National Council for the Elderly

PROCEEDINGS OF SEMINAR

THE ECONOMICS AND FINANCING OF LONG-TERM CARE OF THE ELDERLY IN IRELAND

JURYS HOTEL, BALLSBRIDGE, DUBLIN

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The National Council for the Elderly was established in January 1990 in succession to the National Council for the Aged which began in June, 1981. The terms of reference of the Council are:

To advise the Minister for Health on all aspects of ageing and the welfare of the elderly, either on its own initiative or at the request of the Minister, and in particular on

- measures to promote the health of the elderly,
- the implementation of the recommendations of the Report, The Years Ahead - A Policy for the Elderly,
- methods of ensuring co-ordination between public bodies at national and local level in the planning and provision of services for the elderly,
- ways of encouraging greater partnership between statutory and voluntary bodies in providing services for the elderly,
- meeting the needs of the most vulnerable elderly,
- ways of encouraging positive attitudes to life after 65 years and the process of ageing,
- ways of encouraging greater participation by elderly people in the life of the community,
- models of good practice in the care of the elderly, and
- action, based on research, required to plan and develop services for the elderly

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FOREWORD

We are approaching a period when the numbers of old people in Ireland are expected to increase significantly and the numbers of the very old will grow quite dramatically. Though we have immediate and pressing long-term care issues to confront at the moment, we also need to cast our eyes forward to determine how we should provide for and finance the long-term care needs of the elderly as their numbers increase in the years ahead.

In this regard, the Council published a report, The Economics and Financing of Long-Term Care of the Elderly in Ireland, examining long-term care options for Ireland. The report was prepared by Eamon O'Shea of the Department of Economics, University College Galway and Jenny Hughes of the Centre for Health Economics, Graduate School of Business, University College Dublin.

A Seminar in Dublin on 2nd September 1994 provided a platform for discussion of the complex range of issues addressed in the report. Contributors and participants debated how the long-term care of increasing numbers of elderly people should be provided for and financed in the years ahead in Ireland. The summary of the proceedings of the Seminar presented here was prepared by Jenny Hughes, co-author of the report.

On behalf of the Council I would like to express our sincere thanks to the speakers and participants for their contributions to the Seminar. I would also like to thank Jenny Hughes for undertaking the task of summarising the proceedings.

Michael White
Chairman

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INTRODUCTION

Mr. Michael White

Chairman, National Council for the Elderly

Mr. Michael White began the day's proceedings by welcoming everyone to the Seminar organised by the National Council for the Elderly in association with the Voluntary Health Insurance Board. He outlined briefly the research and achievements of the National Council for the Elderly since its establishment in the early eighties. The research undertaken by the Council has focused on the welfare of the elderly, with particular emphasis on ways of improving the quality of their life. In many cases, the research marked the beginning of a national debate on the various topics and the findings resulted in the emergence of policy recommendations.

The purpose of the Seminar was to present the thirty-fifth report in the Council's research series, *The Economics and Financing of Long-Term Care of the Elderly in Ireland*. Mr. White pointed out that while this was the first study of these issues in Ireland, elsewhere the debate on the economics and financing of long-term care had already started. However, he hoped that the Seminar would open up the debate on these issues which not only have implications for those elderly being cared for today but also for the increasing numbers of dependent elderly likely to need care in the future.

Mr. White emphasised the need for a well structured policy, in which the general health and well-being of the elderly are given top priority. He called on policy makers to ensure that there were no inconsistencies between institutional and community care, in terms of either funding or the quality of care. In addition, he believed that given the change in family structures, the community supports that are available for families caring for their dependent elderly at home need to be clarified.

Finally, on behalf of the Council Mr. White thanked the authors of the report, Dr. Eamon O'Shea and Ms. Jenny Hughes. He also expressed his appreciation to the members of the Consultative Committee, chaired by Mr. Gerry Mangan,
whom the authors consulted regularly while writing the report. Mr. White completed his address by introducing both Ms. Eithne Fitzgerald T.D., Minister of State at the Department of Finance and the Chairman of the morning session, Mr. Gerry Mangan.
Ms. Eithne Fitzgerald began her speech by highlighting the change in the Irish population structure. She pointed out that given the fall in the birth rate, Ireland was fast becoming a middle-aged society. Over the next twenty to twenty-five years, as the population ages and the numbers in the older age categories expand, she believed that the demand for long-term care would be higher. To meet these demands, resources currently assigned to the younger members of the population could be set aside to meet the future long-term care needs of the elderly, as the numbers in the younger age cohort decline.

Ms. Fitzgerald then discussed the objectives of policy, outlined in the report *The Years Ahead*, on services for the elderly. In her opinion it was essential that policy should work to secure maximum independence in old age. In particular, she maintained that the elderly person should receive care at home or in the community whenever possible.

The health boards and voluntary organisations, in association with the Department of Health, are currently working to enhance and develop support services for the elderly and their families, according to Ms. Fitzgerald. As an example, she mentioned the additional funding given to health boards to develop home and community care facilities for the elderly, following the recommendations made in the report *The Years Ahead*. In her view, the health boards had made considerable progress in improving services for the elderly. For example, night and weekend home nursing and home help services have been expanded while the availability of day care places and respite care beds has been improved. She also welcomed the health boards' move to appoint district liaison nurses with responsibility for identifying those elderly in need of care. The expansion of services being offered by traditional long-stay hospitals was a further example of the implementation of the recommendations made in the report *The Years Ahead*. 
Ms. Fitzgerald called for greater financial and practical support for the carers of the dependent elderly. In order to expand and develop community care, she maintained that quality support services for carers were essential. The Carers' Programme developed in Baggot Street Community Hospital was highly commended by the Minister.

In her concluding comments, Ms. Fitzgerald said the report, *The Economics and Financing of Long-Term Care of the Elderly in Ireland*, had opened up the debate on the future financing of care for the elderly. She praised the Council for initiating this study and promised that the study would be considered by the Third Strand group of the National Economic and Social Forum, of which Mr. Michael White is a member.
CONSIDERATION OF THE REPORT, THE ECONOMICS AND FINANCING OF LONG-TERM CARE OF THE ELDERLY IN IRELAND

Chairperson

Mr. Gerry Mangan

Chief Executive, The Pensions Board
PRESENTATION OF THE REPORT

Dr. Eamon O'Shea

Department of Economics, University College Galway

Co-Author of Report

Before giving a summary of the study, Dr. Eamon O'Shea, speaking on behalf of the authors, highlighted an issue which they believe needs to addressed before the debate on the financing options for the care of the elderly can proceed. Dr. O'Shea stated that it was essential to determine both the needs of the elderly and the lengths we, as a society, should go to meet those needs. Once agreement had been reached on these fundamental issues, we could then ensure that the services and facilities provided reflected the needs of the elderly and the financing system adopted gave maximum expression to those needs.

The characterisation of ageing as a problem was rejected by the authors. In his introduction Dr. O'Shea stressed that ageing should be viewed as a natural process, to do otherwise would dehumanise the most fundamental aspect of all our lives. Using this interpretation allowed the authors to treat long-term care as a normal risk of growing old. The problem to be addressed then became one of finding an equitable, efficient and politically acceptable way of spreading the costs of ageing.

Dr. O'Shea noted that it was not realistic to expect simple or immediate solutions to this problem. The purpose of the report was to provide information and analysis which would facilitate further discussion on long-term care and financing issues. Ireland, he said, was fortunate to have a breathing space before financing long-term care became a serious problem for both the economy and the exchequer. However, he stressed that as a society we should not deliberate for too long, given the projected trends in population ageing and ongoing exchequer constraints.

Having outlined the objective of the study, Dr. O'Shea proceeded to give a synopsis of the report. His presentation from this point broadly followed the table of contents in the report. He began by describing the ageing of the
population and the high cost of both institutional and community care, the factors most likely to put pressure on the existing financing arrangements for long-term care. Over the past few years it has been argued that the majority of old people are in a better position to make a contribution to the cost of their own long-term care. Both the sources and adequacy of income and wealth of old people were examined by Dr. O'Shea to determine the validity of this argument. In the next part of his presentation, rather than describing the existing financing arrangements for long-term care in Ireland, he highlighted some of the difficulties associated with it. Using the set of principles which the authors believe are necessary for the evolution of an equitable, efficient and affordable financing system, recommendations on how the existing system of financing could be improved were outlined by Dr. O'Shea. Various theoretical models for financing long-term care were then described and an alternative approach to financing long-term care in Ireland was suggested. In his conclusions, Dr. O'Shea outlined areas of research which need to be undertaken immediately to further the debate on financing options for the care of old people. He completed his presentation by thanking the Consultative Committee, particularly Mr. Gerry Mangan, for the comments and suggestions received throughout the writing of the report.

A brief note on each of the main headings addressed by Dr. O'Shea follows:

Demographics: Dr. O'Shea discussed the CSO demographic projections which showed that the numbers of people in the over 65 years age group would increase significantly over the next thirty years. This trend applied particularly to the oldest sub-groups of the elderly population. For example, he mentioned that, by 2021, the numbers of people over 75 years were expected to increase by 50,000 and the 85 plus age group by 10,000.

There is little doubt, in the minds of the authors, that the ageing of the population over the coming years will affect both public and private expenditure. According to Dr. O'Shea, some thought should be given to ways of improving the current system of financing long-term care before the demographic pressures arise.

The Cost of Care: The cost of both institutional and community care were highlighted in the next part of the presentation. In a public long-stay institution, the cost of care was said to be approximately £200 per week. Estimates for
private nursing home care varied, according to Dr. O'Shea, but evidence showed that costs were not that dissimilar to public care. Community care for old people was also said to be expensive. An estimate, cited from an ESRI study, put the average cost of community care at £164 per week. Dr. O'Shea pointed out, however, that for both types of care, the cost increased with the level of dependency.

Sources of Income and Wealth: Elderly people derive their retirement income from four main sources: social security benefits including contributory and non-contributory pensions, occupational pensions, savings and investments, and earnings from paid employment. Each source of income was discussed briefly to show that few elderly people could be expected to sustain the entire cost of long-term care. For example, Dr. O'Shea pointed out that an old person could pay for about six months of residential care if their only source of retirement income was a contributory pension. Approximately nine months of residential care could be covered if the savings and investments of the old person were added to their state pension.

Housing assets are the principal source of wealth for old people in Ireland. Dr. O'Shea briefly discussed home equity schemes. However, he mentioned that these schemes were not available in this country and it was unlikely that they would be introduced given the desire of individuals to pass on property to surviving members of their family.

Over the last twenty years the standard of living of old people has improved, not just absolutely but relative to other groups in society. Given this change in the financial position of old people, Dr. O'Shea believed that there are some who could pay for their long-term care without incurring financial hardship. He stated that policy makers should consider those who could pay or contribute to the cost of care. At the same time, however, he said that they should be aware of the vast majority of old people in the lowest quintiles of the income distribution, who are unlikely to make any significant contribution to the cost of care.

Deficiencies in Current Financing Arrangements: As mentioned earlier, Dr. O'Shea did not spend time discussing the current financing arrangements. Instead, he focused on some of the deficiencies with the existing system. The financing system was said to be too narrow in its coverage. He claimed that the
focus was too much on the health care needs of old people. As a consequence, other factors which effect the health and well-being of the elderly, for example, their social and psychological needs, were not acknowledged by the current financing system. Dr. O'Shea also mentioned the lack of co-ordination across government departments. He believed that the current system of financing could be made more comprehensive by bringing public spending on health care, social care, housing, social security and pensions together under the same centralised budget. Another criticism of the current financing system referred to by Dr. O'Shea was that funding influenced the demand for long-term care. In particular, the financing system was biased towards residential care. Despite the many policy recommendations contained in The Years Ahead report (1988) supporting community care, Dr. O'Shea felt that this problem is being addressed too slowly.

Other weaknesses of the present financing system highlighted by Dr. O'Shea included the absence of competition between the public and private sectors; the differences in the quality of care across and even within regions; and funding anomalies between public and private sector care.

**Principles for Long-Term Care Financing:** The principles, the authors believed should underlie the long-term care financing system in Ireland, were explained briefly by Dr. O'Shea. These principles enabled the authors to evaluate the existing financing system as well as to consider alternative financing arrangements.

The principles used in the study included: (1) the funding of long-term care should be comprehensive; (2) funding should not determine care requirements, rather care requirements should determine funding; (3) there should be a built-in bias towards home care solutions while retaining a capacity for financing care in institutional settings; (4) payment mechanisms should be prospective and consumer-oriented case management should be used to determine needs; (5) access should be on the basis of need and should not be impeded by an ability to pay; and (6) efficiency and the quality of care should be enhanced rather than diminished by the financing system.

**Reform of the Current Financing System:** At the beginning of this section of the presentation, Dr. O'Shea noted that it was extremely unlikely that any major change to the financing system for long-term care would occur in Ireland,
given the experience of other EU countries which suggested that changes would be fragmentary. He proceeded then to highlight ways of improving the current system of financing in the context of the above principles. Options mentioned by Dr. O'Shea and discussed in greater detail in Chapter Seven of the report included the integration of budgets across government departments; giving old people and those caring for them greater choice; the reallocation of resources to community care at a faster rate; the introduction of case management structures into community care; the encouragement of competition between the public and private sector by having the same eligibility criteria for admission to public and private beds; and encouraging private insurance to offer coverage to those not eligible for public care.

Finally, Dr. O'Shea said that it was essential for the state to specify what level of coverage it was prepared to offer old people, for what time period the coverage was to be available, and who could qualify for support. Without this information he guessed that private insurance companies would be reluctant to introduce a long-term care insurance product in Ireland. However, for the proposed reforms of the current system of financing to work it was suggested that the private insurance market must play some role in the financing of long-term care. A residual rather than a primary role was more likely, according to Dr. O'Shea.

Theoretical Models: There are two extreme views on financing arrangements for long-term care, both of which were described by Dr. O'Shea in his presentation. First, there are those who believe that the primary responsibility for care should fall on individuals and their families, with the government only intervening to look after the needs of low income individuals. The development of an insurance market is an essential part of this type of financing system. The opposing view is that the government should provide comprehensive long-term care for all persons. In this model there is no role for the private sector.

To date, as Dr. O'Shea mentioned, private sector solutions to health care financing problems have not evolved, even in countries which profess to favour such solutions. For example, in the US, fewer than five per cent of the elderly population have private insurance. Problems exist both on the demand and supply side of the market for private insurance. On the supply side, concern about moral hazard and adverse selection of insured have impeded the growth of long-term care insurance products. As Dr. O'Shea explained, moral hazard
refers to the likelihood of excess consumption. This arises because insurance coverage is free at the point of use. In addition, with insurance coverage, there is no incentive to engage in preventive activities which would reduce the possibility of disability. Adverse selection, he said, refers to the problem of people being able to anticipate a claims experience better than an insurance company, thus causing a disproportionate number of policies to be bought by those most likely to claim. In other words, the insurance company is left with a high risk, high cost group. On the demand side, consumers have been slow to purchase long-term care insurance products. Affordability, lack of the awareness of the potential risk of entering long-term care and restrictiveness have been the principal barriers to sale. Restrictions associated with existing insurance policies for the elderly include coverage for institutional care only, significant cost sharing, extensive screening of potential users to exclude higher risks, long deductible periods, unrealistically low coverage maximums and the lack of inflation adjustments.

In terms of the principles used to evaluate the existing financing system, private financing arrangements failed to satisfy many of the conditions necessary for an equitable, efficient and affordable system of long-term care. As Dr. O’Shea said, a residual role for private insurance could be expected in this country.

The alternative approach, a pure public financing system of care for the elderly, was considered next. In this system the financing of long-term care can be paid for from general taxation sources or from specially designed compulsory social insurance programmes. The advantages and disadvantages of this form of financing were described by Dr. O’Shea.

One of the principal advantages of public sector involvement in the financing of long-term care is the spreading of the financial risk. In addition, once participation in a public scheme is made mandatory, the problem of adverse selection is eliminated. Pure public financing arrangements are also more equitable. There is no welfare stigma associated with consumption because either contributions or citizenship conveys entitlements on users. In addition, the same quality of care is typically available to all on the basis of need rather than on the ability to pay.

The major problem with public financing is the cost of implementation. Setting up a pure public financing system would involve a huge financial outlay.
Additional taxation would be strongly resisted. In addition, public financing systems do not necessarily eliminate the problem of moral hazard. Although a public financing system would satisfy many of the principles outlined previously, Dr. O'Shea thought that a pure public financing system of care for the elderly would be unlikely given the high cost of implementation and the existing restrictions on the public sector purse.

Dr. O'Shea concluded by stating that neither a pure private nor a pure public system of financing could be prescribed as an alternative to the existing financing arrangements in this country. A model incorporating both public and private elements was suggested.

*Model for Ireland:* The financing system suggested and favoured by the authors was then described by Dr. O'Shea. A mixed financing system which would incorporate elements of both public and private funding was proposed. The scheme he outlined, a modified social insurance model, would provide comprehensive community care protection and front-end residential care protection against long-term care expenses. Front-end coverage would offer protection up to some fixed amounts or some fixed length of stay. Once the period of public cover ended, the private sector would then step in to offer conventional insurance. According to Dr. O'Shea, private insurance would be more affordable due to large front-end coverage. However, additional social assistance would be required to allow low income people participate in private insurance markets. In this financing system, the authors proposed that the assets of old people would be taken into consideration, on a retrospective, posthumous basis, in order to meet the hotel costs of residential care. When this system was analysed in terms of the principles outlined earlier, Dr. O'Shea said that the modified social insurance model performed well. He felt at this stage that closer examination of this proposal by both policy makers and the public was necessary.

*Future Research:* Dr. O'Shea ended his presentation by mentioning three areas which need to be examined if we, as a society, are serious about the current and future financing options for long-term care. The next stage of the research process should endeavour to put costings on the various options described in the report. In addition, the implications of the various models need to be fully teased out. Finally, more information on why families care for their elderly kin, together with data on the financial transfers within families, are required.
Family responsibility is an issue which has never been properly addressed in this country; this needs to be rectified given the current role families play in the provision and financing of long-term care. The projects outlined need to be undertaken immediately, according to Dr. O'Shea. Only on completion of these studies could specific policy recommendations be made on the financing of long-term care.
RESPONSE TO THE REPORT

Mr. Jerry O'Dwyer
Assistant Secretary, Department of Health

Mr. Jerry O'Dwyer began his presentation by thanking the Council for inviting him to take part in the discussions on the report. He praised the Council for taking the initiative to commission the study on the financing of long-term care of the elderly and for organising the Seminar on its publication. Before responding to the report he also congratulated Dr. Eamon O'Shea and Ms. Jenny Hughes on producing such a well researched study.

Mr. O'Dwyer described what he believed were the objectives of the study. In his view the main purpose of the report was to open up the debate on the financing options for the long-term care of old people and to make those involved in the financing and provision of care aware of the need for an integrated policy. Another aim of the report, he said, was to inform the public of the need to make some provision for long-term care.

Mr. O'Dwyer acknowledged the need for a specific approach to the financing of long-term care in Ireland. He said that we were fortunate in this country to have some time to think about the different financing options. However, he warned against wasting this opportunity to prepare our financing system for the increasing numbers of old people expected over the next thirty years. Various factors, he believed, were working in our favour. For example, unlike the US and other European countries, Ireland has time to think and formulate policy which would ensure that people have adequate care in old age and that the costs of providing this care would be met. He felt that international experience and the research being undertaken elsewhere on the options for financing long-term care would provide us with ideas on how to finance it. On the domestic front, he believed that the network of public services was improving and there was a greater awareness of and willingness to work intersectorally. He also claimed that Ireland was entering a period where the employment situation would

1 Since the Seminar Mr. Jerry O'Dwyer has been appointed Secretary of the Department of Health.
improve and the dependency ratio would be reduced, and the resources which would become available could be diverted to the elderly. One final factor in our favour, Mr. O'Dwyer suggested, was that unlike other countries intergenerational solidarity was not likely to be a problem in Ireland.

In terms of the study itself, Mr. O'Dwyer thought that the principles used by the authors to evaluate the current and possible future financing arrangements for long-term care would be accepted by most people. He concurred with some of the findings and suggestions made by the authors in the report. For example, he agreed that existing policy has focused too much on the health care needs of the elderly at the expense of other needs, such as social and psychological needs. He believed it was time for an interagency forum to become the co-ordinating and driving force for the formulation of policies for the elderly. In addition, he thought that this forum should take responsibility for the assessment and delivery of all services. The co-ordination of government departments and agencies would, in his view, avoid the fragmentation in resource allocation and he believed that this forum could be established immediately without the government incurring any extra costs.

Mr. O'Dwyer also had certain reservations about some issues raised by the authors. In particular, while he accepted that cash transfers were desirable from an independence point of view, in that they enabled old people to choose the type of care most appropriate to their particular circumstances, he felt that this proposal needed to be considered in much greater depth given that cash transfers were not the usual way public money was allocated in this country. Services or in-kind provision were the more common form of public expenditure. On the interpretation of the current focus of policy, he claimed that community care services had developed in line with policy statements. He added also that these services had developed at a time when pressures were on to improve the services for the physical and mentally handicapped, child care facilities and hospital waiting lists. Mr. O'Dwyer was somewhat sceptical of the assumed benefits of competition between the public and private sector and the assumed effects of the Health (Nursing Home) Act, 1990. In the case of the latter concern, he believed that the objective of the legislation was good but accepted that further policy development in this area was required.

Mr. O'Dwyer moved on to highlight what he believed should happen following the publication of the report. His first priority would be to establish and
maintain an integrated forum at the interdepartmental level. At the same time he would encourage greater co-ordination between the public, private and voluntary agencies. The assessment of existing services for the elderly against the principles listed in the report should then be undertaken so as to identify any gaps in these services. Finally, he would support attempts to make the general public aware of long-term care financing issues and he would encourage a wider public debate on how the private health insurance option could be promoted.

In the final part of his presentation Mr. O'Dwyer considered briefly some of the financing options for long-term care suggested in the report. In terms of the social insurance model outlined by the authors he accepted that it could be problematic. Issues which would need to be addressed regarding this financing option for long-term care included the problem of moral hazard; the decision on when it would be appropriate to increase taxation to finance this arrangement; and what impact this arrangement would have on family and community support. With regard to private health insurance, he recognised that there would be many difficulties with this system of financing. However, as he mentioned previously, further consideration should be given to this method, given that private insurance and general taxation had worked well in relation to acute care. Finally, in light of the Final Report of the National Pensions Board, Mr. O'Dwyer felt that the level and nature of pensions were a key issue in the debate on the financing options for long-term care.

Mr. O'Dwyer ended by supporting the need for further research on the issues identified by the authors. He claimed, however, that it was not right to expect the Council to continue this debate in isolation. Other agencies and government departments should themselves undertake or commission studies to expand the debate, otherwise the opportunities offered by the report would be wasted.
RESPONSE TO THE REPORT II

Mr. Aiden Cassells
Chief Executive, Irish Insurance Federation

Mr. Aiden Cassells started by thanking the Council for inviting the Irish Insurance Federation to participate in the work of the Consultative Committee, which oversaw the preparation of the report in a consultative capacity, and for inviting him to respond to the report. He complimented the authors on their research and said that over the next few months the insurance industry would consider many issues raised in the report, particularly in relation to the private insurance market.

Mr. Cassells' comments on the report focused mainly on the financing issues highlighted by the authors. In his view, an issue which must be addressed before deciding on what financing model is appropriate for Ireland, is whether attempts should be made to fund the future cost of long-term care now or to leave it to future generations. From a political perspective he thought that funding on a pay-as-you-go basis was the easiest solution. However, he believed that this approach was unfair to future generations. His preference, and that of the insurance industry, would be to start accumulating funds now to ensure that the necessary finance would be available to meet the future long-term care needs of the elderly. However, he felt that for this system to work, the funds gathered must be kept separately from other funds in order to prevent the government from using them to finance current expenditures.

Focusing on the financing model for Ireland suggested by the authors, Mr. Cassells accepted that this model, involving both the state and private insurance, was the most likely. The role for private insurance assigned by the authors, however, would be an issue which would need to be addressed by both the insurance industry and the government. He believed that the final balance between state and private funding would ultimately be determined by political considerations and the ability of the insurance industry to devise long-term care insurance products.
With regard to a long-term care insurance product, he believed that such products would be available in Ireland in the near future. Mr. Cassells also responded to issues raised in the report in relation to private insurance products. These included affordability/availability, adverse selection/moral hazard and the potential negative impact on the cost of care.

Firstly, Mr. Cassells claimed that unless people were encouraged to take out insurance earlier in life, affordability would always be a problem. In his opinion, one solution would be to have compulsory participation in a scheme, as with motor insurance. Once this issue was addressed he felt that arrangements could be made to guarantee general availability of cover.

As was stated in the report, adverse selection is a by-product of any voluntary system. One way of avoiding this problem would be to introduce a compulsory system, or alternatively, he said, a screening system could be introduced. A way of avoiding moral hazard, which is prevalent in both state and private financing systems, was to introduce monitoring procedures and controls.

Finally, Mr. Cassells did not believe that private insurance led to an increase in the cost of care without a corresponding improvement in the level and quality of care. In fact he suggested that a system of "preferred care providers" organised by insurers, could actually reduce costs and improve standards further.

Having suggested ways of overcoming some of the problems associated with private insurance arrangements, Mr. Cassells ended his response to the report by proposing that the Irish Insurance Federation and the government work together to improve the public's awareness of the need to make provision for the future cost of long-term care. In his opinion, it was essential for both the insurance industry and government to understand the future long-term needs of Irish society and to put in place funding arrangements now, to meet the future costs of long-term care.
PARALLEL SESSIONS
WORKSHOP 1

WHAT ARE THE RESPONSIBILITIES AND THE CAPACITIES OF FAMILIES TO PROVIDE AND/OR TO FINANCE THE LONG-TERM CARE REQUIREMENTS OF THEIR DEPENDENT ELDERLY MEMBERS?

Chairperson
Professor Joyce O'Connor
President, National College of Industrial Relations

Speaker
Ms. Anne O'Loughlin
The Carers Association

The purpose of this workshop was to focus on the responsibilities and capabilities of families to meet and finance the long-term care requirements of their next of kin. Ms. O'Loughlin started the proceedings by raising a number of issues which she believed needed to be addressed in relation to the responsibilities of family members. Firstly, she asked whether the concepts of family responsibility or duty made any sense in Ireland today? She questioned what was the incentive for people to help family members, was it a sense of duty or did other factors matter? Next, she wondered whether people felt an obligation to give assistance to a family member, given the "special" nature of family relationships, or were family relationships like any other relationship? Finally, she asked whether it was right to conclude that there was a moral rule about giving help to their next of kin, simply on the basis that most people do give support? Ms. O'Loughlin said that it would not be possible to find answers to all these questions in the allocated time. However, she raised the questions to
highlight the necessity for research into the dynamics of the family, particularly now that policy makers had put the family on the political agenda.

Ms. O'Loughlin then outlined research being carried out in the UK in relation to the responsibilities and duties of families. Evidence from these studies suggested that responsibilities towards family members were negotiated over long periods of time, they were not worked out according to a set of moral rules. She added that these negotiations, which took account of cultural issues and personal assessments about one's own family circumstances, eventually led to the development of commitments within the family.

The findings of the studies, she said, had implications for how family responsibilities should be incorporated into social policies. Recent government statements and policies showed that they failed to consider how families operated; they assumed that families had a moral duty to look after dependants. Ms. O'Loughlin warned government not to make demands on families. She described attempts by government to manipulate families during the Poor Law days which resulted in the adoption of avoidance strategies, whereby people moved away or lost touch with their next of kin or started to cheat the system. In her view, policy makers should aim to support the negotiated commitment governing family relationships in social policy.

A number of issues were referred to during the discussions which followed Ms. O'Loughlin's presentation. With regard to the care of the elderly the participants acknowledged that a lot of care was provided by family members, mainly women. In their view, society expected a daughter to take responsibility for the care of the parent or parents, particularly if she chose not to marry, and the son to take responsibility for financing. The participants felt that there was a need for more "consciousness raising" and for greater analysis of the development of roles within the family. They believed that it was too late to look at the nature of the family relationship when choices had to be made.

Calls were made for greater support for family carers and for a more comprehensive community care plan. In their view, the government should undertake a comparison of the cost of full-term care in a nursing home with the cost in the community. The participants felt that if the elderly person wanted to be cared for in their own home in the community, they should receive whatever support was necessary. The vulnerability of the elderly was alluded to during
this workshop. The participants believed that the elderly do not like being dependent on family. This, in their view, should not be ignored. Consensus was reached that care must be structured in a way that reflects choice, with home care as a real choice, and that financial support must be structured so as to protect the dignity and vulnerability of the elderly.

Finally, in terms of social policy, calls were made for the integration of social policy into an overall policy that looks at both the development and dynamics of families, and the responsibilities, capabilities and support that they have in a changing society.
WORKSHOP 2

WHAT RESPONSIBILITIES SHOULD THE STATE HAVE TO PROVIDE FOR AND TO FINANCE THE LONG-TERM CARE REQUIREMENTS OF THE INCREASING NUMBERS OF DEPENDENT ELDERLY PEOPLE LIVING IN THE COMMUNITY AND IN INSTITUTIONS?

Chairperson

Mr. Stephen de Burca
Programme Manager, Mid-Western Health Board

Speaker

Mr. Dermot McCarthy
Assistant Secretary, Department of an Taoiseach

Mr. McCarthy began his presentation by focusing on the demographic changes which were forecast to occur in Ireland over the next thirty years and the effect these changes could have on Irish society. For example, he referred to the findings of the Final Report of the National Pensions Board, where the authors expected either a substantial increase in the rate of social insurance contribution or of exchequer subsidies to maintain social welfare pensions.

Before describing what he thought was the role of the state in the financing and provision of long-term care, Mr. McCarthy talked briefly about the role of the family in providing and financing care. Citing evidence from a recent study about family values, which found that 78 per cent of Irish respondents felt that they had a duty to care for their parents, Mr. McCarthy supported the view that family responsibility towards parents would continue. However, he claimed that
the probability of direct family provision in cases of high levels of dependency, would weaken given changes in the dynamics of families.

With regard to the role of the state, Mr. McCarthy believed that it would continue to supplement and support the individual and their family in the provision of care during the dependency of old age. He expected that the level of public spending on the elderly would increase despite the constant pressure to contain public expenditure. He claimed that the level of support would be influenced by both political factors, such as political ideology and the political mobilisation of old people and their carers, and economic pressures.

Mr. McCarthy accepted many of the suggestions put forward in the report. For example, he agreed that the funding system should support the elderly in their homes for as long as possible, it should promote efficiency and quality of care, and it should facilitate access to care. He also accepted that in a number of areas relating to the elderly, both policy and implementation could be improved. As examples, Mr. McCarthy mentioned the underachievement of the stated policy goals for community care and the lack of focus on the needs of the elderly and their carers. However, he believed that the need for change was greatest at the local level, given that it was at the point of implementation that families experienced the reality of policies. In his view, and as a consequence of this poor delivery of services at the local level, a case management approach should be adopted. This, he said, would help to integrate the different elements of family support, activate assessment procedures, identify optimal residential care and facilitate a return to the community where possible.

Mr. McCarthy also mentioned some reservations which he had about the report. For example, he was not convinced that it was necessary for the financing system to be comprehensive in the sense of covering all aspects of the lifestyle of older people. In addition he believed that there would be no benefit derived from integrating health, housing and other social services for the elderly into one organisation.

Mr. McCarthy concluded by mentioning the recently published White Paper on European Social Policy, which called for greater action to meet the challenges of an ageing population. In his view, the European dimension and experiences would be important in shaping policy in Ireland.
In the discussion which followed Mr. McCarthy's presentation, some concerns were expressed about the emergence of a dual system of care and the rural and urban divide in terms of provision. During this workshop there were calls for the development of social care services, the integration of social and health care facilities and greater involvement of the voluntary sector. There was general agreement about the principles outlined in the report. However, participants at this workshop wanted to see them in action. Finally, they agreed that the role of the state was to support individual choice, particularly for those who could not afford to pay.
WHAT IS THE POTENTIAL OF THE NON-STATE SECTOR TO FINANCE THE LONG-TERM CARE REQUIREMENTS OF INCREASING NUMBERS OF DEPENDENT ELDERLY PEOPLE LIVING IN THE COMMUNITY AND IN INSTITUTIONS?

Chairperson

Ms. Aisling Kennedy
Mercer Fraser Pension and Investment Consultants

Speaker

Ms. Mary Cahill
Irish Insurance Federation

In this session a number of private sector financing solutions for long-term care were discussed by Ms. Mary Cahill. She began her presentation by highlighting the need for private sector involvement in the financing of care. In her view, private sector financing was feasible given the constraints on the public sector purse, the growing demand for long-term care, the high costs of this care and the social changes occurring in Irish society.

The shortfall between the current income available to the elderly and the cost of care, she said, had already been highlighted in the report. Ms. Cahill focused on the other possible options which the elderly could use to finance care, which included savings, equity release schemes, long-term care insurance and pensions.

Using savings to finance long-term care would involve the accumulation of a fund over a lifetime. The advantages of this option, in her view, would be that the individual would have their own fund to meet their long-term care needs if
required. Furthermore, the individual would have control over the fund, hence they could put the fund to other uses if they so wished. However, Ms. Cahill took an example which showed that it would be expensive for people to put money aside on a weekly or monthly basis. She also believed that it was an inefficient way of providing for long-term care needs, given the uncertainty about whether care would be required.

Equity release schemes, in particular home reversion schemes, were then described by Ms. Cahill. These schemes are used in the UK and US to convert home equity into a stream of income for elderly people without forcing them out of their own homes. For example, the home reversion scheme would involve the sale of the individual's property to a reversion company in return for the right of the elderly person or household to remain in occupancy. The sum obtained from the sale would then be used to purchase an investment income or to buy an annuity. The advantages and the disadvantages of these schemes, which were mentioned by Ms. Cahill, were discussed in Chapter Two of the report.

In the next part of her presentation Ms. Cahill examined long-term care insurance products. She mentioned the difficulties with these products. On the supply side the problems of moral hazard, adverse selection and pricing were referred to, while on the demand side the issues of awareness and affordability were addressed. Ms. Cahill described the long-term care insurance products which were currently available in Germany and in Israel. In the case of the German product, the level of benefit depended on the degree of disablement, a deferred annuity was payable from a pre-defined age of 80 or 85 years, a death benefit was also payable, there was a waiver of the premium once the benefit became due, and the benefit was payable regardless of the location of care.

Finally, Ms. Cahill discussed the role of occupational pensions as a means of financing long-term care. In the UK, she said, a pension product had been available until recently whereby the individual's pension was reduced by ten per cent in return for an increased pension in the event of disability.

Ms. Cahill believed that employers could play a role in sponsoring long-term care schemes. Evidence from the US showed that long-term group schemes increased the availability of products to a wider group, while the products offered by the scheme were more affordable.
The participants at the workshop agreed with the analysis of savings given by Ms. Cahill. They felt that this option was not a feasible method of financing long-term care needs. In terms of the equity release schemes, the debate at the workshop focused on the small size of the market and the unlikely development of such products in Ireland. No consensus was reached on the issue of bequests. However, it was agreed that equity release schemes would only be a partial solution to the financing problem. In particular, it was felt that this option would be a more viable solution for those living in urban rather than rural areas. During the debate on long-term care insurance, calls were made for the state to specify what level of financing it would be prepared to give and to whom. The need for tax incentives to encourage people to purchase products was also discussed. The question of whether long-term care insurance should be compulsory was also raised during this session but no conclusion was reached. No consensus was reached on the viability of this option for Ireland, but this was probably due to the time constraint. Finally, although the debate on pensions as a means of financing care was limited, the participants felt that pensions could be made more flexible. It was felt that more thought should be given to the integration of long-term care insurance with pensions. The workshop concluded with agreement being reached on two further points. Firstly, it was agreed that the financing of long-term care would involve both the public and private sector. Secondly, it was felt that the state should take responsibility for making people aware of the need to make provision for long-term care.
FINAL SESSION

Chairperson

Mr. Eamonn Hannah

Chief Executive Officer, Western Health Board
Professor Jens Alber began by outlining the content of his presentation. First, he put the German experience of financing long-term care into a wider European context by looking at the growing demand for long-term care and the policy responses adopted by European governments to satisfy this demand. He then focused on the German experience by describing the various aspects of the political debate which eventually led to the enactment of the long-term care insurance law in May 1994. In this part of the presentation, Professor Alber also outlined the main contents of the law and highlighted its possible implications. Finally, he listed a number of lessons or insights from the German experience.

In recent years, almost all OECD countries had put the issue of long-term care on to the political agenda. Professor Alber believed that there were three factors which could explain why policy makers started to consider this issue. The first factor mentioned was the growth in demand for long-term care due to the ageing of the population of most European countries, and in particular the growth in the numbers in the 80+ age group of those populations. A second factor which made long-term care a prominent policy issue was the rapidly shrinking care-giver potential within the family, following the fall in the birth rate and the increasing labour force participation of women. He claimed that pressure had increased to find alternative forms of service supply which could serve as functional equivalents to the diminishing support services of families. Finally, Professor Alber felt that with the elderly representing a growing proportion of the electorate, it was becoming difficult for politicians to avoid the issues of long-term care, particularly in cases where re-election was being sought.
The distinction made between acute medical services and long-term care or social services in most European countries resulted in the division of organisational responsibilities and fragmented service provision for the elderly in many countries. According to Professor Alber, the integration of health care, long-term care and social services should be a policy priority for all governments. In his view, it was essential to administer and finance health care and long-term care jointly to ensure the co-ordination of medical and care services in the best interests of the elderly. However, he said that the best way to achieve this policy goal varied depending on whether countries had a tax-financed health care system or a sickness insurance type scheme. In countries with sickness insurance schemes (Belgium, France and Germany), Professor Alber believed that it would be better to adopt a social insurance solution which would integrate the benefits into the existing sickness insurance scheme. Countries with tax-financed national health service schemes (the UK, Denmark and Italy), on the other hand, would be advised to adopt a tax-financed public service which would fit into their institutional arrangements. Finally, Professor Alber noted that one system of financing was not necessarily superior to the other. For example, Denmark and the Netherlands achieved similar levels of service supply in community and residential care, despite having different financing systems for long-term care.

Professor Alber highlighted a number of other more detailed policy developments common to several European countries. For example, he found that many countries had explicitly given priority to community care over residential care; countries that provided long-term care benefits had imposed limits on the quantity of these benefits; many countries aimed at new public/private welfare mixes which linked publicly provided professional care with informal networks of help; and many had decentralised the management of services in order to combine the financing and administrative responsibilities for health care, for residential care and community care, as well as social services, at the local level.

Professor Alber mentioned that these developments had occurred also in Germany, with the exception of decentralisation. He said that reform proposals introduced in the early part of the eighties had resulted finally in the enactment of the long-term care insurance law in May 1994. The various policy proposals
suggested over this period were classified by Professor Alber into the market model, the transfer model and the social insurance model.

The market model, a funded scheme provided by private insurance companies with deficits being met by federal government from general taxation, was rejected by policy makers for two reasons. Firstly, the dual burden for the age cohorts currently working during the switch to a private funded system was too heavy to bear. Secondly, this model was based on risk-related contributions which would become expensive for older age groups. Consequently, it would require greater public subsidies to support the premium payments of older low income groups.

The transfer model, a tax-financed federal government scheme similar to the federal child allowance or housing allowance, was also rejected. Professor Alber said that while this proposal was greeted initially with greater enthusiasm than the market model, the high cost of German unification resulted in the movement away from proposals which would further undermine the state's financial position.

Given the difficulties with both the transfer model and the tax-financed scheme, the merits of a social insurance model were recognised and the scheme was adopted. This model basically incorporated a long-term care insurance branch into the existing sickness funds. In terms of coverage, the new scheme extended to the entire resident population including pensioners. Professor Alber said that those in the state sickness insurance schemes would be obliged to pay compulsory contributions to the new long-term care insurance scheme. He indicated that the contribution rate was set at one per cent of gross earnings for 1995 and was expected to rise to 1.7 per cent the following year. He noted that these contributions would be shared equally by employers and employees, with employers being compensated by the abolition of one day paid holiday. The pension insurance scheme would cover half of their contributions, in the case of pensioners. He said that members of private sickness funds would be liable to insure privately against the risk of long-term care.

Professor Alber described briefly both the benefits and the costs of the new insurance scheme. In terms of the benefits of the scheme, he said priority was given to rehabilitation measures and to domiciliary care over residential care. For example, coverage for domiciliary care would start in 1995, whereas
residential care coverage would only take effect in mid-1996. For those receiving care in private households, he mentioned that benefits-in-kind and in cash would be available. These benefits would vary depending on the level of care required. For example, a person who needed care once a day or several times per week would receive a benefit-in-kind which would cover up to 25 monthly visits by a professional care giver equivalent to £305 per month or a lower cash benefit of £163 per month. On the other hand, for a person who would require full-time care, the benefit-in-kind would be £1138 or £528 in cash. The expected cost of the new scheme, he said, was estimated to be slightly less than a half of one per cent of current GDP, taking account of the likely savings under the existing social insurance and social assistance schemes.

Other aspects of the new long-term care insurance scheme which were discussed by Professor Alber included the likely distributional effects and the adequacy of benefits. In the former case, he expressed some concern over the fact that the new scheme would cover members of the middle classes, with some of the cost of coverage being met by the compulsory contributions of low income individuals. However, he claimed that this regressive effect may be balanced out with the higher income earners paying higher contributions in absolute terms despite receiving the same level of benefits. With regard to the adequacy of benefits, Professor Alber accepted that the new scheme was not designed to cover the complete cost of long-term care. In his view, there were a number of difficulties with the adopted system. Firstly, those requiring regular care, but less frequently than once a day, were excluded from the scheme. Secondly, a significant proportion of the cost of care would remain uncovered due to capping. Thirdly, the development of professional services could be impeded by the offer of cash benefits to the clients.

In the final part of his presentation, Professor Alber highlighted a number of lessons to be learnt from the German experience. Evidence from Germany showed that a strong political will was required to handle any opposition which may arise in relation to the introduction of a long-term care insurance scheme. In addition, he believed that a political situation which favoured the supporters and weakened the opponents of a long-term care scheme was essential. At the same time, some political flexibility was required to take advantage of any opportunity to introduce a long-term care insurance scheme. In addition, Professor Alber claimed that a new scheme could be introduced more easily if
the benefits were seen as a trade-off against the curtailment of some existing benefits. While Professor Alber acknowledged that the curtailment of services could prove difficult, he felt that this problem could be overcome if the state highlighted its financial position. He suggested that any scheme adopted should be proven to be both effective and affordable. He added, however, that the risk sharing aspect of a universal scheme would help to spread the financing burden. In terms of effectiveness he recommended the integration of sickness and long-term care provisions. In his view, only an integrated scheme with joint administration and financing of both risks could ensure a flexible co-ordination of acute medical and long-term care services. Professor Alber also believed that community and residential care should be administered and financed by a single agency to ensure that investments in one form of care resulted in savings in the other.

In his conclusions Professor Alber made some further suggestions on ways to handle a long-term care insurance scheme. These arose from his concern about the inadequate level of insurance coverage due to the imposition of expenditure caps. In particular, he claimed that even though people insured against catastrophic illness or incapacity, many still had to incur large out-of-pocket expenses to cover the costs of care. To avoid this and to ensure costs are controlled, Professor Alber recommended that everybody could be made responsible for the payment of health or long-term expenditure up to some limit, for example, the limit could be one or two per cent of a person's income. If this approach was adopted, however, he believed that it would be necessary to prevent the providers of health care from expanding their services. In his view, this could be achieved by merging both service provision and financing, in care maintenance organisations, following the model of the US Health Maintenance Organisations.
SUMMARY

Ms. Jenny Hughes
Co-Author of the Report and Seminar Rapporteur

The financing of long-term care has become a prominent policy issue in many countries. The ageing of the population, the high cost of institutional and community care, the ongoing and binding public sector constraints and the large out-of-pocket expenditures individuals are expected to make has forced policy makers everywhere to think about ways of improving existing financing arrangements. The report and the Seminar mark the beginning of the debate on the economic and financing issues of long-term care in Ireland.

We are fortunate to have a short breathing space before the financing of long-term care becomes a serious drain on the economy and the exchequer. However we need to consider and address the various issues raised in the report. For example, the income of the elderly is shown, in the report, to be insufficient to cover the cost of long-term care and ways of reducing this gap now need to be examined. Numerous difficulties with the current financing system are highlighted and suggestions are made as to how the system could be improved. Attempts should be made to consider and possibly to implement these suggestions. Alternative financing options are suggested and a model for Ireland is proposed. The viability and suitability of these options for Ireland must be determined. This latter piece of research is crucial. As Dr. O'Shea said earlier, only when costings have been put on the various proposals, can definitive policy recommendations about the financing of long-term care be made.

It is well known that families in Ireland are involved in both the provision and financing of care for dependent relatives. Research on the family to date has focused on the level of care provision. Other aspects of family interdependence, particularly financial transfers, need to be examined. The issues of family responsibility and family obligations have not been the subject of much analysis in this country. For example, the question as to why people care for their elderly relatives has never been addressed. The government assumes that the family have a responsibility and duty to care for their relatives. Policy is formed on the basis of this assumption. For example, family responsibility for
the financing of private nursing home care has been enshrined in recent legislation. The income of sons and daughters living in Ireland are assessed to see whether they are in a position to contribute to the financing of care. In the report, these issues are not investigated. A number of studies should be undertaken on the family over the next couple of years. We need to know how family responsibilities are negotiated. We need to know whether there has been a change in the type and level of support families are giving to their dependent relatives. These studies would enable us to make more informed choices about the future financing and provision of care for the elderly.

The discussions which took place at the Seminar were quite encouraging in the sense that there was agreement on a number of key issues. The principles which the authors of the report believed were essential for the evolution of an equitable, efficient and affordable financing system were generally accepted. It was also agreed that both the state and the private sector had a role to play in the financing of long-term care. However, no consensus was reached on what cover the state should offer or whom it should offer it to or for what time period. No radical change to the existing system of financing was expected by the participants of the Seminar. The general view was that reform of the current system of financing was the most likely strategy to be adopted by government. Finally, the need for further research was acknowledged. It was agreed that the debate on the financing of long-term care should be widened. Given that areas for future research have been identified, it is time for both public and private sector institutions to undertake this research, so that we, as a society, can ensure adequate financing and provision of services is available for the increasing numbers of elderly people.
NATIONAL COUNCIL FOR THE ELDERLY PUBLICATIONS

1. Day Hospital Care, April 1982
3. First Annual Report, December 1982
4. Community Services for the Elderly, September 1983
5. Retirement Age: Fixed or Flexible (Seminar Proceedings), October 1983
6. The World of the Elderly: The Rural Experience, May 1984
8. Report on its Three Year Term of Office, June 1984
10. Housing of the Elderly in Ireland, December 1985
11. Institutional Care of the Elderly in Ireland, December 1985
12. This is Our World: Perspectives of Some Elderly People on Life in Suburban Dublin, September 1986
14. "It's Our Home": The Quality of Life in Private and Voluntary Nursing Homes in Ireland, September 1986
15. The Elderly in the Community: Transport and Access to Services in Rural Areas, September 1986
17. Choices in Community Care: Day Centres for the Elderly in the Eastern Health Board, September 1987
18. Caring for the Elderly. Part I. A Study of Carers at Home and in the Community, June 1988
20. Sheltered Housing in Ireland: Its Role and Contribution in the Care of the Elderly, May 1989
22. The Role and Future Development of Nursing Homes in Ireland, September 1991.
33. Theories of Ageing and Attitudes to Ageing in Ireland, (Round Table Proceedings) May 1994.
35. The Economics and Financing of Long-Term Care of the Elderly in Ireland, August 1994.