

*National Report for Ireland on
Strategies for Social Protection
and Social Inclusion.*

2006 - 2008



Table of Contents

| | |
|---|-----------|
| 1. COMMON OVERVIEW..... | 1 |
| ▪ 1.1 Assessment of the Social Situation..... | 1 |
| ▪ 1.2 Overall Strategic Approach..... | 3 |
| ▪ 1.3 Overarching Messages..... | 9 |
| 2. NATIONAL STRATEGY FOR SOCIAL INCLUSION..... | 11 |
| ▪ 2.1 Key Challenges, Objectives and Targets..... | 11 |
| ▪ 2.2 Policy Measures..... | 15 |
| ▪ 2.3 Better Governance..... | 26 |
| 3. NATIONAL STRATEGY REPORT FOR PENSIONS..... | 29 |
| ▪ 3.1 Updating the 2005 National Strategy Reports..... | 29 |
| 4. NATIONAL STRATEGY FOR HEALTHCARE AND LONG-TERM CARE..... | 33 |
| ▪ 4.1 Short Overview of Key Developments and Policy Trends in Both Fields... | 33 |
| ▪ 4.2 Healthcare..... | 35 |
| ▪ 4.3 Long-Term Care..... | 44 |
| ANNEXES..... | 50 |
| A – Annex 2.1: Good Practice in Relation to Social Inclusion Policy..... | 50 |
| B – Annex 2.2: Targets Relating to Social Inclusion Policy Objectives..... | 54 |
| C – Annex 2.3: Additional Information on Social Inclusion Policy Measures... | 58 |
| D – Annex 2.4: OSI Consultation Process on the Development of Ireland’s National Action Plan Against Poverty and Social Exclusion 2006-2008 (NAP/inclusion)..... | 72 |
| E – Annex 2.5: Social Inclusion – Working with Other Jurisdictions..... | 74 |
| F – Annex 2.6: Consistent and ‘At Risk of Poverty’ Tables..... | 75 |
| G – Annex 4.1: Descriptive Material on Healthcare and Long-Term Care Systems and Practices | 76 |

CHAPTER 1 – COMMON OVERVIEW

1.1 Assessment of the Social Situation

1.1.1 The current economic background is broadly favourable and it is likely that there will continue to be relatively strong growth in employment over the period 2006-2008. Economic growth has averaged 3.6% over the 7 years from 1999 to 2005. The current forecast is that the economy will grow by between 4.5% and 5% in 2006. The Economic and Social Research Institute (ESRI) has projected annual average GNP growth in Ireland of between 3.5 per cent and 4.9 per cent over the period to 2010. However, there is concern about the level of inflation which had increased from 2.2% in August 2005 to 4.5% in August 2006.

This benign economic situation has allowed for significant additional investment in the social protection system. Between 1997 and 2006, the basic rate of social welfare payment has increased by 99.7 per cent, well ahead of the 34.2 per cent increase in the Consumer Price Index (CPI), and the 67.7 per cent increase in gross average industrial earnings. This represents an increase in real terms of 48.8 per cent, in comparison to a real increase in industrial earnings of 25.0 per cent. Overall, improvements in social welfare rates have led to substantially increased spending from €5.7 billion in 1997 to almost €14 billion in 2006.

1.1.2 Preliminary census data for 2006, revealed an 8.1 % increase in the overall population (317,000) between 2002 and 2006 from 3.92 million to 4.24 million persons. Net inward immigration is estimated to have accounted for 80% of the demographic increase with the number of immigrants living in Ireland rising from 220,000 to 400,000. Non-nationals now comprise some 8% of the workforce – one of the highest in the EU.

The projected forecasts for continuing economic growth is expected to lead to further immigration in the years ahead. Population projections over the next 10 years forecast an increase in population of between 437,000 and 686,000, with increased immigration levels contributing some 150,000 to 300,000 to this growth.

1.1.3 There were 2.1 million people in the labour force at the end of the second quarter of 2006, and for the first time the numbers of those in employment exceeded 2 million. This represents an annual increase of 87,800 or 4.6 %, made up of 51,900 males and 35,900 females. The recent buoyancy of the labour market is reflected by the fact over the past eight years the numbers in employment have grown by 523,000 or 34 %, with the female participation rate increasing by 44 % over the same period.

Progress continues to be made in relation to the main Lisbon employment targets, with an increase in the employment rate from 67.1% in the second quarter of 2005 to 68.1% in the second quarter of 2006. The rates for male and female workers increased over this 12 month period to 77.3% and 58.8% respectively. There was also strong growth in the number of older workers (55-64 years) which has increased from 49.6% to 51.6% and now exceeds the EU target of 50%. In addition, the unemployment rate continues to remain at a low level (4.4% for the second quarter of 2006). The rates for males and females are

4.5% and 4.3% respectively. The long-term unemployment rate stands at 1.3%. Overall, it is anticipated that, over the medium term, the current buoyancy in the labour market will continue.

1.1.4 The cost of social welfare pensions for those aged 65 and over plus the cost of public service pensions is projected to increase from 4.3% of GDP in 2006 to 7.7% in 2026 and to 13.8% in 2056. These increased costs, to be borne by the State, reflect a combination of rapidly increasing life expectancy and significant changes to the patterns of migration. This presents a major challenge in ensuring that adequate provision is made to meet the income needs of older people in the future.

1.1.5 Ireland's public spending on health has grown at one of the highest rates in the OECD in recent years. Irish spending on health has gone from 15% below the OECD average in 1997 to 17% above the OECD average in 2003. This is notwithstanding the fact that we have a younger age structure than many countries.

Expenditure on the health services has increased significantly in recent years. Significant structural reform has brought about major changes in the organisation and delivery of services with a reinvigorated focus on social inclusion at both delivery and policy level within the health services.

One of the key measures of health status is premature mortality, with considerably higher rates for the lowest occupational class compared to the highest occupational class. Likewise at the beginning of life health status indicators such as infant mortality and low birth weight highlight the adverse situation of the lowest socio-economic group. It is also known that some vulnerable groups such as Travellers have a lower life expectancy and higher mortality rates than the general population. Smaller scale studies also show higher levels of ill health among homeless people, drug users and prisoners. Mental illness is also a significant cause of morbidity with the burden again falling most heavily on the lowest socioeconomic groups.

1.1.6 The strong performance in the Irish economy over the last decade has had a significant impact on reducing the level of unemployment and providing a real improvement in living standards. However, despite unprecedented economic performance over the last decade and an overall increase in living standards for everyone, there remains a group who are in 'consistent poverty'¹. In addition the 'at risk of poverty' indicator remains at a high level for certain vulnerable groups such as large families, older people and lone parents.

1.1.7 The Government, in 2002, set a target of reducing consistent poverty to 2% or its complete elimination by 2007. Results from the new EU Survey on Income and Living Conditions (EU-SILC) showed a significant reduction in the consistent poverty rate over the first two years of the survey, from 8.8 per cent in 2003 to 6.8 per cent in 2004.

¹ The 'consistent poverty' indicator is calculated by identifying, from among those 'at risk of poverty', those deprived of at least one good or service considered essential for a basic standard of living in Ireland today. The data for this indicator is obtained from the EU Survey on Income and Living Conditions (EU-SILC)

Notwithstanding methodological difficulties in comparing the results of the EU-SILC survey with its predecessor, the Living in Ireland Survey 1994-2001 (LIIS), it is clear that the downward trend in consistent poverty which was evident from LIIS has continued. Extrapolation of results from the two surveys shows that up to 250,000 people, including approximately 100,000 children, were removed from consistent poverty since 1997. The low levels of unemployment, and the substantial resources devoted to social welfare and other social services which have been increasing in real terms since 1997, have contributed to this downward trend.

1.1.8 The numbers below the ‘at risk of poverty’² threshold have increased in recent years despite the significant improvement in real terms of incomes across the board. Over the decade to 2004, while prices (CPI) increased by 35% and average industrial earnings increased by 63% social welfare payments increased by 86%. However, the ‘at risk of poverty’ threshold increased by 122% reflecting a significant shift from one to two incomes in middle income households. In Ireland’s particular circumstances of rapid economic, the ‘at risk of poverty’ measure has not proved to be a reliable indicator of the experience of poverty. Instead it reflects a substantial increase in female participation in the labour market. A decrease in the ‘at risk of poverty’ rate from 19.7 per cent in 2003 to 19.4 per cent in 2004 was recorded by EU SILC and shows that the distorting effect of significant structural changes may well be on the ebb.

1.1.9 The data indicates that among the most vulnerable are: families with children, particularly lone parents and larger families; people with disabilities; and older persons living alone³. Child poverty remains a major concern. EU-SILC reports that the percentage of persons under the age of 15 in consistent poverty was 9.5 %, a reduction from the 12.2% recorded in 2003.

1.2 Overall Strategic Approach

1.2.1 Since 1987 social partnership has been a key component of policy formulation in Ireland. A succession of multi-annual agreements between the Government and the social partners have influenced or determined policy in key areas such as employment, industrial relations, wages, employment and social policy. The social partnership process has supported the development of consensus on both macro economic policies and social policies.

1.2.2 The preparation of Ireland’s National Strategy for Social Protection and Social Inclusion took place in the context of the agreement of a new social partnership agreement, *Towards 2016*.

This agreement outlines a new framework within which key social challenges have been developed around the “lifecycle” approach. This offers a streamlined, cross cutting and visible approach to tackling poverty and social exclusion, as well as developing greater

² The ‘at risk of poverty’ indicator measures the numbers with incomes below 60 per cent of median income for the whole population

³ Please see Annex 2.6 for a statistical table on *consistent* and *at risk of poverty* rates broken down by gender, age, household type or by labour force status

social protection. The key lifecycle stages are identified as: Children; People of Working Age; Older People and People with Disabilities. The agreed 10 year strategic vision and key long-term goals for each stage of the lifecycle, together with agreed priority actions for the initial phase of the agreement, form the basis of measures outlined in this Report.

1.2.3 Commitments are also made in the agreement for the development of a new comprehensive framework for pensions policy and for the delivery of tangible improvements in the health outcomes for children, people of working age, older people and people with disabilities.

Overarching Objectives

The following paragraphs explain how national policies in the three strands of social inclusion, pensions, and health and long-term care interact and contribute to achieving the three overarching objectives in the new EU framework.

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| <p><i>Objective (a) : to promote social cohesion , equality between men and women and equal opportunities for all through adequate, accessible, financially sustainable, adaptable and efficient social protection systems and social inclusion policies.</i></p> |
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1.2.4 The social protection system is the cornerstone of the Government's strategy for combating poverty and strengthening social cohesion. As part of the new social partnership agreement the Government and the social partners are committed to ensuring that the social protection system adequately supports all people of working age, whether in the labour market or outside of it and facilitates labour market participation.

1.2.5 Accessing and retaining employment is regarded as one of the most important routes out of poverty. The Government will continue with its strategy of promoting greater social inclusion by encouraging people to participate in the labour market through a range of financial and non-financial incentives. It will also continue to ensure that its current range of income support measures and associated secondary benefits do not create financial barriers to seeking or accepting employment opportunities. It will also consider the development of further incentives where these are considered appropriate.

1.2.6 As regards pensions, the Government will continue with its existing pensions strategy whereby adequate pensions will be provided by a combination of State and private provision: the State provides basic adequate pensions through the social welfare system; and the earnings related element is met by increasing supplementary pension coverage on a voluntary basis. As part of the new social partnership agreement it has reaffirmed its commitment to increase the level of the basic State pension to €200 per week by 2007. The agreement also committed the Government to publishing a Green Paper on Pensions Policy in the first half of 2007. In addition, it will engage with the social partners within the social partnership process and via the Pensions Board in formulating future policy on pensions.

An important factor in relation to financial sustainability is the old-age dependency ratio. In the Irish context, there are currently 4.3 persons in the active age groups (aged 20-64)

for every pensioner. This ratio is projected to decline over the period to 2056 when the ratio will be about two active people for every pensioner. In the circumstances, it is clear that the current employment policies which are focusing on improving the participation rates of older workers and other groups with low participation rates can make a significant contribution to the sustainability of the pension system.

Occupational mobility is being promoted with the introduction of Personal Retirement Savings Accounts (PRSAs), a low cost, easy access and long-term personal investment account designed to allow people save for their retirement in a flexible manner. The new accounts are aimed particularly at people who do not have an occupational or private pension cover and will complement the State pension.

1.2.7 The health system provides valuable opportunities to assist those most at risk of social exclusion. The health system is fully committed to improving health status and reducing health inequalities by:

- Making health and health inequalities central to public policy;
- Acting on the social factors influencing health;
- Improving access to health and personal social services for those who are socially excluded; and
- Improving the information and research base in respect of the health status and service access for the poor and socially excluded.

There is a growing emphasis on mainstreaming social inclusion across a wide range of policy areas such as cancer as well as implementing strategies for specific vulnerable groups e.g. Travellers, homeless people, prisoners, drug users and people with mental health issues. Among the key mainstream policy initiatives to reduce health inequalities are developments in primary care provision, improved access to cardiovascular health services, the introduction of policies to reduce health inequalities due to cancer, policies on obesity, food and nutrition and a refocusing of health promotion policies to address health inequalities in a more co-ordinated manner. There are also a number of significant initiatives relating to children and mental health.

Objective (b): to promote effective and mutual interaction between the Lisbon objectives of greater economic growth, more and better jobs and greater social cohesion, and with the EU's Sustainable Development Strategy.

1.2.8 The National Reform Programme (NRP) identified an extensive set of policy priorities in response to the new Integrated Guidelines which can be summarised as follows: maintain a stable macroeconomic environment ; investment in economic and social infrastructure; ensure an adequate labour supply; better regulation; improve R&D; innovation and entrepreneurship; promote social inclusion and sustainable development.

The new social partnership agreement *Towards 2016* sets a shared overall goal to realise a new vision for Irish society by:

- *Nurturing the complementary relationship between social policy and economic prosperity;*
- *Developing a vibrant, knowledge-based economy and stimulating enterprise and productivity;*
- *Re-inventing and repositioning Ireland's social policies;*
- *Integrating an island-of-Ireland economy, and;*
- *Deepening capabilities, achieving higher social and economic participation rates and more successfully handling diversity including immigration*

1.2.9 Interaction between Social Protection and Growth

A key interaction between growth and social protection arises in the pensions area. With regard to meeting the economic and budgetary challenges posed by an ageing population, Ireland is in a relatively favourable position by virtue of its low level of debt, a low tax ratio, an established record of sound budgetary management and a relatively high potential growth rate. The establishment of the National Pensions Reserve Fund⁴ which will partly fund the future State pensions costs plays an important role in ensuring longer term sustainability of the public finances.

1.2.10 Interaction between Social Protection and employment

In the fight against social exclusion facilitating access to employment is a key priority. Over the period 2006-2008 the Government will continue to implement policies which lead to higher levels of employment, improved quality and productivity of work and greater social cohesion. There is currently a range of policies in place aimed at encouraging and supporting the unemployed and those outside the labour force to participate in the labour market.

There is active engagement by the national employment service (FÁS) with the unemployed once they exceed six months on the Live Register. This process has assisted the unemployed to progress towards employment, training or active labour market programmes and is part of the ongoing strategy of engaging systematically with people at an early stage of unemployment to prevent their drift into long-term unemployment. It is shortly intended to commence this process for certain categories after a period of three months. The High Supports process and the Bridging/Foundation programme are provided to assist persons unable to progress to training or employment to overcome personal barriers to the labour market entry.

1.2.11 In addition, a range of measures have been introduced to social welfare schemes to make them more employment friendly. These measures help to remove potential barriers in the decision to take up or return to employment in the event of a sudden loss of benefits. Examples of such measures include:

- Means disregards in social assistance schemes and tapered withdrawal of benefits as earnings increase;
- exemption from social insurance contributions;

⁴ The National Pensions Reserve Fund makes provision for public service as well as social welfare pensions and is specifically designed to facilitate an equitable balance between the active and the retired and to ensure the financial sustainability of the pensions system.

- employment support schemes such as the Back To Work Allowance and Back to Education Allowance;
- improvement of the Family Income Supplement scheme;
- retention of Rent/Mortgage Interest Supplement and other secondary benefits on a tapered basis.

1.2.12 Economic growth is dependant on a number of inputs; in particular a productive workforce. Coherent action to improve the health of the general population, and as a consequence, the health of the workforce, can have positive repercussions for productivity and national economies.

The workplace has been recognised internationally as an important setting for health promotion. There are specific benefits to be gained from workplace health promotion including reduction in absenteeism and improved workforce morale.

Examples of ongoing health promotion activities in the workplace are the Smoke-Free at Work initiative, which enjoys a high level of compliance and the Happy Heart at Work Programme, a practical action plan which can be implemented by companies and their employees to develop positive attitudes and behaviour towards healthy eating, tobacco control, smoking, exercise and stress management.

1.2.13 Child Poverty

Tackling child poverty is a key objective of the existing National Action Plan against Poverty and Social Exclusion. At present, a multi-dimensional approach is being adopted, focusing on supporting employment participation for the parents of children combined with appropriate income supports and access to services including childcare, education, health and housing.

One of the key strategies to reduce child poverty is to reduce the number of lone parents who are unemployed. It is estimated that 43% of lone parents are currently in employment while a further 8 % are on various employment /training schemes. Special attention is being given to lone parents under the various employment/training schemes. The earnings disregard under the One Parent Family Payment has helped to increase employment with many people taking up part-time employment, while the increase by €82 in the upper earnings limit, to €375, encourages them to increase their earnings.

Income support payments for families have continued to be improved and structural changes have been made to schemes aimed at removing possible disincentives to employment. A new Early Childcare Supplement to assist with the costs of caring for children, amounting to €1,000 per annum is available for every child under the age of 6 years, regardless of the labour force status of the parent.

Over the period 2006-2008 it is proposed to develop a more integrated programme of measures to support the movement of lone parents into more full-time and quality employment, which would comprise the following elements:

- Reform of income support schemes:
- Expanded availability and range of education and training opportunities for lone parents:
- Extension of the National Employment Action Plan to focus on lone parents :
- Focused provision of childcare; and
- Improved information services for lone parents.

Objective (c): to promote good governance, transparency and the involvement of stakeholders in the design, implementation and monitoring of policy.

1.2.14 Over the years integrated structures and processes have been developed for coordinating the actions of Government Departments, agencies and other stakeholders in relation to the development of national action plans for social inclusion and pensions, including the monitoring and evaluating of their implementation. These processes are an integral part of the long established social partnership process involving government representatives and four pillars comprised of employer/business, trade union, farmer and community and voluntary interests. This process also serves as the national reform partnership for the purpose of the National Reform Programme under the renewed Lisbon Strategy. Co-operation exists between relevant Government departments to develop and maintain synergies between the NRP and the NAP inclusion and pension processes.

1.2.15 As mentioned in paragraph 1.2.2 the new social partnership agreement outlines a new framework within which key social challenges have been developed around the ‘lifecycle’ approach. The framework offers the potential of a more streamlined and outcome focused approach to monitoring and reporting on progress across key national strategies.

The streamlined approach will consist of a single reporting mechanism through an annual national Social Inclusion Report to monitor and review progress at each stage of the lifecycle. This process will be co-ordinated by the Office for Social Inclusion and will include drawing together relevant structures and reports at each stage of the lifecycle as well as other relevant national strategies. The Report will be presented to the Steering Group (chaired by the Department of the Taoiseach (Prime Minister) and representing the Government and each of the four social partner pillars) who will have overall responsibility for managing implementation of the new agreement.

1.2.16 The development of pensions policy has been undertaken in an open and inclusive manner involving all the relevant stakeholders. The buy-in of all the partners and major players is seen as crucial to both the acceptability and, ultimately, the achievement of the overall objectives. The Pensions Board which is the regulatory authority for the supervision of second-tier occupational pensions, also has an advisory role in making recommendations to the Government on future pension policy. Given its wide ranging composition, (representative of the social partners, consumer and pensioner interests, the pension industry and government departments) it represents an appropriate consultative forum for this purpose.

Ireland greatly values the input of other international influences, including our EU partners and also continuing cooperation between Ireland and Northern Ireland. Further information on cooperation between the two jurisdictions on the island of Ireland can be found in Chapter 2.3.4 and also in Annex 2.5.

1.2.17 Within the health system actions to combat health inequalities are pursued in conjunction with a range of stakeholders both within and outside the health services, for example the HSE, the Institute of Public Health, the Office for Social Inclusion (OSI), the Combat Poverty Agency, the Equality Authority, other Government Departments and the communities themselves.

1.3 Overarching messages

1.3.1 This National Strategy for Social Protection and Inclusion (NSSPI) draws much of its content from the new social partnership agreement, *Towards 2016*. This agreement, which outlines a new framework within which to address key social challenges, has been developed around the ‘*lifecycle*’ approach which offers a streamlined, cross-cutting and visible approach to tackling poverty and social exclusion as well as developing greater social protection. The key lifecycle stages are identified as: Children, People of Working Age, Older People, and People with Disabilities. An agreed 10 year strategic vision and key long-term goals for each stage of the lifecycle, together with agreed priority actions for the initial phase of the agreement, are identified and these form the basis of measures outlined in the report. The agreement introduces a streamlined reporting mechanism covering a number of national strategies both social and economic. The Office for Social Inclusion has been charged with monitoring and reporting on social inclusion matters across the range of these strategies and will co-ordinate a single national social inclusion report on an annual basis.

Ireland is also committed to producing another National Action Plan for Social Inclusion, which will expand on certain aspects of the lifecycle approach outlined in *Towards 2016*. In particular it will give a more encompassing picture of government actions in the area of social inclusion and set out greater detail on many of the elements highlighted in the partnership agreement, including targets and indicators. It is being developed in tandem with, and will complement, the forthcoming National Development Plan, 2007 – 2013. This ensures that Ireland will achieve an overarching strategic framework governing the major national social and economic strategies.

1.3.2 In the pensions area *Towards 2016* contains a commitment to the enhancement of social welfare pensions over the period, having regard to available resources, building on the existing Government commitment for a rate of €200 per week for social welfare pensions to be achieved by 2007. The agreement also commits the Government to publishing a Green Paper on Pensions Policy outlining the major policy choices and challenges in this area, which will take account of the views of the social partners.

1.3.3 *Towards 2016* contains a number of significant commitments towards improving health and social services. These include:

- The development of an infrastructure to provide quality, affordable childcare and increasing the supply of childcare places by 100,000 over a ten year period;
- The development of primary care services entailing investment to ensure integrated, accessible services for people within their own community with a target of 300 primary care teams by 2008, 400 by 2009 and 500 by 2011;
- New eligibility legislation to clarify and simplify eligibility and entitlements to health services;
- A range of long term care services for Older People with additional resources to reflect the new emphasis on home and day cares services;
- Ensuring the implementation of *the National Strategy for Action on Suicide Prevention 2005-2014*; and
- Continued implementation of the National Disability Strategy and the sectoral plans which are being developed as part of the Strategy.

CHAPTER 2 NATIONAL STRATEGY FOR SOCIAL INCLUSION

2.1 Key Challenges, Objectives and Targets

Ireland adopted a strategic approach to combating poverty in 1997 with the publication of the first National Anti-Poverty Strategy (NAPS). This approach recognises the multi-faceted nature of poverty and the need for a coordinated multi-policy response across Government. It has been informed by widespread consultation with stakeholders, including people experiencing poverty. Social partnership agreements, as outlined in chapter 1.2, have been the main vehicle for securing consensus on many of the key commitments made in the strategies.

Since 2001 the strategic approach under the NAPS has been aligned with the Open Method of Coordination (OMC) of the European Union, with the National Action Plans against Poverty and Social Exclusion (NAPinclusion) incorporating the combined approach. The process has greatly benefited from the EU guidelines, the peer review and evaluation of the plans at EU level, and the exchanges of knowledge, experience and good practice with other Member States, facilitated by the Social Exclusion Community Action Programme.

In line with the new streamlined EU processes, this section outlines the current priorities for combating poverty and social exclusion. In selecting the priorities, full account has been taken of the risk and incidence of poverty in Ireland, the commitments made in *Towards 2016*, the findings from the consultations with stakeholders⁵, and the evaluation of the previous plan at national and EU levels. A forthcoming National Action Plan on social inclusion will detail more fully the measures to be taken in the immediate and short term, and outline the policy directions to be pursued during the 10 year period up to 2016. It will be produced in tandem with and complement the National Development Plan (NDP) which, for the first time, will contain a specific chapter on social inclusion. This will ensure a streamlined approach across both economic and social development. Other key related strategies are:

- *The National Spatial Strategy (NSS)*, and
- At EU level, the *National Reform Programme*, as part of the revised Lisbon Agenda.

2.1.1 Towards Social Inclusion – Current Challenges

We have identified the following four priority policy objectives:

- Child poverty
- Access to quality work and learning opportunities (activation measures)
- Integration of immigrants
- Access to quality services

In Section 2.2 we have detailed measures under each of the above policy objectives which will lead to the achievement of common objectives:

- *(d) access for all to the resources, rights and services needed for participation in society, preventing and addressing exclusion, and fighting all forms of discrimination leading to exclusion; and,*

⁵ See Annex 2.4 for a detailed description of the consultation process.

- *(e) the active social inclusion of all, both by promoting participation in the labour market and by fighting poverty and social exclusion.*

2.1.2 The strategic approach to tackling poverty and social exclusion over the past 10 years coincided with a period of unprecedented economic growth. From a social inclusion perspective the main contribution of this economic growth has been the reduction in unemployment and especially long term unemployment⁶. Other achievements are: significant increases in social welfare payments; the introduction of the minimum wage; and reductions in tax levels. All of these achievements have resulted in a major reduction in consistent poverty. Increased investment in key services, including employment supports, education and training, health care, housing and transport have also contributed to significant improvements in living standards.

However, commentators, including the EU, have indicated that progress, although substantial, has been uneven. While all sections of the population have recorded substantial increases in real incomes, those in employment have achieved most. The increased availability of well paid jobs, lower tax levels, and the increased employment participation by women leading to a major increase in two income households are major explanatory factors for this. Households headed by a person outside the labour force have not gained to the same degree. These include households headed by a person working in the home, many of them with children, those headed by retired persons, by people with disabilities, and by unemployed persons. However, the number of these latter households has declined significantly. The first two priority objectives will address these challenges.

A reversal of the high levels of involuntary emigration from Ireland is another outcome of Ireland's economic success. Involuntary emigration has virtually ceased and a high proportion of emigrants are returning to avail of employment opportunities. As outlined in Chapter 1.1.2, there has also been a significant increase in immigration from the new Member States. This has led to a pressing need to provide the necessary supports for their integration and inclusion, which is the third priority.

Although significantly increased investment has greatly improved access to and quality of services, further investment is still required to make up for inadequate investment when Ireland was at a much less economically advanced stage than it is now. A fourth priority will focus on this issue, particularly for vulnerable groups.

Policy Objective 1 - Child Poverty

Child poverty is a key priority and challenge. The most recent figures on child poverty are from the EU Survey on Income and Living Conditions (EU-SILC) for 2004, which indicates that the percentage of persons under age 15 experiencing basic deprivation (consistent poverty) was 9.5 per cent, a significant reduction from the 12.2 per cent recorded in the first EU SILC survey in 2003. The survey also reported that the percentage of children in households at risk of poverty in 2004 was 21.2 per cent, up slightly from 21 per cent in 2003.

⁶ See Chapter 1.1.2 for more information on this area.

Addressing the challenge of reducing child poverty involves a two fold approach, which will take account of the practical implications of the diversity of children:

- Further development of coordinated, integrated and targeted policies and services designed to lift households with children out of poverty (to be addressed mainly under the other three priorities), and;
- A range of services and supports specifically targeted at vulnerable children, to bridge gaps in their development compared to children generally.

Targets

As mentioned in Chapter 1.1.6., the key consistent poverty target, which was set as part of the National Anti-Poverty Strategy in 2002 and which includes children in its remit, is to reduce the number of those who are consistently poor below 2% and if possible, eliminate consistent poverty, under the current definition of consistent poverty. Although this target still remains relevant, there is a particular difficulty in relation to measuring and setting targets for income poverty due to the relative newness of EU-SILC. Nevertheless, it is recognised that it is important to set real and achievable targets and the approach to effective poverty measurement will be reviewed in the light of the timing difficulties in relation to EU-SILC and as part of the wider examination of data availability.

The Office for Social Inclusion will carry this work forward as part of their responsibility for data and technical supports necessary for developing, monitoring and evaluating the NAPinclusion and social inclusion measures in other national strategies. The Technical Advisory Group for OSI will be expanded to include technical experts from the social partner pillars.

Specific targets in relation to this policy objective are detailed in *Annex 2.2.1*.

Policy Objective 2 - Access to Quality Work and Learning Opportunities:

As mentioned in section 1.1.3, Ireland's labour force has now reached 2 million for the first time. This significant increase in employment participation over recent years has, however, been accompanied by a rise in the numbers of those outside the labour force. These groups in total now outnumber those classified as unemployed. Moreover, there has also been a rise in the numbers of those people engaged in low-paid and low-skilled employment⁷.

Priority is now being given to increasing employment participation among marginalised groups and improving access to quality learning opportunities for those in low-skilled employment. A number of strategic responses, detailed in section 2.2.2, have been developed focusing on lone parents, people with disabilities and the unemployed and include the:

- Removal, as far as practicable, of barriers to employment, to education and training, and to key services;
- Implementation of a new active case management service for all social welfare customers. This will include provision of a range of specially tailored, targeted

⁷ In 2006, there were 390,386 recipients of One Parent Family Payment, Family Income Supplement, Disability Allowance, Disability Benefit, Invalidity Pension and Pre-retirement Allowance, against a total of 133,586 recipients of Unemployment Benefit and Assistance.

supports to be built up progressively, and designed to enable increasing numbers make the transition from benefit dependency to availing of job opportunities.

Targets

It will take time to develop the capacity to implement this new strategic approach. Therefore, it is not possible to set reliable targets for outcomes for the period of this strategy. However, the general aim in the case of lone parents and other parents excluded from the workforce is to significantly increase participation, training and quality of employment. Specific targets in relation to this policy objective are detailed in *Annex 2.2.2*.

Policy Objective 3 - Integration of Immigrants:

As outlined in Chapter 1.1.3, immigrants now comprise a significant proportion of Ireland's workforce and population and their integration into society is one of the main factors determining the overall success or failure of migration policy. It is recognised that a strategic approach is required across relevant policy areas and services which focuses not only on channels of entry and access to services but on measures generally required to achieve integration. These include supports to achieve integration through facilitating participation in employment, ensuring protection of employment rights, facilitating access to services at national and local level, particularly education and training, income support, health, care services, housing and accommodation, administration of justice, and, where necessary, language training. It also includes adapting services and organisational procedures to take account of cultural diversity and to promote equality. Finally, it includes measures to build a capacity to understand, celebrate and benefit from cultural diversity among the majority population and to combat racism and xenophobia.

Targets

Monitoring progress in achieving the desired outcomes will require ensuring that sufficient data on immigrants is available. This is being addressed as part of the OSI Data Strategy and the development of the National Integration Policy. See *Annex 2.2.3* for specific targets under this objective.

Policy Objective 4 - Access to Quality Services:

Improving access to and the quality of essential services is crucial for the achievement of adequate standards of living, individual well being and social cohesion. There has been much investment in essential services over the past 10 years. However, across the full life cycle, vulnerable groups can experience difficulties in accessing services and there remains scope for improvement. The EU Joint Report on Inclusion stated that progress in this area over the period of the last NAP/inclusion was mixed.

Further investment in these services over the coming years to improve access and quality is, therefore, a major priority, with a particular focus on those in poverty and social exclusion. The services on which there will be a special focus include income support, health, long term care services, transport, accessible ICT, housing and accommodation, improving local environments, and investing in local infrastructure. Particular attention will be paid to urban and rural areas of disadvantage. Information on provision for other

specialised services such as legal aid, sport and culture, will be included in the full National Action Plan, due to be published later this year.

Targets

Outcomes will be monitored with a view to ensuring that substantial improvements are being achieved. Targets for specific services are in *Annex 2.2.4*.

2.2 Policy Measures

The policy measures outlined in this section contain a combination of key existing measures and modifications, as appropriate, and new/additional policy measures. In the interests of brevity the measures described are not exhaustive and further details are provided in Annexes. Specific reference to the gender perspective and wider equal opportunities is also made for each priority.

2.2.1 Policy Objective 1 – Child poverty

The main policy measures being prioritised to achieve the goal of reducing child poverty are:

Early Childhood Development and Care

Early childhood development and care will be achieved through policy measures contained in the National Childcare Strategy, 2006 – 2010⁸.

The early childhood education needs of children from areas of acute economic and social disadvantage will be targeted under *Delivering Equality of Opportunity in Schools* (DEIS), the action plan for educational inclusion. Part of this plan will concentrate on early education for children who will subsequently attend urban primary schools serving the most disadvantaged communities.

Significant progress was achieved in the provision of childcare since 2000, through the provision of 26,000 places (with the assistance of ESF and ERDF funding), of which 8,100 were in disadvantaged communities. This will be built upon by the National Childcare Investment Programme (NCIP) 2006 – 2010, which will fund the provision of an additional 50,000 childcare places over that period.

Social inclusion will be strengthened by giving priority to applications for funding that cater for disadvantaged families, disadvantaged areas, and targeted disadvantaged groups, such as Travellers, those with disabilities or ethnic minorities.

Improving Education Outcomes for Children

The DEIS action plan for educational inclusion supports schools in disadvantaged areas and their communities, to meet the educational needs of children and young people, in order to achieve greater equality in terms of educational participation, and outcomes in line with national norms.

Improving Health Outcomes for Children

⁸ See Annex 2.3.2 for further details on the National Childcare Strategy 2006 – 2010

Continued efforts will be made to deliver tangible improvements in the health outcomes for children over the ten-year social partnership timeframe. This will involve addressing a range of issues including prevention, early intervention and treatment services within the health sector, food, the environment and lifestyle related risk factors.

Income Support

Policy focus is to substantially increase income support payments targeted at children and to structure the payments to remove employment disincentives for parents. Specific measures include the following:

- Child benefit, a universal payment, has been increased to €150 per month for each of the first two children and to €185 per month for subsequent children, and the aim is to at least maintain these high levels in real terms.
- Supplements are payable for children in families receiving social welfare payments or in low income employment. Family Income Supplement provides supports for employees on low incomes with families. Substantial increases in the income thresholds ranging from €19 to €282 were introduced in January 2006.
- The upper earnings disregard for the One Parent Family payment has been increased substantially by €82 to €375 per week.
- An Early Childcare Supplement of €1,000 per child per annum, introduced from September 2006, is targeted towards pre-school children up to age 6 years and is specifically designed to assist with child care costs. This will also facilitate employment take up for parents.

In addition to the above, child income supports which avoid employment disincentives will be reviewed as a priority, to be informed by the NESC study on a second tier child income support.

Children and their Families

Child well-being is crucially dependent on their family. A key priority is to strengthen the system of supports available to families with children through the following:

- The development and delivery of family support initiatives to strengthen child welfare and protection services;
- Strengthening services under the Teen Parent Support Initiative, which supports teen parents during pregnancy until their child reaches two years of age;
- Implementing the Youth Homelessness Strategy with the objective of reducing and, if possible, eliminating youth homelessness through preventative strategies.

It is also relevant that accelerated implementation of the Children Act 2001, building on the additional resources being made available in 2006, will strengthen national management of High Support Units, Special Residential Services and associated services in the Health Services Executive to complement the new Irish Youth Justice Service with increased collaborative working in this area.

New Coordination Arrangements

Special arrangements are being put in place to respond to emerging needs with new, more integrated ways of designing and delivering services for children, as follows⁹:

- *Office of the Minister for Children (OMC)*
- *Irish Youth Justice Service*
- *Integrated Services and Interventions for Children at Local Level*

Gender Perspective and Wider Equal Opportunities

The overall approach under this priority is designed to combat poverty irrespective of gender. However, there are a number of instances where a gender perspective is important. A much higher proportion of boys (14.9%) leave school earlier than girls (9.6%). This is reflected later in relation to low educational attainment, where the rates for males are higher across all age groups than for females. This is fully taken into account in the policies for early childhood education and for improving educational outcomes outlined above.

Children under 15 demonstrate a diversity that goes beyond gender. Policy and institutional practice in this field will be developed in a manner that takes account of this diversity and that promotes equality both for children and between children.

Indicators and Monitoring Arrangements

Children up to age 15 are identified as a group in relation to the main poverty indicators and progress in reducing child poverty will be regularly monitored. Other indicators used will include those on early school leavers, literacy and educational attainment. Monitoring will be the responsibility of the Office of the Minister for Children, in liaison with the Office for Social Inclusion.

Resources Allocation

The NCIP has been allocated a provisional budget of €575 million. This forms part of the overall National Childcare Strategy which is expected to involve the spending of €2.65 billion between 2006 and 2010. Total income support payable in respect of children will amount to approximately €2.75 billion in 2006. In addition to current funding outlined, future funding decisions in relation to programmes will be decided later in 2006 in the context of the next NDP 2007-2013.

2.2.2 Policy Objective 2 - Access to Quality Work and Learning Opportunities

The broad measures to achieve this policy objective will involve:

- (i) active engagement with the unemployed/inactive to achieve increased employment participation, and
- (ii) improving access to learning opportunities.

These measures will be informed by Ireland's National Reform Programme, 2005-2008.

Engagement with the Unemployed and Inactive

Priority will increasingly be given in labour market schemes to the long term unemployed, those unemployed aged 15 - 24, 'non-progression ready' unemployed, and those hitherto marginalised from the labour market (see below).

⁹ See Annex 2.3.1 for more details on these coordination arrangements.

The main such labour market schemes are:

- the National Employment Service and the Local Employment Services
- the National Employment Action Plan (including the Prevention and Activation and Expanding the Workforce Programmes), High Supports, Bridging/Foundation and Pathways to Employment processes, and
- other training and employment programmes.

Increasing employment participation among other jobless groups

Prioritising these measures will be complemented by the introduction of an active case management service for social welfare customers. This will promote participation and social inclusion through activation measures aimed at people of working age. The proposed programme envisages giving all customers similar activation supports, such as training, job search, job placement, whether they are presently unemployed, lone parents (see below), people with disabilities and other disadvantaged groups. The focus will be on the person's capacity rather than on the contingency. This focus will also respect diversity and promote equality. Activation will become integrated with service delivery and control as a central part of the core business of the Department of Social and Family Affairs.

Action to increase participation will be targeted as a priority at the following groups¹⁰:

Lone Parents - Households headed by lone parents are among the most vulnerable to poverty and social exclusion. National and international research has shown that this is mainly due to a high level of joblessness and, among those in employment, a relatively high incidence of low paid and part-time work. A recent government discussion paper, *Proposals for Supporting Lone Parents*, examined the barriers faced by lone parents in achieving social and financial independence, including the operation of the income support schemes and other social services. The discussion paper proposes the implementation of an integrated programme to provide lone parents with more options to balance caring and working, including support to move into quality employment on a progressive basis. This includes reforms to the income support system, access to other services, inclusion in the Employment Action Plan, and expansion of the range of education and training opportunities available to them. Consideration of the Discussion Paper is at an advanced stage and priority is being given to the introduction of new measures and their roll out during the next two years.

Persons with Disabilities – are also one of the main groups vulnerable to being at risk of deprivation and poverty. Priority is being given to ensure, as far as practicable, that people with disabilities have an equal opportunity to participate in mainstream employment. Supports include a wage subsidy scheme, introduced in 2005. Employment is also being facilitated through income disregards for certain social assistance payments. Equality legislation also requires employers to take appropriate measures to enable a person who has a disability to access employment, to participate or advance in employment and to undertake training unless this would impose a disproportionate burden on the employer.

¹⁰ See Annex 2.3.3 for details of actions targeted at other groups such as part-time workers, Travellers, prisoners and migrants.

Where employment is not immediately attainable, targeted training and employment supports are provided to enhance employment prospects. The focus is on making the system more flexible, focusing on abilities, with adequate supports.

Older Workers – the average exit age from the labour force in Ireland, at 62.8 years, is already one of the highest in the EU. The employment rate for 55 -64 year olds has increased by 10 per cent in the last decade. The National Employment Action Plan process is being extended to 55 – 64 year olds to facilitate unemployed older workers to remain active in the labour force. Upskilling of low skilled, older workers is a key focus of current policy. Consideration will also be given to facilitating more flexible retirement, a matter which is further dealt with in the section of the report on pensions.

Lifelong Learning and access to quality work and learning opportunities

Lifelong learning is key to improving employment participation and autonomy. Policy measures will focus in particular on:

- Low-skilled workers through enhancing opportunities to access education and training,
- Adults from disadvantaged communities, including those in rural areas with particular emphasis on basic literacy, numeracy and IT skills.
- Prioritising adult literacy generally, with a particular focus on increasing the number of migrants receiving an english language service (ESOL).
- Providing guidance/counselling services to those on literacy programmes, language learning, the Back To Education Initiative (BTEI) and the Vocational Training Opportunities Scheme (VTOS).
- Expanding the Back To Education Initiative (BTEI) to build on the adult literacy services, community education, Youthreach, Senior Traveller Training Programmes, Vocational Training Opportunities Scheme (VTOS) and Post Leaving Certificate (PLC) courses.

Gender Perspective and Wider Equal Opportunities

Women are a large group amongst those marginalised from the labour market, especially lone parents and mothers of larger families. The employment participation rates among older women is also lower than for men, largely as a result of lower female participation in the past due to family responsibilities. The main focus of the new policies is to remove disincentives to employment in social protection and other systems and to provide the necessary supports. These include childcare, care of older family members and those with disabilities, education and training, job search and job placement. Research shows that high employment participation rates for women is an effective way of combating child poverty.

A gender perspective also applies to lifelong learning. Young men are at a higher risk of early school leaving than women. In 2003, 65.1% of the 52,200 early school leavers (classified as those aged 18 to 24 years whose highest level of education is lower secondary or below) were young men. This comprises 14.7% of all men aged 18 to 24 years. In comparison, 12% of all women in this age group were early school leavers. However, the negative impact of early school leaving is more significant for women. Almost three quarters (70.6%) of male early school leavers were employed, compared to 44.6% of their

female counterparts. In addition, 46% of female early school leavers were classified as economically inactive compared to 13.5% of men¹¹.

Equality mainstreaming within labour market services will play an important role in ensuring labour market policy and provision take account of diversity and promote equality to achieve effective outcomes for men and women, Travellers, people with disabilities, gay and lesbian people and older people.

Indicators and Monitoring Arrangements

A range of indicators will be used to monitor progress. These include consistent and at risk of poverty rates broken down by gender, age, and household type, to persistent poverty, to activity status, work intensity, long term unemployment, jobless households, early school leavers, low literacy levels and low educational attainment

The Departments of Enterprise, Trade and Employment and Social and Family Affairs will have the main responsibility for monitoring, in liaison with the Office for Social Inclusion.

Resources Allocation

In 2006 approximately €750 million was allocated in total to employment and training supports for the unemployed and inactive¹². A further €100m was allocated to education programmes aimed at facilitating access to learning opportunities for low skilled disadvantaged workers. In addition to current funding outlined, future funding decisions in relation to programmes will be decided later in 2006 in the context of the next NDP 2007-2013.

2.2.3 Policy Objective 3 - Integration of Immigrants

The main policy measures being adopted to facilitate and promote the integration of immigrants are as follows:

Coordination of Immigration services

The Irish Naturalisation and Immigration Services (INIS), established in March 2005, provides a single access point for immigration services for individual immigrants, and also enables State institutions respond in a more efficient and timely manner to demands for labour. The Service incorporates a wide range of pre-existing structures dealing with asylum, visas, immigration and citizenship.

Immigration Integration Unit

A new Immigrant Integration Unit is being established to promote and coordinate social and organisational measures across the whole spectrum of Government for the integration of lawful immigrants into Irish economic and cultural life.

¹¹ CSO, *QNHS Special Module on Highest Educational Attainment*, 2003, Revised Data

¹² This consists of total funds allocated by the Department of Enterprise, Trade and Employment to 'Labour Force Development' as well as the 'Employment Support Service' of the Department of Social and Family Affairs

National Integration Policy

A national integration policy is being developed based on equality principles and social inclusion. This will focus on developing policies and programmes related to the social and cultural needs of immigrants, taking into account the experience of other countries in this regard. It is also recognised that the policy will require a cross cutting approach that involves national development, spatial and social inclusion planning.

National Action Plan Against Racism

The National Action Plan against Racism (2005) aims to mainstream intercultural issues into the formulation of public policy, providing strategic direction to combat racism and develop a more inclusive, intercultural society. The Plan is being implemented over a four year period (2005-2008) and includes:

- Development of an intercultural dimension to mainstream public policy and the identification of specific resources within the annual Budget process for the implementation of the Plan;
- Specific research or consultancy projects in particular sectors; and
- Public awareness/information initiatives.

The emphasis is on a 'whole system approach', building on the substantial equality infrastructure which is already in place. In 2008 a review will be undertaken and this will form the basis for considering new strategies for diversity policy.

Access to Services for Migrants

A range of services are being provided for minority groups. In the area of health:

- An *ethnic identifier* is planned for 2006 to facilitate more evidence based planning through identification of needs, measurement of uptake of services, and evaluation of outcomes (already successfully piloted in area of Traveller health);
- Development of a National Equality Strategy by the Health Services Executive;
- A National Intercultural Strategy designed to provide a framework for addressing the unique health and support needs of, inter alia, asylum seekers, refugees, migrants and Travellers with completion expected end 2006;
- Staff training, learning and support needs to provide good standard services for people in minority communities being prioritised for investment, with plans for roll out at an advanced stage; and,
- In relation to language, which is a key barrier, a number of initiatives are already in place, including a pilot interpretation project in the eastern region of the country for family doctors.

In relation to education, a range of supports has been made available to schools, based upon the number of pupils from a non Irish background, including a total of more than 800 language support teachers in 2006, at primary and post-primary level. Improvements to these supports will be the removal of the cap on the number of language support teachers to be employed in any one school, currently set at two per school.

In relation to housing, the development of sustainable communities, which is now a core principle of housing policy, will provide a means for migrants to integrate successfully in Irish society. The Government is supporting a research initiative on issues arising for

neighbourhood planning, housing provision and estate management policy arising from increased ethnic and cultural diversity. The results of the research will inform evolving housing policy on the development of sustainable communities.

Role of Non Governmental Organisations (NGOs)

The State and NGOs work in partnership in supporting the new communities in Ireland especially in relation to capacity building and community development in the new communities.

Gender Perspective and Wider Equal Opportunities

The gender perspective applies to migrants similarly to the way it applies to other groups. However, a specific gender perspective may be required for migrants in relation to employment participation. Female migrant workers share a number of issues with male migrant workers. However it is important to acknowledge and respond effectively to the double disadvantage and discrimination faced by minority ethnic women and how their situations can be shaped by both racism and sexism.

Women migrant workers enter a labour market already characterised by gender inequality. Occupational segregation where women are clustered into lower paid and lower skill jobs has immediate implications for women migrant workers. International research also shows that female migrants generally may be more vulnerable to exploitation. The wider diversity within migrant communities will also be addressed in policy and provision.

Indicators and Monitoring Arrangements

A major challenge will be to obtain data on immigrants, broken down where possible between ethnic groups, for the purposes of the same indicators as the other three priorities. This would help to document degrees of social inclusion and of vulnerability and enable an assessment of the effectiveness of outcomes for immigrants, in line with those for other groups in society

Resources Allocation:

€46.5 million has been allocated to fund language support teaching posts in the school system. While the figure for 2006 is not yet available, it is estimated that approximately €77 million was spent on income support for asylum seekers in 2005. €1 million per annum has been allocated to further the goals of the National Action Plan against Racism and to make strategic interventions in its implementation. A further €5m will be spent on integration-related initiatives in 2006. €1m is being expended in 2006/2007 on immigration employment-related initiatives. In addition to current funding outlined, future funding decisions in relation to programmes will be decided later in 2006 in the context of the next NDP 2007-2013.

2.2.4 Policy Objective 4 - Access to Quality Services

The actions to increase access to services for those vulnerable to poverty and social exclusion and to improve their quality are set out below.

Children and People of Working Age.

The provision of services in respect of child care and education are dealt with above under Priority 1 and employment services under Priority 2. The following are the priorities for other key services.

Health and Care¹³

Rates of premature mortality show that for all main causes of death, mortality rates in the lowest occupational class were between 100 and 200 per cent higher than the rates in the highest occupational class. Reducing inequalities in health outcomes, therefore, is a major priority and is being addressed by:

- Making health and health inequalities central to public policy
- Acting on the social factors influencing health
- Improving access to health and personal social services for those who are socially excluded, particularly through increasing thresholds for access to medical cards (passport to health services free of charge);
- Improving the information and research base in respect of the health status and service access of the socially excluded.

Housing

The core objective of the Government's housing policy is to enable every household to have an affordable dwelling of good quality, suited to its needs, in a good environment, and, as far as possible, at the tenure of its choice. The Housing Policy Framework – Building Sustainable Communities, which was published in December 2005, outlines key priorities in providing high quality, integrated sustainable communities, which reflect the needs of a modern, dynamic and multi-cultural society¹⁴.

Special additional support for groups at risk of poverty and social exclusion include:

- *Social housing* options are to be expanded significantly. 23,000 new social housing units will be commenced between 2006 and 2008. Additional investment over the period 2007-2009 will allow for the commencement/acquisition of an additional 4,000 new housing units, bringing the total number of new commencements/acquisitions in that period to 27,000 units. Overall in the period 2007 – 2009, the needs of 60,000 households will be met through the various social and affordable housing schemes.
- The full implementation by 2008 of the *Rental Accommodation Scheme* will help to provide incentives for accessing employment, training or education which may lead to broader accommodation options in future. The scheme could benefit up to 33,000 households in the private rented sector who have been in receipt of rent supplement for over 18 months.
- *Homeless*: provision of short-term emergency accommodation for homeless families will be developed further and the accommodation needs of homeless persons will be addressed through implementation of the recommendations of the recent independent review of the Homeless Strategies, and a revised and updated Government Strategy on Homelessness

¹³See Annex 2.3.5 for further details on the strategy in relation to Health Care

¹⁴ See Annex 2.3.4 for further details on the Housing Policy Framework.

- *Travellers*: local authorities will be supported in the implementation of their second Traveller accommodation programmes, which covers the period 2005 to 2008.

Income Support Services

Income support will continue to ensure that social protection adequately supports all people of working age, whether in the labour force or out of it, by facilitating labour market participation, mobility and transition. Progress will continue to be made towards achieving the NAPS target of €150 per week in 2002 terms for the lowest social welfare rates by 2007 and the value of these rate will continue to be maintained over the course of *Towards 2016*.

Older People and People with Disabilities

The major priority for older persons is to provide quality health services in the community, aimed at meeting their preference to be cared for at home. A more seamless set of responses to the housing needs of older people and people with disabilities will be developed. This will include reform of the disabled persons and essential repairs grant schemes in order to improve equity and targeting. Adequate heating systems will be available in all local authority rented dwellings for older people by 2008.

In September 2004, the Government launched a National Disability Strategy to underpin the participation of people with disabilities in society¹⁵. The Strategy is guided by the Cabinet Committee on Social Inclusion which will monitor the elements of the Strategy as they are being put in place. A major element of the strategy is the sectoral plans, published in July 2006, covering six key Government departments¹⁶.

Transport

Accessibility of transport for older people and other vulnerable groups is vital in terms of accessing health services, social networks and for remaining active. The Rural Transport Initiative, in operation on a pilot basis since 2002, addresses the particular transport needs of rural areas. It is a policy objective to further develop the Rural Transport Initiative (RTI) and to place it on a permanent footing from 2007 following the successful piloting of the initiative. In developing proposals for the roll-out of the RTI from 2007, particular attention will be paid to the transport needs of rural communities that do not currently have access to public transport, particularly older people and other disadvantaged groups.

Improvements are also being made to the Free Travel Scheme. Whereas previously Free Travel Pass holders could not avail of the service during peak-time hours, all such restrictions have now been abolished. This measure will benefit 600,000 holders of the pass, of whom 430,000 are aged over 66.

Access to Services in Disadvantaged Areas

¹⁵ See Annex 2.3.6 for a summary of the key elements of the strategy and of the related Disability Act, 2004.

¹⁶ See Annex 2.1 on Good Practice for details regarding Disability Sectoral Plans.

The experience of poverty and social exclusion can be exacerbated, in the case of adults and children living in disadvantaged urban and rural areas. Programmes to combat this disadvantage, therefore, are being prioritised in the National Development Plan¹⁷.

Gender Perspective and Wider Equal Opportunities

Homelessness predominantly affects males and there is normally a gender dimension to prevention and service provision. A majority of older people living alone or requiring care are women, in part due to their greater longevity, but also due to their lack of pension cover in their own right, as a result of on average lower employment participation and lower paid employment. In rural areas older men living alone are a particularly vulnerable group.

In relation to all Government services, policies and programmes, it is a specific aim of public policy to promote equality of opportunity between women and men through the development, implementation and monitoring of appropriate policies including Programmes for *Positive Actions to Promote Gender Equality* (including implementing the National Women's Strategy), and *Equality Proofing*.

The Equality Authority provides a range of supports to key service providers to assist their capacity to be equality competent and to reflect the principle of equality/diversity established for Quality Customer Service in the public sector.

The *National Women's Strategy*, expected to be published in late 2006, will be a cross-departmental strategy aimed at enhancing the socio-economic status of women, their well-being and their participation in decision-making and civil society.

Indicators and Monitoring Arrangements

In addition to the indicators on poverty for priorities 1 and 2, broken down by age and gender, indicators will be used for measuring progress in tackling homelessness, and in relation to health care, housing and income support. The monitoring arrangements will be co-ordinated by the Office for Social Inclusion in consultation with the relevant Departments.

Resources

In addition to the child related payments which were listed in section 2.2.1, approximately €11 billion will be spent on income support in 2006. Expenditure on social inclusion related Health Care is expected to be approximately €7.1 million in 2006. Investment in the local authority and voluntary and co-operative housing sector between 2006 and 2008 is estimated at over €4 billion. Approximately €31 million has been allocated to tackle rural and urban disadvantage in 2006 through the RAPID and CLAR programmes. €150 million has been made available in 2006-2007 for providing quality health care for the elderly in the community. Funding for the RTI will be doubled from 2007 (based on the 2005 allocation of €4.5m). Thereafter, funding will be steadily increased, ultimately to a cash level of about 4 times the 2005 allocation. In addition, the budget for the Free Travel Pass is €58m in 2006. In addition to current funding outlined, future funding decisions in

¹⁷ See Annex 2.3.7 for further details on programmes to combat urban and rural disadvantage

relation to programmes will be decided later in 2006 in the context of the next NDP 2007-2013.

2.3 Better Governance

Objective (f): *that social inclusion policies are well-coordinated and involve all levels of government and relevant actors, including people experiencing poverty, that they are efficient and effective and mainstreamed into all relevant public policies, including economic, budgetary, education and training policies and structural fund (notably ESF) programmes.*

2.3.1 2006-2008 Preparation Process

This process effectively began with the preparation of the report on the evaluation of the 2003-2005 plan submitted to the EU Commission in June 2005 which involved all relevant policy areas and consultation with stakeholders. This report and the EU comments on it, were a key input to the consultation process coordinated by the Office for Social Inclusion, which began in September 2005¹⁸.

From an equality perspective the Equality Authority provided detailed comments on an earlier draft of this social inclusion strategy which were taken on board in agreeing the final version. The authority also has responsibility for co-ordinating a comprehensive equality proofing exercise on the next NAPinclusion later in 2006.

2.3.2 Policy co-ordination

The consultation process and the national social partnership agreement make a significant contribution to policy coordination, highlighting the challenges to be met and the degree of progress being made. This process is underpinned by ongoing monitoring and evaluation processes. The Cabinet Committee on Social Inclusion, chaired by the Taoiseach (Prime Minister) oversees the development and implementation of policies to achieve social inclusion, and promotes and facilitates coordination, where necessary, to obtain better outcomes. The Senior Officials Group on Social Inclusion, which reports to the Cabinet Committee, promotes a strategic, ‘joined up’ approach to policy development and its implementation, and has a key role in promoting policy initiatives of a crosscutting nature, overseeing their development and subsequent implementation.

At local level, the establishment of Social Inclusion Units is to be extended to half of all county/city local authorities by end 2008 in line with a commitment in *Towards 2016*, having currently operated successfully on a pilot basis in 8 local authorities. The main role of the units is the local authorities’ involvement in tackling social exclusion across the range of their activities in a cohesive and focused manner and in co-operation with other relevant agencies at local level¹⁹. Social Inclusion Monitoring (SIM) groups representative of local public agencies and local development groups have also been established by each County and City Development Board (CDB) to improve coordination of social inclusion activities at local level.

¹⁸ Further details on the consultation process are given in Annex 4

¹⁹ See Annex 2.1 on good practices for further details regarding the Social Inclusion Units.

2.3.3 Mobilisation and involvement of actors

Government Departments are committed to consulting with the social partners on policy proposals and the design of implementation arrangements. A Steering Group, chaired by the Secretary General of the Department of the Taoiseach (Prime Minister) and representing the Government and each of the Social Partner Pillars, will have overall responsibility for managing implementation of the ten-year framework agreement *Towards 2016*. This Steering Group will periodically review progress in implementing and further developing the key strategies including, in particular, the National Spatial Strategy (NSS), the National Reform Programme under the Lisbon Strategy, the National Development Plan (NDP), the NSSPI and the National Action Plan for Social Inclusion (NAP inclusion).

2.3.4 Working with other Jurisdictions

The development of National Action Plans (NAPs) facilitates practical co-operation between the Member States. This approach provides scope for shared learning, exchanges of best practice and joint working across national boundaries. Poverty and social exclusion affect the quality of life of families and communities across the island of Ireland. Creating a more inclusive society by alleviating social exclusion, poverty and deprivation is a continuing challenge for administrations in Northern Ireland and Ireland. There are strong commonalities shared by those communities which have facilitated the establishment of a number of areas of cross-border co-operation. Progress has been significant in recent years, particularly through the work of the North/South Ministerial Council and EU funded Peace Programmes in Northern Ireland and the border region of Ireland.

The Irish and UK governments are committed to developing and promoting further North/South consultation, co-operation and common action concerning policies on poverty and social exclusion over the period of this plan. To this end, a report outlining common and current areas of cross-border work and initiatives between Northern Ireland and Ireland will be prepared. Potential areas suitable for further cross-border co-operation will be identified as will the mechanisms by which this work could be undertaken and delivered²⁰.

2.3.5 Mainstreaming social inclusion

Implementation of the strategic process to combat poverty and social exclusion is designed essentially to mainstream social inclusion by identifying the nature and causes of poverty in a modern developed society, the groups that are vulnerable, the measures required to achieve outcomes for them across relevant Government policies and programmes similar to those achieved by the mainstream majority. The National Action Plan provides for the implementation of these measures and for monitoring and evaluating their implementation. The processes for so doing are outlined above.

The process of Poverty Proofing, now renamed Poverty Impact Assessment, was re-developed by the Office for Social Inclusion in 2005 as a mainstreaming tool for virtually all Government policy which may impact on poverty and social exclusion. The process

²⁰ See Annex 2.5 for further information on cooperation between Ireland and Northern Ireland.

requires government departments, local authorities and state agencies to assess policies and programmes at design, implementation and review stages for their likely impact on poverty and on inequalities which are likely to lead to poverty. The outcome of the assessments could lead to improved policies that contribute to poverty reduction.

Provision was made for effective consultation and for qualitative and quantitative monitoring. The guidelines are currently being rolled out to government departments and will be modified in the light of experience of their application. The guidelines will eventually be extended to all areas of Government²¹.

2.3.6 Monitoring, Evaluation and Reporting

The Office for Social Inclusion (OSI) will coordinate monitoring of the implementation and evaluation of the NSSPI, as previously in the case of the NAPinclusion. The OSI has been given a strengthened role under *Towards 2016* which includes meeting the reporting requirements for the NSSPI, monitoring and reviewing progress on the forthcoming National Action Plan on social inclusion and the social inclusion elements of the next National Development Plan. A single annual Social Inclusion Report will be prepared annually, commencing in June 2007.

The OSI has responsibility for the data strategy designed to ensure that the necessary data for monitoring and evaluation progressively becomes available. Equality proofing will also be a feature of the process. The monitoring and evaluation process and the annual report will be overseen by the Senior Officials Group who will report to the Cabinet Committee. The Steering Group for the Social Partnership Agreement will also have a related oversight role, thus ensuring that the social partners have a direct involvement in the process.

²¹ See Annex 2.1 on good practices for further details regarding Poverty Impact Assessment.

CHAPTER 3 - NATIONAL STRATEGY REPORT FOR PENSIONS

3.1 Updating the 2005 National Strategy Reports

3.1.1. Objective (g): *In the spirit of solidarity and fairness between and within generations, guarantee adequate retirement incomes for all and access to pensions which allow people to maintain, to a reasonable degree, their living standard after retirement.*

In Budget 2005 the personal rate of contributory pensions was increased by €12 per week, or 7.2%. In Budget 2006 the increase was €14 per week, or 7.8%, bringing the maximum rate to €193.30, 33% of Gross Average Industrial Earnings (GAIE) per week. In the case of non-contributory pensioners, the increases in the last two Budgets were €12.00 per week (7.8%) and €16 per week (9.6%). The current rate is €182.00 per week, 31% of GAIE per week. There is also a commitment to increasing the level of qualified adult allowance for pensioner spouses to the level of the old age (non-contributory) pension with increases granted over a number of Budgets. Payments for qualified adults over 66 years on contributory pensions increased by €9.30 (7.2%) and €10.60 (9.7%) per week over the last two budgets. The equivalent increases for qualified adults on non-contributory pensions were €7.90 (7.8%) and €10.60 (9.7%) per week. The current rates for qualified adults over 66 on contributory and non-contributory pensions are €149.30 per week and €120.30 per week respectively.

Other measures of benefit to older people include an increase in the fuel allowance of €5 per week, bringing the allowance to €14 per week, and an increase in the over 80 allowance of €3.60 per week, bringing it to €10 per week. Improvements have also been made in the means test for non-contributory pensions with the capital allowance increased from €12,697.38 to €20,000 in Budget 2005 and an increase in the basic income disregard from €7.60 to €20 per week together with the introduction of an earnings disregard of €100 per week in Budget 2006.

These increases in provision are part of the Government's commitment to eradicating poverty in Irish society. The most recent results from EU-SILC, announced in December 2005, record a significant reduction of 2% in consistent poverty between 2003 and 2004, and show the impact being made by the greatly increased resources now devoted to social welfare and other social services. The number of households experiencing consistent poverty fell from 8.8% in 2003 to 6.8% in 2004, including a reduction among those classified as 'retired' from 5.7% to 3.7%.

Another important development was the introduction of a new pension initiative aimed at lower income SSIA²² holders and those with under funded pensions. SSIA holders on the

²² The Irish government's Special Savings Incentive Scheme commenced on 1 May 2001. To participate in the scheme, savings accounts (called "special savings incentive accounts" or "SSIAs") had to be opened before 30 April 2002. Under the terms of this scheme, for every amount saved in a special account, an additional 25% is contributed by the exchequer to savings. The exchequer contribution of 25% applies for a period of five years. Over 1 million SSIA accounts mature over the period 31st May, 2006 to 30th April, 2007.

lower end of the income scale will be encouraged to provide themselves with improved retirement arrangements by transferring monies from their matured SSIA accounts into pensions. Under the scheme the Government will add €1 for every €3 transferred from an eligible SSIA account into a pension product, subject to a maximum bonus of €2,500. Eligible SSIA holders transferring €7,500 from their SSIA into pensions could receive the maximum top-up of €2,500 from the Government to give them a total pension contribution of €10,000. In addition, a proportion of the exit tax (equivalent in percentage terms to the proportion of SSIA moneys transferred into a pension product) otherwise payable on the accrued return on the SSIA investment will also be contributed by the Exchequer.

The 2006 Finance Act introduced a number of reforms in the area of tax incentives, pensions tax arrangements, the tax liabilities of high earners and the measures to close off potential tax loopholes. These included measures to cap the maximum tax free lump sum for draw-downs from a pension fund made on or after 7 December 2005 at €1.25 million; and a cap on the maximum allowable pension fund on retirement for tax purposes at €5 million or, if higher, the value of the fund on 7 December 2005.

3.1.2. Objective (h): *In the context of sound public finances, ensure the financial sustainability of public and private pension schemes, notably by: supporting longer working lives and active ageing; ensuring an appropriate and fair balance of contributions and benefits; promoting the affordability and ensuring the security of funded and private schemes.*

The most recent results from the Central Statistics Office Quarterly National Household Survey (QNHS) show a 0.9% decline in supplementary pensions coverage from 52.4% of the working population aged 20-69 in quarter 1 of 2004 to 51.5% in the same quarter 2005. The decline is within the margin of error for the survey so the position appears to be that there was little change in the rate of supplementary pensions coverage over the period in question. Workers aged 35 to 44 have the highest rate of coverage at 61.3%. Pensions coverage for women increased from 46.8% in 2004 to 47.5% in 2005. Even though the coverage rate for men fell between 2004 and 2005 (56.3% to 54.2%) men continue to have a higher rate of coverage than women.

The introduction of Personal Retirement Savings Accounts (PRSAs) in early 2003 was designed to facilitate increased supplementary pension coverage. Participation in the scheme is voluntary for employees, though employers who do not already operate a pension scheme are required to provide their employees with access to a PRSA. Up to the end of March 2006, over 71,000 people have opened a PRSA account – with total assets standing at €552m.

An increase in workforce participation of older people is one of the more important means of ensuring the sustainability of pensions systems in the future and has been recognised as such internationally. The Government is already committed to removing the retirement condition associated with the retirement pension so that people will not have to leave work before qualifying for a pension. In Budget 2006, an earnings disregard of €100 per week was introduced for recipients of non-contributory pensions which will encourage older people to take up or continue working.

The Pension Board report on the National Pensions Review, published in January 2006, projects that, as a percentage of Gross National Product, 1st pillar and public service pension gross costs will rise from 4.3% in 2006, to 9.8% in 2036, and to 13.8% in 2056.

The Board has reaffirmed the various targets recommended in the original National Pensions Policy Initiative (1998) which included a retirement income, from all sources, of 50% of pre-retirement income, a social welfare pension equating to 34% of average industrial earnings and a supplementary pensions coverage rate of 70% for those aged over 30 years. The Government is already committed to achieving a social welfare pension of €200 per week by 2007 and made further significant progress towards achieving the target in Budget 2006.

The National Pensions Reserve Fund was set up in 2001 to part fund the costs of social welfare and public service pensions from 2025 onwards. It involves the statutory setting aside and investing of 1% of GNP annually. No money can be drawn down before 2025 and, from then on, drawdowns will continue until at least 2055 in accordance with rules to be made by the Minister for Finance by reference to the projected increase in the number of people over 65 in the population and with a view to avoiding undue variation from year to year in the net Exchequer position. In this way, the Fund will smooth the Exchequer burden arising from the additional pension expenditure, due mainly to demographic changes, over a very long time. During 2005 the fund earned a return of 19.6%, bringing its total value to over €16 billion at the end of June 2006, which is equivalent to over 11% of GNP.

3.1.3. Objective (i): *Ensure that pension systems are transparent, well adapted to the needs and aspirations of women and men and the requirements of modern societies, demographic ageing and structural change; that people receive the information they need to plan their retirement and that reforms are conducted on the basis of the broadest possible consensus.*

National Pensions Review

In early 2005 the Minister for Social and Family Affairs asked the Pensions Board to undertake the National Pensions Review, which was published in January 2006. The Review is a comprehensive examination of our pensions system including the appropriateness of the targets we have set for ourselves and the way we might make progress towards these in the future. The Board has reaffirmed the various targets recommended in the original National Pensions Policy Initiative which included a retirement income, from all sources, of 50% of pre-retirement income, a social welfare pension equating to 34% of average industrial earnings and a supplementary pensions coverage rate of 70% for those aged over 30 years. The Government is already committed to achieving a social welfare pension of €200 per week by 2007. There has also been enhanced Government support for pensions awareness and encouraging pensions action among the public, with a doubling of funding for information services to €1 million in 2006.

Social Partnership Agreement

Towards 2016 contains a commitment to the enhancement of social welfare pensions over the period, having regard to available resources, building on the existing Government commitment for a rate of €200 per week for social welfare pensions to be achieved by 2007. The agreement also committed the Government to publishing a Green Paper on Pensions Policy outlining the major policy choices and challenges in this area. It is expected that the Green Paper will be published in the first half of 2007. Consultation with the social partners and various interest groups will take place with a view to bringing forward a framework for development later in 2007.

CHAPTER 4 – NATIONAL STRATEGY FOR HEALTHCARE AND LONG-TERM CARE

4.1 Short Overview of key developments and policy trends in both fields

4.1.1. The National Health Strategy

The National Health Strategy *Quality and Fairness – A Health System for You* was announced by the Government in 2001 to provide vision and strategic direction for the health and personal social services. A summary of the Health Service Reform Programme in Ireland arising from this Strategy is attached at Annex 4.1, E.

This overview is based on the four National Goals and associated core Frameworks for Change in the National Health Strategy. The body of the National report goes on to set out progress made in various service areas during 2005 arranged under the common objectives agreed for the Open Method of coordination on healthcare and long-term care.

The Four National Goals

- Better Health For Everyone
- Fair Access
- Responsive and Appropriate Care Delivery
- High Performance

Overview of the four High Level Objectives/ National Goals

Each of the four high level objectives (HLO) encompasses a number of key objectives. Each of the key objectives is supported by a set of Actions taken from the Quality and Fairness Action Plan

It can be seen from the progress detailed in Sections 4.2 and 4.3 below that the initiatives and actions undertaken and funding provided in 2005 show continuous improvement being made in the related areas of research, prevention and raising standards of quality, safety and accountability in the provision of health and personal social services. Identifying and contributing to addressing health inequalities also features strongly as does the strengthening of client, child, family and community support services. Work undertaken in 2005 also saw improvements in the delivery of cancer screening programmes, radiation oncology services, renal services and organ transplant programmes.

Work on developing new legislative proposals on eligibility and entitlement for health and personal social services reached an advanced stage in 2005. Work done in parallel in broadening entitlements to Medical Cards and providing free GP Visit Cards was of particular relevance as was the increased funding in 2005 of home care packages for the elderly and specialist palliative care services for adults.

Progress was also made in 2005 in the related areas of consultation and participation in development of health care policies while the development and implementation of legislation and regulation in the health arena continued to advance.

Much of this progress is underpinned by developments ongoing in the implementation of a number of existing Strategies referred to below such as The National Cancer Strategy, The National Drugs Strategy and the National Aids Strategy. Other progress made in 2005 was underpinned by a number of new Reports and Action Plans such as the National Task Force Report on Obesity, The Five Year Action Plan for Breast Feeding In Ireland and A National Strategy for Action on Suicide Prevention. The year 2005 also saw the conclusion of work on two other strategy documents A National Strategy for Travellers Health 2002 to 2005 and the health components of Homelessness An Integrated Strategy 2000. In early 2006, A Vision for Change, the report of the Expert Group on Mental Health Policy was published. The Department also contributed in a very meaningful way in progressing the achievements of National Anti Poverty Strategy and worked in partnership with other Government Departments, the Health Service Executive (HSE) and a number of Voluntary Groups in furthering developments in health and personal social services.

4.1.2 Overview of Frameworks for Change.

Work on strengthening and developing the six frameworks for change has been actively pursued since 2001 to date. These frameworks are essential to support and drive change across the six areas identified.

4.1.3 The Primary Care Framework is concerned with the implementation of the Primary Care Strategy in order to develop capacity for the delivery of services in modern health system and to develop primary care policy into the future. The framework is also concerned with developing specific initiatives such as GP Co-operatives, physical infrastructure and upgrading equipment in support of the strategy.

4.1.4 The Acute Hospital Framework is concerned with looking at bed capacity, reducing waiting lists and moving toward increased day procedures where appropriate. This framework also focuses on the management and organisation of acute hospital services with specific reference to OPD and A&E Departments. Access to and eligibility for health services is central to the framework as is the intention to introduce a new consultant contract and the need to develop relationships with the private hospital sector.

4.1.5 The Funding Framework focuses on the need for additional targeted investment in key areas of the health system, capital and revenue. The use Public Private Partnerships is also addressed as is the need for the ongoing development of greater accountability and efficiency in the health system.

4.1.6 The Human Resources Framework pursues greater workforce planning and integration together with the need to increase staffing in key health care areas. Education and training is developed with particular emphasis on increased access to training in the therapy professions and the introduction of a number of new direct entry courses in nursing. New legislation to develop and regulate a number of health care professions is drafted and new and HR practices are introduced.

4.1.7 Organisational Reform is a key recommendation of the Health Strategy and following the completion of the Prospectus Audit of Functions and Structures in the Health System (2003) the establishment of the HSE, a unitary system for the delivery of health and

personal social services was established by the Health Act, 2004. The Department of Health and Children is also undergoing restructuring on a phased basis.

The interim Health Information and Quality Authority (iHIQA) has been established and is involved in preparatory work associated with the establishment of the HIQA, which will be set up on a statutory basis

4.1.8 The Information Framework focuses on the implementation of the National Health Information Strategy. The HIQA, when established, will have a key role in implementing the National Health Information Strategy. The newly established Information Unit within the Department of Health and Children will oversee and support the HIQA in addressing present deficiencies in health information systems and putting in place frameworks to ensure the optimal development and utilisation of health information.

4.1.9 Policy priorities in long term care for older people

The policy of the Department of Health and Children in relation to older people is to maintain them in dignity and independence at home in accordance with their wishes for as long as possible; to restore to independence at home those older people who become ill or dependent; to encourage and support the care of older people in their own community by family, neighbours and voluntary bodies, and to provide a high quality of hospital and residential care for older people when they can no longer be maintained in dignity and independence at home.

Long-term care for older people in Ireland, both in residential care and in the community, is provided through a range of providers including the Health Service Executive (HSE), the private sector and the voluntary sector. Access to public provision, administered by the HSE, is on the basis of need, following a medical assessment and dependent on the resources available to the HSE.

4.2 Healthcare

4.2.1 Short description of system.

The Irish health system is a mix of both public and private institutions and funders. It is primarily tax-financed and is available to all inhabitants, subject to rules on residency.

The current system of eligibility provides that any person, regardless of nationality, who is accepted by the HSE (formerly it was the health boards) as being ordinarily resident in Ireland, is entitled to either full eligibility (medical card holders) or limited eligibility (all others) for health and personal social services. Health Boards, which had responsibility for the delivery of health and personal social services, normally regarded a person as ordinarily resident in Ireland if he/she satisfied the health board that it was his/her intention to remain in Ireland for a minimum period of one year.

Medical card holders are eligible for a full range of services free of charge, including general practitioner services, prescribed drugs and medicines, all in-patient public hospital services in public wards including consultants services, all out-patient public hospital

services including consultants services, dental, ophthalmic and aural services and appliances, and a maternity and infant care service. Eligibility for medical cards is primarily based on the notion of "hardship" with income guidelines drawn up by the HSE used as a 'means test' to determine eligibility. However, since 1 July 2001, persons aged 70 years and over are automatically eligible for a medical card regardless of hardship or means.

Non-medical cardholders have limited eligibility for health services, including all in-patient public hospital services in public wards and consultant services and outpatient public hospital services and consultant services, subject to certain modest charges. Dental and routine ophthalmic and aural services are excluded from outpatient services. Attendance at accident and emergency departments is subject to a charge where the patient does not have a referral note from his/her doctor.

There is a dedicated unit in the Department of Health and Children to develop and implement policies on care for older people. There are also dedicated units in all HSE areas to plan and oversee delivery of services to older people. The private nursing home sector caters almost totally for older people.

4.2.2 Objective (j): Accessible, high-quality and sustainable healthcare by ensuring access for all to adequate health care and that the need for care does not lead to poverty and financial dependency; and that inequities in access to care and in health outcomes are addressed.

New Legislative Framework to provide for clear statutory provision on eligibility and entitlement for health and personal social services

Work was undertaken in 2005 on the preparation of a set of clear statutory provisions that ensure equity and transparency and to bring the system up to date with developments in service delivery and technology that have occurred since the Health Act, 1970. In November 2005 the Cabinet Committee on Health was briefed by the Tanaiste on the progress made and it is aimed to bring the legislative proposals to Government in mid 2006 and to publish the new Eligibility Bill by the end of the 2006.

Income Guidelines for the medical card will be increased

- In line with this commitment, an additional €60m was provided to the HSE in 2005 for additional persons to become eligible for the medical card and free access to GP visits for those on low incomes. Taking into account both initiatives, in the region of 230,000 additional people, including children, will be able to access their GP free of charge. Approximately 1.38 million people will have access to free GP Care.
- During 2005, significant changes were introduced making it easier for people to qualify for a medical card or GP visit card. The income guidelines and income allowances for children taken into account for the purposes of assessment for medical card were increased by 7.5% from 1st. January, 2005.
- In 2005 legislation to enable introduction of the new G.P. visit card was enacted.
- A further 20% was made to the income guidelines for medical cards and GP Visit Cards in October, 2005.

Acute Hospitals - Progress made in 2005

- Provision has been made for the 900 additional beds, 805 of which had been commissioned up to the end of 2005. The bed designation process is under review in the context of the negotiation of a new consultants contract. Following these negotiations, the Department will clarify the rules governing access to public beds and to ensure equity for public patients.
- The Treatment Purchase Fund (NTPF), established in 2002, introduced the first phase of a new online Patient Treatment Register in 2005, to allow for the more accurate identification of waiting lists and waiting times
- In 2005, the NTPF arranged treatment for close to 14,600 patients bringing the total treated to 38,000.
- A number of pilot out-patient projects were set up around the country by the NTPF in 2005 giving those waiting the longest in a number of specialties an opportunity to have an OPD appointment in a private hospital. Some 4,400 patients received appointments under this initiative in 2005.
- The NTPF received funding of €64m in 2005 which brings total funding since it was set up in 2002 to €143.1m.
- Day case activity continues to be a significant component of hospital based care in Ireland and according to the Information Management Records (IMR's) there was close to a 5% increase in day case activity in 2005 compared to 2004.

4.2.3 Objective (k): Accessible, high-quality and sustainable healthcare by ensuring quality in healthcare and by adapting care, including developing preventive care, to the changing needs and preferences of society and individuals, notably by developing quality standards reflecting best international practice and by strengthening the responsibility of health professionals and of patients and care recipients.

Quality Systems will be integrated and expanded throughout the health system

- Legislation is currently being prepared to provide for the establishment of the Health Information and Quality Authority (HIQA), including the establishment of the Office of the Chief Inspector of Social Services within the HIQA on a statutory basis. Following completion of a consultation process on draft legislation in late May, 2006, it is intended to submit definitive proposals to Government as soon as possible with a view to publication of a Bill later in 2006.
- The Board of the interim HIQA was announced in January, 2005 and in March, 2005, the interim Authority was established on foot of a Statutory Instrument.
- The Irish Health Services Accreditation Board's (IHSAB) primary function is to establish, continuously review and operate an accreditation scheme for the Irish Health System within a quality improvement framework. In 2005, IHSAB itself achieved accreditation from the International Society of Quality in Healthcare.
- The Mental Health Commission was established in 2002 to foster high standards in the delivery of mental health services. It is responsible for the regulation and inspection of all mental health services.

Information - Progress made in 2005

- The Department's Information Unit, established in 2005, has taken responsibility for overseeing and supporting the implementation of the National Health Information Strategy (NHIS), which was launched by the Minister in 2004. The Department is also in the process of transferring appropriate data collection functions to the HSE.
- Many of the actions set out in the NHIS will be progressed in consultation with the HIQA. A number of actions are being progressed in advance of HIQA being established. They include the incorporation of information requirements into the National Service Plan of the Health Service Executive (HSE), initiatives related to small-area coding such as the project to construct a "health atlas" for Ireland, preliminary work on ethnicity coding and the development of a Population Health Observatory under the auspices of the Institute for Public Health.
- Work has been progressing to assess data availability, analyse data requirements, further develop health information databases, and maximise the use of existing data across the Department.
- The HSE is supporting the creation of an adaptive and innovative health information system as set out in the NHIS. A wide range of both new and ongoing projects are being progressed. The new HSE projects include patient management, laboratory information management and parliamentary affairs support. Ongoing projects cover areas such as haemophilia tracking, cervical screening, infections disease reporting, immunisation, clinical indemnity etc. A range of ongoing strategic initiatives are also being undertaken including the establishment of a national ICT governance infrastructure and planning for a unified enterprise-wide technical architecture to support the implementation of national systems and service.
- Within the last two years, a number of initiatives have been undertaken which are necessary precursors to the introduction of the Electronic Health Care Record. These include the launch of the European Health Insurance Card and the completion of an Information Systems Strategy for PCCC under the auspices of the Primary Care Task Force and in conjunction with the Health Service Executive. The Strategy and associated Action Plan are being considered at senior management level in the HSE. In the context of the ICT requirements of the health service as a whole.
- The Department in conjunction with the HSE participated in the initial phase of the SAFE initiative (Standard Authentication Framework Environment), which was completed in 2005. This initiative is considering issues associated with the use of cards to facilitate citizen access to public services, including health services.
- The development of a system of unique identification for the health service will be considered in the context of the public service wide approach to the development and use of unique identifiers, proposals for which will include discussion with the health sector. This process will inform the preparation of a Health Information Bill which will provide a legislative framework for health information governance.

Customer Care / A Statutory System of Complaints Handling

- Part 9 of the Health Act, 2004 provides for the establishment of a statutory complaints framework as promised in the Health Strategy. A comprehensive consultation process was carried out in 2005 with all stakeholders on the introduction of the proposed complaints framework and a Report was submitted to the Department in late 2005. This Report will inform the drafting of the Regulations required to bring Part 9 of the Act into operation.

An integrated approach to care planning for individuals / a consistent feature of the system

- Work got underway in 2005 on the implementation of the extension of key workers for children with disabilities. This work will be progressed further by the HSE in 2006 in the context of the implementation of the provisions of the disability legislation.
- A number of key workers have also been appointed in the context of care planning for older people.
- A number of consumer panels are in place in HSE regions which address issues in relation to services for older people.

Participation of the community in decisions about the delivery of health & personal social services

- The National Consultative Forum has been convened annually since 2002 and has addressed such issues relevant to patient care delivery as the Implementation of Quality & Fairness, The Health Service Reform Programme and Preparing for Change in the Irish Health System. In 2005 the Forum took on the broader title of National Health Consultative Forum and was convened in December 2005 to address the issue of 'Quality'. Those invited to participate in the Forum included representatives of the Community & Voluntary Pillar, other voluntary, patient and client groups, service providers, trade unions, representative bodies and senior management in the Health System and relevant Government Departments.
- Work was completed in 2005 on the Regulations for the establishment in 2006 of the Regional Health Forums, composed of members from each city council and each county council within the functional area of the council, under Part 8 of the Health Act, 2004.

Supporting Community and Voluntary activity in maintaining health

- A Voluntary Activity Unit was established in the Department of Health in 2005 in accordance with the White Paper 'Supporting Voluntary Activity'. The HSE is working with a range of voluntary organisations and provides financial support by way of service level agreements.

The Cancer Forum and the Advisory Forum on Cardiovascular Health will work with the National Hospitals Office and HIQA to ensure service quality, accessibility and responsiveness

- In July 2005, a National Quality Assurance Group for Symptomatic Breast Disease Services was established. The work of the Group is a key element in developing an

improved national approach to quality assurance in the management of breast disease.

- The success of this Group, the first such Group to be established, will be an important initial step in a much needed national approach to improving and assuring quality in cancer care.

The Pre-hospital Emergency Care Council

- The primary function of the Council is to develop appropriate standards in pre-hospital emergency care. The most significant development in the sector for many years is the roll out of the Advanced Paramedic Training Programme. This required two legislative changes which were finalised in August 2005.
- The National Ambulance Training School trained 36 Advanced Paramedics in 2005.

Review of Paediatric Services

- In 2005 the HSE commissioned a Report on the delivery of tertiary paediatric services in this country. The Report recommended the best outcomes for children should be provided by one national tertiary paediatric centre, which would also provide all secondary paediatric services for the greater Dublin area.

Renal Services

- Additional funding of €8m was allocated in 2005 to develop renal dialysis services. The number of patients on dialysis has increased from 641 to 1,313 between 1998 and June 2005, an increase of 105% in seven years. Additional revenue in excess of €28m has been provided from 2000 to 2005 to meet increasing demand nationally for renal services.

Organ Transplantation Services will be developed

- The Lung Transplant Unit at the Mater Hospital was formally opened in 2004 and the first lung transplant was performed in the Unit in May, 2005 and a further five transplant operations have been performed since then including two ‘double-lung’ transplants.

A review of Medicines Legislation

- Significant progress was made in 2005 on the drafting of five Regulations which will provide for implementation of the European Reform package adopted in 2004, effectively updating and reforming most of the legislation regulating medicinal products in Ireland. These Regulations will be implemented as part of the Irish Medicines Board (Miscellaneous Provision Act) 2006.

Licensing of Alternative Medicines

- The necessary regulatory regime for traditional herbal medicinal products was developed in 2005 and provided for in the package of implementing legislation brought into effect as part of the Irish Medicines Board (Miscellaneous Provisions Act) 2006.

International standards of safety in transfusion medicine

- The EU Directive on Blood Quality and Safety (2002/98/EC) was transposed into Irish Law in July, 2005. The Irish Medicines Board was formally designated as the competent authority under the Directive for all blood establishments and hospital blood banks in the country. Agencies which fall into the category of blood establishments under the Directive were required to meet the provisions of the Directive in full by November, 2005.

Developing and supporting health research

- In September, 2005, The National Children's Office (now the Office of the Minister for Children) announced the preferred bidder to undertake the National Longitudinal Study of Children in Ireland. The aim of this study is to examine the factors which contribute to or undermine the well-being of children in contemporary Irish families and to use this information in the development of policies relating to children and their families.
- The NCO also published The National Set of Child Well-Being Indicators in June, 2005. This indicator set, which will inform the production of the biennial 'State of the Nation's Child Report' was developed in consultation with leading experts in children's lives, including children themselves.
- The Health research Board (HRB) revenue allocation has increased substantially from €10.571m in 2001 to €30.5m in 2006. The additional funding has assisted the Board achieve many of the goals of the Health Strategy 'Quality and Fairness'- A Health System for You.
- Capital funding of €13.018m was allocated to the HRB in 2006 to support its capital investment programme in 'Research for Health and Wealth' and it has commenced the process of investing €8.0m in a major imaging network that will provide state of the art imaging facilities for Irish researchers.
- During 2005 the HRB provided a total of 131 research grants across 13 different award schemes and a further 177 places were offered on development and capacity building initiatives like Science Writing workshops.
- The HRB awarded five Strategic Research and Development (R&D) for health awards in support of developing the R&D capacity within the health service.
- A major development in 2005 was the appointment of the first clinician scientists in Ireland. In 2006 further scientist posts are being established to help build the capacity of academic medicine in Ireland. These people were identified as a key priority in the Government's health research strategy, 'Making Knowledge Work for Health – A Strategy for Health Research (2001).
- The National Information Systems developed and maintained by the HRB published its first Annual Report in 2005 of the National Sensory and Physical Disability Database.

4.2.4 Objective (I): Accessible, high-quality and sustainable healthcare by ensuring that adequate and high quality health care remains affordable and financially sustainable by promoting a rational use of resources, notably through appropriate incentives for users and providers, good governance and coordination between care systems and public and private institutions. Long-term sustainability and quality require the promotion of healthy and active life styles and good human resources for the care sector.

A Programme of Investment to provide capacity – Primary Care, Acute Hospitals and other services

- Increases in health allocations range from €7bn outturn in 2001 to €11.9bn in 2005 and increasing to €13.1bn (estimate) in 2006.
- The Report of the Review of the current method of equipment replacement funding which focuses on introducing best practice in this context has been completed and submitted to the Department of Health and Children and the HSE. A joint Department /HSE group will be established to advance recommendations made in the Report.
- Provision of €275m for the capital cost of Public Private Partnership projects is included in the Multi-Annual Investment Envelope 2004 – 2008.
- In July 2005 Government approval was given for a national network for radiation oncology services to be put in place by 2011. Most of the capital investment involved will be funded through a Public Private Partnership.
- In July, 2005 the role and function of the National Development Finance Agency (NDFA) was expanded to include a specialised procurement delivery function. The NDFA was made responsible for all aspects of delivering the procurement of the National Radiation Oncology Project. The HSE has appointed a project Director to lead delivery of the project.
- The five year multi-annual Capital Investment Framework (CIF) 2004 to 2008 was introduced in 2004. The 2005 CIF covers the period 2005 to 2009. For 2005 and onwards, the allocation process will fall to the HSE to be progressed.
- The National Casemix Programme continued to be developed in 2005 with progress being made in the launching of two new casemix sub-groups in Paediatrics and Obstetrics, the commencement of a review of Medical Assessment Units in casemix and several major updates to the National HIPE System were implemented in conjunction with the ESRI.

Human Resources - Progress made in 2005

- The first skills monitoring report for the health sector was published at the end of 2005. The report 'Healthcare Skills Monitoring Report' was prepared by FAS in association with the Department of Health and Children. This report will inform the long-term workforce planning for the health service of the future.
- Agreement was reached in 2005 on the inclusion of an additional module of training in the Health Care Assistants training programme rolled out in 2003. This allows for greater freeing up of nurses to work on higher level work.

- 2005 saw further development of a national policy framework to support clinical education for the 175 additional speech and language therapy, occupational therapy and physiotherapy students training places established in 2003/04.
- In December 2001 there were 31,426 nurses (wte) employed in the public health service. At the end of September 2005 this figure had increased to 34, 878 nurses.
- Work done in 2005 provided for the commencement in Autumn 2006 of two new direct entry programmes in midwifery (140 places per annum) and children's nursing (100 places per annum), provided in a total of seven third level institutions across the country. These places will be in addition to the 1,640 places currently in the system for general, psychiatric and intellectual disability nursing.
- Work on a new Nurses Bill reached an advanced stage at the end of 2005. The proposed Bill will aim to modernise the regulatory framework operated by an Bord Altranais (The Nursing Board).
- The Health and Social Care Professionals Act, 2005 was signed on 30th. November, 2005. The Act establishes a system of registration which is essential to the delivery of quality and accountability objectives of the Health Strategy and will ensure that members of the public are guided, protected and informed so that they can be confident that the health and social care professionals providing services are properly qualified, competent and fit to practice.
- The National Working Group to advise on future measures for the regulation of complementary therapists held its first meeting in May 2003 and reported to the Department in November, 2005.

Organisational Reform - Progress made in 2005

- In 2005 considerable progress was made in restructuring the Department to reflect its new role which involves extricating itself from day to day operational matters and placing greater emphasis on strategic policy analysis, development and prioritisation, together with legislation and evaluation. The Departments new design to date retains a number of its previous characteristics but also introduces a number of new and or realigned areas of responsibility with effect from late 2005 including Eligibility and Older People, a new Primary Care and Social Inclusion Unit, a Parliamentary Affairs Division, a Legislation Unit and a Finance, Information and Policy Support Unit.
- The Health Act, 2004, places statutory responsibility on the Health Services Executive to produce a corporate plan, a national service plan, an annual report and a corporate code of governance. The Departments newly established Policy Support Unit co-ordinates the Departments monitoring of the HSE corporate plan, service plan and code of governance.
- The Board of interim HIQA (iHIQA) was announced in January, 2005, and in March, 2005, iHIQA was established on foot of a Statutory Instrument. Since its establishment, iHIQA has been involved in making the necessary organisational arrangements, which included preparation of plans for matters such as structures and procedures for governance and accountability and the organisational design of the Health Information and Quality Authority (HIQA).

- HeBE, which had been established in 2002, was dissolved with effect from January, 2005, under the provisions of the Health Act, 2004. Its functions have been transferred to the HSE.
- The role and functions of The Office for Health Management were streamlined into the HSE with effect from January, 2005.
- The independent audit of functions and structures in the health system which was carried out by Prospectus brought about the establishment of the Health Service Executive under the Health Act, 2004, addressing a core element of fragmentation in the health service identified by the Audit. The establishment of the HSE also represents a move to a unified structure for the delivery of health services. The establishment of iHIQA in 2005 was also directly related to the outcome of the Audit.

Primary Care - Progress made in 2005/06

- The implementation process underpinning the Primary Care Strategy, Primary Care a New Direction, at an operational level, became a function of the HSE in 2005 in line with the provisions of the Health Act, 2004, which sees the HSE as being responsible for the management and delivery of health and personal social services.
- Work undertaken in 2005 ensured that €28m per annum will be available to the HSE from 2006 specifically to support the implementation of the Primary Care Strategy. This increased funding will permit, inter alia, the appointment of some 300 additional front line personnel to work along side G.P's in approximately 75 – 100 teams in the improved delivery of community primary care services.
- Between 2002 and 2005, almost €105 million has been provided to the HSE to develop G.P. out of hours co-operative services. These co-operatives are now found in part of all HSE areas, providing coverage in all of the 26 counties.

Strengthening Accountability

- The Health Act, 2004 places statutory responsibility on the Health Services Executive to produce a corporate plan, a national service plan, an annual report and a corporate code of Governance.
- The HSE Corporate Plan 2005 – 2007 was approved by the Minister and laid before the Oireachtas in October, 2005.
- The HSE Service Plan for 2006 was approved by the Minister in December 2005 and laid before the Houses of the Oireachtas in January, 2006.
- In February 2005, a Framework Document on Corporate and Financial Governance issued to the HSE from the Department of Health and Children. The HSE is currently drafting a code which is in keeping with the Framework. The code, when finalised will require Ministerial approval and will be subject to an ongoing monitoring arrangement.
- Extensive work was also undertaken in 2005 on adapting the HSE Framework Document for issue in 2006, to each agency /regulatory body under the aegis of the Department of Health and Children.

4.3 Long-Term Care

4.3.1 Long-term care services

In common with most other EU countries, Ireland is experiencing an increase in the number of older people in the population. Economic and social progress and improved health care have combined to reduce premature mortality. In 1996 the number of people aged 65 years and over was 413,800. This is projected to increase to 529,900 by 2011 and to 1,119,000 by 2036. As part of this the number of people aged 80 and over is projected to increase to 123,100 by 2011 and to 318,400 by 2036²³.

The main challenge is to provide adequate facilities and services for the rising number of older people.

Access to public facilities is on the basis of medical need. For those entering a private nursing home, subvention may be payable under the subvention scheme to cover some of the cost of care - the level of subvention that may be payable, if any, is also based on medical need, as well as the applicant's level of means. Funding for both schemes comes from the exchequer (i.e. through taxation). Generally speaking, care in a public facility is provided at no cost, or a minimal cost, to the patient, while care in a private nursing home, even where a subvention is payable, can impose a significant cost burden on the older person or their family.

4.3.2 Objective (j): Accessible, high-quality and sustainable long-term care by ensuring access for all to adequate long-term care and that the need for care does not lead to poverty and financial dependency; and that inequities in access to care and in health outcomes are addressed.

The Government and social partners have agreed, as part of the new social partnership agreement, to work together to develop an infrastructure of long term care services for older people, responding to the demographic trends facing the country, and the following are among the principles that should inform the development of policy in this area:

- Access to such services should be based on a national standardised care needs assessment. Care needs assessments should be available in a timely, consistent, equitable and regionally balanced basis;
- Access to joined up, user-friendly, customer-focused service consistent with individual needs
- There should be appropriate levels of co-payment by care recipients based on a national standardised financial assessment;
- The use of community based care should be maximised and should support the important role of family and informal care;
- An equitable level of state support for residential care should be provided whether that care is in a public or private facility;
- No current resident of a nursing home, public or private, should be put at a disadvantage by whatever new co-payment arrangements for residential care are introduced.

²³ Central Statistics Office (2004), Population and Labour Force Projections 2006 to 2036

In relation to home care, the HSE is currently developing a standardised system of co-payment, where home care packages will involve an element of co-payment, depending on means of the recipient. This co-payment system will be applied equally across the whole country.

In relation to residential care, public nursing home beds are fully funded. Access to public long-stay facilities administered by the HSE is on the basis of need following a medical assessment. Private and voluntary nursing homes charge for services and these charges are payable by the individual and can vary from €500 to €1,000 per week depending on the location of the nursing home. Access to private and voluntary nursing homes is at the discretion of the proprietors.

The Nursing Home Subvention Scheme was introduced in 1993 to give some financial assistance towards the cost of private nursing home care. It was never intended that the Scheme would subsidise the full costs of private nursing home care.

A subvention may be paid towards the cost of private nursing home care, where a person is unable to meet the cost and where he/she has been assessed as needing nursing home care by the HSE and where the person has satisfied a means test. The amount of subvention granted will depend on the degree of nursing home care required, i.e. medium, high, maximum, and the amount of the person's assets, including property, stocks & shares, savings, etc. The rates of subvention payable are as follows:

| | |
|--------------------|------------------|
| Medium Dependency | €114.30 per week |
| High Dependency | €152.40 per week |
| Maximum Dependency | €190.50 per week |

Where an applicant for subvention has serious difficulties in meeting the costs of care, the HSE has discretion to pay an enhanced subvention, based on the dependency level and the person's assets, having regard to the resources available to the HSE for the administration of the Scheme.

4.3.3 Objective (k): Accessible, high-quality and sustainable long-term care by ensuring quality in healthcare and by adapting care, including developing preventive care, to the changing needs and preferences of society and individuals, notably by developing quality standards reflecting best international practice and by strengthening the responsibility of health professionals and of patients and care recipients.

There is an increased emphasis on community care with a view to providing older people with the opportunity to remain in their own homes and communities for as long as possible and in accordance with their wishes. An additional €150 million funding was allocated to Services for Older People (SFOP) and Palliative Care in Budget 2006, €109 million of which was allocated to the provision of community based services. These services include Home Helps, Day and Respite Centres, Meals on Wheels, Sheltered Housing and Home Care Packages.

Home Care Packages deliver a wide range of services and have been piloted successfully in several regions of the country in recent years. They include the services of nurses, home care attendants, home helps and the various therapists including physiotherapists and occupational therapists. Home care packages vary according to the care needs of the person so that, for example, there might be a greater emphasis in some packages on home care assistants while other packages may require a greater level of therapy and nursing.

The priority is older people living in the community or who are inpatients in an acute hospital and who may be required to be admitted to long term care. The home care packages are also available to those older people who have been admitted to long term care and who now wish to return to the community. In addition, the packages are offered to people who are already using existing core services, such as home helps, but need more assistance to continue to live in their community.

The packages are delivered through the HSE, by a range of providers including the Health Service Executive itself, voluntary groups and the private sector. The scheme is as flexible as possible and highly responsive to the real needs of the individual so that where a family or friends of an older person wish to provide these services, they will be encouraged to do so, with support, and linking in with the HSE, voluntary or private sectors.

Over 1,100 home care packages were provided to people at the end of 2005. By the end of 2006 a total of 2,000 additional home care packages will have been provided.

The 2,000 packages will support more than 2,000 persons as, for example, individuals could in some cases need a care package on a temporary basis. The major thrust of this initiative is to be directed at older people. However, there will be some flexibility, so that a person who is under 65 and may need home care may receive it, as appropriate.

Home helps are the cornerstone of community provision and form an essential part of support for older people at home thereby delaying or preventing admission to long stay residential care. They also help to keep people out of hospital or help their early discharge from hospital.

Quality of Care

The standards provided by private nursing homes are currently governed by the 1993 Nursing Homes (Care and Welfare) Regulations and inspections are carried out by the Health Service Executive (HSE) based on these standards. Public nursing homes are not inspected at present.

The heads of the Health Bill 2006 are due to go to Government shortly, and they provide for the establishment of Health Information and Quality Authority (HIQA), incorporating the Office of the Chief Inspector of Social Services Inspectorate (SSI), on a statutory basis and contain provisions to underpin a more robust inspectorial system.

The intention is that, under the provisions of the Bill, HIQA will set standards on safety and quality of services provided by or on behalf of the HSE. It will monitor and advise the Minister and the HSE on the level of compliance with those standards. It will also have the

power to investigate, at the request of the Minister or the HSE, the safety, quality and standards of any service and make any recommendations it deems necessary.

In advance of HIQA being fully established and functional, and in light of the fact that the Department's focus is on protecting vulnerable older people and providing for the highest possible standards of care for older people in all long-stay facilities, the Department established a Working Group to develop the standards for residential care settings for older people.

This Group is chaired by the Department and members include representatives from the Department, the HSE, the SSI and the Irish Health Service Accreditation Board or IHSAB.

The standards being developed will be national standards for all residential care settings for older people. These standards will be core standards that apply to all residential settings where older people are cared for and for which registration is now required. The standards will be based on legislation, regulation, health policy, research findings and best practice. While broad in scope, the standards will acknowledge the unique and complex needs of the individual person at the centre of care, and the additional specific knowledge, skills and facilities needed in order for service providers to deliver a person centered and comprehensive service that promotes health, well-being and quality of life.

4.3.4 Objective (I): Accessible, high-quality and sustainable long-term care by ensuring that adequate and high quality health care remains affordable and financially sustainable by promoting a rational use of resources, notably through appropriate incentives for users and providers, good governance and coordination between care systems and public and private institutions. Long-term sustainability and quality require the promotion of healthy and active life styles and good human resources for the care sector.

In 2003 the Minister for Health and Children and Minister for Social and Family Affairs jointly published two reports. These were Mercer's "Study to examine the future financing of long term care in Ireland" and Dr Eamon O'Shea's "Review of the nursing home subvention scheme".

The Mercer report examined a number of issues including the need for long term residential and community care needs assessment, benefit design and financing while Eamon O'Shea examined the operation and effectiveness of the subvention scheme since its commencement in 1993

In January 2005 the Tánaiste and the Minister for Social and Family Affairs established an inter-departmental group of senior officials chaired by the Department of Taoiseach, from the Departments of Finance, Health and Children and Social and Family Affairs. The Group were asked to identify policy options for a financially sustainable system of long-term care and to address issues associated with the benefits, services and grants currently in place The Report has been presented to Government where it is currently under consideration.

It is accepted that the financial model to support any new arrangements must be financially sustainable. Further data collection and evaluation is required on different options and may be a combination of different options including co-payments, additional sources of funding beyond existing taxation sources, a social insurance type arrangement and/or a pre-funding mechanism.

Annexes

National Report for Ireland on Strategies for Social Protection and Social Inclusion.

2006 - 2008



A

Annex 2.1 - Good Practice in relation to Social Inclusion Policy

This annex contains details of three examples of good practice drawn from key policy measures or institutional arrangements implemented during the period of the second NAP/inclusion.

2.1.1 Social Inclusion Units in local authorities

Local authorities are the democratically elected local tier of public service and they have responsibilities in social inclusion related areas such as housing and community development. A number of programmes have been developed to assist in strengthening the capacity of local government to tackle poverty as part of the wider process of local government reform. These include: their leadership role on the Social Inclusion Measures Group (SIM) of the County /city Development Boards and the Local Government Anti-Poverty Learning Network. The role of the SIM Groups is to promote a more integrated approach to social inclusion activities by public bodies at local level. The Learning Network promotes and supports the development of a strong anti-poverty focus within local government. by providing a forum in which local authorities can share experiences and best practice on how to make the maximum contribution to policies to tackle poverty and social exclusion; and the initiative, under the 2002 revised National Anti-Poverty Strategy, mandating local authorities, over time, to develop social inclusion strategies at local level which would strengthen the national actions being taken against poverty and social exclusion. Under this initiative, some local authorities are developing Local Social Inclusion Strategies.

A further programme involved the establishment of Pilot Social Inclusion Units in eight local authorities for a three-year period from 2002 to 2004, with the objectives of developing a greater awareness of social inclusion within individual local authorities and ensuring that social exclusion is tackled across the full range of local authority activities, in a cohesive and focused manner.

The Department of the Environment, Heritage and Local Government provided total funding of €3.4 million for the establishment and operation of the units for the duration of the pilot scheme.

In June 2004, independent consultants undertook a review and evaluation of the pilot programme. The evaluation made recommendations relating to matters such as the expansion of the model to other local authorities, budgets, the objectives and activities of the units as well as supports for the units. The evaluation also found that a variety of tangible results were apparent in various pilot areas such as:

- access to better tenant information in housing departments;
- translation of local authority literature into minority languages;
- increased provision of childcare services to excluded groups;
- better practices on accessibility for people with disabilities on the part of local authority Roads Sections and in Councils' own buildings;
- improved practice regarding rent burdens on very low income families; and
- greater consideration of inclusion issues in planning and delivering library services.

Following the evaluation, the Minister for Environment, Heritage and Local Government decided to continue the pilots for one more year (i.e. 2005) at a cost of €1m. One of the proposals made in the course of the consultation for the National Action Plan against Poverty and Social Exclusion 2006-2008, was that the local authority Social Inclusion pilot project should be mainstreamed. Most recently, the Ten Year Framework Social Partnership Agreement 2006-2016, *Towards 2016*, has made the following commitment:

'the pilot social inclusion programme established under the PPF will now be placed on a permanent footing and the programme will be extended to half of all county/city local authorities by end 2008.'

Cork City Council Social Inclusion Unit has been cited as an example of good practice in the First Background Report on Ireland for the EU Peer Review process. Ireland's Implementation and Update Report on the National Action Plan against Poverty and Social Exclusion 2003-2005 published in June 2005 reported that some Social Inclusion Units had, at that stage, developed strong and focused local anti-poverty strategies (now referred to as local social inclusion strategies) and that a significant development had been the requirement by Government that all local authorities must promote social inclusion in their Corporate Plans.

These initiatives should support the continued development and expansion of the anti-poverty agenda at local level across local authorities and in cooperation with other relevant agencies at local level.

2.1.2 Disability Sectoral Plans

In September 2004, the Government launched a National Disability Strategy to underpin the participation of people with disabilities in society. One of the key elements of the Strategy is the Disability Act which was enacted in 2005. This Act requires six Government Departments²⁴ to develop Sectoral Plans which show how key issues relating to people with disabilities will be addressed. These Plans set out details of the delivery of specific services for people with disabilities and represent the Government's mainstreaming policy.

The Disability Act, 2005 requires that each Plan must generally contain information with regard to:

- Information on codes of practice;
- Details of complaints procedures;
- Monitoring and review procedures for the Plan;
- Timeframe for reporting;
- The level of access relating to services specified in the Plan; and
- Other matters the Minister considers appropriate

There is a requirement in the Disability Act, 2005 for these Departments to actively consult with people with disabilities or their representatives prior to publication of the Sectoral Plans. The National Disability Authority (NDA), an independent statutory agency, advised the relevant Government Departments on the content of their Sectoral Plans, as did the Disability Legislation Consultation Group (DLCG), a group representative of people with disabilities.

²⁴ Departments of Health and Children; Social and Family Affairs; Transport; Environment, Heritage and Local Government; Communications, Marine and Natural Resources, and Enterprise, Trade and Employment.

In addition, the legislation specifies a number of supplementary issues on which information is to be provided by each of the six Departments. For example, the Department of Transport is required to provide information in relation to:

- access to public passenger transport services for people with disabilities;
- a programme of measures to provide access to such services;
- the timescale within which these measures will be taken;
- the proposed arrangements to facilitate access to passenger transport services from a public road; and
- any other matter which the Minister considers appropriate.

The Plans, which were submitted to the Houses of the Oireachtas and launched by the Government at the end of July 2006, include specific targets, where practicable, and timescales against which progress will be measured. As provided for in the Disability Act, 2005, the Departments of Social and Family Affairs, Health and Children and Enterprise, Trade and Employment have also included material on cross-Departmental co-operation in relation to the development and co-ordination of services for people with disabilities.

Towards 2016, has promised that progress reports will be prepared on the Sectoral Plans after 3 years and the Disability Act will be reviewed after 5 years.

2.1.3 Poverty Impact Assessment

Poverty proofing, as Poverty Impact Assessment was formerly known, was introduced as a result of a commitment in the original National Anti-Poverty Strategy, which was published in 1997. Since that time it has been a requirement that Memoranda for Government involving significant policy proposals “*indicate clearly the impact of the proposal on groups in poverty or at risk of falling into poverty*”. Guidelines to assist Government Departments in carrying out poverty proofing exercises were circulated in 1999.

The National Economic and Social Council (NESC) carried out a review of the poverty proofing process in 2001 and recommended a number of improvements. In 2005, the Office for Social Inclusion (OSI), drawing on this NESC review undertook a further review. As part of the review, views were sought from a wide variety of organisations including social partners, Government Departments, State agencies and the voluntary and community sector.

A new set of guidelines Poverty Impact Assessment were developed as a result of the review. The name Poverty Impact Assessment (PIA) was adopted to make it clear that the assessment of impacts of policies on poverty should form an inherent part of the policy making process, rather than an exercise which takes place after a policy has been adopted.

The guidelines define PIA as *the process by which Government Departments, Local Authorities and State agencies assess policies and programmes at design, implementation and review stages in relation to the likely impact that they will have or have had on poverty and on inequalities which are likely to lead to poverty, with a view to poverty reduction*.

In order to inform policy makers about what is meant by poverty and to assist them in assessing and measuring poverty impacts, the guidelines provide details regarding vulnerable groups and areas for special attention as well as definitions of terminology

associated with poverty and social exclusion. The guidelines make it clear that while income adequacy is a key aspect of poverty, it is not the sole concern in the development of policies to alleviate poverty and they cite employment, education, health and housing as examples of other key considerations.

The guidelines consist of a series of steps which must be followed in order to determine the likely impact of the policy or programme on poverty – either in terms of numbers experiencing poverty or the level of poverty which is experienced by particular groups. The policy maker is guided through the steps of the assessment by a series of questions or directions.

The revised guidelines were presented at a national seminar in October 2005 and since then have also been presented to individual Government Departments. Further training for Government Departments on the PIA process is being developed and will be rolled out during late 2006 and 2007. The guidelines will later be extended to policy makers in the wider public service.

The guidelines for PIA were selected as an example of good practice in the First Background Report on Ireland for the EU Peer Review process.

A summary of the steps involved in carrying out a PIA follows. The complete guidelines are available on the OSI website at www.socialinclusion.ie

Steps involved in carrying out a Poverty Impact Assessment

Stage 1 of the process is the Screening stage. This will determine whether it is necessary for the policy or programme to be subjected to a full Poverty Impact Assessment.

Stage 2 is the full Poverty Impact Assessment. This is framed around the following seven steps:

- formal consultation (this is not a discrete step but cross-cuts the other steps);
- definition of policy aims and target groups;
- consideration of available data and research,
- assessment of impacts and consideration of alternatives;
- decision making and arrangement of monitoring;
- publication of results;
- and completion of a summary sheet which summarise the results of the PIA and which is sent to the OSI.

B

Annex 2.2 – Targets relating to Social Inclusion Policy Objectives

This annex lists specific targets that have been designed to achieve the priority social inclusion policy objectives detailed in chapter 2.

2.2.1 Policy Objective 1 – Child Poverty

Improving Early Childhood Development and Care

- Create 50,000 new childcare places, including 10,000 pre-school places and 5,000 after-school places over the period 2006 - 2010
- Provide 17,000 childcare training places during 2006-2010;

Improving Education Outcomes for Children

- Reduce the number of early school leavers to not more than 10% by 2010.
- Reduce the number of pupils from disadvantaged communities with serious literacy difficulties (on or below the 10th percentile) by half, from the current level of 27-30% to below 15% by 2016.
- Full implementation of all measures under the DEIS (Delivering Equality of Opportunity in Schools – educational inclusion plan) implementation plan by 2010, involving an additional annual investment of some €40m on full implementation of measures.
- Roll out early education provision to all 180 urban/town primary school communities by 2010.
- To help further address absenteeism, early school leaving, behavioural problems and special needs an additional 100 posts in total will be provided for the National Educational Welfare Board and the National Educational Psychological Service by 2009;
- An additional 1,000 Youthreach places to be provided by 2009, on top of the existing 6,000 places, will be provided by 2009, and opportunities created for recognition of learning through the national framework of qualifications;

Improving Health Outcomes for Children

- Drawing on the Vision for Change Strategy, increase the number of child and adolescent Community Mental Health Teams (CMHTs) within the context of a 7-10 year target of 1 CMHT per 100,000 of the population by 2008, subject to sufficient resources being made available, and 2 CMHTs per 100,000 of the population by 2013.
- Intensify efforts to achieve the WHO target of 95% immunisation uptake rates in children, which currently range between 84% and 94 %, with active targeting of areas where uptake rates are below this level.
- Develop a new strategic Health Promotion Policy by end 2007 which will address the lifestyle factors undermining the health of young people.
- Launch a National Nutrition Policy to address Children's Food Poverty and Obesity by 2007.
- Develop a national database to monitor prevalence trends of growth, overweight and obesity.

- Develop the Schools Meals Programme which will receive an additional funding of €1.8 million in 2006, bringing total funding for this year to €9.1 million.
- Carry out a review of secondary care paediatric services outside Dublin.

Income Support

- Maintain the existing NAPS target for those relying on social welfare payments, i.e. the combined value of child income support measures to be set at 33-35% of the minimum adult social welfare payment rate;
- Department of Social and Family Affairs to review within one year child income supports to avoid employment disincentives, to be informed by the NESC study on a second tier child income support.
- Progress will continue to be made towards achieving the NAPS target of €150 per week in 2002 terms for the lowest social welfare rates by 2007 and the value of these rate will continue to be maintained over the course of *Towards 2016*.

Children and their Families

- Continue to enhance maternity leave entitlements in line with the measures announced in Budget 2006, by extending the period of paid maternity leave to 6 months by March 2007 and the unpaid maternity leave entitlement to 16 weeks, to give, together with the existing 14 weeks parental leave, parents' entitlement to paid and unpaid leave of 56 weeks total (or 70 weeks if father's parental leave entitlement is also included). The level of provision of maternity/paternity leave to be reviewed again before end 2008.

2.2.2 Policy Objective 2 – Access to quality work and learning opportunities

- Reduce the proportion of the population aged 16-64 with restricted literacy to between 10%-15% (restricted literacy being defined as Level I on the IALS scale, or equivalent) by 2016, from the level of 25% found in 1997.
- To reach and if possible exceed the EU employment rate targets for 2010 of 70% (overall), 60% (female) and 50% (older workers), from current rates of 68, 58.6% and 53.1% respectively.
- In relation to people with disabilities, raise the employment rate of those who do not have a difficulty in holding a job towards the employment rate of their peers who do not have a disability. Immediate objective is to have half, or 7,000, of that cohort in employment over the period 2006 -2010.
- The number of places provided under the Back To Education Initiative (BTEI) will be expanded by 2,000 from its present level of 8,000 places by 2009
- The annual learner cohort availing of the general national literacy service delivered by the Vocational Education Committees will be further increased from 35,000 by the provision of an extra 7,000 places by 2009.
- Having regard to developments generally in adult literacy and its expanding role, the family literacy project under DEIS, the implementation plan of the national adult literacy advisory group published by the NALA and the role of the VECs, consideration will be given to the appropriate support structures in this area.

2.2.3 Policy Objective 3 – Integration of Migrant Population

- Provide an extra 550 language support teachers by 2009, over existing number of n, to support the effective integration of migrant children, who do not speak English, at both primary and second-level.

2.2.4 Policy Objective 4 – Access to quality Services

Housing

- Commence approximately 23,000 new social housing units between 2006 and 2008 in the local authority and voluntary and co-operative housing sector at an estimated cost of over €4 billion, this to include commencing 6,000 new units by local authorities in 2006.
- Additional investment over the period 2007 – 2009, outlined in *Towards 2016*, will allow for the commencement / acquisition of an additional 4,000 new housing units through a combination of local authority (2,000), voluntary and co-operative housing (1,000) and the Rental Accommodation Scheme (1,000);
- Adequate central heating systems to be made available in all local authority rented dwellings provided for older people by 2008, through funding of €105 million over the period 2006 – 2008, which will allow installation in the approximately 30,000 dwellings requiring this. Fully implement the Rental Accommodation Scheme by end 2008, benefiting up to 33,000 households in the private rented sector who have been in receipt of rent supplement for over 18 months.
- Continue to address the accommodation needs of homeless persons, including through the publication of a revised and updated Government Strategy on Homelessness in 2007.

Health

- Drawing on the Primary Care Strategy, provide 300 primary care teams by 2008, 400 by 2009 and 500 by 2011, from the current number of 10, with a review of these targets to be undertaken in 2008;
- Provide 2,000 additional home care packages by end 2006 from current number of 1,000.
- Reflecting a new focus on care in the community, an investment package of an additional €150million for Services for Older People and Palliative Care over the years 2006-2007 was announced in Budget 2006, broken down into €110million for 2006 and an additional €40million for 2007. This increased funding will support a range of community and other services such as home helps, day/respite care centres and meals on wheels, sheltered housing and palliative care
- Introduction under the Health Bill, 2006, of an inspectorate role for the Social Services Inspectorate in relation to public and private nursing homes. National standards for public and private nursing homes will also be put in place.
- Implementation by the Health Service Executive of its newly developed standardised approach to inspection and reporting of private nursing homes across the system will continue in 2006 – 2007.
- Implementation of the recommendations in the Report on Elder Abuse will continue in 2006. A review of the Report will be carried out in 2007, to monitor progress with implementation and to make further recommendations, where appropriate..

Health Services for Older People

- Older people will be provided with the appropriate access to a full range of good quality health services in the community to suit their needs, including primary care, acute care and mental health care.
- In the context of care in the community, an investment package of an additional €150m has been made available for services for older people and palliative care in 2006 -2007.
- Extension, by end of 2006, of Home Care Support Packages and other support services, delivering a wide range of services, including nurses, home care attendants, home helps and various therapists including physiotherapists and occupational therapists.

Transport - Rural Transport Initiative (RTI)

- RTI to operate on permanent footing from 2007 onwards, with annual funding being doubled (based on the 2005 allocation of €4.5m). Thereafter, funding will be steadily increased, ultimately to a cash level of about 4 times the 2005 allocation.

C

Annex 2.3 - Additional Information on Social Inclusion Policy Measures

2.3.1 – New Coordination Arrangements for providing services for children ***Office for the Minister for Children***

The Office for the Minister for Children (OMC) was established in December 2005 to bring greater coherence to policy making for children. The OMC will focus on harmonising policy issues that affect children in areas such as early childhood care and education, youth justice, child welfare and protection, children and young people's participation, research on children and young people and cross-cutting initiatives for children

Establishment of the New Irish Youth Justice Service

The new Irish Youth Justice Service will facilitate reform of the youth justice area and provide the leadership necessary to implement the key remaining provisions of the Children Act 2001. The co-location of the Irish Youth Justice Service in the OMC will facilitate a cross-cutting and proactive approach to both the reform process and the implementation of the Act at the earliest possible date.

Establishment of the new Early Years Education Policy Unit

A new Early Years Education Policy Unit has been established within the Department of Education and Science. It will be co-located with the OMC and will oversee the development of policies and provision for early years education. A national quality framework for early childhood education and a curricular framework for early learning are currently in preparation. The Unit will also be responsible for the development of a national childcare training strategy.

Integrated Services and Interventions for Children at Local Level

A cross-departmental team chaired by the OMC is developing an initiative to test models of best practice which promote integrated, locally-led, strategic planning for children's services. The objective of this initiative is to secure better developmental outcomes for disadvantaged children through more effective integration of existing services and interventions at local level.

2.3.2 The National Childcare Strategy 2006 – 2010

The key objective of the National Childcare Strategy is to further develop the childcare infrastructure to meet the needs of children and their parents for quality early childhood care. The main elements of the strategy are the following:

National Childcare Investment Programme (2006 – 2010)

The National Childcare Investment Programme is a major programme of investment in childcare infrastructure. €575 million has been allocated over a five-year period, including €358 million for capital investment. It is anticipated that the Programme will create up to 50,000 new childcare places, with the objective of assisting parents to access affordable, quality childcare.

The Programme will seek to:

- create 5,000 after-school and 10,000 pre-school education places;
- support childcare facilities for disadvantaged parents and their children;
- support quality measures for Childminders and Parent and Toddler Groups;

- education measures for children and adults in areas of disadvantage.

The Childcare Programme will develop quality childcare supports and services, which will be delivered at local level, through the City and County Childcare Committees, under the co-ordination of Pobal.

Capital grants to develop childcare facilities are available to both private and community sector childcare providers. Private sector applicants may apply for grant assistance of up to €100,000 towards the capital cost of developing a childcare facility, in a catchment area where there is a demonstrated childcare need.

The level of funding provided to community/not for profit applicants will be determined by the number of places the group proposes to provide and a number of criteria based on specific local need. A maximum grant, subject to a cost per place of €20,000 and an overall maximum per project of €1 million, are available. Capital grants are also being made available to assist Childminders and Parent and Toddler Groups.

Staffing grants towards the staffing costs of childcare services are available to community sector childcare providers. Staffing supports may be applied for where a level of disadvantage and the need for support during the initial start-up/support phase are demonstrated. Applicants will be expected to demonstrate an ability to become sustainable over the short to medium term. However, where a deeper level of disadvantage is demonstrated, longer-term staffing supports may be applied for.

All services will be required to operate a tiered system of charges, based on parents' ability to pay. The level of disadvantage will be determined by a number of factors including, the geographic location (e.g. RAPID and CLAR areas).

Strategic programme for training in childcare

The OMC will develop a strategic programme for standards and training in childcare, as part of the National Childcare Strategy. The new training programme will support the childcare infrastructure as it continues to grow and develop. A significant factor in the expansion of the childcare infrastructure is the additional childcare places expected to be created by the capital investment in the Childcare Programme. It is estimated that approximately 10,000 additional childcare workers will be needed to staff these new places. The new Training Programme aims to increase the number of trained childcare personnel by 17,000, by the end of 2010. The OMC will work with FÁS, the VECs and the National Voluntary Childcare Organisations and the Centre for Early Childhood Care and Education (CECDE), to deliver an appropriate and effective training programme.

Tackling educational disadvantage

As part of the National Childcare Strategy, the Department of Education and Science (DES) will work in partnership with the OMC in tackling educational disadvantage, including delivering a new Social Inclusion Programme, Delivering Equality of Opportunity in Schools (DEIS). DEIS will complement and add value to existing childcare programmes in disadvantaged communities, with a view to ensuring that the care and education of children are delivered in an integrated manner. The key objective of DEIS is to meet the educational needs of children and young people in disadvantaged communities, from pre-school (including Early Start) to second-level education (3-18 years). It also includes second-chance education, training and access measures for adults and provision for students with special needs. In administering the capital investment under the Childcare Programme, the OMC will further support early childhood care and education through a focus on additional places for pre-school children aged 3-4 years.

Pre-School Regulations

The Child Care Act 1991 provides for the notification and inspection of, pre-school services (for children under the age of 6 years), by the Health Service Executive.

The Regulations apply to pre-schools, playgroups, day nurseries, crèches, childminders and other similar services, looking after more than three pre-school children. The purpose of the Regulations is to build on and improve childcare standards to ensure the health, safety and welfare of pre-school children and promote the development of children attending pre-school services. Enquiries about the notification and inspection of pre-school services can be made to the local Pre-School Service offices of the Health Service Executive.

2.3.3 Actions to increase employment participation among particular groups.

Travellers

A High Level Action Group was established to focus on immediate and practical service delivery issues affecting Travellers.

The Group operates as a sub-group of the Senior Officials Group on Social Inclusion and reports to the Cabinet Committee on Social Inclusion. It brings together those with an overview of policy making and service delivery to the Traveller community. It consists of policy makers and service providers from relevant Public service organisations including Government Departments, Local Authority County Managers and Health Board Executives. The views of the Garda and the Prison Service have been taken into consideration so as to have as complete a picture as possible of the issues involved.

This Group provides a forum for senior policy makers and service providers to meet to discuss barriers to service delivery and explore possibilities of approaching service delivery in a more integrated way.

On foot of the High Level Action Group, a Sub Group on the delivery of Employment and Training to members of the Travelling Community was established with a remit to develop an Employment and Training Plan for Travellers, to generate activity in this area and encourage greater co-operation among the relevant statutory agencies in the implementation of the initiatives arising from the plan.

The group is chaired by the Minister for Labour Affairs and comprises representatives of the Departments of Justice, Equality and Law Reform, Community Rural and Gaeltacht Affairs, Environment, Heritage and Local Government, Finance, Enterprise, Trade and Employment, Education and Science and FÁS, the national training and employment authority.

€0.5m was allocated in the Department of Enterprise, Trade and Employment Estimates for 2005 to provide funding for Traveller Initiatives. FÁS was invited by the Department to develop this initiative to include Travellers in the active labour force and develop the Traveller economy. FÁS is currently piloting Traveller initiatives in Cork, Clare, Galway and Dublin with a view to a national roll out by the end of December 2006. €0.165m has been provided by the Department of Community, Rural and Gaeltacht Affairs for Traveller Work Placement Schemes in 2005/2006 within the Department's Community Development Programme.

Prisoners

The Irish Prison Service pursues a range of measures designed to assist prisoners in their efforts towards rehabilitation and resettlement. It is recognised that many prisoners come from the most disadvantaged groups in society and, typically, they are unemployed, unqualified and have left mainstream education at an early age. Thus, the Service places a strong emphasis on the provision of appropriate pre-vocational and vocational training for prisoners which takes into account their general unreadiness for employment.

Training activities in the prisons are chosen to give as much experience of a structured workplace environment as possible and to give opportunities to prisoners to acquire the skills and the accredited qualifications necessary to enhance their employability on release. Significant expansion and development of IPS vocational training programmes is underway; the Service is continuing to work with FÁS and other vocational training bodies with the aim of enhancing prisoner employability prospects on release through continuing development and delivery of skills-based training courses and activities.

In the education sphere, a programme of education is offered in the prisons consisting of the main school subjects, adult basic education, creative activities and physical education. The Irish Prison Service is continuing to promote increased prisoner participation in this programme, incorporating a particular focus on literacy and numeracy skills.

In order to maximise the benefits of the working in an integrated way to meet the complex and diverse needs of offenders, the Irish Prison Service is continuing with the development of an Integrated Sentence Management mechanism (previously termed Positive Sentence Management), which is envisaged as an instrument for the effective integration and co-ordination of all services and programmes for prisoners.

Migration

As there are short-term skills shortages which cannot be sourced either through training of Irish workers or employment of other EU nationals, a strategic skills-based immigration policy needs to be developed. The Enterprise Strategy Group Report specifically referred to this and the new Employment Permits Act will allow the introduction of a new green-card type arrangements to meet strategic skills shortages, as well as revised work permits and intra-company transfer schemes. The Department of Justice, Equality and Law Reform are also working on an Immigration and Residence Bill which will be published this year.

There will also be an increased focus on optimising the labour market contribution of EU nationals, include a review of the provision of English language training and the recognition of qualifications.

2.3.4 Access to Quality Housing Services

2.3.4.1 Housing Policy Framework – Sustainable Communities

The Housing Policy Framework – Building Sustainable Communities, which was published in December 2005, outlines key priorities in providing high quality integrated sustainable communities, which reflect the needs of a modern, dynamic and multi-cultural society. The future direction of housing policy as set out in the housing policy framework was endorsed in the social partnership agreement – *Towards 2016*. A more detailed statement for housing policy will be launched later in 2006 and the focus will be on underpinning the building of sustainable communities.

Working through the Housing Forum, the Government will focus on five main areas to achieve the objectives of creating sustainable communities:

- Providing tailored housing services to those who cannot afford to meet their own housing needs, and in this way responding to the broad spectrum of housing need;
- Maintaining the impetus for the delivery of housing at affordable prices to the market, including through State supported schemes, and other appropriate innovations, such as measures to support first time buyers;
- Continuing improvements in the quality of houses and neighbourhoods, including improvement of consumer information in relation to housing;
- Developing interagency cooperation where there is a care dimension;
- Progressing the social housing reform agenda.

Social and Affordable Housing

The state provides a range of social and affordable housing programmes and schemes to assist households who are currently unable to meet their housing needs through the private market. Delivery of social and affordable housing programmes is dependent on accurate assessment of need and among the key areas to be addressed under the first phase of *Towards 2016* will be the development of a new means of assessing housing need and enhancing delivery of social and affordable housing programmes.

The social and affordable housing needs of households are met through the following range of measures:

2.3.4.2 Social Housing

Local Authority Housing: Local authorities are the main providers of social housing, making available a range of rented housing to meet a variety of accommodation needs. Housing is provided to households on local authority housing waiting lists through the provision by the local authority of new builds and to a lesser extent the acquisition of second hand houses and through vacancies occurring in existing stock.

Voluntary Housing: Under the voluntary housing Capital Assistance Scheme (CAS) accommodation is provided for special needs categories such as the elderly, homeless, elderly returning emigrants and people with disabilities. The voluntary housing Capital Loan and Subsidy Scheme (LSS) is for the most part used to fund family type social housing which is broadly similar to accommodation provided under the local authority housing programme.

Improvements works in lieu of and extensions to local authority housing: This scheme enables local authorities to improve or extend privately owned houses occupied or intended to be occupied by an approved applicant for local authority housing (as an alternative to the provision of local authority housing.)

Local Authority Extensions Scheme: Under the Extensions scheme local authorities can extend a rented local authority house to cater for households who would otherwise qualify for inclusion in a housing assessment.

2.3.4.3 Affordable Housing Schemes

Shared Ownership: The Shared Ownership Scheme, operated by local authorities, enables people who cannot afford to purchase a house outright (must satisfy an income eligibility test) to buy a share in a house now and the remainder at later stages.

Local Authority Affordable Housing Scheme: The Affordable Housing Scheme provides for the building of new houses in areas where house prices have created an affordability gap for lower income house purchasers. The houses are offered to eligible first time purchasers at cost price (an income eligibility test must be satisfied), thus allowing first time buyers who might otherwise have applied for local authority housing purchase their own homes.

Affordable Housing – Part V: The Planning and Development Act 2000 defines an eligible person for Part V Affordable Housing as a person “who is in need of accommodation and whose income would not be adequate to meet the payments on a mortgage for the purchase of a house to meet their accommodation needs because the payments calculated over the course of a year would exceed 35% of the person’s annual income after income tax and PRSI are deducted.”

Affordable Homes Partnership: Given the particular house price affordability issues in and around Dublin, the Government established the Affordable Homes Partnership (AHP) in August 2005, with a mandate to accelerate and co-ordinate the delivery of affordable housing in the Greater Dublin Area. Under the new Social Partnership agreement, *Towards 2016*, the AHP, while maintaining its Greater Dublin Area focus, will roll out its experience nationally in the areas of communications on affordable housing issues, common affordable housing application systems and the implementation of Part V.

2.3.4.4 Special Housing Needs

Within the housing sector, specific strategies are required to meet the housing of those with special needs (the homeless, Travellers, older people and people with disabilities).

Disabled Persons/Essential Repairs Grants: The disabled persons grant is available for the provision of additional accommodation or the carrying out of works of adaptation which, in the opinion of the local authority in whose area a house is located, are reasonably necessary to make the house more suitable for a disabled member of the household. The essential repairs grant enables people in houses which cannot be made habitable in all respects at a reasonable cost, to have basic repairs carried out to them. The scheme is directed primarily at older persons living in poor housing conditions. The schemes are administered by local authorities based on local need.

The schemes have recently been reviewed and will be reformed to improve equity and targeting, with proposals to be announced shortly.

Funding for the disabled persons and essential repairs grant schemes over the period 2000 to 2005, including works to local authority houses, amounted to €331.6 million with some 45,000 grants paid. Capital allocations of €65 million have been allocated for the funding for the schemes in 2006. It is expected that a further €7m will be spent in 2006 on works

of adaptation to make local authority rented houses more suitable for a disabled member of the household, bringing the total expenditure in the area to €72 million.

A target has been set for the disabled persons and essential repairs grant schemes to be reformed during 2006 to improve equity and targeting.

Travellers: An additional programme operated under the aegis of the Department of the Environment, Heritage and Local Government relates to the provision of accommodation for Travellers. This includes standard local authority accommodation and also new Traveller specific accommodation and the refurbishment of existing stock. These units include group houses and permanent, temporary, emergency, transient and basic service halting site bays.

Targets in relation to Traveller accommodation for 2006 – 2008 include:

- To support local authorities in the implementation of their second Traveller accommodation programmes which cover the period 2005 to 2008;
- To improve the effectiveness of Local Traveller Accommodation Consultative Committee's in providing advice to local authorities in relation to the provision and management of Traveller accommodation; and
- To ensure local authorities develop effective management and maintenance systems for Traveller specific accommodation.

Homelessness: Since the launch by the Government of Homelessness, an Integrated Strategy, (2000) and the Homeless Preventative Strategy (2002) significant progress has been made in addressing the accommodation and care needs of homeless persons. A wide range of accommodation and services have been provided. In particular, efforts have been concentrated on providing emergency accommodation services for homeless people and in getting people off the streets. Outreach services have been established in Dublin, Cork and Limerick to make contact with rough sleepers and wet hostels for street drinkers have opened in Dublin and Limerick. Dublin City Council has also initiated a night bus service which brings homeless people to available accommodation every night. It is now generally recognised that there is an adequate supply of emergency accommodation. This has been supported by greatly increased levels of Government funding which saw the provision for accommodation related services increase from €16m in 2000 to €50m in 2006 to bring the total for the period to over €327m.

The Independent Review of the Implementation of Homeless Strategies carried out by Fitzpatrick Associates Economic Consultants was published on 9 February 2006. The Government has accepted the broad thrust of the recommendations of the Independent Review, including a recommendation that the Integrated and Preventative Homeless Strategies should be amalgamated and updated. Work has commenced in the Department of the Environment, Heritage and Local Government, under the aegis of the Cross Department Team on Homelessness, on the preparation of a revised Homeless Strategy.

Targets in relation to homelessness for 2006 – 2008 include:

- Implement the recommendations of the recent independent review of the Homeless Strategies;
- Publish a revised and updated Government Strategy on Homelessness;
- On the basis of established need, promote and support the provision of long term accommodation and associated supports by way of social and voluntary housing, the private rented sector (including the use of the Rental Accommodation Scheme)

and the provision of dedicated accommodation and support systems for those persons who are not deemed capable of independent living;

- Continue to provide the funding necessary to support the provision of accommodation and support to homeless persons and develop a more effective and transparent funding mechanism through greater co-ordination at local level between the local authorities and the HSE; and
- Roll out of a comprehensive data system to monitor progress in addressing homelessness through the extension of the LINK system and the introduction of the local authority integrated housing IT system.

2.3.5 Access to Quality Health Care Services

The Department of Health's long-term goal over the next ten years is to deliver tangible improvements in their health outcomes and to ensure that all individuals and their families have access to health care appropriate to their needs. The approach to addressing health inequalities in this group will be informed by a number of strategic policy frameworks including the Health Strategy: Quality and Fairness: A Health System for You (2001), Primary Care: A New Direction: A Health System for You (2001), the Cardiovascular Health Strategy (1999) and the Report of the Expert Group on Mental Health Policy, A Vision for Change (2006). At the same time, it is important to bear in mind, from a policy perspective, that health outcomes are influenced not only by actions in the health sector itself (whether preventative, curative or continuing care) but also by other factors such as environmental factors, education, housing and income. In addition, the role of the individual must be stressed; lifestyle factors are critical, as are the actions of patients and their families and carers.

Actions that will be prioritized by the Department over the next three years include the following:

- ***Primary Care Teams and Networks***
Primary care services will be developed, drawing on the Primary Care Strategy. This will entail ongoing investment to ensure integrated, accessible services for people within their own community with a target of 300 primary care teams by 2008, 400 by 2009 and 500 by 2011. A review of these targets will be undertaken in 2008.
- ***GP Services***
Out-of-hours GP services will be further developed, as a priority, with a view ultimately to having those services available to the whole population. People who are not able to meet the cost of GP services for themselves and their families will be supported appropriately, either by means of a medical card or a GP visit card, depending on their means.
- ***Eligibility***
In line with the goals of the National Health Strategy, all existing eligibility legislation will be reviewed and legislation will be drafted that clarifies and simplifies eligibility and entitlements to health services. The aim is to produce a clear set of statutory provisions that ensure equity and transparency and to bring the system up to date with developments in service delivery and technology that have occurred since the Health Act 1970. The Department is preparing legislation that will:
 - Define specific health and personal services more clearly;

- Define who should be eligible for what services;
 - Set out clear criteria for eligibility;
 - Establish when and in what circumstances charges may be made;
 - Provide for an appeals framework.
- ***Waiting Lists***
 The National Treatment Purchase Fund (NTPF) will continue its attempt to reduce waiting times for surgery for public patients. In relation to the further development of the Patient Treatment Register (PTR) which was launched in September 2005, all targeted hospitals will be included by the end of 2006. The goal of the NTPF is that no public patient will wait longer than three months for a procedure following a referral from an Outpatient Department.
 The NTPF will continue to build on the progress commenced in 2005 in relation to reducing the length of time public patients wait to access hospital consultants for an out-patient appointment.
 - ***Cancer Strategy***
 In line with the recommendations of the recently launched cancer strategy, *A Strategy for Cancer Control in Ireland*, the Department will liaise with the HSE to ensure that arrangements are put in place to monitor inequalities in cancer risks, cancer occurrence, cancer services and cancer outcomes. The policy indicators proposed in the Strategy will provide an important means of maintaining a policy focus on cancer inequalities.
 - ***Cardiovascular Health***
 Access to emergency cardiac care, including in rural areas, will be improved in line with the recommendations of the Report of the Task Force on Sudden Cardiac Death. Access to care in the community for patients with a history, or identifiable risk, of heart failure will be increased.
 - ***Mental Health***
 There is a strong body of evidence linking poverty and poor mental health. Poverty is also associated with greater use of mental health services. The Department will work closely with the Health Service Executive to support the development of a high-quality community-based mental health service in accordance with the recommendations of the Report of the Expert Group on Mental Health Policy, *A Vision for Change*. This will require significant additional resources. An independent monitoring committee has been appointed to monitor the implementation of the report's recommendations.
 - ***Traveller Health***
 Research on Travellers' health status will be commissioned jointly with the Department of Health, Social Services and Public Safety in Northern Ireland in 2006. The research will aim to assess the impact of the health services currently provided and to identify the factors which influence mortality and health status.
 - ***Health Promotion***
 Working in partnership, the Department will develop specific community and sectoral initiatives to encourage healthy eating and access to healthy food and physical activity among adults, with a particular focus on adults living in areas of disadvantage. The Department is currently developing a Men's Health Policy and

Action Plan, against a backdrop where life expectancy among Irish men is among the lowest in Europe. The future strategic direction of health promotion policy is also under consideration by the Department at present.

- ***Homeless Adults***

The Department will feed into the new integrated homelessness strategy, currently being drafted by the Department of the Environment, Heritage and Local Government, in relation to the health and personal social service needs of homeless adults. The Department will also participate on the cross-departmental team being established to oversee progress in the provision of housing for vulnerable groups, including homeless adults. Current spending on health related services for homeless adults will be reviewed, in conjunction with the HSE, to ensure that it is targeted to the greatest effect.

The Department will support the HSE in developing a consistent approach to access to service throughout the country, based on identified need. The 2007 Corporate Plan will, specifically, include a section devoted to Consistency and Social Inclusion.

The Department recognises that young adults (18-29) have a range of particular health-related needs and will address these needs through the following priority actions:

- ***Substance Misuse***

Substance misuse will be combated through a concerted focus on supply reduction, prevention, treatment and research. Specifically, rehabilitation is being added as a fifth pillar of the National Drugs Strategy, in line with a commitment given in the mid-term review of that Strategy, and a Working Group is developing an integrated rehabilitation provision. Also, in line with the mid-term review, the Department is exploring the potential for better co-ordination between the areas of drugs and alcohol with the aim of improving synergies. Additional funding is being provided in 2006 to develop facilities and services for young people.

Needle exchange and related harm reduction services will be expanded to ensure wider geographic availability and availability at weekends, concentrating at first on areas of highest need. The objective is to address blood-borne viruses amongst drug users which is a significant issue, particularly in relation to hepatitis C. A major priority will also be to continue efforts to provide appropriate treatment to problem drug users no later than one month after assessment.

The Department will ensure that greater focus is given to reducing alcohol related harm including implementation of the recommendations of the Working Group on Alcohol, established under a Special Initiative on Tackling Alcohol and Drug Misuse in Sustaining Progress.

- ***Suicide Prevention***

The Department will prioritise implementation of the *National Strategy for Action on Suicide Prevention, 2005-2014*. Specifically, this will involve:

- Working intensively to co-ordinate suicide prevention activities across the country;
- Disseminating research and best practice and, where necessary,
- Commissioning and supporting new research; and

- Consulting with those working to reduce suicide and those responding to suicide, to ensure their voice is heard in planning future suicide prevention initiatives.

2.3.6 Access to Quality Services for Persons with Disabilities

National Disability Strategy

In September 2004, the Government launched a National Disability Strategy to underpin the participation of people with disabilities in society by building on existing policy and legislation. The key elements of the Strategy are:

- Disability Act 2005 (the Act);
- Citizens Information Bill 2006 (formerly Comhairle (Amendment) Bill 2004): The purpose of this Bill is to expand and enhance the functions of Comhairle by way of the introduction of a personal advocacy service for people with disabilities;
- Sectoral plans in the areas of Health and Children; Social and Family Affairs; Transport; Environment, Heritage and Local Government; Communications, Marine and Natural Resources; and Enterprise, Trade and Employment; and
- Multi-annual investment programme worth €900 million targeted at high priority disability support services to run until 2009.

The preparation of the National Disability Strategy was guided by the Cabinet Committee on Social Inclusion and this committee will continue its monitoring role as the elements of the Strategy are being put in place. The Strategy has been endorsed in the new proposed social partnership agreement, *Towards 2016*.

Disability Act 2005

One of the key elements of the Strategy is the Disability Act 2005 (the Act). The Act establishes a basis for:

- an independent assessment of individual needs a related service statement and independent redress and enforcement for persons with disabilities (Part 2 of the Act refers);
- access to public buildings, services and information;
- sectoral plans²⁵ for six key Departments which will ensure that access for people with disabilities will become an integral part of service planning and provision;
- an obligation on public bodies to be pro-active in employing people with disabilities;
- restricting the use of information from genetic testing for employment, mortgage and insurance purposes; and
- a Centre for Excellence in Universal Design.

2.3.7 Access to Quality Services in Areas of Urban and Rural Disadvantage

The RAPID (Revitalising Areas by Planning, Investment and Development) programme was launched in February 2001 in order to direct State assistance towards improving quality of life and access to opportunities for communities in 25 designated disadvantaged urban areas throughout Ireland. A year later, the second strand of the programme extended its coverage to a further 20 provincial towns.

A cross-sectoral Area Implementation Team (AIT) supported by a RAPID Coordinator implements RAPID locally. The City/County Development Board monitors the

²⁵ See example 2 of 'Best Practice' for more details on sectoral plans.

programme locally. The RAPID National Monitoring Committee chaired by Minister for Community, Rural and Gaeltacht Affairs oversee the programme nationally. Each RAPID area has produced a plan for the implementation of the programme in their community. These plans contain a variety of proposals to Government departments and state agencies for the funding of new projects. They also contain proposals to improve local coordination of public service delivery.

Some small-scale proposals from communities are financed through a range of dedicated RAPID funds, which resource projects such as playground developments, small-scale housing estate enhancements, small-scale community health initiatives, equality for women measures and traffic safety measures. Larger scale local proposals are supported through prioritisation at Government level by the use of mainstream Exchequer resources and in the allocation of funds such as Dormant Accounts Fund, the Equal Opportunities Childcare Programme, the Sports Capital Programme and the Community-Based CCTV Programme.

A number of guiding principles have been defined in order to underpin RAPID activity within the 45 locations: community participation and local ownership; promotion of strategic planning; co-ordination of provision of State services; building on existing structures; complementing existing initiatives; flexibility; and targeting of “additional” services, investment and facilities. The multi-tiered implementation structure ensures that the programme progressed as originally envisaged and resulted in real benefits for local communities. In addition, a number of areas also established Task Forces and a Community Forum.

RAPID is a focused Government initiative with the central ethos to prioritise and frontload access to existing funds for the most disadvantaged areas. The Programme aims to increase the investment made by Government departments and state agencies in the designated communities, and to improve the delivery of public services through integration and coordination. At the outset of the programme, each RAPID area developed an Area Plan setting out a strategy and a series of actions to be undertaken based on identified local needs. The plans represent a great diversity in the type of project proposals submitted, even within the key RAPID work issues.

An evaluation of the programme conducted in 2006 highlighted the role the programme had played in targeting social exclusion at community level. The evaluators recommended the adoption of a 15-20 year strategy for targeting the designated communities in order to effectively address issues of social exclusion. The evaluators noted the success of the RAPID leverage schemes operated by the Department of Community, Rural and Gaeltacht Affairs and suggested extending the scale of such assistance, focusing on major capital infrastructure projects and the provision of revenue funding.

The evaluators also found that the programme had built significant momentum over its lifetime, and it is anticipated that, having laid the foundations for significant progress to be made in disadvantaged communities, development activity will now continue apace.

Local Development and Social Inclusion Programme (LDSIP)

The Local Development and Social Inclusion Programme (LDSIP) aims to counter disadvantage and to promote equality and social and economic inclusion through the provision of funding and support to local partnerships. It is administered by Pobal (formerly Area Development Management Ltd.) on behalf of the Department of Community, Rural & Gaeltacht Affairs and is funded through the National Development

Plan (NDP) 2000-2006. It is delivered at local level by 38 Partnerships, 31 Community Partnerships and 2 Employment Pacts in their designated areas, under three measures:

- Measure A- Services to the Unemployed
- Measure B- Community Development
- Measure C- Community Based Youth Initiatives

For the period 2000-2005, 143,210 adults have been supported under Services for the Unemployed with an additional 257,345 young people who were supported under Community Based Youth Initiatives. The Community Based Youth Initiative has supported 45,661 persons while over 55,051 adults have participated in education and training programmes. Some 5,589 community based projects which focused on the key target groups for the programme have been funded in addition to 1,267 infrastructure/environment projects promoted by local community groups. The LDSIP funds Partnership groups at local level. They undertake actions, which aim to counter long-term unemployment and under-employment, targeting the most vulnerable individuals in the labour market. The Programme aims to build the capacity of target groups and disadvantaged communities and to play a role in developing strategies for change in their areas.

The LDSIP continues to support actions which target educationally disadvantaged young people — from their early years through to early adulthood — as well as their parents, teachers and youth workers. From 2007 the LDSIP will be made available to all areas of the country under the Governments proposals to achieve full city/county coverage for the programme.

Community Development Programme

The Community Development Programme was established in 1990 in recognition of the role of community development in tackling the causes and effects of poverty and disadvantage. The Programme is designed to reduce social exclusion by targeting support at disadvantaged and socially excluded communities in order to improve their capacity to benefit from social and economic development.

The Programme is not a grant scheme as projects are funded on a contract basis, and only projects within the Programme are funded. 182 projects, located in recognised disadvantaged urban and rural areas nationwide, are currently supported under the Programme. In keeping with the bottom-up ethos of the Programme, volunteers drawn from the local community manage these projects. Typically, a project will be core-funded to support two staff members and the cost of administration and overheads of a resource premises. Once-off grants are also available, covering minor maintenance of premises, purchase of office equipment and selected programme activities.

Funded projects are expected to:

- have an anti-poverty focus and promote the participation of people experiencing poverty and exclusion at all levels of the project
- operate from principles of equality
- act as a resource within the communities of which they are a part
- be managed by local voluntary management committees made up predominantly of people from the local area/target groups who themselves have experience of disadvantage and social exclusion

- promote co-ordination and co-operation between community, voluntary and statutory groups in their areas.

Community Development Projects also provide resources/facilities for many local community organisations. These include groups representing women, lone parents, people with disabilities, the elderly, youth groups, childcare groups and other miscellaneous groups working with disadvantaged communities.

Rural Disadvantage

It is recognised that a lack of adequate cultural and leisure facilities in rural communities is a serious impediment to the development of local rural communities. Both the current and forthcoming Rural Development Programme (2007-2013) will address the provision of amenity, arts and leisure facilities, community and recreational infrastructure, and cultural activities.

The CLÁR programme, introduced in October 2001, is a nationally funded targeted investment programme for rural areas that had suffered more than a 50% drop in population since the foundation of the State. It involves the development of a number of schemes in rural areas covering areas such as village, housing and schools enhancement, electricity conversion, broadband, roads, water supply and sewerage disposal, health, coastal, sports and community projects. The programme has been extended on a number of occasions since 2001 and now includes areas with an average population loss of 35% per county between 1926 and 2002. The population currently benefiting from the programme is 727,000.

D

Annex 2.4 - OSI Consultation Process on the development of Ireland's National Action Plan against Poverty and Social Exclusion 2006-2008 (NAP/inclusion)

The Office for Social Inclusion (OSI) located in the Department of Social and Family Affairs, has lead responsibility for coordinating the preparation of the next National Action Plan against Poverty and Social Exclusion (NAP/inclusion) 2006-2008.

The first stage of an extensive consultation process for the production of this plan was commenced by the Office in September 2005, with newspaper advertisements in the national media seeking written submissions from organisations and individuals on the broad objectives and policy measures to be reflected in the Plan. Those most at risk of poverty now are families with children, especially lone parents and larger families, people with disabilities and older people living alone. Travellers, migrants or ethnic minorities, and people living in disadvantaged urban and rural areas are also particularly vulnerable. Contributors to the consultation process were asked to particularly focus on these and other vulnerable groups in framing their submissions.

In total, 81 submissions were received from individuals and organisations. The majority of submissions were made by national networks or national voluntary groups (31), and local, community or regional groups (15). The next largest area of submissions came from public bodies (11), local authorities (6) and from within third-level institutions (5). Nine submissions were received from individuals, two from religious bodies and two from trade unions.

The written stage of the consultation process was followed by a series of seven regional and national seminars organised by the Office during November and December 2005 in Dublin, Carlow, Cork, Limerick, Mullingar, Carrick on Shannon and Donegal. The seminars were designed to support the participation within the NAP/inclusion process of those with direct experience of poverty and social exclusion or those who work with individuals, groups or communities affected by this problem. A total of 512 people attended the seminars countrywide, including representatives from government departments, state agencies, the community and voluntary sector, as well as members of the general public.

The seminars sought participant's views on the local, regional and national implementation of the NAP/inclusion policies and measures and were structured in workshop format to elicit participant's views on the implementation and success to date of the current plan. Policy areas covered included employment, education and training, health and care, housing and income supports. Seminars also sought to explore the urban and rural dimensions of poverty and gender issues.

A report of both stages of the consultation process was prepared which formed an important input to the 3rd NAPS Social Inclusion Forum held in Dublin in February 2006. The annual Forum provides people who are affected by poverty and social exclusion and their representatives with an opportunity to contribute their views on, and experiences of, the implementation of the NAP/inclusion. The consultation report also provided an input to the negotiations on the social inclusion aspects of the new partnership agreement *Towards 2016*.

In order to provide local authorities with an opportunity to make a direct input into the development of the next Plan, a consultative seminar was held in March 2006 in the Heritage Hotel, Portlaoise. The main purpose of the seminar was to obtain views from local authorities on issues relating to poverty and social exclusion at local level to feed into the next National Action Plan and, as appropriate, into the next National Development Plan and the new social partnership agreement.

The strategic approach taken in the preparation of the plan ensures that actions are co-ordinated in a 'joined up' way, with a view to achieving more effective outcomes.

E

Annex 2.5 – Social Inclusion - Working with other Jurisdictions

Poverty and social exclusion affect the quality of life of families and communities across the island of Ireland. Creating a more inclusive society by alleviating social exclusion, poverty and deprivation is a continuing challenge for administrations in Northern Ireland and Ireland. There are strong commonalities shared by both communities which have facilitated the establishment of a number of areas of cross-border co-operation.

The North/South Ministerial Council, which was set up under the Belfast Agreement facilitates co-operation between Ireland and Northern Ireland in a range of areas including health and education. The Council oversees the work of the six North South Implementation Bodies. One of these is the Special EU Programmes Body which is responsible for the administration of the Peace Programme, INTERREG III and the cross-border elements of other initiatives such as LEADER III, EQUAL, URBAN. Cross border co-operation and building peace and reconciliation are the key elements of the work of the Special EU Programmes Body.

Both administrations agree that there is further potential to promote co-operation between the two jurisdictions in relation to social inclusion. To this end, they will prepare a report on areas of existing and ongoing cross-border work which will, include the contribution of the voluntary and community sector in promoting cross-border social inclusion, equality and reconciliation. This process will be used to determine where further work is required and to ensure that new work will complement work already in progress

Areas for potential co-operation which could deliver mutual cross-border benefits will be explored. These may include:

- the compilation and sharing of data and information in relation to areas of common interest and/or;
- specific topics of common interest for research and analysis;
- areas where joint approaches should be developed.

The findings of such work will inform policy development in both jurisdictions.

The report will also describe how work on the potential areas may be progressed with the agreement of the relevant Ministers in both jurisdictions and within existing institutional structures.

F

Annex 2.6 – Consistent and ‘At Risk of Poverty’ tables

Percentage of persons below 60% of Median Income and experiencing consistent poverty - by gender, age, household type or by labour force status (Source: EU-SILC 2004)

| | 2003 (%) | 2004 (%) |
|-----------------------------|----------|----------|
| Overall | 8.8 | 6.8 |
| Men | 8.3 | 6.2 |
| Women | 9.3 | 7.4 |
| Children 0-14 | 12.2 | 9.5 |
| Elderly 65+ | 5.8 | 3.3 |
| Adults 15-64 | 8.3 | 6.5 |
| At Work | 2.6 | 1.8 |
| Unemployed | 28.3 | 19.2 |
| Student | 11.5 | 8.7 |
| Home Duties | 12.2 | 9.6 |
| Retired | 5.7 | 3.7 |
| Ill/Disabled | 22.4 | 21.7 |
| Single adult, no children | 12.8 | 9.9 |
| 2 adult, no children | 6.3 | 4.7 |
| 3+ adult, no children | 4.5 | 3.5 |
| 1 adult with children | 33.6 | 31.1 |
| 2 adults with 1-3 children | 5.9 | 4.7 |
| Other h'holds with children | 13.7 | 9.6 |

Percentage of persons below 60% of Median Income – ‘At risk of poverty’ – by gender, age, household type or by labour force status (Source: EU-SILC 2004)

| | 2003 (%) | 2004 (%) |
|--------------------------------|----------|----------|
| Overall | 19.7 | 19.4 |
| Men | 18.9 | 18.0 |
| Women | 20.4 | 20.8 |
| Children 0-14 | 21.0 | 21.2 |
| Elderly 65+ | 29.8 | 27.1 |
| Adults 15-64 | 17.6 | 17.6 |
| At Work | 7.6 | 7.0 |
| Unemployed | 41.5 | 37.2 |
| Student | 23.1 | 23.6 |
| Home Duties | 31.8 | 32.1 |
| Retired | 27.7 | 26.1 |
| Ill/Disabled | 51.7 | 47.3 |
| Single adult, no children | 40.4 | 35.7 |
| 2 adult, no children | 21.2 | 21.4 |
| 3+ adult, no children | 12.4 | 12.7 |
| 1 adult with children | 49.3 | 48.3 |
| 2 adults with 1-3 children | 12.3 | 12.5 |
| Other households with children | 23.2 | 23.1 |

G

Annex 4.1 - Descriptive material on Healthcare and long-term care systems and practices.

A. The Health Service Reform Programme In Ireland.

In 2001 the Government announced its National Health Strategy, Quality and Fairness: A Health System for You to provide vision and strategic direction for development of the health and personal social services. The Strategy set out key objectives for the health system up to 2010 which are based on the following national goals:

- Better Health for Everyone
- Fair Access
- Responsive and Appropriate Care
- High Performance

In line with the Health Strategy the Vision is for a health system that:

- supports and empowers you, your family and community to achieve your full health potential,
- is there when you need it, that is fair and that you can trust,
- encourages you to have your say, listens to you and ensures that your views are taken into account.

Frameworks for Change



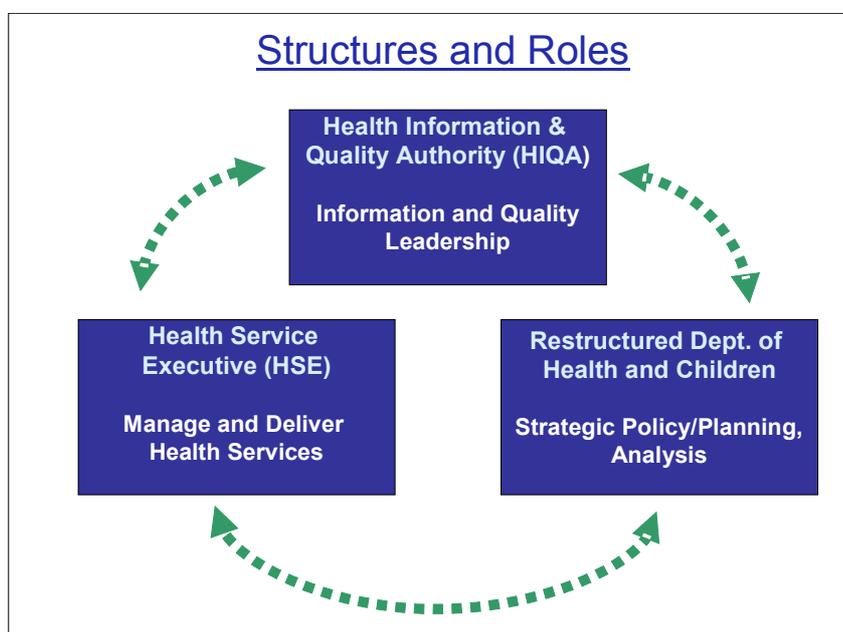
In June 2003 the Irish Government announced the most ambitious programme of change for the Irish health system in over 30 years. The focus of this Health Service Reform Programme is on improving patient care, providing better value for money and enhancing healthcare management. The better planned and managed health system resulting from these reforms will deliver measurably improved healthcare for all patients and consumers

Significant progress has been made in implementing the Reform Programme and there have been a number of important developments over recent months.

The underlying principles of the Reform Programme include:

- A national focus on service delivery and executive management of the system
- Reducing fragmentation in the system
- Strengthening accountability in the management of the services
- Improving the capacity to plan for future development
- Implementing continuous quality improvement and external appraisal
- And most importantly, improving patient care.

January 1st, 2005 marked an important milestone in implementing the Reform Programme as it was on this date that the Health Service Executive was established. The Health Service Executive (HSE) is the first ever body charged with managing and delivering the health service as a single national entity and it brings together the roles of numerous agencies that previously operated as separate bodies.



The Health Act 2004, which provided the legal framework for the HSE's establishment on a statutory basis, defines the objective of the Executive as follows:

“to use the resources available to it in the most beneficial, effective and efficient manner to improve, promote and protect the health and welfare of the public.”

The Executive has its own Board and has appointed a Chief Executive. The Executive is organised into national directorates including a National Hospital's Office, a Primary, Community and Continuing Care Directorate and a Population Health Directorate.

The Health Service Executive is required to prepare a National Service Plan and a Three Year Corporate Plan against which performance and development can be measured. In fact, the Executive's first National Service Plan for the Irish health system was approved by the Minister for Health and Children on April 6th. The framework for reporting activity and monitoring performance against specified indicators has been agreed and will be

further developed between the Health Service Executive and the Department of Health and Children.

In summary, the reform of the Irish health services is a very significant change management programme involving budgets of over €11 billion per annum, and over 98,000 whole time equivalent staff. The Reform Programme gives a clear national focus for service management and improvement, whilst better organising the delivery of services on an integrated basis at a local level. The Reform Programme will also move towards a system which is focused on continuous improvement in service quality and improving the experience of every patient and client.

The reforms will ultimately deliver a more responsive, adaptable health system that meets the needs of the population effectively and represents best value for money to the Government. However, it is an ongoing process which is not only about changing structures but also changing how health services and personnel operate. Indeed changing behaviours may represent one of the most significant challenges that will be faced in implementing the Reform Programme.

B. Acute Hospitals

Challenges faced relating to the provision of access

One of the main challenges is the provision of access for those in need of acute hospital care. The Health Strategy (2001) contained a commitment to increase the number of acute hospital beds by a total of 3000 over a ten year period.

In 2001, the year of the publication of Health Strategy, the average number of in-patient beds and day places available for treatment of patients in public acute hospitals was 12,145. Hospital returns for 2005 show that this number has risen to 13,255, an increase of 1,110 in-patient beds and day places.

In addition, a further 450 acute beds/day places are in various stages of planning and development under the Capital Investment Framework 2006-2010.

Funding has been provided to hospitals to open an additional 900 acute hospital beds including in-patient beds and day places. Over 800 of these beds have been opened up to the end of May 2006 and hospitals are in the process of recruiting and negotiating with staff to bring the remaining beds on stream during the coming months.

The Department of Health and Children is committed to exploring fully the scope for the private sector to provide additional capacity in the health system.

In this context, the Department issued a policy direction to the Health Services Executive (HSE) last July which is aimed at freeing up 1,000 additional beds in public hospitals for public patients. This will be achieved through the development of private hospitals on the sites of public hospitals and the transfer of private activity to those hospitals thereby freeing up capacity for public patients in public hospitals.

The HSE recently advertised for expressions of interest for the construction and operation of private hospitals on the sites of 11 publicly funded hospitals.

A Steering Group has been established under the chairmanship of the National Director of the National Hospitals Office to review our acute hospital bed requirements up to the year 2020. The Group includes representatives of the HSE, the Department of Health and Children, the Department of Finance and the Economic and Social Research Institute.

The delivery of accident and emergency (A&E) services has been identified as a priority area for attention. Many of the difficulties and delays experienced in A&E Departments reflect system-wide issues. It is therefore necessary to take a whole-system approach, involving primary care, acute care, and sub-acute and community care in tackling the problems in A&E Departments.

In November 2004, additional funding of €70 million revenue and €10 million capital to implement a 10-point Action Plan to improve the delivery of emergency services was provided. The actions are aimed at improving access to A&E services, improving patient flows through A&E departments, freeing up acute beds and providing appropriate long term care for patients outside of the acute hospital setting. The Health Service Executive (HSE) is continuing to implement these actions and is also implementing a number of additional measures, including in particular the setting of performance targets for

individual hospitals, to contribute to the delivery of sustained solutions to improve the patient experience in A & E.

Since 1997 there has been an increase of almost 32,000 (+46%) in employment levels for the health services. The increases (wholetime equivalents) are as follows:

- Medical /Dental (including Consultants) – 40.94%, representing an increase of 2,037 additional medical/dental personnel in our health services.
- Nursing – 25.48%, representing an increase of 6,967 nurses in our health services
- Other Health Professionals – 116.07%, representing an increase of 6,892 other health professionals.

There are also challenges in regard to sufficient long stay care for older people. In this regard a Public Private Partnerships (PPP) initiative was announced in the health sector for 17 Community Nursing Units (CNU) for Older People to provide up to 850 additional long stay beds in Dublin and Cork where the need is most acute.

The PPP approach was examined and consideration of another procurement option, which is based on entering into a medium term service level agreement with the private sector to deliver the additional long stay beds is under evaluation.

With regard to Community Care Services for older people, there is a particular difficulty in relation to the availability of paramedical grades to support older people in the community, for example occupational therapists and physiotherapists. The Department is working with training colleges to provide more personnel in these areas while the HSE is intensifying recruitment programs to attract these grades.

The National Treatment Purchase Fund (NTPF)

The National Treatment Purchase Fund (NTPF) was established as one of the key actions for dealing with public hospital waiting lists arising from the Health Strategy. It is used for the purpose of treating public patients who have been waiting longest for admission to hospital. It is now the case that, in most instances, anyone waiting more than three months for surgical procedures will be facilitated by the Fund. Up to the end of April 2006, 42,000 patients have had treatment arranged for them.

Responsibility for the collation and publishing of waiting list and waiting time data now rests with the National Treatment Purchase Fund (NTPF) which was set up on a statutory basis with effect from 1 May, 2004.

- A new, on-line, National Patient Treatment Register was developed by the National Treatment Purchase Fund. The new Patient Treatment Register will allow for more accurate identification of waiting lists, and more importantly waiting times. The NTPF recently launched the second phase of the Patient Treatment Register (PTR). It is intended to complete the roll-out to all acute hospitals by the end of this year.

C. Better Health for Everyone.

This section outlines progress made in 2005 on the actions which underpin delivery of four key health strategy objectives: putting the health of the nation at the centre of public policy, intensifying the promotion of health and wellbeing, reducing health inequalities and targeting specific quality of life issues. Details are as follows:

Furthering the Strategic Approach

- In February 2005 a number of staff from across a range of Government Departments attended a seminar on Health Impact Assessment (HIA) as a result of which a pilot HIA will be initiated in two Government Departments in 2006.
- A Population Health function was established in the HSE in 2005. The Department and iHIQA /HIQA will work closely with the HSE to achieve common goals in terms of enhanced systems performance and health outcomes for individuals, communities and the population at large.

Smoking

- 2005 also saw significant progress being made in the areas of tackling national trends in smoking, alcohol, diet and exercise.
- The hard hitting advertisement campaign *Every Cigarette is Doing You Damage* achieved excellent recognition levels of 98% and the results of an evaluation carried out in March 2005 of the National Smokers Quitline showed that in excess of 60% of people found the Quitline to be of significant assistance and that the workplace smoking ban was a very important aspect in helping them to quit the habit of smoking.

Alcohol

- In July 2005 a Working Group on Alcohol was established to mobilise the stakeholders through Social Partnership to achieve a targeted and measurable reduction in alcohol misuse. The Working Group operated in the context of the Special Initiative on Alcohol & Drug Misuse under Sustaining Progress. A Report was produced and presented to the Steering Group (established under Sustaining Progress) in late 2005. The Report contained a number of recommendations on a wide range of issues and will be published following consideration by the Steering Group.
- The implementation of a Voluntary Code of Practice negotiated between the Health Promotion Unit, the advertising and drinks industries and the communications sector relating to the content and placement of alcohol advertisements is now to be overseen by an independent monitoring body, established in 2005, who will ensure adherence to the code.

Diet & Exercise

- The Taoiseach was presented with the Report of The National Task Force on Obesity in May, 2005. The Report 'Obesity the Policy Challenges' contains 93 recommendations across six broad sectors. Additional funding of €3 million has been provided to the HSE to support the implementation of the Report's recommendations.

- In November 2005 a campaign in response to the ongoing increase in overweight and obesity was launched, titled 'Take 5 Steps To A Healthier You'. Guidelines on Food and Nutritional Care in Hospitals were also developed and published in 2005.
- Ready, Steady, Play : A National Play Policy, 2004 -2008, prepared by the National Childrens Office, received further funding in 2005 of €6m direct Government funding, allocated to playgrounds and facilities for older children. The implementation of the Play Policy, in co-operation with the local authorities and other stakeholders, will contribute to improved play opportunities and the promotion of healthier lifestyles and consequently improved health for children.
- The tender for the organisation and management of the National Play Resource Centre has been awarded to the IPPA and Sugradh and the Centre has been operational since November 2005.
- The Office of The Minister For Children launched a public consultation process in May, 2005, on the development of a Recreation Policy for young people aged 12yrs. to 18yrs.
- On 5th. December, 2005 the Minister For Children also launched research on 'young peoples views about opportunities, barriers and supports to recreation and leisure'. This research together with the outcome of the public consultation process will inform the work of a cross Departmental Steering Group which also includes representation from Local Authorities, The HSE and the Sports Council.

Promoting & supporting Breastfeeding

- A strategic document 'Breastfeeding in Ireland: A Five Year Strategic Action Plan' was launched in October 2005 with the aim of improving the nations health by ensuring that breastfeeding is the norm for infants and young children in Ireland. The Plan is to be carried out by the HSE.
- Consultation between the Health Promotion Unit and the Health Promotion Agency (NI) has resulted in an agreement to hold annual All Ireland Breastfeeding Conferences in alternate jurisdictions. The first conference took place in Belfast in May, 2005.

Healthy Lifestyles in Children / Child Health Inequalities

- In 2005 the policy direction for Child Health has focused on Child Health Inequalities and options are being considered in respect of achieving the National Anti Poverty Strategy target of reducing low birth weights.
- Throughout 2005 ongoing support was provided to primary and post primary (junior cycle) schools to enhance implementation of Social, Personal and Health Education (SPHE) curriculum in partnership with the Department of Education and Science and the HSE.
- The senior cycle curriculum for SPHE was also brought to an advanced stage. The substance abuse prevention programme is a core element of the SPHE curriculum and specific in-service support is offered to schools on this topic.

Injury Prevention

- A national conference of key areas of injury prevention took place in Killarney in mid 2005 and the Health Promotion Unit in partnership with the National Council on Ageing and Older People, has begun a process of policy development for falls prevention among older people. It is expected that a new national policy and accompanying strategy will be launched in late 2006.

Screening for Breast and Cervical Cancer

- The extension of the Breast Check programme which commenced in 2000 in the East, North East and Midland regions and the South East in 2003, continued in 2005 with screening commencing in Carlow in April, 2005 and in Kilkenny in March 2006.
- A Design Team was appointed in 2005 to work up detailed plans for two new clinical units at the South Infirmery /Victoria Hospital, Cork and University College Hospital Galway.
- Breast Check advertised for lead consultant radiologists and radiographers in 2005 for the two new Units and the recruitment of these and other key clinical staff will continue in 2006.
- Cumulative revenue funding of €73.5m has been made available to support the current programme since its introduction. The target date of 2007 for commencement of the national roll out of the programme will be met.
- The Department undertook a consultative process with the relevant professional representative /advocacy groups on the Report on The Irish Cervical Screening Programme, published in 2004 and the process was completed in 2005.
- The Department requested the HSE, in 2006, to prepare a detailed implementation plan for national roll out.

A revised National Cancer Strategy

- The National Cancer Forum consulted widely on the strategy during 2005 and presented the new National Cancer Strategy 'A Strategy for Cancer Control in Ireland 2006' to the Tánaiste in January, 2006.
- The Strategy makes recommendations in relation to organisation, governance, quality assurance and accreditation across the continuum of cancer care from prevention and health promotion through to treatment services, palliative care and research.

Radiation Oncology

- The Department is working closely with the HSE in implementing the national plan for the development of radiation oncology services agreed by Government in July 2005.
- The plan consists of four large radiation oncology centres in Dublin, Cork and Galway and two integrated satellite radiation oncology units in Limerick Regional Hospital and Waterford Regional Hospital.
- The new Belfast Cancer Centre which is opening this year will also treat patients from Donegal.
- The new Radiation Oncology Department at University College Hospital, Galway commenced treatments in March 2005.
- In Cork University Hospital the third linear accelerator commenced treatments in March 2005 and the fourth commenced treatments in October, 2005.
- In July 2005 the Tánaiste announced the Governments approval for a national network for radiation oncology services to be put in place by 2011, commencing in 2008.

Immunisation

- The Primary Childhood Immunisation Programme (PCIP) has the objective of achieving an uptake level of 95%. Following proposals submitted by the HSE in relation to the PCIP, funding of €2.4m in 2002, €2.1m in 2003, €2.7m in 2004 and a further €3.3m in 2005 was allocated to the HSE to further progress the implementation of the recommendations relating to PCIP.

- Progress made up to and including 2005 shows a take up of 90% and over for six childhood vaccines and 84% for the MMR.
- A number of other initiatives on Child Health Surveillance and Screening are being implemented by the HSE Programme of Action for Children.

Child and Adolescent Mental Health

- All aspects of mental health services, including child and adolescent psychiatry, were considered by the Expert Group on Mental Health Policy.
- The Group's report sets out how positive mental health in children and adolescents can be promoted and how specialist mental health services can be delivered effectively to children who need them.
- 30 multidisciplinary child and adolescent community mental health teams are in place offering a wide range of therapeutic approaches.
- The report acknowledges gaps in the current provision of child and adolescent mental health services and makes several recommendations for the further improvement of these services.

Men's Health

- Extensive national research was underway in 2005 to inform the development of a Men's Health Policy. Drafting of a policy is being progressed by a National Steering Group and it is hoped that the policy will be published in due course.

Sexual Health

- The Department continued to work in partnership with the Crisis Pregnancy Agency to complete the first ever National Survey of Sexual Knowledge, Attitudes and Behaviour in Ireland. The field work for the study was completed in 2005 and it will be published on completion.
- Ongoing support of the Education and Prevention Sub-committee of the National Aids Strategy Committee is provided by the Departments Health Promotion Unit. In 2005, support for HIV/AIDS prevention specifically targeting at risk groups was provided through funding and support for NGO activity.
- Throughout 2005, the Education and Prevention Sub-Committee worked towards a review of the Recommendations of the 2000 report. The review will be completed in 2006 and new recommendations will be set.

National Anti Poverty Strategy and Health targets/ reduction of health inequalities

- A pilot exercise commenced in 2005 under the Cardiovascular Health Strategy to test standards for demographic and socio-economic data of cardiac patients in specific modules of the National Cardiovascular Information System.
- During 2005 the Institute of Public Health, on foot of a commission from the Department, progressed work on data and monitoring requirements for NAPS health targets and provided analysis of the difference between the highest and the lowest socio-economic groups in relevant mortality data for 2003 and low birth weight data for 2001. The results of the analysis were forwarded to the Office for Social Inclusion.

Travellers health

- A National Strategy 2002 to 2005, published in 2002, was implemented by the Department and the HSE in the period 2002 to 2005. The results of the Travellers' All Ireland Health Study, due to commence in 2006, will inform the future development of future health services for Travellers.

Adult Homeless

- The health components of 'Homelessness - An Integrated Strategy 2000' were implemented by the Department and the HSE in the period 2000 to 2005. Work will begin in 2006 on the drafting of a new strategy.

Youth Homelessness

- The Department has requested the HSE to undertake a review of their action plan which originally arose from the Youth Homelessness Strategy 2001, to ascertain the extent of their implementation, by the HSE.
- The Youth Homelessness Strategy Monitoring Committee, under the Chairmanship of the National Children's Office (now part of the Office of the Minister for Children established in 2005) is now monitoring the implementation of the 2001 strategy. The Committee has identified a number of key areas which need attention in order to drive the implementation of the Strategy in an effective and co-ordinated manner and a number of sub groups were established to focus on – Inter-agency Co-ordination and Linkages, Leaving and Aftercare, Statistics, Education and Training and Information and Advocacy.

Implementation of the National Drugs Strategy 2001 to 2008

- At the end of December, 2005, there were 7,795 people receiving methadone treatment compared with 7,301 at the end of December, 2004.
- There were 224 G.Ps and 352 pharmacists involved at the end of December, 2005 compared with 221 and 329 respectively for the same period in 2004.
- The mid term review of the National Drugs Strategy was published in June, 2005, and acknowledges that significant progress is being made across the 36 actions. Some adjustments were also made on foot of the review in order to re-focus priorities up to 2008. The review identified the need to address the issue of rehabilitation services and a working group has been established to oversee the development of a policy in this area.

Suicide prevention

- 'Reach Out' A national Strategy for Action on Suicide Prevention' was launched on 8th. September, 2005. The National Office for Suicide Prevention was established by the HSE following the publication of the Report, to oversee the implementation of the Reports recommendations.

Ageing and Older People

- In 2005 the Health Promotion Unit continued to work closely with the National Council on Ageing and Older People to implement the Health Promotion Strategy for Older People through the healthy ageing programme. In 2005 the programme continued to promote healthy ageing initiatives through its directory and database.

Family Support Services

- In addition to funding mainstream family support services, funding continued in 2005 for the Springboard Projects, the Teen Parents Support Programme and the Youth Advocacy Programmes, resulting in increased availability of these programmes.
- Extensive work was carried out on foot of The Review of Family Support Services, established in 2003, culminating in the finalisation in late 2005 of the work which

will inform the Family Support Strategy which, it is anticipated, will be launched in 2006.

- During 2005 the work of the Youth Justice Project Team in the Department of Justice & Law Reform was actively supported. The Government agreed a number of major reforms to the youth justice system in December, 2005. These include the establishment of a new Youth Justice Service on a non-statutory basis within the Department of Justice, Equality and Law Reform. The Service for strategic purposes is to co-locate with a number of other services for children in the Office of The Minister for Children, established in late 2005.

High-quality treatment for those with Hepatitis C /Blood & Blood Products

- During the course of 2005, a Review was completed by the Health Services Research Centre on the implementation of the recommendations of the 2000 Report on the health services available for persons with State-acquired Hepatitis C. The Review showed that many of the recommendations contained in the original Report were met and also identified areas where further progress can be made.
- An Information Day on Hepatitis C was held in October, 2005, the fourth since 2002.
- During 2005 plans were finalised for the appointment of a Home Nurse Liaison Officer post in the Eastern Region on a pilot basis and interviews took place at the end of the year.

An integrated approach to meeting the care of ageing and older people

- In 2005 a total of €17.25 million in additional revenue was allocated to Services for Older People. The funding was used for a variety of services including Nursing Home Subvention, Personal Care Packages, Home Help and Elder Abuse.

National Palliative Services

- Since October 2001, an additional €16.384m has been invested in palliative care services including €2m. in additional funding that was made available specifically for specialist palliative care in 2005, in line with recommendations made in the National Advisory Report.
- In 2005, the National Council for Specialist Palliative Care was established and held its inaugural meeting.
- A Palliative Care Needs Assessment for Children was launched in September, 2005 and Design Guidelines for Specialist Palliative Care Settings was also launched in September, 2005.

Implementation of AIDS Strategy 2000

- The National AIDS Strategy Committee (NASC) and its sub-committees on Education and Prevention, Surveillance and Care and Management continue to work to implement the recommendations of the AIDS Strategy. A special once off budget of €0.5m was made available in 2005 for groups involved in Projects under NASC.
- Throughout 2005, The Health Protection Surveillance Centre on behalf of the Department of Health and Children, continued to monitor the implementation of routine antenatal testing for HIV. It reports an uptake rate of over 90% for routine linked antenatal testing.

Measures to prevent Domestic Violence /supporting victims

- The Health Promotion Unit provided Chairmanship and secretariat to the Sexual Assault Treatment Units Review Group which concluded a major national review in 2005.
- The Sexual Assault Treatment Unit, Waterford Regional Hospital, opened in 2004. Feedback from both service providers and sexual assault victims in regard to the Unit has been very positive. The Unit was acknowledged on a national level by the HSE as it received a prestigious Special Merit Award in its category at the HSE Innovation Awards in October, 2005.

D. Mental Health

The closure of large mental hospitals and the move to modern units attached to general hospitals, together with the expansion of community services, has been Government policy since the publication of *Planning for the Future* in 1984. Most mental health services are now provided in publicly-funded community settings. Only a small number of individuals are admitted to in-patient care and the majority of such admissions are to public hospitals. Voluntary groups have been proactive in the development of community-based services and the promotion of service user advocacy. Currently, there is a need to address regional disparities and fully implement the community-based model of mental health care provision.

The cost of mental illness is very high in terms of lost productivity and human costs. It is recognised that significant economic benefits can be gained by promoting mental health.

People with mental health problems are particularly vulnerable to social exclusion as the nature of these problems often means they are recurring, so that an individual may have repeated periods of illness and these may result in hospitalisation. Absence from work can lead to unemployment. Loss of income can lead to debt and even homelessness. Tackling social exclusion can bring about significant improvements in the quality of life of individuals with mental health problems.

The future direction and delivery of all aspects of mental health services were considered by an Expert Group on Mental Health Policy. The Group's report entitled "*A Vision for Change*" was published in January 2006. This is the first comprehensive review of mental health policy since 1984. The Report outlines a vision of the future for mental health services and sets out a framework for the management of mental health services over the next 7-10 years.

The Report proposes a holistic view of mental illness and recommends an integrated multidisciplinary approach to addressing the biological, psychological and social factors that contribute to mental health problems. It proposes a person-centred treatment approach which addresses each of these elements through an integrated care plan, reflecting best practice, and evolved and agreed with service users and their carers. Special emphasis is given to the need to involve service users and their families and carers at every level of service provision.

Equality legislation has been enacted in Ireland to prevent discrimination against people with mental health problems and to ensure the provision of public services addresses the needs of people with mental health problems. Measures are also being taken to encourage social inclusion. Recommendations from "*A Vision for Change*" are being implemented to address the stigma associated with mental illness. These measures include education programmes and empowering service users. The shift in service provision to a multidisciplinary team working approach will also assist people with mental health problems by addressing all aspects of a person's life, recognising that mental health problems cannot be successfully treated in isolation.

The Government is committed to developing a high-quality community-based mental health service and has accepted the Expert Group's report as the basis for the future

development of the mental health services. An independent monitoring group has been set up to oversee the implementation of *A Vision for Change*.

A National Office of Suicide Prevention has been set up to implement “*Reach Out*” – *A National Strategy for Action on Suicide Prevention*, coordinate suicide prevention activities across the state, consult widely in relation to the planning of future initiatives and ensure best practice in suicide prevention.

The Mental Health Commission was established in 2002 to foster high standards in the delivery of mental health services and to ensure that the interests of detained persons are protected. The Mental Health Act 2001 provides for the establishment of Mental Health Tribunals to protect the rights of individuals involuntarily detained. It is expected that the tribunals will come into operation later in 2006. Regulations for Approved Centres are also being drafted to ensure high quality in the treatment of people with mental health problems in all residential mental health settings. These regulations will be enforced by the Office of the Inspector of Mental Health Services.

In 2004 spending on mental health services represented 7.3% of total health expenditure. Although there has been an increase in expenditure in recent years there has been a progressive decline in mental health funding relative to general health funding. Workforce costs account for over 80% of non-capital mental health funding. National policy recommends an increase in the workforce which will require increased funding.

Ireland has experienced significant regional inequalities in the financing of mental health services. The introduction of performance indicators will make it possible to monitor the effectiveness and efficiency of spending and monitor progress in addressing regional disparities.

Significant capital investment is required to provide and equip the proposed new mental health infrastructure. “*A Vision for Change*” envisions an active, flexible and community-based mental health service where the need for hospital admission will be greatly reduced. It will require substantial funding, but there is considerable equity in buildings and lands within the current mental health system, which could be realised to fund this plan. “*A Vision for Change*” recommends the closure of all psychiatric hospitals and the re-investment of the resources released by these closures in the mental health service.

E. Services for People with Disabilities

The health services provided by the Health Service Executive, either directly or through non-statutory service providers, include a broad range of supports to people with disabilities. Access to these services is mainly through general practitioners, community care clinics, the Child Development Health Service, referral from acute hospital services in the case of disabilities such as acquired brain injury, self referral or in the case of children, referral by parents or through teaching staff in the case of children of school going age.

Since the 1970s, there has been an increased focus on services being delivered locally, enabling people with disabilities to continue to live with their families and/or local communities. Where this has not been possible, (mainly in relation to residential care services), alternative accommodation such as community-based housing, is the preferred option.

Developments since the 1970s include a range of residential options, including 5 or 7 day care, respite care, emergency care, shared care options, supported and independent living arrangements. Day services, specialist support for those who require a more intensive level of support and a more flexible approach to the provision of home support based on individual needs have also characterised service developments.

Overall Scope of Present Services for people with Disabilities

A broad spectrum of services are provided for people with disabilities, the main elements of which include:

- ***Assessment and diagnosis***; the initial step required to indicate appropriate treatment and to predict outcome. These services involve, as appropriate, acute hospital services and/or community based teams.
- ***Early intervention services***; the process of evaluating the extent of each child's ability/disability in cases where there is developmental delay so that an appropriate care programme can be put in place. It involves multidisciplinary intervention with infants and young children. Disciplines involved may include paediatrician, psychologist, social worker, speech and language therapist, occupational therapist, physiotherapist, teacher, community nurse.
- ***Multi-disciplinary support services***; multi-disciplinary services are provided by a team of professionals who work together to provide an integrated service to a person with a disability. The team can consist of a social worker, physiotherapist, speech and language therapist, occupational therapist, community nurse and psychologist. In the mental health services, teams will include psychiatrists. In the case of early services provided to children, the multi-disciplinary team will also include a paediatrician and a teacher. Other health care professionals may be involved in the team as and when required.
- ***Residential services***; where it is not possible for a person with a disability to live with his or her family, either 5 day or 7 day care may be needed in residential services such as a community group home or centre based services.

- ***Respite services;*** temporary planned or emergency care which is usually residential. It may also refer to other support arrangements in the home which allow carers to take time off for themselves.
- ***Day services;*** a range of activities provided in a social, psychiatric or other centre which are designed to meet the needs and abilities of the
 - people who attend the services and which may include training in personal care, domestic tasks, social skills, communication skills, leisure and recreational activities and rehabilitation services.
- ***Personal assistant service;*** this involves the employment of personal assistants by people with disabilities to enable them to live as independent a life as possible. The PA provides assistance at the discretion of the person with the disability and this may involve providing assistance with tasks of everyday living such as personal care, household tasks and outside the home, whether in a work or social situation, thus promoting choice and independence for the person with the disability.
- ***Homecare assistant (a personal care service);*** the home care assistants provide personal support including washing, dressing and other activities of daily living, and facilitation in social, leisure and recreational activities.
- ***Home help (assistance with household chores);*** home helps currently provide domestic type support e.g. cooking/cleaning etc. but in many cases where home care assistants are not available the home help may also provide support of a personal nature e.g. washing or dressing.

The majority of the services outlined above are provided free of charge for people with disabilities. People with disabilities also access the generic services provided by the Health Service Executive, e.g. primary health care services (including General Practitioner services) and acute hospital and mental health services.

F. Quality of Care Services

Health Information and Quality Authority

A key policy aim of the Health Strategy is to deliver high quality services that are based on evidence-supported best practice. Legislation is currently being prepared to provide for the establishment of the HIQA, including the establishment of the Office of the Chief Inspector of Social Services within HIQA, on a statutory basis. The intention is to submit a revised draft Scheme and Heads of a Bill to Government as soon as possible for approval to draft the Bill with a view to publishing it later this year.

The establishment of HIQA on a statutory basis was one of the recommendations of the Health Service Reform Programme announced in June 2004 and was also proposed in the Health Strategy *Quality and Fairness: A health system for you*. The establishment of the Office of the Chief Inspector of Social Services meets commitments to establish the Social Services Inspectorate on a statutory basis made in the ‘Agreed Programme for Government (2002)’, the Health Strategy and ‘Sustaining Progress’.

HIQA’s proposed functions are, broadly,

- Setting standards
- Monitoring safety and quality of services against standards
- Measuring outcomes against resources
- Operating Accreditation Programmes
- Investigation of Systems Failure
- Evaluating health technologies
- Evaluation of Information and Data
- Setting standards on information and data

Proposed Role of the Office of the Chief Inspector of Social Services

The Office of the Chief Inspector of Social Services will continue the Social Services Inspectorate’s work of inspecting child welfare and protection services. It will also be:

- assigned responsibility for the inspection of residential services for persons with a disability and for residential services for older people, including private nursing homes,
- the registration authority for these services and will inspect them against regulations provided for in the Draft Heads and against the standards set by HIQA.

The registration system is being specifically provided for residential services to give greater protection to those persons considered to be in a vulnerable position. The Chief Inspector will have powers to cancel registration of a service, or to add conditions to a registration. He or she will also have the power to seek urgent cancellation of registration by application to the District Court in situations where it is considered the health and well-being of a person is at risk.

The Office of the Chief Inspector will have a monitoring role in relation to the compliance of non-residential services in these sectors provided by the HSE or on its behalf with any standards set by HIQA.

National Health Information Strategy (NHIS)

The Health Strategy underlines the importance of an evidence-based approach to health care in order to ensure improved health of the population. Central to achieving this objective is the availability of health information that is appropriate, comprehensive, high-quality, accessible and timely. The National Health Information Strategy, launched in 2004, lays the foundation for the provision of enhanced health information across the health service. It recommends the necessary actions to address present deficiencies in health information systems and to put in place the frameworks needed to ensure the optimal development and utilisation of health information. High quality information lies at the heart of all good decisions concerning health

The HIQA, which will be established by primary legislation, will have a central role in health information development and the implementation of the recommendations of the NHIS. Broadly speaking, the role of the HIQA in relation to its remit on health information, as set out in the draft Heads of Bill will be

- setting standards on information and data
- evaluation of information and data (including the identification of gaps/deficiencies in respect of that information)

Pending the establishment of HIQA, an interim Authority is currently involved in preparatory work associated with the establishment of the role of HIQA and how it will operate.

Quality of Health Care.

The National Health Strategy identifies as one of its objectives the introduction of standardised quality systems to support best patient care and safety. National standards and protocols for quality care, patient safety and risk management will be drawn up for all health and personal social services. While driven centrally, these standards will be developed on a partnership basis with relevant stakeholders and will be updated regularly. Quality assurance mechanisms will be introduced as a means of improving performance and preventing problems using a structured set of planned and systematic activities such as documentation, training and review. This approach will allow the quality of services to be benchmarked as well as improving consistency, increasing accountability and ensuring that good practices are spread throughout the system.

Assessment of Quality

Accreditation is an internationally recognised process, which combines self-assessment and external peer review of an organisation's performance against a set of pre-determined standards, with an objective to encourage health agencies to continuously improve the health care delivery system. The Irish Health Services Accreditation Board (IHSAB) was established as a statutory Board in 2002. The Board's role is to lead the development and implementation of safety and continuous quality improvement within the health services. The Acute Care Accreditation Scheme operated by IHSAB includes 90% of all public acute hospitals, who have voluntarily applied for accreditation. Each of the participating hospitals established an accreditation steering group and are required to appoint a Hospital Accreditation Project manager to ensure that each hospital is prepared to participate in standards development and the overall implementation of the scheme. This approach to

quality should result in much greater resort to benchmarking and performance management by reference to evidence and research based standards, adopted nationally.

A key policy aim of the Health Strategy is to deliver high quality services that are based on evidence-supported best practice. The Health Information and Quality Authority (HIQA) is being established to advance this aim.

The functions of the Irish Health Services Accreditation Board (IHSAB) and the National Cancer Registry (NCR) will be transferred to HIQA.

The Research and Development components of the Health Research Strategy complement and support the drive indicated in the Health Strategy 'Quality and Fairness' towards a more clearly evidence-based approach to health service planning and delivery and towards monitoring and evaluating this service for quality.

The main challenges faced relating to the promotion of quality in health care.

These are the development of appropriate information systems to support the quality agenda; the willing participation of management and health professionals in the further promotion of programs dealing with quality, and adequate investment levels where relevant to maintain high quality standards.