* by the United Nations in recognition of one of the greatest achievements of the twentieth century, namely, the adding of twenty years to the average life expectancy throughout the world. This represented the latest stage in a UN programme which had been initiated in 1982 at the World Assembly on Ageing, when the *International Plan of Action on Ageing* was adopted and subsequently endorsed by the United Nations General Assembly.

In 1991, the General Assembly adopted the *United Nations Principles for Older Persons* 'to add life to the years that have been added to life'. Governments were encouraged to incorporate the principles into their programmes whenever possible. The principles were designed to promote the independence, participation, care, self-fulfilment and dignity of older people.

In 1992, the General Assembly adopted a strategy on ageing for the decade, *Global Targets on Ageing for the Year 2001*. In the same year, it also agreed to observe 1999 as the *International Year of Older Persons*. By the end of 1995, the General Assembly invited Member States to adopt a framework proposed by the Secretary-General in national programmes for the Year.

Accordingly, in response to a request from the Department of Health, the Council's predecessor, the National Council for the Elderly, recommended a programme to mark the year in Ireland, and proposed the establishment of a National Steering Committee to organise it. Additionally, International Year offices were established and the Council appointed Ms Louise Richardson Director of the International Year.

**The International Year of Older Persons was formally launched by An Taoiseach, Bertie Ahern TD in Dublin Castle on 28 January 1999.**

In the course of the International Year, the Chairman of the National Steering Committee, Mr Michael White and the Director, Ms Louise Richardson had discussions with government ministers on issues relevant to older people. A number of ministers and public representatives took an active personal interest in the events of the International Year, attending many events and activities. Dr Tom Moffatt TD, Minister of State at the Department of Health and Children attended numerous functions in his capacity as Minister with special responsibility for older people.

A number of government departments contributed to the overall success of the International Year, including:

- The Department of Health and Children which provided the financial support for the administration of the Year.

- The Department of Social, Community and Family Affairs which hosted a European Conference on social inclusion and launched a special newsletter for over 300,000 pensioners.
- The Department of Education and Science responded positively to suggestions regarding the opening up of school facilities to older learners, particularly in relation to Information Technology training.
- The Department of Education and Science also facilitated the circulation of the Council's CD-ROM based learning programme to all primary schools in the country.
- The Department of Enterprise, Trade and Employment allocated £100,000 for Information Technology initiatives for older persons.
- The Department of the Environment announced that older people would benefit from the increase in the social housing programme during 1999 and the terms and conditions for the housing aid schemes were improved during the year.
- The Department of Arts, Heritage and the Gaeltacht allocated grants to International Year projects organised by museums, art galleries and theatres and continued to support the Bealtaine Festival, which is co-ordinated by Age and Opportunity.

The health boards were central participants during the International Year. With their support and assistance, nine Regional Committees were established, which ensured the successful organisation of the Year in all parts of the country. Health boards facilitated many initiatives and formed partnerships at regional level. It is hoped that these will have lasting benefits for older citizens. The health boards stated that the rapport built up with older people during 1999 was one of the positive outcomes of the International Year.

Health board personnel contributed much time and resources to the Regional Committees and supported local projects. Listening and information days took place between the health board and social service personnel and older people. These consultations were an empowering experience for older people.

#### The programme of International Year activities and projects included:

- A National Council on Ageing and Older People CD-ROM-based learning programme for primary school children and their teachers, entitled *Young and Old*. Specifically designed for use in the context of the new Social, Personal and Health Education (SPHE) curriculum for primary schools, the programme covers seven different themes on ageing and older people at each of the four levels in primary school, with different strategies for active learning used to explore facts, figures, and attitudes.
- The *Go For Life* project, an ongoing collaborative initiative of Age & Opportunity and the Irish Sports Council, designed to promote physical activity among older people.
- *Remembering the Century*, a ten-part television series in co-operation with RTE featuring older people's eyewitness accounts of life in Ireland during the last century.

- An *Outreach Drama Project* with the Abbey Theatre involving older people in Counties Meath, Limerick, Monaghan and Roscommon.
- A research project in association with the Irish Museum of Modern Art (IMMA) researching IMMA's potential as a resource for lifelong learning.
- A touring exhibition of art selected by older people nation-wide, in association with Age & Opportunity and the Irish Museum of Modern Art.
- A *Carers' Training Programme* in association with the Alzheimer's Society of Ireland.
- An *information technology training project* in association with the Retired Workers Committee of the Irish Congress of Trades Unions.
- A *media research scholarship* in association with Age & Opportunity for research into the media treatment of older people.
- *Assessing the Needs of Patients with Renal Disease*, a research project in association with the Irish Kidney Association.
- *Nation-wide talks and workshops for older persons organisations with the Irish Women's Environmental Network*, dealing with issues which enable women to live a sustainable lifestyle and to work for environmental improvement.
- *Bealtaine*, a nation-wide celebration of older people's creativity and culture involving over 300 activities.
- *The Global Embrace*, a walking event promoted by the World Health Organisation Global Movement on Active Ageing and organised in 54 countries world-wide. Over 300 walking events were organised in cities, towns and villages throughout the country.

A range of several hundred events, activities and projects were organised by Regional and Local Committees to mark the International Year and a comprehensive list of activities was published.

The International Year of Older Persons gave a boost to initiatives, which were already taking place. It helped to mainstream older people's issues. Older people have become more assertive and the Year promoted a greater awareness of the positive contributions which older people make to society.

The International Year of Older Persons was officially brought to a close at a ceremony in Portlaoise on 14 December 1999. Dr Tom Moffatt TD, Minister of State at the Department of Health and Children with responsibility for older people, addressed the members of National, Regional and Local Committees and representatives of older persons' organisations who attended the event from all over Ireland. The Chairman of the National Council on Ageing and Older People, Dr Michael Loftus, thanked the hundreds of people all over Ireland who had worked together to make the 1999 International Year of Older Persons in Ireland a success. He also thanked the Chairman of the International Year, Mr Michael White, the Director, Ms Louise Richardson and the staff of the IYOP Secretariat for their contributions during the year.

## Establishment of Working Group on Elder Abuse

In its exploratory study, *The Abuse, Neglect and Mistreatment of Older People* (Report No. 52), the Council recommended the establishment of an expert working group to advise the Department of Health and Children on responses to elder abuse.

Accordingly, in September 1999, Dr Tom Moffatt TD, Minister of State with special responsibility for older people established the Working Group on Elder Abuse under the aegis of the Council to advise on the development of policies, procedures and guidelines in relation to elder abuse in Ireland. Chaired by Dr Des O'Neill, Consultant Physician in Geriatric Medicine at the Adelaide and Meath Hospital, Tallaght, the Working Group initiated a programme of research, training, pilot projects and evaluation designed to inform future responses to the issue of elder abuse.

## An Action Plan for Dementia

Over the past decade, the Council has been examining issues of policies and practice relevant to the welfare of older people with cognitive impairments. Several Council reports have highlighted the need to develop services for older Irish people with dementia and related cognitive impairments. In the light of these earlier reports, the Council commissioned a study to identify ways in which services for people with dementia and their carers might be improved. The resulting report, *An Action Plan for Dementia*, was produced after extensive consultation with national organisations of older people, carers, healthcare professionals and policymakers working in the area of dementia care.

Dementia is a disability characterised by impaired memory, impaired ability to learn, impaired ability to reason and high levels of stress. At present, there are an estimated 30,000 people with dementia in Ireland. Alzheimer's disease accounts for more than half of all cases of dementia. It is estimated that just over 22,000 people with dementia are living in the community, some 7,000 are in long-stay care and over 500 are in psychiatric hospitals. It is projected that by the year 2011, more than 37,000 people in Ireland will have some form of dementia. This will have enormous implications for Irish society as a whole, as greater numbers of families are affected by the disability and as the escalating cost of providing care for people with dementia places additional pressure on public resources.

*An Action Plan for Dementia* takes as its guiding principle the recognition of the individuality of the person with dementia, and his or her needs. It outlines an approach to developing available, accessible and high quality services in the context of existing resources and public expenditure constraints. The underlying aim of *An Action Plan for Dementia* is to formulate a best practice model of dementia care for Ireland. This best practice model may inform and guide policymakers and others involved in planning service provision and may give support and assistance to those who endeavour to provide flexible services at local level.

The report's conclusions are as follows:

- The effective management of dementia in Ireland necessitates the development of an action plan incorporating the viewpoints of all major stakeholders including people with dementia and their carers.

- The person with dementia should be at the centre of the planning process and policies for caring for people with dementia. The approach should go beyond a neuropathological conceptualisation of dementia to explore the concept of personhood in dementia.
- Analysis of the costs of caring for people with dementia showed that caring for people with dementia is not cheap and draws on a variety of public and private resources. At present families play a critical role as care providers and in achieving the stated policy objective of maintaining people in their own homes. This research found that family care accounts for almost half of the overall resources invested in caring for people with dementia.
- Community care services remain fragmented and variable across the country with no scientific or legislative relationship between need and provision. The absence of a statutory basis for community care services, apart from the public health nursing service, has had an inhibiting effect on the development of services for older people in the past. This is particularly relevant to people with dementia because the majority live at home.
- A more intensive, comprehensive and co-ordinated approach to providing services to people with dementia is needed to close the gap between the quality of life that people with dementia currently experience and what they might optimally achieve. The plan proposes the introduction of Care Management as a model of care delivery capable of matching the dual objectives of providing care in a co-ordinated way and placing the person with dementia at the centre of the process.

A detailed set of measures are proposed for developing care services for people with dementia across all levels of the health services, primary and community, secondary and continuing care. Central to these are:

- Additional resources in all areas of dementia care estimated to amount to £46 million over the three years of the plan or £500 per person with dementia per year.
- Information and training for both statutory and family carers.
- Care Management as a model of care delivery.
- Implementation procedures including legislatively based support for the provision of community care services, the involvement of care providers in the formulation of policy and enhancing the role of the voluntary sector through more consistent and long-term funding. Overall, it is recommended that a monitoring committee comprising representatives of the main stakeholders oversee the implementation of the plan.

### Income, Deprivation and Well-Being among Older Irish People

This study is an important contribution to the Council's work on the well-being of older people. It follows a 1994 study, *Health and Autonomy among the Over-65s in Ireland*, and a 1996 study, *Mental Disorders in Older Irish People: Incidence, Prevalence and Treatment*.

*Income, Deprivation and Well-Being among Older Irish People* updates and expands on much of the material contained in the first-cited study above. This study takes a broad view of well-being,

encompassing material living standards and deprivation, but also physical health, mental health and social interactions. All of these factors are important in assessing well-being and living standards. This accords with the emphasis in *Shaping a Healthier Future*, published by the Department of Health in 1994, on the goals of health gain and social gain.

How the income situation of older Irish people evolved since the 1970s is a central focus of the Council study. From the early 1970s to the late 1980s, the incomes of older Irish people improved considerably. However, between 1987 and 1997, the risk of income deprivation increased sharply for elderly households while the situation of non-elderly households remained more or less unchanged.

The study highlights the failure of the National Anti-Poverty Strategy adopted by the Government in 1997 to take a multi-group view of poverty. This would have allowed the strategy to take into account issues more relevant to sub-groups of the population, including older people.

The data for the study comes from the ESRI's 1997 and 1994 *Living in Ireland* surveys and the 1987 survey, *Income Distribution, Poverty and Usage of State Services*. This enables the study to make comparisons over time. Another benefit of this data is the extensive information on income, non-cash benefits and on mental and physical well-being.

The focus of *Income, Deprivation and Well-Being among Older Irish People* is on the level and nature of poverty among older people in Ireland, in parallel with consideration of the broader aspects of well-being noted above. Poverty is itself measured in a broad fashion, to include non-cash benefits and reflecting deprivation in relation to societal norms. The study considers how the risk of poverty, poor physical and mental health and low levels of social participation vary by household type, age, gender of household head and urban/rural location. Among the report's most salient findings are the following:

- Older people are more likely than other household types to be living in poverty, based on relative income levels.
- A very large proportion of older people rely on social welfare pensions. Around 82 per cent of older people living alone are dependent on such pensions, while 74 per cent of older couples rely on them. The report shows that about 60 per cent of all elderly households live on less than £100 per week and that about 90 per cent live on less than £200 per week.
- Older people generally, but especially older women living alone in rural areas, have an increased risk of poverty. This is due primarily to the income source of these households. Older people who are reliant on non-contributory pensions and widows' pensions were found to be at a greatly increased risk of poverty, especially those on the Widows' Non-Contributory Pension.
- Considering the risk of deprivation, older people are less likely than the general Irish population to experience basic and secondary deprivation. That anyone must experience basic deprivation or an enforced lack of food and clothing in today's society should be unacceptable. However, older people are more likely to experience housing deprivation, with a greater chance of having lower quality housing affected by dampness and structural problems, damp walls and floors, a lack of adequate heating and rot in windows and floors.

- Rural older people face a greater risk of housing and secondary deprivation. Older women also experience greater risk of basic and secondary deprivation. Single households have a greater risk of housing deprivation taking into account age, gender and urban or rural location.
- The particular vulnerability of older women to poverty and deprivation is clear from the report. Many older women living alone have a high risk of housing deprivation. Many older women are dependent on the Non-Contributory pension or the Widows' pension. For today's older women, many had no option but to leave the workforce upon marriage and motherhood, given the lack of childcare arrangements, unequal pay and tax concessions. This was further exacerbated by the marriage bar, which forced many women to leave paid employment on marriage.
- The report finds higher levels of chronic illness among older age groups. Of those aged 65 plus, 43.6 per cent reported a chronic mental or physical illness. Chronic illnesses among older people appear to hamper their daily activities more than among younger age groups and have a greater effect on their perceived health status.
- Experiencing basic or secondary deprivation was found to be a strong predictor of ill health and being female is a strong risk factor.
- Older people showed a higher degree of usage of medical services than the population in general, with a quarter of the over-65s having been admitted to hospital in the previous year. However, the survey showed that 30 per cent lack a medical card, giving free access to medical services. A disturbingly high 11 per cent of older people have neither a medical card nor private medical insurance. Those without a medical card had a substantially lower number of visits to their GPs in the year before the survey than those with a medical card.
- An analysis of the psychological health profile of those aged over 65 showed that women were more likely to experience higher levels of psychological distress than men, with a positive relationship between ageing and levels of distress for both men and women. There is a strong link between levels of distress and levels of chronic illness with the impact of illness on mobility also an important factor. The link between mobility problems and psychological distress is higher among older people than the rest of the population.
- As poverty, deprivation and having a chronic illness often go hand-in-hand, these three variables together strongly increase the risk of psychological distress.
- The results of the report concur with those of earlier work, which suggested that older people were not at any greater risk of social isolation than the general population. Irish people over 65 are less likely to live alone than older people in other countries and are more likely to live among kin. Single older people appear not to have lower levels of interaction with people outside the household than those who do not live alone. However, for older people in rural areas, there was a significant decrease in the proportion having daily contact with friends, neighbours and relatives. Rural older people also had lower participation rates in clubs and organisations than their urban counterparts.

# Submissions

**During the year, the Council made submissions to:**

- The Minister for Finance — Pre-Budget Submission
- The Department of Social, Community and Family Affairs — Review of the Contribution Conditions for Old Age Contributory Pensions
- The Department of Social, Community and Family Affairs — Review of the Free Schemes
- The Lord Mayor of Dublin — Initiative on Housing Policy for Older People
- The Department of Education and Children — Response to the Green Paper on Adult Education
- The National Economic and Social Forum — Submission to the Project Team on Social Housing
- Comhairle na n-Ospidéal — Note on the Review of Psychiatric Services at Consultant Level

# Issues

## raised in Council Submissions in 1999

### Pre-Budget Submission to the Minister for Finance

In the Pre-Budget Submission to the Minister for Finance, a number of issues of concern to the Council were identified, and the Council strongly emphasised that these should be dealt with in the context of a comprehensive new strategy for health and social care for older people. Such a strategy should cover not only health needs, but also other social needs such as education and training, employment and housing, and should incorporate the provision of a continuum of care options from anticipatory care to long-stay institutional care.

The Council proposed to the Minister for Finance that the preparation of a new strategy should involve the input of many different agencies including the Department of Health and Children and other government departments, health boards, voluntary organisations, local authorities, families and older people themselves.

The major recommendations in the Council's Pre-Budget Submission are as follows:

- Implementation of the recommendations of the *Action Plan for Dementia*, particularly the recommendation that a case management model should be introduced to co-ordinate services for people with dementia and their carers.
- The National Anti-Poverty Strategy should be refined to take into account issues more relevant to major sub-groups of the population such as older people.
- Social welfare pensions should be indexed to net average earnings and at such a rate, that income poverty for those dependant on social welfare pensions does not become institutionalised.
- The Council re-emphasised its belief that as many people as possible should be encouraged to make second pillar occupational and private pension provision for themselves, thus ensuring a retirement income proportional to their pre-retirement income and reducing dependency on social welfare payments.
- The differential between contributory and non-contributory pension rates should be removed. The Council agreed with the recommendation in the *Final Report* of the National Pensions Board that the pension system should incorporate individualisation of payments for qualified adults. The 'adult dependants' of persons receiving a contributory social welfare pension, usually women, should receive an allowance (called an Old Age Allowance) in their own right once they have reached pensionable age.
- The Council also expressed concern that changes in self-employed pensions announced in the budget can leave older people without a guaranteed lifetime income. It opposed the extension of these changes to occupational pensions without appropriate safeguards.

- Community care services should be further developed to meet the needs of older people. These services enable older people to remain at home in dignity and independence, one of the stated objectives of the report *The Years Ahead- A Policy for the Elderly (1988)*.
- The Council recommended increased emergency, out-of-hours, and weekend Home Help services, as well as a relief Home Help service for carers. Being under-resourced, additional funding would facilitate expanded Home Help provision and increased training for Home Helps. Criteria for entitlement for Home Help should be standardised and assessment of the level of need made to determine the level of service provision required.
- Respite care is of particular importance to carers. Carers would benefit from provision of a range of respite options, including day centres, short-term relief care (for instance through residential services), night-sitting (freeing the carers for a number of hours) and domiciliary relief care.
- Thirty per cent of older people do not have a medical card, giving them free access to medical services. The Council recommended that the means test for medical card eligibility should be discontinued once a person reaches 70. In the short term, the income guidelines for medical card eligibility should be doubled immediately.
- The Council proposed to the Minister for Finance that the fees of people over the age of 55 entering into or returning to third-level education should be permanently waived, as a special measure to mark the International Year of Older Persons.

### Submission to the Department of Social, Community and Family Affairs on the Review of the Contribution Conditions for Old Age Contributory Pensions

The Council is of the view that the objectives of the old age contributory pension system should be to ensure that as many older people as possible should receive the contributory pension at the highest rate and that the system should operate in an equitable fashion. However, while some progress has been made in recent years concerning contribution conditions for old age pensions, the Council recommended that the remaining anomalies in the system should be removed.

The Council also adverted to the anomaly in the operation of the Homemaker's Allowance, which is an issue of particular relevance to older women. The Council recommended the following package of measures to address the unfair treatment of older women in the current social welfare system.

- The *Income, Deprivation and Well-Being study (1999)*, carried out for the Council by the ESRI, illustrates the vulnerability of older women to poverty and deprivation. The Council therefore strongly recommended that the retrospective extension of the Homemaker's Allowance should be considered.
- The Council agreed with the recommendation in the *Final Report* of the National Pensions Board that the pension system should incorporate individualisation of payments for qualified adults. This point was raised in the Council's response to the National Pensions Policy Initiative consultation document.

- The 'adult dependants' of persons receiving a contributory social welfare pension should receive an allowance (called an Old Age Allowance) in their own right once they have reached pensionable age.

Given the situation which today's older women experienced in the workforce, it is unfair that they should be treated as dependants in their later years. Rather, the contribution they have made in the workforce or in the home should be recognised independently, a point that was strongly emphasised in this submission to the Department of Social, Community and Family Affairs.

## Submission to the Department of Social, Community and Family Affairs on the Review of the Free Schemes

While the Free Schemes contribute to the costs of what can be viewed as necessities in today's society, they have a role beyond that of income support. The Council believes that they are of great importance to the welfare and quality of life of older people, particularly the Free Travel Scheme and Telephone Rental Allowance which facilitate important social interactions, enabling older people to keep in contact with family and friends. Access to a telephone contributes to the security and safety of older people and provides easier access to medical services, while the Free TV Licence Scheme provides entertainment and information to older people who have a television.

It can be argued that if the cash equivalent of these schemes were paid to older people, they could then exercise their choice as to what they spend this money on. It would be useful and interesting to hear the views of older people themselves on this point. For example, the usefulness of the free travel scheme to older people who live in rural areas where there is little public transport or to those who are ill and immobile is questionable.

Similarly, the Telephone Rental Allowance is of little benefit to older people who do not have a telephone. Neither does the Free Telephone Rental Allowance cover the cost of installing a telephone. As a consequence, older people who do not have a telephone, cannot avail of telephone-based security and alarm systems.

In its Submission to the Department of Social, Community and Family Affairs, the Council proposed the following:

- One option may be to provide older people with a choice as to whether they wish to receive the allowances as they now stand or the cash equivalent. This would provide some benefit from these allowances to older people who cannot avail of the services. However, the Council acknowledged that a danger exists in a small minority of cases, if the cash equivalent of the free schemes is received. This may be mis-appropriated or the older person may come under pressure from another party to use the money to other ends.
- Greater provision of public transport in rural areas and the provision of travel vouchers which older people could use with private sector bus operators and taxis.
- Attention should be paid to increasing the income of older people, whether through the contributory and non-contributory pensions or through the free schemes.

- In order to ensure that all older people have equal access to the services covered by the free schemes, service provision should be expanded. A co-ordinated approach across government departments and service providers is required. In particular, rural transport services must be improved. Specific examples of possible innovative developments include greater and more flexible use of school buses, post buses and health board vehicles. As mentioned earlier, the use of vouchers, which would enable older people to use private sector bus operators and taxis, should also be considered.
- In rural areas, health boards should consider ways in which they can facilitate older people attending medical appointments.
- Equally, in urban areas, problems also exist. Free travel is not available between 7 a.m. and 9.45 a.m. and between 4.30 p.m. and 6.30 p.m. As many medical appointments for older people are in the morning, they may not be able to avail of the scheme to carry out these essential journeys. The Council therefore proposed that older people should be able to use free travel for this purpose and suggests that presentation of a medical appointment card should allow the older person avail of free travel for the related journey.
- Another problem in both urban and rural areas is that older people with a free travel pass can not reserve a seat on a train. The Council proposed that this situation should be reviewed.
- The Council proposed that consideration must be given to ensuring that any older person who wants to have a telephone installed can afford to do so. For older people who qualify for the Telephone Rental Allowance means tested coverage of the installation cost should be considered.

Finally, in reviewing the performance of these schemes, the Council noted that it is important to take into consideration the take-up of schemes. Information should be widely disseminated to promote the maximum take-up of the schemes.

### Submission to the Lord Mayor's Housing Initiative

In its Submission to the Lord Mayor of Dublin's Housing Initiative, the Council noted the decline over recent years in the numbers of units provided for older people. An average of just 279 units per year was provided for older people or people with disabilities between 1988 and 1995 by local authorities, compared with 736 units on average between 1972 and 1987. An average of 357 units per year was provided by voluntary organisations between 1988 and 1995.

- Together with lack of provision, the Council is concerned about the lack of support services for older residents of social housing and the lack of attention to design features, an important consideration given the mobility problems of older people. Appropriate design features should be made mandatory, not optional. Indeed, the Council believes that planning permission for new private housing should only be granted when a proportion of the development is suited to, or easily adaptable to the needs of older people.
- There is wide variation in the support services provided to residents of voluntary housing schemes with some schemes having wardens, alarm systems and visiting care services but some having few or none of the above services. Importantly, health boards do not always provide

visiting and on-site support services to voluntary housing residents and funding is not available from the local authorities. Better co-ordination between the Department of the Environment and Local Government and the Department of Health and Children may be required to address these issues.

- Assistance to the voluntary housing sector with the costs of providing additional support services would be effective in meeting the needs of older people, as would be an increase in the ceiling on capital assistance to voluntary housing organisations in order to stimulate an adequate provision of support services.
- The Council believes that a national plan on social housing for older people should be developed. The plan should specify clear targets to be met, outline the role of different types of social housing and establish a legislative framework to govern the role that local authorities play in meeting housing need and supporting the voluntary sector. Sheltered housing should play a large part in this plan.
- As suggested by Fahey and Watson (1995), a periodic survey of housing deprivation in the population as a whole should be undertaken for policymaking and policy evaluation to assess the housing circumstances in the community and to provide an overview of existing interventions. The survey should cover all types of housing deprivation including insecurity of tenure and the social and physical quality of neighbourhoods. The purpose of the survey should be to assist with policymaking rather than with considerations of the normal administration of the system.
- As with most older people who live in privately owned houses in the community, the standard of their homes continues to be a very important housing issue. The Council believes that a co-ordinated approach to repairs and adaptations should be developed.
- The current availability of local authority housing is unsatisfactory. The number of dwellings completed and acquired increased in the years to 1995 but has fallen since then and this has affected the supply of housing for older people.
- However, a large stock of public housing for older people still exists and this must be properly maintained and serviced.
- The Council is concerned at the increase of around 10 per cent in the numbers of older people identified as in need of housing from 2,140 in 1996 to 2,363 in 1999.
- In its submission, the Council supported the Government proposal to use legislation to ensure that 20 per cent of new development sites would be used for social and affordable housing.
- The different schemes in operation by the health boards and local authorities should be streamlined and operated by just one agency to ensure easier access and transparency. National guidelines on eligibility and charges should also be developed to eliminate the regional inequities that currently exist.

The Council believes that much remains to be achieved in relation to future housing policy for older people. The Council specified the following three issues as priorities for future action:

1. A national plan for social housing for older people should be developed and implemented by the Department of the Environment and Local Government. The plan should specify the role of the various components of the social housing system and the national criteria to be used when deciding on allocations. Clear targets should be set against which outcomes can be measured.
2. A further priority is the need for improved co-ordination among government departments which have responsibilities in this area. Centralising the responsibility for social housing need under one department should be considered. The current lack of co-ordination manifests itself in the frequent lack of provision of visiting and on-site support services to voluntary housing residents. This issue must be addressed. Another related issue is the need to provide ongoing support to voluntary housing organisations for upkeep, repairs and maintenance.
3. The availability of sheltered housing to all older people who need it should be an important part of any new national plan on social housing for older people. Sheltered housing should be available to all older people as an option before institutional care is considered and should provide the full range of support services required by older residents. Given the expertise that the non-profit/voluntary sector has developed in this area, the Council believes that the non-profit/voluntary sector should be the main provider of additional sheltered housing. To carry out this task, increased support from local authorities and the Department of the Environment and Local Government would, of course, be necessary.

## Submission to the Department of Education and Science on the Green Paper on Adult Education

Too often, growing older is equated with a withdrawal from active life. However, research indicates that older people wish to remain mentally and physically active. Many are keen to explore ways to improve personal development and participation in society, once the basic requirements of reasonably good health and financial independence are present.

Education is an important means to enhance participation, and by so doing, to decrease the likelihood of social isolation which is one of the greatest threats to the well-being of older people.

A recent EU Commission document, *Towards a Europe for All Ages* stated that 'older persons have a capacity and an appetite for learning which tends to be insufficiently recognised. Engaging in mentally stimulating activities is important for the development and preservation of capacities late in life.' There can be no question that people who remain both physically and intellectually active, particularly in later life, derive enormous benefits in terms of health and general well-being.

The submission highlighted the fact that older people's involvement in educational activities can have a positive effect in a number of ways:

- Older people have an immense amount to offer to the adult education system as trainers, counsellors, volunteers, teachers, researchers, organisers or designers of training and educational activities. With encouragement and appropriate adaptation, the vast resource of older people's experiences could be tapped to the benefit of society.
- As more and more people live longer and healthier lives, the issue of 'adding life' to these extra years comes into focus. Lifelong learning remains relevant after retirement when access to

education is very important to their well-being. People have a right to avail of educational opportunities throughout their lives and not just in preparation for, or in the course of, their working lives.

- Factors that inhibit access to continuing education must be removed. Public funding for the education and training of older workers or older people in general should be of a level to ensure that access to programmes is not hampered by financial constraints. For people living on social welfare benefits, limited financial means to participate in programmes and courses can be a major barrier and adequate provisions should be made in this regard. Lack of transport in rural areas should also be taken into account in this context.
- Providers of education for older people should pay close attention to removing barriers, which may discourage older people from accessing adult education services. The ongoing commitment to improving adult literacy rates should be maintained.
- The introduction of a voucher system should be considered so that those who suffer disadvantage early in life, may use their credits to compensate at a later time.
- Schools should be encouraged to be more responsive to the educational needs of older people by opening their facilities and by offering courses designed with the needs of older people in mind. Schools should also be encouraged to promote courses in activities with an inter-generational focus in order to avoid marginalisation of older learners.
- Every effort should be made to enable older people become confident users of technology so that they can participate more fully in modern life, thus avoiding the danger of being 'left behind'. If older people lack the necessary skills or if they are fearful of new technology, they will be seriously disadvantaged.
- As computer skills become increasingly essential to modern living, every facility should be made available to older people to acquire these skills, if necessary through specially tailored courses on new technology for older people.
- Estimates suggest there are some 100,000 informal carers who provide care to dependent relatives, including older people. It is known that many carers who provide personal care skills to older people wish to avail of training and the Council has suggested that adequate provision should be made by health boards in association with educational institutions to train relevant personnel who will in turn provide training to carers.
- In the context of the Council's health promotion strategy for older people, *Adding Years to Life and Life to Years*, the White Paper on Adult Education must recognise the need to encourage and facilitate older people's involvement in health education programmes. In this regard, programmes that focus on exercise, nutrition, addictions, mental health and other aspects of health promotion, should be made widely available and accessible to older people.

Many older people wish to avail of continuing education and lifelong training opportunities. If the experience and talents of older people are to be harnessed for the rapidly changing world of work, age must not be seen as a barrier to learning. New opportunities in terms of education must be offered to older workers to ensure that they have every chance to secure employment, as they grow older, should they wish to continue in the workforce.

## Submission to Comhairle na n-Ospidéal on its Review of Psychiatric Services at Consultant Level

All recent demographic projections foresee significant growth in the numbers of older people in Ireland. The latest projections prepared for the Council indicate that the elderly population will grow by almost 120,000 persons in the period 1991-2011. The proportion of the elderly population aged 80 years or more is expected to increase from 19 per cent to 24 per cent (to 51,071 persons) in this period. Given the higher prevalence of dementia in older age groups and the large psychiatric morbidity among older people, action is needed now to expand services for older people and the Psychiatry of Old Age service is an important component in the continuum of care for those suffering from dementia and related disorders.

The Council believes that consultant-led Old Age Psychiatry services should be at the core of the development of mental health services for older people. The broad range of assessment, rehabilitation and treatment services, which they can develop, are recognised as models of good practice.

In its comments on *The Years Ahead Report: A Review of the Implementation of its Recommendations* (1997) the Council recommended that the Royal College of Psychiatrists planning norm of one consultant in the Psychiatry of Old Age per 10,000 people be adopted and it takes this opportunity to reiterate this recommendation. This ratio would require 40 consultant posts, given that 11 per cent of the population is aged 65 and over. This was also one of several recommendations made in the *Action Plan for Dementia*. As the *Action Plan* notes, effective service provision requires:

- the expansion of community-based facilities, acute psychiatric beds and long-stay psychiatric beds,
- that new consultants be provided with these facilities and that services be community- oriented,
- a multi-disciplinary approach in the Psychiatry of Old Age services is extremely important, enabling a more considered and structured approach in the provision of care to those with mental disorders and those with dementia who have behavioural and psychological problems,
- the interaction of the Psychiatry of Old Age service and the General Practice which can help increase awareness of the need for early diagnosis and appropriate community-based treatment,
- The *Action Plan* also recommends that there should be under-graduate training in dementia for doctors and Chairs in Geriatric Medicine and the Psychiatry of Old Age in each of the universities.

Where the Psychiatry of Old Age service is not available, care is provided by local psychiatric services, which are frequently not as well integrated with other care services for older people. Therefore, until a more complete Psychiatry of Old Age service can be provided, better liaison is required, especially between the geriatric and psychiatric services.

Given the projected increase in the older population and the current low levels of provision, much remains to be achieved in order to provide adequate consultant-led Psychiatry of Old Age services.

## Submission to the National Economic and Social Forum Project Team on Social Housing

In its submission to the NESF Project Team on Social Housing, the Council restated its belief that a national plan for social housing for older people should be developed and implemented by the Department of the Environment and Local Government.

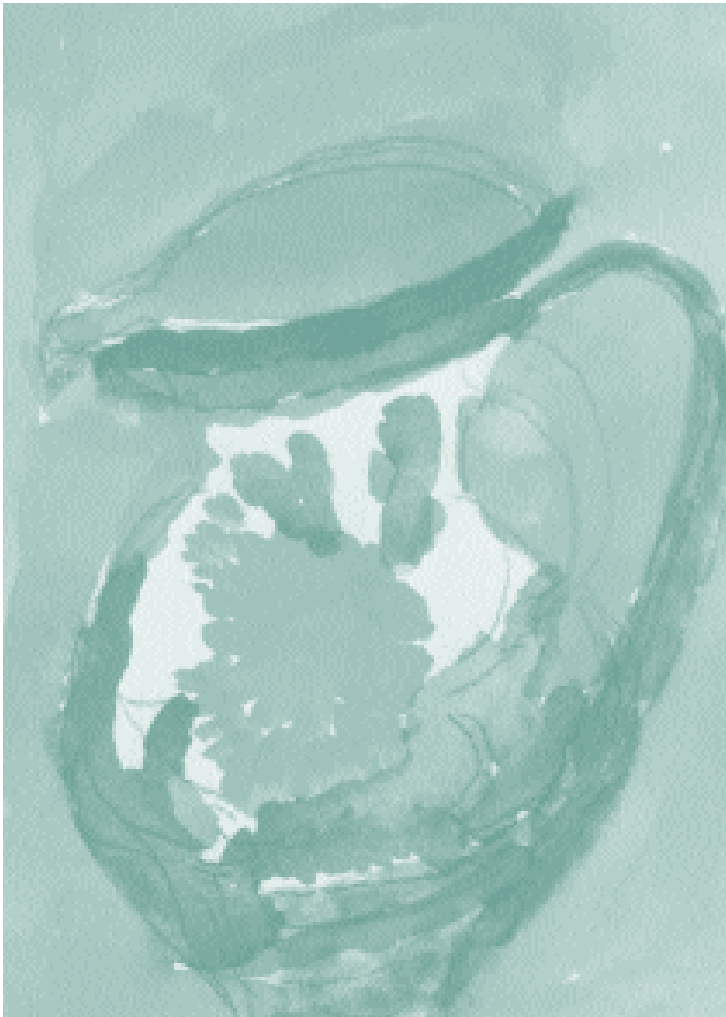
The plan should specify the role of the various components of the social housing system and the national criteria to be used when deciding on allocations. It should also formulate clear targets against which outcomes can be measured.

- The submission also emphasised the view that the availability of sheltered housing to all older people who need it should be an important part of any new national plan on social housing.
- Sheltered housing should be available to all older people as an option before institutional care is considered and should provide the full range of support services required by older residents.
- Given the expertise that the non-profit/voluntary sector has developed in the area of social housing, the Council noted that the non-profit/voluntary sector should be the main provider of additional sheltered housing.
- A further priority outlined in the submission is the need for improved co-ordination among government departments, which have responsibilities in the area of social housing provision. Centralising the responsibility for addressing social housing need in one department should be considered.
- There is a need to provide ongoing support to voluntary housing organisations for upkeep, repairs and maintenance.
- In the current statutory housing needs assessment carried out by local authorities, the assessments fail to provide any information on severity of need and the necessity of standardising the subsidy system across the social housing sector.
- A periodic survey of housing deprivation in the population is recommended for policymaking and policy evaluation. The survey should cover all types of housing deprivation including insecurity of tenure and the social and physical quality of neighbourhoods.
- The Council underlined its view that the current availability of local authority housing is unsatisfactory. The number of dwellings completed or acquired increased up to 1995 but has fallen since then and this has affected the supply of housing for older people. The submission emphasised that this declining provision is a worrying trend in that it increased pressure on the voluntary and co-operative sector and on the various repairs and adaptation schemes to cope with the unmet need.
- However, the Council welcomed the announcement of increased resources for local authority and voluntary housing announced in the National Development Plan and the commitment to 5,500 new starts in 2000 in the local authority housing programme. This is the highest figure since 1986 and an increase of 1,000 on the 1999 figure.

- The Council supported the Government decision to use legislation to ensure that 20 per cent of new development sites would be used for social and affordable housing.

In its conclusion, the Council referred the Project Team on Social Housing to its recently published report, *Income, Deprivation and Well-Being among Older Irish People*. This report shows that older people experience poor living conditions due to their low standard of housing.





Publications,  
Conferences,  
Seminars &  
Other Events

# Publications

## An Action Plan for Dementia. Report No 54 (142pp)

Dementia is a disability characterised by impaired memory, impaired ability to learn, impaired ability to reason and high levels of stress. There are currently over 30,000 people with dementia in Ireland. Alzheimer's disease accounts for more than half of all cases of dementia. It is estimated that by 2011, more than 37,000 people in Ireland will have some form of dementia.

*An Action Plan for Dementia* outlines the complexity and range of issues involved in the effective management of dementia. The plan emphasises the need for the development of co-ordinated, multi-layered and well-resourced services, which are responsive to the individual needs of people with dementia and of those who care for them.

The person with dementia is placed at the centre of the planning process by applying the concept of personhood in dementia within the framework of what Kitwood (1997) calls the 'new culture of dementia'.

Based on a wide process of consultation the *Action Plan*:

- explores the prevalence of dementia in Ireland,
- examines the resource implications of caring for dementia in the community, in secondary level care services in continuing care services,
- outlines the policy background and the balance of care issues,
- highlights the urgent need for the development of services to provide appropriate care for people with dementia. The authors state that "there has been a lack of urgency in dealing with the problems of people with dementia and their carers that would not have been tolerated in other areas of the health services".

The *Action Plan* also formulates the philosophical framework necessary to underpin service planning and outlines pathways to care in the primary and community care services, in secondary care and in residential and nursing home care.

## Income, Deprivation and Well-Being among Older Irish People. Report No.55 (166pp)

The Council commissioned this study in the light of evidence that increases in social welfare pensions were lagging behind growth in average wages. *Income, Deprivation and Well-Being among Older Irish People* reflects the recent emphasis among policymakers on health gain and social gain. It follows a 1996 study by Callan *et al.*, which showed that income poverty among older people had increased between 1987 and 1994. The main objectives of *Income, Deprivation and Well-Being*

*among Older Irish People* included an exploration of the extent of poverty and deprivation among older Irish people and the identification of those most at risk of poverty and social exclusion.

Drawing on data obtained in the *Living in Ireland* surveys of 1997 and 1994, and in the 1987 *Survey of Poverty, Income Distribution and Usage of State Services*, the report reveals that, considering income only, the position of older people has worsened dramatically since 1987, relative to the non-elderly. It shows that one in ten older Irish people are at risk of combined income poverty and basic deprivation, with those reliant on the Old Age Non-Contributory pension at twice the risk of combined income poverty and basic deprivation. Also at greater risk are female-headed households and older people living in rural areas.

In addition, the study highlighted the fact that basic or secondary deprivations are strong indicators of ill health. This underscores the Council's belief that the link between socio-economic status and health is vital to our understanding of the well-being of older people.

The study revealed that older people have a higher degree of usage of medical services than the population in general, with a quarter of the over-65s having been admitted to hospital in the previous year. Additionally, 30 per cent lack a medical card giving free access to medical services and a disturbingly high 11 per cent of older people have neither a medical card nor private medical insurance.

The results of the report concur with those of earlier work, which suggested that older people were not at any greater risk of social isolation than the general population. Irish people over 65 are less likely to live alone than older people in other countries and are more likely to live among kin. Single older people appear not to have lower levels of interaction with people outside the household than those who do not live alone. However, for older people in rural areas, there was a significant decrease in the proportion having daily contact with friends, neighbours and relatives. Rural older people also had lower participation rates in clubs and organisations than their urban counterparts.

### Planning for Dementia Care in Ireland — Conference Proceedings. Report No. 56 (76pp)

With the numbers of people with dementia projected to increase by over 25 per cent in the coming decade, a range of issues critical to the successful implementation of the *Action Plan for Dementia* (Report No. 54) were discussed at a Council conference on *Planning for Dementia Care in Ireland*. Among the key issues discussed at the conference was the need for additional resources in all areas of dementia care. The overall cost of the plan, £46 million over three years or £500 per person with dementia per annum, was deemed to be modest when placed alongside the expected health and social gains from the implementation of the *Action Plan*. The need for information and training in dementia was also seen as central to the development of high quality services for people with dementia. The models of 'good practice' in dementia care presented at the conference, emphasised the relationship between training and education and the quality of care for people with dementia. If a person-centred model of care is to be promoted successfully, training and education will also be vital in ensuring effective communication with people with dementia.

A strong feeling among conference participants was that care management could be an effective integrating mechanism in the care of people with dementia, because of its potential to bring together

the various elements of primary and secondary care services. Policy implementation was also seen as vital to the success of the *Action Plan*. There was considerable discussion on the need to monitor the resource allocation for dementia and to review the *Action Plan* after three years. The Proceedings are an important record of the issues that must be addressed if significant improvements in the quality of life of people with dementia in Ireland are to be achieved in the years ahead.

### What Works in Health Promotion for Older People — Proceedings of a Cross-Border Conference on Health Promotion. Report No. 59 (40 pp).

A cross-border conference entitled *What Works in Health Promotion for Older People* was held at the Ballymascanlon Hotel, Dundalk, Co. Louth on 29 September 1999. The purpose of the conference was the pooling of experience and expertise in relation to health promotion initiatives for older people currently being implemented in Northern Ireland and in the Republic. The main focus was the identification of effective health promotion strategies and projects designed to achieve health gain and social gain for older people in both parts of the island.

*What Works in Health Promotion for Older People* gives a comprehensive overview of the issues discussed at the conference. It includes summaries of the main presentations from Dr Brian Gaffney, Chief Executive of the Health Promotion Agency for Northern Ireland, Professor Cecily Kelleher, NUI Galway, Mr Jerry O'Dwyer, the then Secretary-General of the Department of Health and Children in the Republic of Ireland and Mr Tom Cairns, Deputy Director, Age Concern Northern Ireland. The report also details the issues which arose in the course of six parallel workshops held during the day. At each of these, two examples of best practice in health promotion in Northern Ireland and in the Republic were presented. Topics covered included participation in the arts, exercise, accident prevention and community development.

The report includes a comprehensive summary of the main points from the conference presentations, set against several conference objectives. These objectives included:

- an exploration of the concept of participation for older people, demonstrating how older people can take a lead role in improving and maintaining their own health,
- the identification of effective models of good practice in healthy ageing,
- an exploration of methods of increasing understanding of the potential of health promotion with older people and the identification of health inequalities and wider determinants of health.

# Conferences, Seminars and other events

## Planning for Dementia Care in Ireland

The Council Conference *Planning for Dementia Care in Ireland* was held on 4 June 1999 at the Royal Marine Hotel, Dun Laoghaire, Co. Dublin. Attended by 260 people from the statutory, voluntary and private sectors, the Conference marked the publication of the Council's *An Action Plan for Dementia* (Report No. 54), which was prepared for the Council by Dr Eamon O'Shea and Ms Siobhan O'Reilly of the Department of Economics, NUI Galway.

Dr Tom Moffatt TD, Minister of State at the Department of Health and Children with responsibility for older people, addressed the conference.

In his overview of the report, Dr Eamon O'Shea identified a range of priorities critical to the implementation of the *Action Plan for Dementia*, as follows:

- Additional resources in all areas of dementia care,
- Information and training for both statutory and family carers,
- Care management,
- Implementation procedures.

In the keynote address entitled *Hearing the Voice of People with Dementia*, Malcolm Goldsmith of the Dementia Services Development Centre at the University of Stirling, noted that many practitioners need to become active listeners, to slow down and adapt to the pace of the person with dementia. Mr Goldsmith emphasised that far greater resources need to be invested in studying the field of communication between the person with dementia and the carer.

### Other speakers included:

- Dr Murna Downs of the University of Stirling who discussed the need to improve the quality of primary care responses to dementia through training and information and through the provision of guidelines for general practitioners
- Professor David Challis, Personal Social Services Research Unit, University of Manchester, who identified care management as critical to the success of the *Action Plan* and provided evidence of the success of care management in the UK and its potential for use in Ireland.
- Dr Des O'Neill of the Adelaide and Meath Hospital, Tallaght, who emphasised the importance of care management as an integrating mechanism in the care of people with dementia, particularly its potential to bring together the various elements of primary and secondary care services.
- Outlining a health board perspective on the *Action Plan*, Mr Pat Gaughan, Programme Manager, North-Western Health Board said that there was substantial scope to explore imaginative deployment and working arrangements at district level in order to maximise the combined contributions of those working with older people with dementia.

**Four main priorities emerged from the various contributions at the conference:**

1. The pressing need for greater resource allocations for dementia care. Otherwise, it will be impossible to expand services in community care, secondary care and residential care.
2. The need for more information and training for people working in the area of dementia. This should facilitate a person-centred approach to care and the delivery of services.
3. Care management is critical to the success of the *Action Plan*, it ensures that people with dementia receive appropriate services at the right time and in the right place.
4. Finally, there is an urgent need to establish a committee to oversee the implementation of the *Action Plan*, whose task will be to monitor progress, review ongoing developments with regard to service provision and provide overall evaluation of the process at the end of three years.

### What Works in Health Promotion for Older People — a Cross-Border Conference on Health Promotion

A cross-border conference entitled *What Works in Health Promotion for Older People* was held at the Ballymascanlon Hotel, Dundalk, Co. Louth on 29 September, 1999. Over 130 health service personnel and representatives of voluntary organisations from North and South attended the conference.

The conference was organised by The National Council on Ageing and Older People and Age Concern Northern Ireland in association with the Health Promotion Agency for Northern Ireland, The Health Promotion Unit, The Department of Health and Children, Dublin and the Department of Health and Social Services, Northern Ireland.

The conference was jointly opened by Dr Tom Moffatt TD, Minister of State at the Department of Health and Children (Republic of Ireland) and Mr George Haworth, Minister for Health and Political Development (Northern Ireland).

**Speakers included:**

- Dr Brian Gaffney, Chief Executive of the Health Promotion Agency for Northern Ireland. Dr Gaffney highlighted three major challenges for those concerned with the health of older people. The first is to ensure that gains in life expectancy are shared equally. The second is to ensure that an increase in length of life is matched by increased years of healthy life. The third is to promote greater recognition of the rights, value and potential contribution which older people can make to society.
- Professor Cecily Kelleher, National University of Ireland, Galway identified the following needs:
  - to create cross-sectoral public policy which focuses on the social conditions of older people,
  - to create public and individual educational strategies,
  - for supportive environments at home, in the community and in care settings,
  - for the re-orientation and improvement of primary care and hospital services,
  - for the establishment of community participation projects.
- Mr Jerry O'Dwyer, the then Secretary-General, Department of Health and Children, noted that poor health and disability, particularly when they lead to loss of mobility, are by far the strongest contributors to psychological distress and low morale among older people. These factors, he

noted, place a particular onus on all within the health services to plan, organise and deliver a health service that has four characteristics, as follows:

- The service must be delivered promptly to older people, in particular to the very old.
  - The service must be comprehensive, not one that is just good in parts.
  - The service must be of uniformly good quality.
  - The service must be seamless in its delivery.
- 
- Mr Tom Cairns, Deputy Director, Age Concern Northern Ireland presented a comprehensive outline of the Ageing Well Network which is organised by Age Concern Northern Ireland in association with the Health Promotion Agency for Northern Ireland and the Department of Health and Social Services. He noted that the programme ensures that the real value of community-based health promotion with older people is measured and that older people themselves are involved in the planning, organisation and delivery of the various health promotion projects.

There were six workshops, at each of which two examples of best practice in health promotion, one from Northern Ireland and one from Republic, were presented. Topics covered participation in the arts, exercise, accident prevention and community development.

## Transitions in Older Age

The Western Health Board hosted a conference on *Transitions in Older Age* in partnership with Age and Opportunity, The National Council on Ageing and Older People and The Office for Health Gain. The conference was held at the Ardilaun Hotel, Galway on 18/19 October 1999.

The purpose of the conference was to promote more responsive services, which encourage a positive image of ageing and older people, and greater participation by older people in society.

The conference examined the challenges and transitions that are part of the ageing process and the ways in which health and other services can respond to these challenges.

Mr William Moran, Deputy Chief Executive Officer, Western Health Board, opened the conference.

The keynote speaker was Ms Geraldine Kenny, Principal Clinical Psychologist, North Dublin Clinical Psychology Services, Eastern Health Board, who discussed the challenges of coping with transitions into older age.

At parallel sessions, a number of speakers presented their individual experiences of ageing in relation to health, lifelong learning, leaving work, financial matters and living alone. Issues relating to planning for retirement, coping on a fixed income and maintaining good health were also addressed at the parallel sessions.

In response, representatives from the Western Health Board, The Department of Health and Children, The Department of Social, Community and Family Affairs, The Department of Education and Science and of a local authority discussed the policy and best practice implications of supporting the transitions into older age.

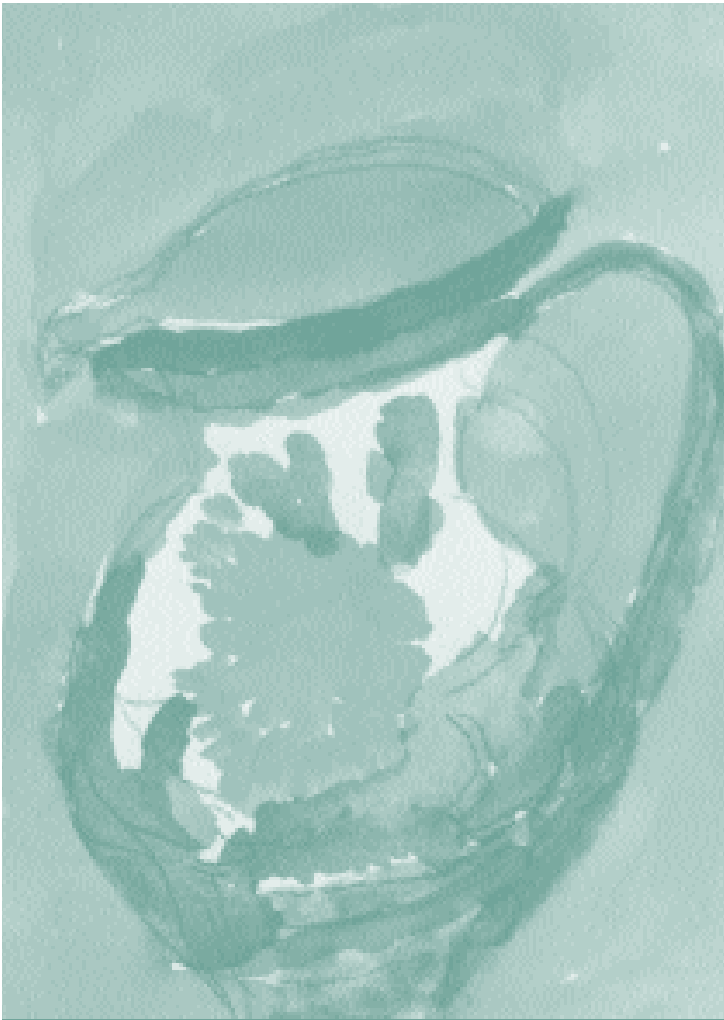
# Liaison, National and International

In the course of the year, the Council liaised with a broad range of agencies and individuals in keeping with its functions. Council members and staff represented the Council and/or the interests of older people in general on a number of bodies, including:

- The National Women's Health Council
- The National Safety Council Intersectoral Group on Fire Safety for Older People
- An Comhairle na nOspidéal Committee on the Review of Psychiatric Services at Consultant Level
- The Dublin Transportation Initiative
- The Euro Changeover Board Consultative Panel
- Eurolink Age Council

Representatives of the Council contributed to and/or attended a range of events organised by other agencies relevant to the Council and its work, including:

- EU Commission — DG12 — *Seminar on Research Priorities for the key action 'The Ageing and their Disabilities'*
- Irish Nursing Homes Association — *Annual Conference*
- Department of Health and Children — *Y2K Project Seminars and Meetings*
- Age Action Ireland — *Conference on Volunteering*
- British Geriatrics Society — *Spring Meeting*
- Department of Social, Community and Family Affairs — *Caring for Older People at Home.*
- Summerhill Active Retirement Association — *European Conference on the Older Volunteer*
- Irish Association of Older People — *Choices in Independent Living*
- Freedom of Information Public Service Users Network — *Aspects of the Freedom of Information Act*
- UCD Smurfit School of Business — *Seminar on the Private Health Insurance White Paper*
- National Social Service Board — *Seminar on New Developments in Information Provision*
- Information Society Commission — *Open Forum on Information Technology and Older People*
- Association of CEOs of State Agencies — *Various Meetings and Seminars*
- The Combat Poverty Agency — *Launch of the Women in Poverty Study*
- Federation of Catholic Voluntary Nursing Homes Conference — *Care of the Older Person in the New Millennium.*



## Ongoing Research & Special projects

# Ongoing

## Research and Special Projects

### The Costs of Caring for People with Dementia and Related Cognitive Impairments

*An Action Plan for Dementia*, was an attempt to provide a framework for the provision and planning of services for people with dementia in Ireland. Dr Eamon O'Shea is preparing a second report on the cost of caring for people with dementia and related cognitive impairments for the Council. This is complementary to the *Action Plan* but with a more quantitative focus. The report will examine where people with dementia are being cared for currently and will seek to quantify the costs of care. As it is traditionally families who have borne the burden of care for dependent older kin, the cost of care in terms of sacrifices made and in replacement terms will be quantified. The study will also provide estimates of the distribution of the cost of care for people with dementia across all forms of care provision, including residential and acute care facilities. Proposals on how to provide and manage the delivery of care services for people with dementia will be included in the study.

### Fostering Quality in Long Term Residential Care for Older People in Ireland

The Council has long been concerned with the quality of long term residential care provided for older people in Ireland. In consequence in 1999, it commissioned a postal survey of all long-term residential care facilities in the country to assess:

- whether facilities had quality initiatives in operation
- providers' view and aspirations for future provision of long term care
- providers' views on the introduction of a national quality monitoring policy

On completion of this work the Council would

- develop proposals for fostering quality in long-term residential care for older people in Ireland;
- organise a seminar to discuss the survey findings and the Council's proposals mentioned above;
- prepare and publish a report setting out a framework for fostering quality in long-term residential care facilities for older people in Ireland.

### Consulting Older People on Health and Social Services (HeSSOP)

The Council's *The Years Ahead Report: A Review of the Implementation of its Recommendations* (Ruddle *et al.* 1997) noted that the issue of consumer participation in planning care services for older people was not considered by *The Years Ahead- A Policy for the Elderly (1988)*. To address this, the Council commissioned a study in collaboration with the Eastern Health Board and the Western Health Board. The study will aim to make available for the first time representative views on the perceived needs of older people on service access and acceptability so that they can be incorporated into future service planning. The study will also include an assessment of how health and social care services for

older people can facilitate the participation of these consumers in the process of planning and evaluating services. The study will make recommendations on how consumer consultation can be promoted in the future so that the views of older health service users can be incorporated into policymaking.

### Young and Old Project initiated to mark the 1999 International Year of Older Persons

In June 1999, the Council initiated a special education project entitled *Young and Old* to mark the International Year of Older Persons. *Young and Old* is a CD-ROM-based learning programme designed for use in Irish primary schools. The primary aim of the project is the development of a learning programme that will communicate a positive image of ageing and older people among primary school children and their teachers. Additionally, the *Young and Old* project aims to foster solidarity and understanding between younger and older generations. The *Young and Old* project is a contribution of the National Council on Ageing and Older People to the 1999 United Nations *Year of Older Persons*.

# Other Work

## Year 2000 Project

During 1999, the Council gave Year 2000 compliance a high priority. In keeping with the Department of Health and Children's guidelines for Y2K, the Council established a Steering Committee to oversee work on the project and to ensure that all vital deadlines were met. The Resources Officer was Y2K Liaison Officer for the Project and represented the Council on a Y2K Special Interest Group (Small Agencies) which met regularly throughout the year. The time and effort invested in the Project ensured that all Council IT systems functioned properly in the transition to Y2K.

## Council Information Service

Throughout the year, the Council provided a comprehensive Information Service, which responded to a substantial number of requests by letter, telephone, fax and e-mail from the public, particularly older people. Others requesting information included health board personnel, service providers, students at primary, secondary and third levels, journalists, researchers and others in the print and electronic media, and personnel in the voluntary sector.

## Exhibitions

The Council participated in a number of exhibitions including Third Age Expo at the RDS, Dublin and the spring meeting of the British Geriatrics Society, at University College, Cork.

## The Data Protection Act

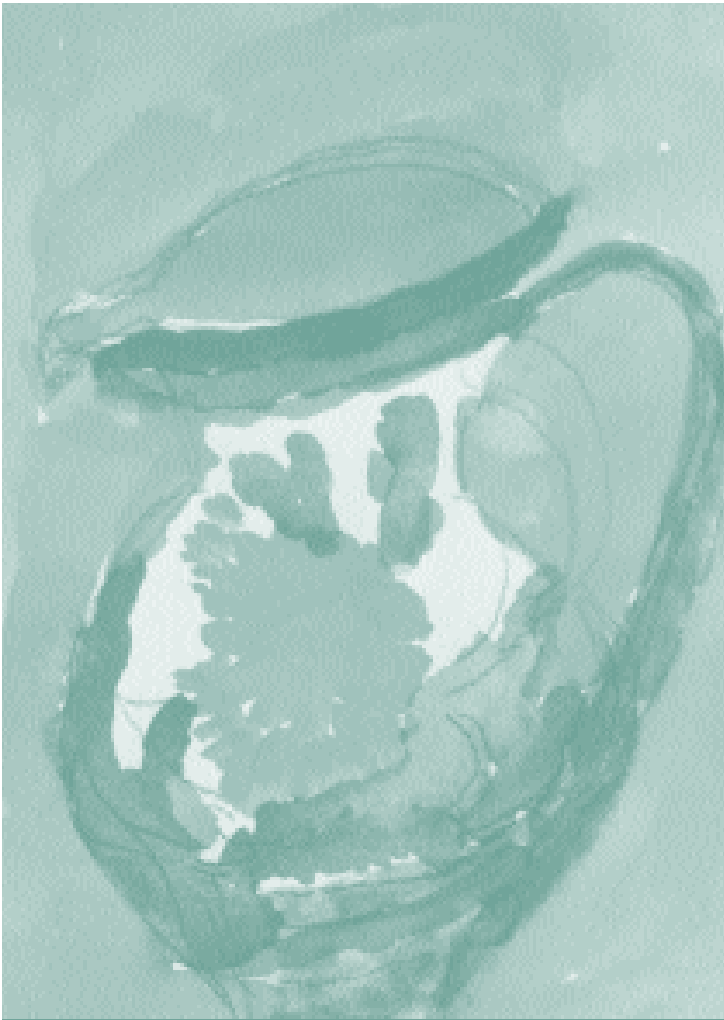
The Council has taken all steps necessary to ensure that it complies fully with the legal requirements on keeping and processing 'personal data' as set out in the *Data Protection Act, 1988*.

In order to fulfil its legal obligations, the Council has registered as a data controller with the Data Protection Commissioner, it has produced a policy statement on data protection and has appointed the Resources Officer to supervise the application of the Act within the organisation. All staff are familiar with the Council's Data Protection Policy and written procedures have been put in place on all areas which involve the Council holding computerised information on individuals.

## Prompt Payment of Accounts Act, 1997

The National Council on Ageing and Older People is included as a listed purchaser of goods in the schedule to the Prompt Payments of Accounts Act, 1997. The Council has complied with the provisions of the Act in 1999. In accordance with the Act and guidelines issued by the Department of Enterprise, Trade and Employment, the Council has established Prompt Payment of Accounts procedures.

The procedures serve 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 with the Act. These procedures operated in the period under review, and no late payment interest has been incurred by the Council during the period from the inception of the Act to the financial year end.



## Accounts

# Accounts

## NATIONAL COUNCIL FOR AGEING AND OLDER PEOPLE

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### REPORT OF THE COMPTROLLER AND AUDITOR GENERAL

I have audited the financial statements on pages 2 to 8.

#### Responsibilities of the Council and of the Comptroller and Auditor General

The accounting responsibilities of the Council are set out in the Statement of the Council's Responsibilities on page 1. It is my responsibility, under section 5 of the Comptroller and Auditor General (Amendment) Act 1993, to audit the financial statements presented to me by the Council and to report on them. As the result of my audit I form an independent opinion on the financial statements.

#### Basis of Opinion

In my exercise of my function as Comptroller and Auditor General, I plan and perform my audit in a way which takes account of 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 judgements made in the preparation of the financial statements, and of whether the accounting policies are appropriate, consistently applied and adequately disclosed.

My audit was conducted in accordance with auditing standards which embrace the standards issued by the Auditing Practices Board and in order to provide sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement whether caused by fraud or other irregularity or error. I obtained all the information and explanations that I required to enable me to fulfil my function as Comptroller and Auditor General and, 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, give a true and fair view of the state of the Council's affairs at 31 December 1999 and of its income and expenditure for the year then ended.



**John Purcell**  
**Comptroller and Auditor General**  
**22 September 2000**

## NATIONAL COUNCIL FOR AGEING AND OLDER PEOPLE

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### REPORT OF COMPTROLLER AND AUDITOR GENERAL PURSUANT TO SECTION 13 OF THE PROMPT PAYMENTS OF ACCOUNTS ACT, 1997

#### Responsibilities of the Council and of the Comptroller and Auditor General

The Council is obliged to comply with the Act and, in particular, is required to

- pay its suppliers by the appropriate payment date
- if payment to a supplier is late, include the appropriate penalty interest with the payment together with the information required by Section 6
- disclose its payment practices in the period in the appropriate way.

Under Section 13 of the Act, it is my responsibility, as auditor of the National Council for Ageing and Older People to report on whether, in all material respects, the Council has complied with the provisions of the Act.

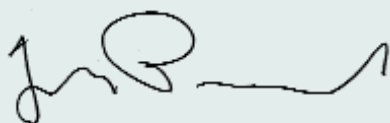
#### Basis of Opinion

My examination included a review of the payment systems and procedures in place and checking, on a test basis, evidence relating to the operation of the Act by the Council during the year.

I obtained all the information and explanations which I considered necessary for the exercise of my function under Section 13 of the Act during the year.

#### Opinion

As a result of my examination, it is my opinion that the Council complied in all material respects with provisions of the Act during the year ended 31 December 1999.



**John Purcell**  
**Comptroller and Auditor general**  
**22 September 2000**

# Statement of Accounts

## Table of Contents

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## Statement of the Council's Responsibilities

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.

Chairman of Council

*Michael Coffey*

Member of Council

*Janet Conway*

Date:

*13. September 2020*

### 1. General

On the 19th March 1997, the Minister for Health and Children, in exercise of the powers conferred on him by Sections 3 to 6 of the Health (Corporate Bodies) Act, 1961 as amended by Section 22 of the Health (Amendment) Act 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.

### 2. Basis of Accounting

These accounts are prepared under the historical cost convention.

### 3. Income

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

### 4. 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% |

### 5. Capital Account

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

### 6. 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 benefits scheme.

Staff contributions are credited against salaries and wages. Benefits are payable out of current income as they arise and no provision is made for future liabilities.

## Income and Expenditure Account for the Year ended 31 December 1999

|   |       | 1999         | 1998           |
|---|-------|--------------|----------------|
|   | Notes | IR£          | IR£            |
| <b>Income</b>                             |       |              |                |
| Oireachtas Grants                         | 1     | 999,319      | 476,120        |
| Publications                              |       | 9,364        | 8,602          |
| Conference & Seminar Fees                 | 2     | 8,489        | 17,569         |
| Miscellaneous                             |       | 136          | 50             |
|   |       | 1,017,308    | 502,341        |
| Transfer to Capital Account               | 8     | (8,528)      | (19,722)       |
|   |       | 1,008,780    | 482,619        |
| <b>Expenditure</b>                        |       |              |                |
| Salaries and Wages                        |       | 169,911      | 158,556        |
| Travel                                    |       | 22,127       | 14,906         |
| Establishment                             | 3     | 64,343       | 60,211         |
| Office Administration                     | 4     | 30,574       | 34,932         |
| Publications and Printing                 |       | 26,825       | 27,156         |
| Conferences and Seminars                  |       | 23,601       | 30,338         |
| Research Studies                          | 5     | 74,415       | 53,371         |
| International Year of Older People (1999) | 6     | 585,719      | 111,647        |
| Audit Fee                                 |       | 1,000        | 969            |
|   |       | 998,515      | 492,086        |
| Surplus (Deficit) for the year            |       | 10,265       | (9,467)        |
| Balance as at 1 January                   |       | (3,869)      | 5,598          |
| <b>Balance as at 31 December</b>          |       | <b>6,396</b> | <b>(3,869)</b> |

The Statement of Accounting Policies and Notes 1 to 10 form part of these Financial Statements

Chairman of Council

*Michael O'Flynn*

Member of Council

*Janet Conway*

Date:

13. September 2000

**Balance Sheet as at 31 December 1999.**

|                                  | Notes | 1999<br>IR£   | 1998<br>IR£   |
|----------------------------------|-------|---------------|---------------|
| <b>Fixed Assets</b>              | 7     | 54,912        | 46,384        |
| <b>Current Assets</b>            |       |               |               |
| Cash on Hand                     |       | 247           | 305           |
| Debtors and Prepayments          |       | 6,744         | 11,890        |
| Bank                             |       | 1,070         | 19,627        |
| Total Current Assets             |       | 8,061         | 31,822        |
| <b>Current Liabilities</b>       |       |               |               |
| Creditors and Accruals           |       | (1,665)       | (35,691)      |
| Net Current Assets/(Liabilities) |       | 6,396         | (3,869)       |
| Net Assets                       |       | 61,308        | 42,515        |
| Represented by: -                |       |               |               |
| Capital Account                  | 8     | 54,912        | 46,384        |
| Income & Expenditure Account     |       | 6,396         | (3,869)       |
|                                  |       | <b>61,308</b> | <b>42,515</b> |

The Statement of Accounting Policies and Notes 1 to 10 form part of these Financial Statements

Chairman of Council

Michael O'Flaherty

Member of Council

Janet Conway

Date:

13. September 2000

**Notes to the Financial Statements for the Year ended 31 December 1999**

|  | <b>1999</b>    | <b>1998</b>    |
|--|----------------|----------------|
|  | <b>IR£</b>     | <b>IR£</b>     |
| <b>Note 1. Oireachtas Grants</b>   |                |                |
| Oireachtas Grants comprise:  |                |                |
| General Allocation from the Department of Health and Children  | 383,511        | 335,000        |
| Allocation towards International Year of Older Persons   | 600,000        | 125,000        |
| Grant from Health Promotion Unit of the Department towards the development of a health promotion programme for older people and <i>Young and Old</i> primary school programme. | 15,808         | 16,120         |
|  | <b>999,319</b> | <b>476,120</b> |
| <b>Note 2. Conference and Seminar Fees</b>   |                |                |
| These fees represent fees received for a conference on <i>Planning for Dementia Care in Ireland</i> .  |                |                |
| <b>Note 3. Establishment</b>   |                |                |
| Rent & Rates   | 37,099         | 36,300         |
| Service Charges  | 1,841          | 1,851          |
| Heat & Light   | 2,046          | 1,842          |
| Refurbishment, Maintenance & Repairs   | 12,138         | 7,674          |
| Depreciation   | 7,759          | 9,342          |
| Insurance  | 3,460          | 3,202          |
|  | <b>64,343</b>  | <b>60,211</b>  |
| Note 4. Office Administration  |                |                |
| Postage & Telephone  | 9,579          | 11,173         |
| Stationery & Office Supplies   | 8,146          | 10,635         |
| Rental   | -              | 753            |
| Photocopying   | -              | 423            |
| Subscriptions, etc.  | 2,025          | 2,950          |
| Advertising  | 5,041          | 4,095          |
| Professional Fees  | 5,192          | 3,634          |
| Bank Charges   | 378            | 333            |
| Miscellaneous  | 213            | 936            |
|  | <b>30,574</b>  | <b>34,932</b>  |

**Notes to the Financial Statements for the Year ended 31 December 1999**

|  | 1999<br>IR£   | 1998<br>IR£   |
|--|---------------|---------------|
| <b>Note 5. Research Studies:</b>   |               |               |
| Legal Information Handbook   | -             | 1,000         |
| <i>An Action Plan for Dementia</i>   | -             | 11,000        |
| Evaluation of the <i>Go For Life</i> Campaign  | -             | 1,500         |
| Accident Prevention Project Evaluation   | -             | 9,000         |
| Evaluation of <i>Lifewise</i> Programme for Older Persons                              | -             | 8,900         |
| Design & Preparation of Relational Database  | -             | 2,450         |
| Submission to the Law Reform Commission  | -             | 300           |
| External Readers of Research Reports   | -             | 221           |
| <i>Caring and Costs for People with Dementia and<br/>Related Cognitive Impairments</i> | 4,000         | 4,000         |
| <i>Income, Deprivation and Well-Being Among Older Irish People</i>                     | 16,412        | 15,000        |
| Proceedings of Conference, <i>The Law and Older People</i>                             | 600           | -             |
| <i>The Quality &amp; Effectiveness of Long Term Care Provision</i>                     | 9,168         | -             |
| <i>Health and Social Care Services for Older People (HeSSOP)</i>                       | 23,496        | -             |
| Primary Schools Programme (CD Rom & Teachers Manual)                                   | 19,239        | -             |
| Proceedings of Conference, <i>Planning for Dementia<br/>Care in Ireland</i>            | 1,500         | -             |
|  | <b>74,415</b> | <b>53,371</b> |

**Notes to the Financial Statements for the Year ended 31 December 1999**

**Note 6. The International Year of Older Persons - 1999**

|                              | <b>1999</b>    | <b>1998</b>    |
|------------------------------|----------------|----------------|
|                              | <b>IR£</b>     | <b>IR£</b>     |
| Salaries                     | 79,812         | 41,008         |
| Staff Travel                 | 9,500          | 2,009          |
| Committee Travel & Meetings  | 13,401         | 8,612          |
| Light & Heat                 | 1,173          | 1,224          |
| Telephone & Postage          | 11,593         | 5,571          |
| Stationery & Office Supplies | 6,057          | 4,870          |
| Repairs & Maintenance        | 1,752          | 721            |
| Rent & Insurance             | 13,036         | 9,087          |
| Advertisements               | 17,991         | 3,010          |
| Professional Fees            | 11,049         | 18,875         |
| Promotional Material         | 18,137         | 4,999          |
| Promotion Event              | 17,905         | 9,243          |
| Closing Event                | 4,696          | -              |
| Regional Grants              | 254,215        | -              |
| National Grants              | 120,500        | -              |
| Depreciation                 | 4,182          | 1,997          |
| Sundry                       | 720            | 421            |
|                              | <b>585,719</b> | <b>111,647</b> |

**Note 7. Fixed Assets**

|   | Office Equipment | Office Furniture | Total         |
|---|------------------|------------------|---------------|
| Cost of Assets at 31.12.98                | 70,236           | 19,399           | 89,635        |
| Additions in year                         | 19,028           | 1,441            | 20,469        |
|   | 89,264           | 20,840           | 110,104       |
| Depreciation: -                           |                  |                  |               |
| Accumulated Depreciation as at 31.12.1998 | 39,794           | 3,457            | 43,251        |
| Depreciation charge for the year          | 9,427            | 2,514            | 11,941        |
| Accumulated Depreciation as at 31.12.1999 | 49,221           | 5,971            | 55,192        |
| Net Book Value at 31.12.99                | 40,043           | 14,869           | 54,912        |
| <b>Net Book Value at 31.12.98</b>         | <b>30,442</b>    | <b>15,942</b>    | <b>46,384</b> |

**Notes to the Financial Statements for the Year ended 31 December 1999**

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**Note 8. Capital Account**

|   | IR£      | IR£           |
|---|----------|---------------|
| Balance at 1 January 1999                   |          | 46,384        |
| Income allocated for Capital purposes       | 20,469   |               |
| less amortisation in line with depreciation | (11,941) | 8,528         |
| <b>Balance at 31 December 1999</b>          |          | <b>54,912</b> |

**Note 9. Commitments Under Operating Lease**

A leasing commitment payable in the next twelve months amounts to IR£30,000 and comprises the rental payable on a leasehold interest in 22 Clanwilliam Square. The rent is subject to review after 5 years.

**Note 10. Approval of Financial Statements.**

These financial statements were approved by the Council on 13th September, 2000