Funding Long Term Support and Care for Older People – A Safeguarding Perspective

Prepared for Safeguarding Ireland
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Foreword

Human rights are fundamental and basic rights of every person. They can include many things but are essentially the inherent respect for the equality and dignity of all human beings, regardless of age, race, colour, sex, language, religion or circumstance. The promotion and safeguarding of people's human rights is not just a matter for each individual but, necessarily for humanity, is essentially also a matter for society as a whole. Human rights include choice, control over one's affairs, access to care when needed and control over finances. The entitlement to these human rights do not diminish with a person's individual situation nor do they diminish with age or disability. Quite the contrary, as people become more dependent, the safeguarding of these rights needs to be more robust.

It is a cause for celebration that people are now living longer and, probably just as importantly, living well longer. Life expectancy has increased quite dramatically over the last 50 years. This longevity also presents challenges to both individuals and society. People tend to become more dependent on health and social care services as they enter old age. It is critical to ensure that quality care is available and provided to those in most need of it at a time when vulnerabilities are likely to be greater and dependence on others becomes more likely.

One of the biggest concerns that people have when they age or become dependent on others for care and support, for whatever reason, is the prospect of needing long-term care and, in the most dependent cases, the need for long-term residential care. People have a right to access care in a setting appropriate to their individual needs. They also have a right to use their own assets to support their care needs without individual, cultural or societal pressure or expectation to use these assets to fund other people's expectations and aspirations.

It is in this context that Safeguarding Ireland commissioned this document. It is intended as a paper to provoke some thought, debate and honesty about our values, preferences and attitudes towards dependent people. It examines options for how care should be provided, where it should be delivered and how this care is to be funded into the future. It examines the sometimes ambivalent attitudes of all of us and critically and objectively poses some questions and options for how we take care of our most vulnerable. It raises pertinent questions about social justice and intergenerational solidarity in the context of care for vulnerable people and highlights the need to seriously consider the options for financing long-term care. It does this against a background of supporting and safeguarding basic human rights.

It may be reasonable to suggest that the majority of older people want to contribute their fair share to the cost of their care but this does not automatically mean that inter-generational transfers of wealth should be related solely to the issue of care. It applies right across the board to all areas of public provision. There may be a need to review the financing of care with, currently, social care being paid for one way and medical care in another.

I would urge policy-makers, advocacy groups and wider society to read this document, consider the issues raised and reflect on what are, essentially, basic questions for all of us.

I would like to acknowledge and thank Dr. Michael Browne, the author of this document and all those who contributed to it. In addition, I would like to thank Professor Tony Fahey for his insightful Preface to the document. I would also like to thank the Board of Safeguarding Ireland for commissioning this report.

Patricia Rickard-Clarke
Chair Safeguarding Ireland

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Preface

Among the rich countries of the world, Ireland is a latecomer to population ageing but it is already straining to meet the challenge of providing adequate health and social care for the smallish population of dependent older people that we have now. Health care costs have been escalating for decades and the social care system has never been adequate, all in advance of the bulge in the numbers of the older population that is only now gathering momentum in this country.

Safeguarding Ireland is especially concerned with an aspect of this issue that may worsen as the numbers of older people grow but it is also an issue that has been around forever. This is the risk that, as people decline physically or mentally and become dependent and vulnerable, they will come under varying degrees of pressure, sometimes amounting to manipulation or abuse, to yield up their resources for the benefit of others and be left with too little to live out their final years with security and dignity.

The value of the analysis presented by Dr. Michael Browne in the present discussion paper is that it stands back, takes in the big picture and, in that context, looks at the many shades and variations of the practical problems that arise. The concept of financial abuse of older people conjures up images of grasping relatives or supposed helpers cheating or bullying the elders in their care out of their money. But as Dr Browne makes clear, while those black-and-white cases of wrongdoing exist and must be safeguarded against, the ethics of financing health and social care services for a growing older population are often grey and can excite violent clashes of opinion on what is just and equitable. Older people in Ireland at present are in possession of a huge stock of wealth, especially in the form of housing. As Dr. Browne brings out, the question of whether and how that stock of wealth should be drawn upon to fund care services for its owners has not yet been adequately answered. It will be a difficult political problem to resolve in a sustainable way in the future. Well-meaning politicians who seek an equitable way forward will find it difficult to satisfy enough voters to avoid electoral wipe-out for their efforts. At the same time, an implication of Dr. Browne’s approach is that one of the necessary means to avoid individual-level financial abuse of older people is to have a coherent national system of care funding within which individual-level rights and responsibilities are clear and widely accepted as legitimate and just. His report provides a valuable service in spelling out many of the challenges that have to be addressed to bring such a system about.

Tony Fahey
Professor Emeritus of Social Policy, UCD.
September 2020

Summary of Key Points

- Arising from the Covid-19 experience, there has been much public, policy and political discussions in recent months as to how Ireland provides health and social care to people who require it in their later years.

- The need to put in place a better and safer system has been widely acknowledged – we need to act now and develop a new vision of what we want for our vulnerable older population and how this is to be funded in an equitable and fully transparent manner.

- The financial implications of the significant increases in our ageing population that is currently taking place present new challenges which cannot be ignored

- We need a better understanding of the rationale and underlying values of current structures and funding mechanisms for long-term care.

- The Nursing Homes Support Scheme (NHSS) may not be the 'fair deal' that it is purported to be in that people can and do put assets beyond the reach of the scheme through legally transferring assets and/or not fully declaring assets.

- There is a strong argument to be made for the NHSS financial assessment to be carried out by the Revenue Commissioners rather than by the HSE.

- There is a basic conflict in Irish society between:
  - People as citizens who typically want the best possible care and quality of life for vulnerable older people;
  - People as taxpayers who do not wish to pay their equitable share to ensure that such care is available to all who require it; and
  - People as family members who want to pass on or inherit family wealth and who may privilege inheritance over paying for care in later years.

- Private wealth is sometimes built up by means of various tax incentives but is subsequently kept in the private domain as a result of current inheritance tax levels and other financial schemes.

- Vulnerable older people are regularly victims of financial abuse as a result of people (usually relatives) encouraging and facilitating them to transfer assets to them or to put money into a joint account.

- We need to better ensure that priority is given to people's assets being used for their benefit and in a manner that ensures greater equity in the use of public funds allocated to long-term care.

- We need to achieve a better balance between the private transfer of wealth from one generation to another, on the one hand, and ensuring equality of access to quality care and support when needed, on the other.

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- The levels of capital gains, gift and inheritance taxes that are currently in place do not take into account the cost of health and social care for an ageing population and results in a burden on State finances that is not sustainable.

- Because some people have no assets and no additional discretionary income, they are totally reliant on the State (or on family members) to provide their care in later years – clearly any money that is removed from the public system lessens the pot of money available to support such people.

- A fundamental question arises as to what is the justification from an equality and rights perspective, and, indeed, from a safeguarding perspective, of leaving some NHSS recipients (those whose only source of income is a Non-Contributory Pension) with less than €50 a week to cover the range of personal and social expenditure normative in society.

- Problems in the mortgage and housing market and continued high levels of non-performing loans in Ireland will likely be problematic for the State if it continues to rely on equity in properties to fund long-term care. Delays in mortgage repayments will also impact on the assets available for inheritance transfer.

- There is a need for society to provide and fund a wider range of health and social care options than is currently the case and a much stronger focus on people with social care needs having their own front door – the role of supported housing in the community is critical in that regard.

- At its core, inter-generational solidarity assumes a consensus between the generations on how the resources of society, both financial and non-financial, are shared for the benefit of all – however, there is a real danger, as may have happened during the pandemic, that the economic prospects of the young are perceived as being damaged by the need to protect the most vulnerable.

Introduction

Safeguarding Ireland was established in December 2015 to promote the rights of and to safeguard vulnerable adults in Ireland from all forms of abuse by persons, organisations and institutions and to develop a national plan for promoting their welfare. This includes ensuring that their resources and assets are protected and available to them to use for their health and social care as required.

This Discussion Document seeks to encourage public and policy debate about the respective responsibilities of individuals/families and the State in ensuring that care and support for people who need it in their later years is delivered and financed in a fair, equitable and transparent manner. Its primary focus is to locate issues and concerns around potential financial abuse of vulnerable adults in the context of people's basic right to have full control over and to manage their own financial affairs, including, in particular, using their resources to access the care and support that they require as they age.

Why discussion on this matter is necessary

There is a need to 'unpack' current systems of financing and funding the social and health care required by people in their later years in order to better understand the rationale, underlying values and underpinning principles of current structures and their impact on people who may be vulnerable for reasons of reduced decision-making capacity or mental health difficulties. The relative contributions of individuals/families and the State, including the use of people's own assets, towards paying for care and support for people in their later years need to be examined further in terms of equity, fairness and quality of life outcomes. The role played by tax legislation in determining the amount of state funding available to provide care and supports for older people who require it is an important consideration. The financial implications of the significant increase in our ageing population that is currently taking place present new challenges which cannot be ignored.

Countries across Europe and, indeed, around the world, are confronting the social, economic and political challenges of an ageing population. Among the most pressing of these challenges is securing adequate and sustainable long-term care and support for older people. There is growing consensus that long-term care services should look beyond a medical model of 'care'. Instead, services should take a broader, more holistic view in which older people's well-being and quality of life and their preferences regarding care and support are the norm and where human rights standards prevail.

A key question that needs to be addressed is the appropriate balance between the private transfer of wealth from one generation to another, on the one hand, and ensuring equality of access to quality care and support when needed on the other. Safeguarding issues may arise in the context of a fairly complex system of co-payments and there is a need to try to identify the safeguarding issues associated with the current system and what other systems or approaches might be least likely to raise safeguarding concerns. This question needs to be addressed at both individual and societal levels.

There are ingrained social and cultural factors that shape attitudes to paying for care in later years which need to be critically appraised – people's perceptions about their inheritance 'rights', older people's desire to have assets to 'leave' to their relatives and a common belief that it is the State's responsibility to 'look after' people in their later years.

There are different views among the public about the extent to which people's own finances and assets should be used to pay for health and social care in later years and these need to be critically examined. In practice, since 2014, residents of nursing homes supported under

the Nursing Homes Support Scheme (NHSS) have, on average, contributed about 30% of the charge for their care, with the HSE paying the balance in the form of State support.[1] While Irish families are likely to remain committed to caring for their older relatives, changed demographics may impact on their ability to do so at the same level as was the case heretofore. The essential contribution of family carers needs to be given due cognisance in the context of equitable regard for both those who are likely to inherit assets from their relatives and those for whom such a possibility does not exist. Changing financial pressures on younger households may have an impact on the assets of their parents and may result in a depletion of the assets of the latter that might otherwise be available to help fund their care if needed in later years.

Focus of Discussion Document

This Discussion Document explores matters relating to paying for long-term health and social care in our later years, in particular:

- Current policy and practice on the matter in Ireland.
- Public attitudes about the respective responsibilities of the State and individuals/families.[2]
- Relevant underlying values and assumptions.
- The current interface between assessment of people's medical and social care needs and their financial means and ability to pay.

This Document was developed on the basis of a review of relevant literature and policy documents on the matter and consultation with key informants[3] . Following discussion on a Draft of the document by the Board of Safeguarding Ireland, some amendments were made to the final document.

The Document does not seek to arrive at definitive conclusions on the matters raised but rather to identify issues, including social attitudes and legal and regulatory provisions, which have a bearing on the manner in which Irish society treats vulnerable older people who require care and support. Some areas where further research and analysis might be beneficial are identified.

Structure of Document

Section 1 sets out some key contextual factors.

Section 2 discusses the operation of the Nursing Homes Support Scheme and issues relating to legislative provision for home care which has been flagged in recent years.

Section 3 considers the question of gift and inheritance taxes and their implications for the financing of long-term support and care.

Section 4 discusses some key areas relating to actual and potential abuse of vulnerable older persons.

Section 5 provides a synthesis of the over-arching issues and provides a value-critical perspective on these.

The Final Section – Section 6 - summarises the main points in the document and the issues arising. It outlines an Action Agenda for further consideration and identifies areas where further research and analysis is required.

1 Comptroller and Auditor General Special Report 2020 https://www.audit.gov.ie/en/Find-Report/Publications/2020/Special-Report-110-The-Nursing-Homes-Support-Scheme-Fair-Deal-.pdf p.51

2 This is based on data from a November 2019 RED C Nationwide Public Opinion Survey carried out on behalf of Safeguarding Ireland (see Appendix 1).

3 In order to ensure a good and open engagement by those consulted, informants are not named specifically in the document or associated with any view or comment. Rather, views and perspectives are expressed in a general way and commented on accordingly.

Section One: Contextual factors

Demographics: An ageing population

As is widely acknowledged, a significant demographic shift is taking place and is likely to continue over the medium to long- term. Ireland's old-age dependency ratio (the number of retirees as a fraction of the number of workers) is set to double over the coming decades, from 21% at present to a peak of around 46% in the middle of this century. There are currently around five persons of working age for each person aged 65 and over; by 2050, it is estimated that the figure will be closer to two with the ratio of retirees to workers[4] set to more than double.[5] This shift in the age profile of the population will involve increased spending in demographically-sensitive components of public expenditure, such as pensions and health and social care.

The ratio of long-term care expenditure to GDP[6] will almost certainly rise in the future while still remaining relatively low compared to expenditures on healthcare or other forms of age-related social protection (e.g., old-age pensions). This will have significant implications for health care services (see Appendix 2, ESRI Infographic). A Department of Finance Report[7] has concluded that longer working lives, minimising increases in public spending and reforms to boost productivity will be necessary over the coming years if an explosion in public debt caused by an ageing population is to be avoided. Increasing life expectancy and greater numbers of older people will mean that total age-related expenditure will increase significantly as a proportion of government spending. This will become particularly challenging as a result of the Covid-19 pandemic in that there is likely to be a significant reduction in Irish GDP growth, estimated at towards 1 per cent or possibly an outright contraction.[8]

The number of people with dementia in Ireland is estimated to be 55,000. This number is expected to grow at an average rate of 3.6 per cent per year over the next thirty years. By 2036, the number of people with dementia in the country will have doubled and by 2046, the number will have almost trebled.[9]

Table 1 (below) sets out starkly the future capacity requirements for a number of primary care and long-term support and care services based on current population projections. This shows clearly the enormous challenge facing our health services and highlights the urgent need to look seriously at the cost and at how this is going to be met. This is necessary in order to ensure that vulnerable older people requiring care and support receive it in a manner which safeguards them and protects their rights.

4 The working age population is defined as the population aged 15-64 and the old-age population is defined as the population aged 65 and over although it is recognised that many individuals continue working beyond the age of 65.

5 https://www.finance.gov.ie/wp-content/uploads/2018/09/Population-Ageing-and-the-Public-Finances-1.pdf

6 Gross Domestic Product (GDP) measures the value of economic activity within a country. Strictly defined, GDP is the sum of the market values, or prices, of all final goods and services produced in an economy during a period of time.

7 https://www.finance.gov.ie/wp-content/uploads/2018/09/Population-Ageing-and-the-Public-Finances-1.pdf.

8 https://www.irishtimes.com/business/economy/economy-could-go-into-recession-if-crisis-not-brought-under-control-quick-ly-1.4207997

9 https://www.genio.ie/system/files/publications/Dementia_Prevalence_2011_2046.pdf

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Table 1: Capacity requirements forecast for selected services[10]

Sector	Point of Delivery	Current capacity (2016)	2031 Forecast of capacity requirements (without reforms) % change	2031 Forecast of capacity requirements (with reforms) % change
Primary Care	Public Health Nurse (WTEs)	1,500	2,200 (+46%)	**2,600 (+67%)**
	Physiotherapists (WTEs)	540	740 (+38%)	**840 (+58%)**
	Speech &Language Therapists (WTEs)	470	440 (-6%)	**420 (-11%)**
	Occupational Therapists (WTEs)	500	660 (+32%)	**760 (+50%)**
Social Care (Older Persons)	Residential Care – long term beds	26,200	36,300 (+39%)	**36,700 (+39%)**
	Residential Care – short term Beds	3,800	5,600 (+46%)	**6,300 (+62%)**
	Home Care Packages	15,600	26,600 (+70%)	**34,600 (+122%)**
	Intensive homecare	200	330 (+70%)	**660 (+230%)**
	Home help hours (millions)	**10.6**	**17.8 (+69%)**	**23.1 (+118%)**

Source: Health Service Capacity Review 2018 Executive Report, https://health.gov.ie/wp-content/uploads/2018/01/Health-Service-Capacity-Review-2018- Executive-Report.pdf

10 The reform scenario outlined includes, inter alia, an improved model of care centred around the proactive management of chronic diseases in general practice, increase in provision of homecare, short term respite and step down care, and comprehensive geriatric assessments.

An ageing population, coupled with ever increasing demands on the exchequer (for example, in relation to social housing provision and acute hospital care), means that the issue of funding for long-term care is not going to go away. There has been a tendency to date to 'push this matter down the road' rather than deal with it in a transparent and realistic manner. The challenge is to find a financing system for long-term care which achieves similar levels of service supply in both the community and in residential care facilities. Another core issue to be addressed is the distinction between the funding of acute medical services and the funding of long-term care and personal social services and a need for parity of status between the two.

A rights-based perspective

A human rights-based approach puts older people with care and support needs at the centre, empowering them to participate in decision-making and to claim their rights. At the same time, a rights-based approach demands accountability from the state and from institutional actors who bear the responsibility to uphold these rights.

The underlying principles of a rights-based approach have been summarised as[11]:

- The inestimable dignity of each and every human being.
- The concept of autonomy or self-determination that demands that the person be placed at the centre of all decisions affecting him/her.
- The inherent equality of all regardless of difference.
- The ethic of solidarity that requires society to sustain the freedom of the person with appropriate social supports.

A human rights approach does not contradict the reality of age-specific needs – on the contrary, a rights-based approach enables society to better meet needs, as required, while framing them in a human rights-based narrative.

Despite the emergence of a strong human rights discourse nationally and internationally, it is likely that 'old people' are often thought of as a burden, especially those who need high levels of support. Ageing tends to be associated more in public and policy discourse with a 'deficits' perspective related to a progressive loss of physical and decision-making capabilities and on meeting needs rather than with the positive aspects of ageing related to accumulated wisdom and experience and older people's contribution to society.

Nils Muižnieks, former Council of Europe's Commissioner for Human Rights, stated in a Human Rights Comment on 18 January 2018 as follows:

"Older persons have exactly the same rights as everyone else, but when it comes to the implementation of these rights, they face a number of specific challenges. For example, they often face age discrimination, particular forms of social exclusion, economic marginalisation due to inadequate pensions, or are more vulnerable to exploitation and abuse, including from family members."[12]

Measures to safeguard older persons' independence and dignity, including active and positive ageing, also need to address discriminatory practices and barriers to accessing quality health and long-term care and support services.

The European Union Agency for Fundamental Rights 2018 Report[13] dedicated its focus chapter to equal treatment for older people and respect for their fundamental rights. A 2015 Eurobarometer survey on discrimination[14] shows that discrimination or harassment

11 Quinn, G. and Degener, T. (eds.) with Bruce, A., Burke, C. Castellino, J., Kenna, P. Kilkelly, U., Quinlivan, S. Human Rights and Disability, United Nations, New York and Geneva.

12 https://www.coe.int/en/web/commissioner/-/the-right-of-older-persons-to-dignity-and-autonomy-in-care

13 https://fra.europa.eu/sites/default/files/fra_uploads/fra-2018-fundamental-rights-report-2018_en.pdf

14 http://www.equineteurope.all2all.org/IMG/pdf/ebs_437_sum_en.pdf

because of old age is the most frequently mentioned type of discrimination: 42 % of Europeans perceive discrimination due to old age (being over 55 years old) as "very" or "fairly" widespread in their country. It was noted, however, that focusing on a single ground of discrimination – age – may fail to capture the various forms in which unequal treatment and exclusion can manifest themselves.

Older women, older migrants, older people with disabilities and older people living in poverty face compound and aggravated challenges and a higher risk of experiencing human rights violations.

> "Although the Universal Declaration on Human Rights proclaims that all human beings are born free and equal, it is evident that the enjoyment of all human rights diminishes with age, owing to the negative notion that older persons are somehow less productive, less valuable to society and a burden to the economy and to younger generations."[15]

Human rights infringements

Vulnerable older people in need of support can be subject to inhuman or degrading treatment, violence, abuse and neglect. Violence and abuse can take place in the home, by family members, friends or professional care workers; or in institutional settings by professional staff; and can include physical abuse, sexual abuse, financial abuse and mental abuse.[16] For example, a study by the European Network of National Human Rights Institutions (ENNHRI) found that, although there were no clear signs of torture or deliberate abuse or ill treatment, several practices witnessed in all six countries [covered in the study[17]] raised concerns, particularly in "upholding dignity, the right to privacy, autonomy, participation, and access to justice".[18]

A Red C Poll carried out for Safeguarding Ireland in 2019[19] found that 1 in every 10 Irish adults claim to have witnessed the abuse of an adult they considered vulnerable in the past 12 months. Younger age cohorts were more likely to agree that they had witnessed abuse of a vulnerable adult, as were those in higher socio-economic groups. Of the 10 per cent who claimed to have witnessed abuse, half of them said they discussed it with the person being abused, while 2 in 5 discussed it with another trusted individual. Only 1 in 6 sought to find more information, while a similar proportion sought advice from a professional. A significant minority (1 in 8) reported that they took no action at all.

A European Centre for Social Welfare Policy and Research 2019 report[20] on the Rights of Older People notes that, while existing human rights standards provide provisions for the fulfilment of the universal rights (including civil and political, as well as social, economic and cultural rights) of all individuals, there is currently no distinct international convention specifically addressing the rights of older people that is comparable to the instruments covering women, children, or persons with disabilities. This report identified ten rights domains applicable to older persons:

1. Equal access to and affordability of care and support.
2. Choice, legal capacity and decision-making capacity.
3. Freedom from abuse and mistreatment.
4. Life, liberty, freedom of movement and freedom from restraint.
5. Privacy and family life.
6. Participation and social inclusion.
7. Freedom of expression, freedom of thought, conscience, beliefs, culture and religion.

15 Report from the Eighth working session of the UN Open-ended Working Group on Ageing, 28 July 2017, https://undocs.org/A/AC.278/2017/2 p.8

16 http://www.euro.who.int/__data/assets/pdf_file/0010/144676/e95110.pdf

17 The six pilot countries were Belgium, Croatia, Germany, Hungary, Lithuania, Romania.

18 European Network of National Human Rights Institutions (2017), We have the same rights: the human rights of older persons in long-term care in Europe, http://ennhri.org/IMG/pdf/ennhri_hr_op_web.pdf

19 https://63273-593977-raikfcquaxqncofqfm.stackpathdns.com/wp-content/uploads/2019/05/Safeguarding-Ireland-Red-C-Research-2019.pdf

20 https://www.euro.centre.org/publications/detail/3514

8. Highest standard of health.
9. Adequate standard of living.
10. Remedy and redress.

Legal capacity and personal autonomy

People with reduced decision-making capacity are at a greater risk of having their legal and human rights infringed. Dementia is one of the major causes of reduced decision-making capacity among older people. A lack of awareness and understanding can mean that people with dementia are at risk of having their legal capacity (their ability to autonomously hold and exercise their rights before the law) restricted or ignored.

Equality before the law is one of the key provisions of Article 12 of the UN Convention on the Rights of Persons with Disabilities (UNCRPD), affirming and enabling people's right to exercise their legal capacity by providing necessary support. The capacity to make one's own decisions is a precondition to individual autonomy. Depriving an individual of legal capacity – be it partially, regarding certain decisions, or fully restricting their right to make any legally binding decisions – results in a clear denial to people of legal personality.

In light of these dynamics, international advocacy groups, including Help Age International and Age Platform Europe, national advocacy organisations and national human rights institutions are calling for a paradigm shift in the way societies think about ageing and the 'aged', shifting the policy discourse to focus squarely on states' responsibilities to protect and work towards realising the rights of older people individually and collectively. In a rights-based approach, proportionality is a key principle. This means that when an intervention is required to safeguard a person, it is important to ensure that the intervention is relevant to the person and is in line with their will and preferences.

In its Sustainable Development Goals (SDG) Implementation Plan for 2018-2020, the Irish Government set out seven targets under the goal to end poverty. These include to, by 2030, "ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services"[21]. This goal is particularly apt in the case of vulnerable adults in Ireland, particularly people with reduced decision-making capacity.

Public attitudes and perceptions

A Public Opinion Survey was carried for Safeguarding Ireland by Red C in November 2019 (see Appendix 1) in order to help to understand attitudes towards financing of care and support for older people. Questions related to the following were asked:

1. Whether people should use their own savings and assets first for care and support before getting help from the public system.
2. Evaluation of the 22.5% cap on the value of a person's home when doing means assessments for the Nursing Homes Support Scheme.
3. Attitudes towards a proposed 22.5% cap on the value of family farms and small businesses.
4. Attitudinal statements towards financing of care and support for older people.

21 https://www.dccae.gov.ie/documents/DCCAE-National-Implement-Plan.pdf p.34

Key Findings of Red C Poll

- Less than half (43%) feel that people should maybe or definitely use their own savings and assets first before getting help from the public system to pay for needed care and support in their own homes.
- Just over one-third feel that people should maybe or definitely use their own savings and assets first before getting help from the public system to pay for needed care and support in nursing homes.
- Almost a half (45%) think that a cap of 22.5% on the value of a person's home that can be taken into account in means assessments for the Nursing Homes Support Scheme is a bit or far too high, with just 8% feeling it is too low. (The 18-34 year olds are less likely to feel the cap is too high).
- Almost three-quarters (72%) agree slightly or strongly that some older people are more concerned about ensuring that they have money and assets to pass on to their children than on using these for their own benefit.
- More than half (56%) agree slightly or strongly that some families 'hide' money to ensure that it is not taken into account when the means test for the Nursing Homes Support Scheme is being carried out.
- More than 2 in 5 (42%) agree with the Government's proposal to set a cap of 22.5% for the value of family farms and small businesses in the NHSS financial assessment, with agreement more prevalent among those aged 55 years or older.

The Poll found that there were very few differences in terms of demographics but higher social classes are more likely to agree that people are more concerned about inheritance than ensuring that people spend money on their own health and care when they need it and, also, higher social classes had a higher proportion expressing the view that families hide money.

These data suggest a complex social and attitudinal landscape where there are relatively high proportions of the population that, notwithstanding the private assets that people have, believe that the State has the primary responsibility to provide long-term care and support for people who require it in their later years.

This is an area where clearly further research and analysis is required. The findings of financial market UK-based research[22] on exploring the changing attitudes to inheritance and the implications for the financial services industry is likely to have some relevance in the Irish context. The following are selected key findings:

- Almost two-thirds (64%) of 25-45 year-olds expect to receive inheritance from their parents and grandparents, with nearly half of these (29%) expecting to receive at least £50,000 in fixed assets or money.
- One-third (34%) of 25–45 year olds stated that they are relying on their inheritance to help them out financially in later life.
- One-third also (31%) stated that the fact they have this inheritance coming has put them off saving so they can "live in the now".
- Almost two-thirds (61%) of over-55s do not think younger generations are getting adequate financial advice and 40% are concerned about what their children will do with their inheritance.
- Four in 10 (38%) of the under-45 sample who are set to receive a substantial inheritance have not spoken to the person gifting about their plans for the money.

22 The Generation Game https://www.sanlam.co.uk/getmedia/26732f95-d494-422a-8892-3bc905fa959f/Sanlam-%e2%80%93-The-generation-game.pdf

Financing long-term care

Putting in place a sustainable long-term care financing system requires active and urgent consideration in Ireland both by Government and by the public. Indeed, a recent WHO Policy Brief on Covid-19 referred to the need to 'ensure sustainable and equitable financing mechanisms for long term care to protect people from catastrophic costs of care'.[23]

The basic question is where is Ireland to find the money to pay for long-term support and care in an ageing society. This matter was addressed by Sage Advocacy in 2019 in a Discussion Document, A New Deal.[24] This document argued that Ireland can and should aspire to a model of long-term care (e.g., Denmark) where the emphasis is on publicly funded long-term support and care provided for the most part in community-based settings.

The need for sustainability in long-term support and care financing was identified as a crucial consideration in the Sage Advocacy document and that delivering quality care in people's own homes is not cheap despite the significant and frequently necessary contribution of family carers. It was noted that the ratio of long-term care expenditure to GDP[25] will almost certainly rise in the future while still relatively low compared to expenditures on healthcare or other forms of age-related social protection (e.g. old-age pensions). Three possible funding models were outlined:

A) Insurance-based model

Public long-term care insurance models (e.g., Germany) typically finance health and social care via a social health insurance scheme. The scheme is predominantly financed through employment-based, payroll contributions from employees and employers.

B) Tax-based model

Some countries (mainly Nordic) implement universal LTC coverage financed mainly through general taxation. Public long-term care services in these countries are extensive and comprehensive, resulting in a relatively large share of GDP spent on LTC (2.2 % in Denmark and 3.3% in Sweden).

C) Mixed systems of provision

Universal (tax-funded) as well as means-tested entitlements operate alongside each other. This is currently the case in Ireland.

It was noted that there was no public consensus in Ireland on the best funding model for long-term care. However, it was pointed out that total reliance on taxation to cover the costs of long-term care can be hugely problematic as available funding is subject to the vagaries of the market and related exchequer funds – periodic service cutbacks are endemic in such a system.

The New Deal suggested that the social insurance-based model should be progressed on the basis that it was reasonable to assume that people would pay over their lifetime if they could be guaranteed good quality long-term care services should they need them. Such a social insurance generated fund would allow for a more protected, community-based funding model than currently exists and would share the cost and be in line with the principles of social and inter-generational solidarity.

23 Preventing and Managing COVID-19 across Long Term Care Services. Policy Brief. WHO. (July 2020). file:///C:/Users/Cloon/Downloads/WHO-2019-nCoV-Policy_Brief-Long-term_Care-2020.1-eng.pdf

24 https://www.sageadvocacy.ie/media/1538/sage-advocacy_summary-financing-long-term-care-in-ireland_2002019.pdf

25 Gross Domestic Product (GDP) measures the value of economic activity within a country. Strictly defined, GDP is the sum of the market values, or prices, of all final goods and services produced in an economy during a period of time.

Section Two
The Nursing Homes Support Scheme

The Nursing Homes Support Scheme (NHSS) provides financial support for people in long-term nursing home care, with those using the scheme contributing 80% of their income. The recently published Comptroller and Auditor General Special Report on the operation and functioning of the NHSS[26] looked at a range of matters relating to financial assessments and the operation of the NHSS loan scheme as well as different costs of running private and public nursing homes.

The value of a person's home (their principal private residence) is included in the financial assessment for the first three years of their time in care (a maximum of 22.5%). Currently, the NHSS requires small farmers and business owners availing of the scheme to make annual contributions – 7.5% of the value of their land and/or businesses every year. A new plan which was being considered by Government prior to the February 2020 General Election would see this capped at three years (as in the case of the person's principal private residence). The Nursing Homes Support Scheme (Amendment) Bill 2019 provided for changes to allow the cap to be applied to farms and small businesses. It is noted that the current Programme for Government[27] includes a commitment to enact legislation implementing the revised Nursing Homes Support Scheme arrangements for farmers and business owners.

In order to be eligible, the farmer or business owner must have worked on the family farm or for the business for three out of the previous five years. And before a nursing home place can be secured through the new scheme, a successor must agree to work on the farm or business for at least the next six years.[28] They will not have to work exclusively on the farm or business but should spend at least half their working time there.

The planned legislative changes were seen as necessary in order to ensure that family farms and family businesses would be "better safeguarded" for future generations. However, the six-year term has already given rise to concern as it was seen as limiting people's ability to lease land or assets. During pre-legislative scrutiny of the proposal, the president of the Irish Farmers Association[29] said that the proposed changes would mean that family farms leased to third parties were excluded from the three-year cap as they are classified as an investment asset rather than a productive asset. As well as taking into account the capital value of the land over the first three years, there would be the rental income from the land which would be regarded as capital. (It should, of course, be noted that the same calculation is applied to private homes that are rented out).

26 https://www.audit.gov.ie/en/Find-Report/Publications/Special%20Reports/Special%20Report%20110%20-%20Nursing%20Homes%20Support%20Scheme%20-%20Fair%20Deal.html

27 https://static.rasset.ie/documents/news/2020/06/draft-programme-for-govt.pdf p.58

28 If people fail to complete the six years of work, they must repay the entire State subsidy given towards the care of their family member as part of a "clawback" mechanism. However, in cases where the nominated successor cannot work due to illness or death, families may appoint a new successor without incurring any fees.

29 https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/joint_committee_on_health/submissions/2019/2019-11-13_opening-statement-joe-healy-president-irish-farmers-association_en.pdf

Nursing Home Loan (Ancillary State Support)

Where a person's assets include land and property in the State, the contribution based on such assets may be deferred. This means that a person does not have to find the money to pay this contribution during their lifetime. Instead, if approved, the HSE will pay the money to the nursing home on a person's behalf and it will be collected after their death. This is an optional benefit of the scheme. It is effectively a loan advanced by the State which can be repaid at any time but will ultimately fall due for repayment upon a person's death. Its purpose is to ensure that a person does not have to sell assets such as their home during their lifetime.

In order to apply for the Nursing Home Loan, the person must provide written consent to having a Charging Order registered against their asset. Where a person is part of a couple, their spouse/partner must also request the payment of the loan and also consent to having the Charging Order[30] registered against the interest of both in the asset. The loan amount, when it falls due for repayment, must be repaid to the Revenue Commissioners.

Where a person is assessed as not having the capacity to consent to the Nursing Home Loan and the Charging Order, a Care Representative has to be appointed by the Circuit Court to act on his/her behalf. The list of people who can apply to be a Care Representative is very extensive[31] and raises important questions about ensuring that an individual's will and preference are given effect. A person appointed under Enduring Power of Attorney or the Committee of a Ward of Court can also make an application in such circumstances.

The recently published Comptroller and Auditor General report[32] on the operation and functioning of the NHSS noted that, at the end of February 2020, almost 93% of the loans due for collection by the end of December 2018, with a combined value totalling €105.7 million, had been repaid in full. Three out of five of those repayments had been made before the due date. Of the cases notified to Revenue up to the end of 2018, 292 cases were classified as overdue for payment at the end of February 2020. These loans had a notified value for repayment totalling €8.4 million. Just under 20% of the loan amounts had been partly repaid — a total of €1.6 million was received, leaving a balance overdue of around €6.8 million.

Issues relating to the Nursing Homes Support Scheme

The Nursing Homes Support Scheme (NHSS) currently costs the State over €1 billion a year. The HSE 2020 Service Plan has allocated €1.04 billion to the scheme. The 2015 review described the NHSS as a positive scheme but an expensive one for the State. The Comptroller and Auditor General Report noted that, through their contributions, nursing home residents supported by the Scheme cover around 30% of the cost of the standard nursing home care they receive.

While it is generally acknowledged that the NHSS has been successful in providing access to nursing homes for older people of all financial means, a number of important issues relating to the operation of the scheme have emerged, some of which were documented in the Review of the Nursing Homes Support Scheme published in 2015.[33] That Review found that the scheme is a progressive scheme with residents' contributions

30 The Charging Order is a simple type of mortgage which secures the money loaned by the HSE. Subject to the person's consent, the HSE is responsible for making the Charging Order, registering it against the asset and making Nursing Home Loan payments to the nursing home on the person's behalf.

31 The following persons, in order of priority, may apply to be appointed as a Care Representative once they are 18 years of age or over: spouse/partner, parent, child, sibling, niece or nephew, grandchild, grandparent, aunt or uncle, a person who appears to the court to have a good and sufficient interest in a person's welfare (other than the owner of a nursing home in which the person resides or are likely to reside, or a medical practitioner who examined the person and prepared a report for the Court in relation to the person's capacity).

32 https://www.audit.gov.ie/en/Find-Report/Publications/Special%20Reports/Special%20Report%20110%20-%20Nursing%20Homes%20Support%20Scheme%20-%20Fair%20Deal.html

33 https://assets.gov.ie/14095/f39a443d0a054c78a548d5fad8711df4.pdf

based on their means. However, it also found major weaknesses in the means-testing of residents who apply for it. The Review also noted that there are extensive exclusions from the property or asset-based contributions, including a substantial portion of the value of the principal private residence.

While an Interdepartmental/Agency Working Group[34] was set up to progress the recommendations contained in the Review, the extent to which this Group is functioning is not clear. In looking to the future and at how to ensure that long-term residential care continues to be available to all who need it and that the State can afford to pay its share of the cost of such care, the 2015 Review set out a number of options for consideration[35] which are summarised below.

Reducing the asset disregard

Currently, the first €36,000 of a person's assets (or €72,000 for a couple), including savings, are not taken into account during the financial assessment. By abolishing this disregard altogether, additional contributions of up to €50 per week would be payable by those with assets or savings. By reducing it to €20,000 (or €40,000 for a couple), additional contributions of €23 per week could be payable, yielding an additional €13.1 million in a full year.

Increasing the asset contribution

Currently the asset contribution based on cash, investments, property and other assets is set at 7.5%. It was estimated that an increase in the rate of contributions based on cash and other relevant assets would yield the following additional full year revenues:

- 7.5% to 9.5% - €6.7m
- 7.5% to 11.5% - €13.4m
- 7.5% to 13.5% - €19.9m
- 7.5% to 15.6% - €26.7m

These estimates take account of the effect of the maximum percentage contribution on the principal private residence as explained below.

Increasing the asset contribution based on the Principal Private Residence

The existing rules effectively mean that a maximum of 22.5% of the value of the PPR can be absorbed by way of asset contribution. The Review suggested that further consideration should be given to the maximum percentage cap applied to the value of the PPR but that the effect of various caps would require further investigation.

The report noted that if a person's PPR is subsequently sold, the proceeds of the sale are assessed as cash assets as long as the person remains in long-term residential care and that this has created a perverse incentive not to sell homes, leading to properties being left vacant. It noted that removing or extending the 3-year cap would remove the current disincentive to sell vacant homes. It would, however, lead to the fuller dissipation of the value of the PPR (i.e., for inheritance and other purposes) in over one-third of cases.

Increasing the income contribution

The Review noted that it is generally acknowledged that a contribution of 80% of income is fair if the only source of income is the State (Non-Contributory) pension. However, for those with higher incomes increasing the rate to, for example, 85% for other income sources could be considered, subject to safeguards, providing residents with a minimum amount of income.

34 This Group is chaired by the Department of Health and includes representatives from the Department of the Taoiseach, the Department of Public Expenditure and Reform, the HSE, Revenue and, when required, the National Treatment Purchase Fund.

35 https://assets.gov.ie/14095/f39a443d0a054c78a548d5fad8711df4.pdf ps.85-86.

Farms and small businesses

The application of the asset-based contribution to family farms or other family businesses where the relevant asset generates a household's income and where the asset would, in the normal course, pass on to the next generation as a primary income source was deemed to require further consideration which should involve input of a wider range of expertise relevant to such matters, including the Revenue Commissioners. At present, both the income generated and the capital value are used as a basis for contributions. The resultant dilution of equity in the capital asset, particularly in circumstances where the 3-year cap does not apply, can cause real difficulties for farming and other families.

Financial assessment

The 2015 Review report stressed that the issues it had uncovered in relation to validation and verification of financial declarations by residents should be "addressed as a priority". For example, just 56.4% had been assessed as owning a family home but independent figures had shown it as high as 75% in the general population. Also, analysis of the financial affairs of a sample of an HSE survey of residents who died found that a quarter had under-declared their cash assets.

It is noted that no changes on eligibility criteria were made following the review or the future financing of the scheme but work commenced on areas to tighten up its administration. The HSE relies heavily on the honesty of applicants to make financial declarations of what they have in assets and cash and there is a sense that some HSE offices dealing with applications reported that they did not have the expertise to verify financial declarations.

While there are ways of getting around the NHSS means assessment, the schedule of assets at probate stage deals with most of this, with some 97% of monies owed being collected (€7-8 million annually).[36] There can be retrospection in respect of assets assessment of living persons as well as deceased persons. For example, people may report a genuine error, e.g., shares not being declared, which a relative making the application may have been unaware of at the time of the application. The 2020 Comptroller and Auditor General Special Report found that while the Probate Office shares information on gross and net state values with the Department of Employment Affairs and Social Protection (DEASP) on a quarterly basis, information on estate values is not shared between the Probate Office and the HSE.[37]

The 2015 Review referred to the need for a consistently applied standard operating procedure for a robust initial financial assessment based on all available sources of information. It suggested that there was potential for greater liaison with Revenue Commissioners on the scope for improved validation of declarations of income/assets. The Review also referred to the Department of Social Protection (now Department of Employment Affairs and Social Protection) as having relevant experience which might benefit the scheme's administration. Clearly, both the Revenue Commissioners and the DEASP have a large amount of information relating to people's financial position. The 2020 Comptroller and Auditor General Special Report stated that their examination found no evidence on file for the sample analysed that third party sources had been used to verify the completeness and accuracy of income and assets included on the application form or to identify income and assets that may have been transferred by the individual in the prior five years.[38] There would be a lot of merit in exploring how NHSS financial assessments could tap into this information, minimise duplication of work and reduce the HSE workload in that regard. Indeed, there is a strong argument to be made for the financial assessment being carried out by the Revenue Commissioners rather than by the HSE.

36 The Schedule of Assets Office links in with the Probate Office. This Office writes to relatives of the deceased or to the estate. This compares a person's assets at declaration in respect of the NHSS and at Probate.

37 https://www.audit.gov.ie/en/Find-Report/Publications/Special%20Reports/Special%20Report%20110%20-%20Nursing%20Homes%20Support%20Scheme%20-%20Fair%20Deal.html

38 ibid. p.57

Transfers of an applicant's cash assets in the five years prior to an application for support are taken into account in determining the required personal contribution. According to the HSE, local offices should request bank statements covering a period of at least six months prior to the application being made. However, the HSE noted that it had difficulty in obtaining bank statements for the five-year period prior to the application.

The 2020 Comptroller and Auditor General Special Report noted that 93% of applicants in the sample cases examined had declared cash assets. The examination found in all cases that the documentary evidence provided to support declarations of cash assets was a statement from the relevant financial institution, with 93% of those being less than three months old at the date of submission. For around €1.3 million, or 47% of these cash assets, the applicants had only provided statements covering a one-month period.[39] This was regarded as not providing sufficient evidence to establish whether the individual had transferred financial assets in the five years prior to the application.

The experience of the HSE, as noted in the Comptroller and Auditor General report, is that when family members are trying to sort out a relative's affairs when making an application, in many cases they may not know what accounts their relatives have in financial institutions. The HSE further noted that family members also find it very challenging to get relevant information of account details from financial institutions, due to data protection issues, unless they have enduring power of attorney arrangements in place.

There are a number of specific issues relating to NHSS financial assessment which may result in people being enabled to 'hide' money and assets. On the latter point, there is a lot of scope for transferring cash prior to the NHSS financial assessment. (See Section 3 below). While there is provision in the legislation for people to be convicted for non-declaration of assets, there has been no such conviction to date. This is not surprising given the inadequate evidence collected in many cases. Clearly, if the HSE do not specify what documentary evidence is required and collect this evidence, they are not in a position to make any conviction for non-declaration of assets.

Other issues identified in relation to the NHSS

The Forum on Long-term Care Report[40] identified a number of other issues relating to the NHSS which were regarded as having a significant negative impact on the quality of life and well-being of nursing home residents.

- Access to therapies.
- Availability of suitable chairs, aids and appliances.
- NHSS application process.

The NHSS Review referred to concerns that were raised about the lack of uniformity for nursing home residents when accessing certain services and, in particular therapies, e.g., physiotherapy, that they need and may be eligible for. It was noted that therapy services are not funded under the NHSS but are funded by the HSE Community Healthcare Organisations (CHO). Once a person is in private nursing home care, in practice, there is little or no access to primary care professionals, including physiotherapy, occupational therapy and social work. In some areas where demand exceeds what can be provided, there appears to be a de-prioritisation of nursing home residents and in these circumstances the only option remaining is to pay for such therapies privately. This is contrary to national policy which promotes equal access to primary care services regardless of place of residence.

A factor which impacts directly on equipment provision is a lack of agreement nationally as to where responsibility lies for the funding of equipment for nursing home residents. Nursing Homes Ireland argue that the NHSS funding package does not provide for the provision of anything other than basic equipment and that, therefore, nursing homes have no obligation to provide specialized equipment and that residents

39 Ibid. p.55

40 https://www.sageadvocacy.ie/media/1124/report_of_forum_on_ltc_for_older_people.pdf

should access such equipment via HSE Primary Care Services. This debate is ongoing and unresolved, and in the meantime the arbitrary provision as outlined means that vulnerable nursing home residents are forced to rely on their own resources, or on the goodwill of relatives, friends or charitable bodies.

NHSS Application process

The NHSS Regulations stipulate that where a person has reduced ability to make decisions (arising from ill-health or a disability), an NHSS application on their behalf can be made by a specified person.[41]

The list of people who can make an NHSS application is very extensive and the circumstances in which another person can make an application on someone's behalf are not all clear. For example, how is it determined that a person cannot make the application themselves and by whom is this determined. This is an area where clearly there may be safeguarding issues and one which requires much more consideration than has been the case to date.

The NTPF funding model

A number of criticisms have been made of the National Treatment Purchase Fund (NTPF) role in the NHSS. The main one refers to the fact that the NTPF is a statutory agency which 'negotiates' prices with the non-statutory sector based on an approach which does not fully take account of the complexity and challenging nature of the care required by people with complex care and support needs, particularly people with dementia. This is the case despite the fact that a large majority of nursing home residents suffer from cognitive decline and dementia. Another issue identified is that the HSE's own providers do not seem to be subject to 'negotiation' and are only prohibited from charging more than the actual cost of the care. The recent Comptroller and Auditor General Special Report found that the NTPF does not have internal written procedures or a guidance manual for its staff involved in the price negotiation process with nursing homes.[42]

The NTPF model runs contrary to the 'money follows the person' principle articulated by the HSE in its 2012 Value for Money and Policy Review of Disability Services[43] which recommended that a new system of resource allocation should be introduced, providing individualised funding, based on assessed need – a 'money follows the person' approach instead of block funding services.

The 2015 NHSS Review recommended that the National Treatment Purchase Fund (NTPF) review the present pricing arrangements with a view to:

- Ensuring value for money and economy, with the lowest possible administrative cost for clients and the State and administrative burden for providers;
- Increasing the transparency of the pricing mechanism so that existing and potential investors can make as informed decisions as possible; and
- Ensuring that there is adequate residential capacity for those residents with more complex needs.

Issues with accessing the NHSS

The NHSS legislation is widely regarded as a significant improvement on what went before (the Nursing Homes Subvention Scheme) in that it is based more on people's ability to pay. Consultation and analysis carried out in compiling the present Discussion Document suggests a number of areas requiring further consideration.

41 A specified person is : (a) a Ward of Court Committee; (b) a person appointed under a valid, registered Enduring Power of Attorney who is not restricted from applying for the scheme; (c) a Care Representative appointed under the Nursing Homes Support Scheme Act 2009; (d) a person's spouse or partner; (e) a relative who is 18 years of age or over; (f) a 'next friend' appointed by a court; (g) a person's legal representative; (h) a registered medical practitioner, nurse or social worker; .
The people listed at A-C have first priority over those listed at D-H. This means that they have the right to act as a Specified Person ahead of the other categories. However, the people listed at A-C may consent in writing to a person with lesser priority acting as the specified person.

42 https://www.audit.gov.ie/en/Find-Report/Publications/Special%20Reports/Special%20Report%20110%20-%20Nursing%20Homes%20Support%20Scheme%20-%20Fair%20Deal.html p.13.

43 https://assets.gov.ie/16118/73763752d55d4618bc9f8e18f3091290.pdf

Admission delays are an ongoing feature of the NHSS. For example, in mid-2019, the escalating cost of the scheme was giving rise to concern in Government with spending on the scheme being €5.6 million ahead of target with a €17 million deficit likely by the end of the year.[44] The Government's official policy is that the waiting time for approval for a place on the scheme cannot go above four weeks. However, extending the waiting time is the main weapon available to health managers to scale back the costs. The HSE acknowledged in 2019 that waiting times for entry to the scheme have risen to an average of six or seven weeks. The then Minister of State at the Department of Health stated that, while managers have to be mindful of budgets, any deviation from the four-week limit for accessing the NHSS cannot be tolerated and called for the NHSS to be provided with additional money from for the exchequer rather than allow the waiting times to exceed the Government's limit.

Longer waiting times are politically unacceptable and also have wider consequences in that longer waiting times result directly in more people remaining in hospital beds after their acute treatment ends, adding to trolley numbers in emergency departments and waiting lists overall. In addition, and very importantly, people in such situations are invariably receiving inappropriate care at high cost and occupying acute hospital beds that may be needed by someone else.

Home care and other community based services

While the provision of home care services has been the subject of much public, political and policy debate in recent decades, there is still no legislative entitlement to or regulatory framework for home care services. Home support services for older people are currently funded by the HSE and provided by people directly employed by the HSE or by voluntary and private providers who have contractual arrangements with the HSE to deliver these services. At present, home support services are provided free of charge in contrast to nursing home care which, under the NHSS, involves individuals having to make a contribution to the cost.

Under proposed reforms to the home care sector, people receiving homecare support in the future will be expected to pay some of the costs themselves. This will require new legislation[45] and it is unclear whether the co-payment would be based on the person's income only or whether it would be linked to property assets. While in the case of home care, a person's PPR as an asset is not likely to be assessed while the person lives there, a lien could obviously be put on it to be activated after the person's death or if they have to move into residential care.

The Oireachtas Special Committee on Covid-19 Interim Report recommended the enactment of legislation underpinning the regulation and statutory provision of home care and, in the meantime, that additional funding for home care would be increased to clear the current waiting lists (Recommendation 11).

The intention is to provide equitable access to services based on an assessment of need that will operate consistently and fairly across the country. The costs of homecare services evidently will vary depending on the number of hours required, the needs of the person concerned and the number of staff involved. Under the proposed reforms, a new centralised office will be established to manage applications for home supports similar to the centralised facility in place for the NHSS. Care packages will be approved based on a standardised assessment of care needs, using a Single Assessment Tool (SAT). The SAT will be applied to both care in the home and nursing home care – some people requiring high level care will still be assessed as requiring nursing home care. It is also expected that under the new legislation providers of homecare services in both public and private sectors will have to be licensed.

44 Some of the over spend is likely to be related to people in nursing homes living longer than was anticipated when the budget was drawn up.

45 The current Programme for Government commits to introducing a statutory scheme to support people to live in their own homes which will provide equitable access to high quality, regulated home care (p.57).

Over €445 million was allocated by the HSE in 2019 to fund the provision of 17.9 million hours of home support to 53,000 people. However, in June 2019, the HSE indicated that demand for home support could not be met from existing resources. The HSE announced in December 2019 that an additional 230,000 homecare hours beyond the 2019 target level are to be provided in 2020.

The question of how to fund a comprehensive home-based support and care system and how to bridge the funding gap between laudable aspiration and current reality is one that will not go away. However, there does not appear to be any overall public consensus on the matter. The Red C Poll referenced in Section 1 found that less than half (43%) feel that people should maybe or definitely use their own savings and assets first before getting help from the public system to pay for needed care and support in their own homes. A 2016 Amárach public opinion survey[46] found that the greatest overall preference for funding long-term care is through general taxation. In contrast, the Citizens Assembly, in its deliberations on the matter in 2017, reported that a compulsory social insurance payment received most first preferences.[47]

Agreeing an optimal funding model for long-term care in Ireland is important if we really want to change the system. Clearly, there are no simple or immediate solutions.

46 Amárach Research (2016), Presentation to Forum on Long-term Care, https://www.sageadvocacy.ie/media/1124/report_of_forum_on_ltc_for_older_people.pdf

47 https://2016-2018.citizensassembly.ie/en/How-we-best-respond-to-challenges-and-opportunities-of-an-ageing-population/Final-Report-on-how-we-best-respond-to-the-challenges-and-opportunities-of-an-ageing-population/Final-Report-on-Older-People-Incl-Appendix-A-D.pdf p.4

Section Three
Inter-generational Transfer of Assets and Tax Relief: Implications for Long-term Care Funding

There are strong linkages between inter-generational transfer of assets, tax reliefs and the funds that are available to fund long-term care at both individual and collective levels. A high proportion of assets (often very valuable) that are transferred within the private domain and between generations are typically not available to the State to fund long-term care for older people generally or for the people themselves who have transferred the assets. This section discusses the implications of current levels of Capital Gains Tax (arising from the disposal or transfer of assets) and Capital Acquisitions Tax (payable on the receipt of assets by means of gift or inheritance) for the financing of long-term care in later years for those who require it.

Media coverage and political debate often tend to focus on minimising tax on private wealth and assets transfers, e.g., gifting a home without a huge tax bill, with little attention given to the implications for the donor. These are centrally important questions in the context of an ageing population and paying for long-term care in relation to both the NHSS and any similar scheme introduced for home care as proposed.

Juxtaposing Capital Acquisitions Tax and paying for long-term care

Issues around Capital Acquisitions Tax are discussed in this section with particular reference to the inherent conflict between inter-generational transfer of wealth and the level of funding available for long-term care and support for people who need it in their later years.

Much of the focus on paying for long-term care and the extent to which people should use their own assets to pay for such care is around inheritance. There is a particular media focus on reducing inheritance tax which has been described in the UK as 'Britain's most hated tax'[48] and in Ireland as "something that frustrates, enrages and outrages in equal measure".[49] There is a particular preoccupation with keeping inheritance tax low and an antipathy towards any discussion on raising inheritance tax. Inheritance tax is regarded by many as an unwarranted tax and many people work assiduously to avoid having to pay it. For example, there is a regular media focus in the UK on legal loopholes to enable people to get out of "handing over almost half of their family fortunes to the taxman in inheritance tax"[50] and, in Ireland, regular media references to "how to inherit tax free".[51] Inheritance tax, because it is imposed at a time of grief and on money on which the deceased person is seen as already having paid tax, accentuates this hostility.

48 https://www.theguardian.com/money/2018/apr/28/inheritance-tax-raise-inequality-wealth

49 https://www.irishtimes.com/life-and-style/homes-and-property/death-and-taxes-what-it-costs-to-inherit-the-family-home-1.3632113

50 https://www.telegraph.co.uk/tax/inheritance/rewrote-dads-will-wipe-400k-inheritance-tax-bill/

51 https://www.irishtimes.com/life-and-style/homes-and-property/death-and-taxes-what-it-costs-to-inherit-the-family-home-1.3632113

The current (since October 2019) gift and inheritance tax rates are as follows:

Group A: €335,000	Applies where the beneficiary is a child (including adopted child, step-child and certain foster children) or minor child of a deceased child of the disponer. Parents also fall within this threshold where they take an inheritance of an absolute interest from a child.
Group B: €32,500	Applies where the beneficiary is a brother, sister, niece, nephew or lineal ancestor or lineal descendant of the disponer.
Group C: €16,250	Applies in all other cases.

The entire estate, including the family home, is valued and the tax is applied to each individual recipient based on the amount that they receive and dependent on what relationship category they fall into. These rates mean, for example, that a property worth €500,000, shared by two children, will not incur a tax bill, as the transfer to each is within the parent-to-child thresholds (€335,000).

Similarly, if five nieces and nephews inherit a house worth €162,500, no liability will apply, as it is again within the thresholds (€32,500), while if a person inherits a share in a property from someone who is not related to them, and it is not worth more than €16,250, again no inheritance tax liability will accrue. A property worth €600,000 inherited by one child will incur a tax bill of €87,450 (33% of €600,000-€335,000), while a property worth €100,000 left by someone with whom there is no recognisable relationship with will incur a bill of €27,637 (33% of €100,000-€16,250).

The tax-free threshold since Budget 2020 for children inheriting property and other assets from their parents (€335,000) represents a steady increase in the threshold over the past number of years. The thresholds bottomed out in 2010 with Group A threshold of €332,084. (Please see historical thresholds listed below).

The increase to the current level of €335,000 is relatively minor and does not reflect the recovery in property prices since their decline from 2007-2013. The peak threshold of €542,544 in 2009 was c. 38 % higher than the current threshold. It was reduced to reflect the reduction in property values from 2009 but its linkage to any property index has not been restored to reflect the upswing in values since then.

Historical CAT thresholds for inheritances or gifts

	Group A	Group B	Group C
01 January 2011 - 06 December 2011	€332,084	€33,208	€16,604
08 December 2010 - 31 December 2010	€332,084	€33,208	€16,604
01 January 2010 - 07 December 2010	€414,799	€41,481	€20,740
08 April 2009 - 31 December 2009	€434,000	€43,400	€21,700
01 January 2009 - 07 April 2009	€542,544	€54,254	€27,127
2008	€521,208	€52,121	€26,060
2007	€496,824	€49,682	€24,841
2006	€478,155	€47,815	€23,908
2005	€466,725	€46,673	€23,336
2004	€456,438	€45,644	€22,822

The above table shows that the tax-free threshold for inheritances from parents to children was as high as €542,544 in 2009. These thresholds are reported as being low by international standards.

There is inheritance tax relief for people who have been genuinely living in the family home for the three years prior to any inheritance with a parent and who subsequently remain in the home (or replacement accommodation) for six years thereafter. This is a valuable element of social policy to ensure that family members living with and, often, caring for, parents who require care are not effectively forced into homelessness by inheritance tax charges on the death of those parents which forces them to sell the only home they know. A parent can gift it to them tax free on condition that they must not own any other property and the beneficiary must stay in the property for six years after they take ownership. They are precluded from owning another property in that time.[52]

Tax reliefs in transfer of ownership

Another relief which can be availed of in the transfer of ownership of farms and other agricultural assets is agricultural relief. This operates by reducing the market value of agricultural property by 90%, so that the taxable value which applies to gifts and inheritances of qualifying agricultural land is only 10% of the market value.[53] As the "agricultural value" is substantially less than the market value, most farm transfers and inheritances do not give rise to any liability for payment of gift or inheritance tax. However, there are strict conditions that must be satisfied before the relief applies. In general, the relief applies provided the beneficiary qualifies as a "farmer". The person will qualify as a "farmer" if, on the valuation date, the beneficiary's agricultural property comprises a minimum of 80% of the beneficiary's total property. In addition, the gift or inheritance must consist of agricultural property, both at the date of the gift/inheritance and at the valuation date. (The valuation date is the date at which the property is valued for inheritance tax purposes and in the case of a gift the date of actual gift).

52 The three-year rule as well as staying in the property for six years subsequently does not apply where people are aged over 65. Also, if people sell the property they have inherited and invest all of the proceeds in another property, the relief stands. It also stands if the successor has to move either somewhere else in Ireland, or abroad, for work reasons.

53 In general, the relief applies provided the beneficiary qualifies as a "farmer". The person will qualify as a "farmer" if, on the valuation date, the beneficiary's agricultural property comprises a minimum of 80% of the beneficiary's total property and the beneficiary must also satisfy what is known as the 'active farmer' test, farming the agricultural property for not less than 50% of their normal working time and on a commercial basis.

To qualify as a farmer, the person must farm the agricultural property on a commercial basis for at least six years from that date or lease the property to someone who farms the agricultural property on a commercial basis for at least six years from that date.

Transferring a business to children

There are two reliefs which apply when calculating any potential charge to Capital Gains Tax (CGT) or Capital Acquisitions Tax (CAT) in the transfer of a business from parents to children. These are retirement relief and business property relief. In broad terms, retirement relief is a relief from CGT given to an individual on the disposal of all or part of the qualifying assets of their business (including shares in a family company), provided they are aged 55 years or more at the date of disposal. Also, current legislation allows for relief (Business relief) from CAT on business property acquired by gift or inheritance provided certain conditions are met. Under Business relief, the taxable value of the gift or inheritance is reduced by 90% and CAT is payable on the balance, i.e., the taxable value of qualifying business assets with a market value of €100,000 would be €10,000. The class threshold would apply also in this scenario. So, if the market value of the qualifying asset is, for example, €3,000,000, the agricultural value is 10% or €300,000. If the beneficiary has no previous gifts/inheritances from their parents, the whole of the asset can be received tax free, subject, of course, to the retention conditions of the relief.

A key question that arises is whether these reliefs are justifiable at age 55 years. A related and equally important issue is that frequently little or no provision is made for pension or income arrangements for people passing on assets (farms or businesses) at a relatively early stage of their lives or of the implications for paying for their support and care if needed. There is currently no obligation on either the donor or the recipient of assets to make provision for either. By divesting and availing of relevant tax reliefs they (the disponer) becomes the State's problem. If the transfer has taken place more than 5 years previously, the assets are ignored in an NHSS assessment.

Questions relating to inter-generational transfer of assets and inheritance are complex but hugely important given the significant amount of private wealth transfer that takes place. The media focus on money and assets being passed down the generations tends to focus on one side only of the issue – the beneficiaries (those receiving the inheritance). There has been relatively little focus on the donors (those gifting the inheritance) and on what are the implications for them in terms of safeguarding themselves by providing for their care needs in so far as their resources allow. In other words, there are broader matters involved rather than simply the transfer of wealth which are not usually the focus of media attention.

The Red C poll referenced in Section 1 above found that almost three-quarters (72%) of the survey sample agree slightly or strongly that some older people are more concerned about ensuring that they have money and assets to pass on to their children than on using these for their own benefit. The findings of financial market UK-based research[54] on exploring the changing attitudes to inheritance and the implications for the financial services industry and which are likely to have some relevance in the Irish context have been referenced in Section 1 above. Of particular relevance is the finding that some two-thirds of 25-45 year-olds expected to receive inheritance from their parents and grandparents.

Reducing the amount of inheritance tax to be paid

There is a deeply ingrained view in Irish society that families should be able to preserve the wealth that they have built up over a lifetime and pass on as much of that as possible within the law to the next generation. A typical view reported anecdotally can be summed up as: "You earn money, pay taxes, save it, pay tax on interest, and if you sell investments you pay taxes again. You're taxed three or four times over your life and then once again after your death."

54 The Generation Game https://www.sanlam.co.uk/getmedia/26732f95-d494-422a-8892-3bc905fa959f/Sanlam-%e2%80%93-The-generation-game.pdf

Media focus

There is a significant media focus on the simplest and most effective ways of ensuring that beneficiaries do not face big Capital Acquisitions Tax bills and on keeping assets below the gift/tax threshold.[55] The focus on how people can reduce the amount of inheritance tax to be paid frequently refers to, for example, a person widening the scope of their will to include grandchildren, spouses or partners of children and other family members.[56] People with disposable income can also reduce the amount of inheritance tax to be paid by availing of a small-gift exemption which allows a person to gift up to €3,000 a year tax-free. For example, if over a period of 10 years, a couple each make an annual gift of €3,000 to each of five children, this would remove €300,000 out of their estate resulting in a gift tax saving of around €80,000. Extending this to in-laws and grandchildren can result in further tax savings. The extent of this practice is not clear and would require additional research (see next section).

It should be noted that it is people who have greater access to advice and more assets outside of the family home (which they can move around easily) who are able to create situations which result in a lower effective rate of gift or inheritance tax being paid.

The matter of gift and inheritance tax needs to be examined in the broader context of exploring how we are to have sufficient funds to meet the ever-increasing costs of quality long-term care for an ageing population.

The following factors are relevant here:

1. Some people have unprecedented wealth tied up in their properties while the State subsidises their long-term care.
2. Other people do not own any property or assets and are totally reliant on the Non-Contributory Pension as their income – such people are clearly poorly treated in terms of disposable income under the NHSS.
3. Home care is inadequate and not consistent across the country which results in some individuals and families having to draw on whatever financial resources they have to pay for the additional care and support required – some families can afford this, others cannot.
4. The increasing role of parents in helping first-time buyers to purchase a house in recent years results in an early transfer of wealth to the next generation and a corresponding reduction of wealth on the part of the older generation.
5. This rise in private renting means that less people will have property to pass on to the next generation – Census 2016 showed that, while 2% of those people aged 65 and older were renting from a private landlord, the figure was almost 10% of those aged 50-54.

The total yield from Capital Acquisitions Tax (CAT), incorporating inheritance tax, gift tax, discretionary trust tax and probate tax, was €522 million in 2018.[57] However, the gift and inheritance tax threshold is a divisive political issue. Proponents of a lower threshold argue that inheritances are unearned and perpetuate inequality because rich parents can hand down large sums of money to their children. People

55 https://www.irishtimes.com/life-and-style/homes-and-property/death-and-taxes-what-it-costs-to-inherit-the-family-home-1.3632113

56 Grandchildren fall into category B of inheritance tax so each can receive up to €32,500 tax free. Spouses or partners of children can receive up to €16,250 before paying tax.

57 https://www.irishtimes.com/business/personal-finance/inheritance-tax-at-record-high-due-to-soaring-property-prices-1.3936286

who want a higher threshold say that the tax is already punitive and adds a burden at a time of grief and distress. There have been media reports of politicians pressuring the Minister in the last Government to increase the CAT thresholds for all gifts and inheritances from parents to their children to €500,000.

There is a strong view that thresholds should be adjusted in line with house price inflation in order to avoid a situation where taxes that were originally designed to apply only to the very wealthy start to affect a larger proportion of the population. The point is regularly made in the media that for children living in Dublin who inherit their parents' home, it is very difficult to come up with the money to pay the inheritance tax. However, it should be noted that there are hardship provisions which allow for phased payment on a statutory or non-statutory instalment basis.

Another argument for increasing the threshold is that it could help with the housing crisis by enabling people who receive more tax-free inheritance to pass this on as a housing deposit for the next generation of first-time buyers to enable the latter to get on the housing ladder.

Protecting 'our inheritance'

There is evidently strong public and political support for keeping inheritance tax rates low. Taking into account both the notion of inter-generational solidarity and the need to ensure that older people who require support and care have access both individually and collectively to the best possible quality of care and support, a key question is whether or not inheritance tax is fair and equitable. While generally speaking, no tax is popular, inheritance tax is routinely seen as the least fair. This hostility spans income brackets.[58] Anecdotal evidence indicates that many people in Ireland (as elsewhere) feel a sense of injustice about having to pay inheritance tax on the basis that their parents have dutifully paid their taxes and diligently saved so as not to be a burden on the state. For example, an Irish Life survey, reported in the Irish Times,[59] revealed that, while a quarter of over 65-year-olds expect to leave estates of more than €500,000, half of adults think their family home is exempt from inheritance tax. Although many people intended to leave significant amounts to their children and grandchildren when they die, most of them were unaware that those family members could be liable for a very substantial tax bill on those inheritances.

Ways of reducing inheritance tax

For many families, a discussion about what happens in the event of the parents' death never really happens until after the fact. For example, a RED C Poll carried out for Safeguarding Ireland found that 80 per cent of adults have not thought, or talked about, where they would like to be cared for if they became seriously ill or frail and just 5% have documented what their place of care preferences are. This would suggest a strong tendency towards not planning ahead which is also likely to include not planning for long-term care and support financing or the potential use of their assets in this regard.

However, some families are more proactive and look for ways of avoiding or reducing inheritance tax. For example, some people may downsize and 'sell' their existing house to children so that any future growth in value is vested in the child and not the parent. This would be undertaken typically in times of asset undervalue (2008-2013) or where there are some local reasons for a transfer at low value. As noted above, people with disposable income can also reduce the amount of inheritance tax to be paid by availing of a small-gift exemption (unchanged since 2003) which allows a person to gift up to €3,000 a year tax-free.

Another option sometimes suggested is transferring the family home during a person's lifetime rather than waiting until after death. However, this can be more expensive because Irish stamp duty applies to property lifetime gifts which would not apply to inheritances after death.

58 https://www.sanlam.co.uk/knowledge-hub/news/millennials-expect-to-inherit

59 https://www.irishtimes.com/life-and-style/homes-and-property/death-and-taxes-what-it-costs-to-inherit-the-family-home-1.3632113

This means, for example, that the transfer of a house worth €500,000 would incur stamp duty of €5,000, while a property worth €2 million would incur duty of €40,000 (1% on first €1m and 2% thereafter would be €30,000).

The rate of duty on investment properties was increased in Budget 2020 to 7.5% for conveyances or transfers of non-residential property and leases that are executed on or after 9 October 2019. Also, if the parents pay the stamp duty on behalf of a child, this could give rise to a Capital Acquisitions Tax liability. If the class threshold has been exceeded, small gifts exemption also applies.

A further option for property exchange is funded via a "loan" from the parents. The parents could then, potentially, pay off the loan to the order of €6,000 a year without a CAT bill arising. Depending on the size of the shortfall, this could take some time to pay off in this manner. This is not just a means of minimising tax but can also be used to safeguard the parents by giving them a "charge over the property" and retaining some future control and "financial value" which they can "choose" to gift each year if they wish. Any income derived from the loan would be assessable as income for the NHSS.

Insuring against inheritance/gift tax

There are life assurance products (Section 72 policies) available, the proceeds of which can be used to pay inheritance tax. Section 72 policies, for example, cover the cost of settling an inheritance tax bill in the event of death and, crucially, do not incur a tax liability themselves. They allow a person to save towards a life assurance policy, with the proceeds going to pay off an expected inheritance tax bill. However, there is a downside in that they are expensive and require careful planning to ensure that they match the tax owed. Such policies have no cash-in value and need to be taken out early to be worthwhile.

A Section 73 savings plan (Revenue-approved) allows a person to gift the proceeds of this plan to their estate to meet any tax bills and this gift is not liable to inheritance tax. Moreover, the person can choose to keep the funds themselves if they so wish.

While these policies tend to be very expensive (depending on how long the insured person lives for) and probably only an option for very wealthy people, their existence, however, is indicative of a particular mindset where avoiding paying inheritance tax is the key driver.

Impact of mortgage arrears on assets available

Problems in the mortgage and housing market and continued high levels of non-performing loans in Ireland (which stand well above the EU average) will likely be problematic for the State if it continues to rely on equity in properties to fund long-term care where a significant number of mortgages show no prospect of being paid in full at the point of retirement. Delays in mortgage repayments will also impact on the assets available for inheritance transfer.

Covid-19 has obviously impacted on people's ability to repay their mortgages resulting in a growing number of people with mortgage arrears. The number of mortgage accounts in arrears for principal dwelling houses (PDHs) increased in Q1, 2020, by 2,841 accounts.[60] This increase in arrears was driven by an increase in accounts in arrears up to 90 days by 3,827 accounts. The number of accounts in arrears without a restructure was 63,437 and there were 81,255 restructured mortgages. Also relevant is the number of payment breaks arising from the current pandemic (62,481 breaks granted on PDH mortgages on Irish properties)[61]. It is likely that resumption of payments will, in many cases, require a term extension.

60 https://www.centralbank.ie/docs/default-source/statistics/data-and-analysis/credit-and-banking-statistics/mortgage-arrears/residential-mortgage-arrears-and-repossession-statistics-march-2020.pdf?sfvrsn=4

61 https://www.centralbank.ie/statistics/statistical-publications/behind-the-data/covid-19-payment-breaks-who-has-needed-them

The fall-out from these deferred mortgage repayments will be that many mortgages will not be paid down by the point of retirement. Also, while there may be temporary arrangements in place that are keeping people in their homes while they are working, there is no guarantee as to what the situation will be beyond retirement.

A further point is the status of Interest Only Mortgages on homes which are reliant on a payment of a capital sum at a later point. Some borrowers approaching retirement may have no means of paying off the capital sums owed on their residential mortgage. There is also a small number of personal insolvency arrangements (PIAs) where payments have been extended well beyond retirement age. Also, within the insolvency legislation, there is potential for 'debt for equity' swaps with potential for equity release back to the lender on the death of the mortgage holder.

The situation of renters is also a concern, not just in relation to older renters, but renters now in arrears who will inevitably face a delay in accessing a mortgage (where that is possible) and consequently paying it off pre-retirement.

It is also the case that there are people without a private pension (as any money they do have is going to pay the mortgage) and who are relying on a future unknown point in time when they can sell the house, downsize or ren (if rent were affordable) and use any equity they may have to supplement a State pension.

Key points

The levels of capital gains, gift and inheritance taxes that are currently in place do not take account of the cost of long-term care for an ageing population, particularly in the context of the agreed need for a significant shift to supporting people to age in place. This results in a burden on State finances that is simply not sustainable.

We need to provide for the health care and social care people expect and deserve in their old age in an equitable manner. While wealth taxes and inheritance tax should be a part of that mix, one of the main objections to inheritance tax is that it is seen as being paid by the middle classes whereas the rich avoid it by giving assets away and paying advisers to find other ways round it. These include investing in businesses, agricultural land and AIM shares[62], all of which are exempt, and putting money in trusts. The Organisation for Economic Cooperation and Development has proposed inheritance tax as a way to reduce wealth inequality and redistribute between the generations. The OECD also favours taxing inheritances as income because it weakens the objection that the donor's income is being taxed twice. This would open up options for raising more money and would to some extent address the issue of inheritance tax being viewed as a tax on giving.

There is strong anecdotal evidence that the "avoidance of taxes/preservation of inheritance" is sometimes suggested by family members as a "ruse" to recommend and facilitate early transfers of assets. In so doing, they move control from the person to one or more family members. In turn, the person's future financial choice of care and location are effectively now out of their control. Such transfers, if outside 5 years, or if not divulged, seek to exclude assets from financial assessments under the NHSS.

It should, of course, be noted that we already support caring through income tax reliefs (employed person taking care of an incapacitated person/housekeeper relief up to a maximum of €75,000 p.a.) and relief for nursing home costs (no cap), both of which are available at the payer's marginal income tax rate. These provisions evidently benefit people with high income.

62 AIM (Alternative Investment Market) is the London Stock Exchange's growth market, created to help smaller companies raise the capital needed to scale. AIM shares offer investors a number of ways to take advantage of government-sponsored tax reliefs.

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Section Four
Issues which impact on vulnerable older people's lives

Financial abuse

Many people face challenges to their financial independence due to cognitive, physical or sensory disability; an acquired brain injury; mental health difficulties; an inability to communicate effectively; lack of family and community supports; or an inability to access financial services that meet their needs. For some people, this vulnerability is due to a lifelong condition and for others their ability to manage their financial affairs effectively deteriorates slowly as a condition, such as dementia, develops over time.

Financial abuse is broader than abuse relating to personal finances. Financial exploitation of vulnerable adults can often include the illegal or improper use of property, the misuse of a vulnerable adult's home, theft of possessions and inappropriate use of resources such as utilities and food. Very importantly, financial abuse includes the inappropriate transfer of property and assets and coercion and intimidation to gain access to assets, including gift giving and creating a will. It should, of course, be noted that adults without any cognitive impairment or lack of financial capacity can be financially exploited through the use of psychological manipulation or misrepresentation, coercion or undue influence.

While it is likely that the majority of persons supporting people to manage their finances (e.g., those acting as Agents for social welfare payments for people unable to do so themselves) act out of a genuine caring disposition and in good faith, there is an increasing awareness and evidence of the financial abuse of vulnerable adults which has been documented in research.[63]

A Red C poll [64] conducted for Safeguarding Ireland highlighted the fact that half of all Irish adults say they have experienced the abuse of vulnerable adults either through being abused themselves or having seen somebody close to them abused. Two in five people think vulnerable adults are badly treated and 1 in 3 believes vulnerable adult abuse to be widespread. National Centre for the Protection of Older People (NCPOP) research[65] shows that financial abuse is the most common type of abuse reported in relation to older persons.

Research carried out in 2018 entitled The Experience of Bank Staff of the Financial Abuse of Vulnerable Adults[66] showed that two-thirds of the respondents (66.5%) had previously suspected a customer to be experiencing some form of financial abuse.

These research findings indicate a prevalence of vulnerable adult abuse, uncertainty over what constitutes psychological and financial abuse and a lack of knowledge of what to do when someone becomes aware of the abuse of vulnerable adults.

63 Safeguarding Ireland Report https://www.safeguardingireland.org/wp-content/uploads/2018/10/the-national-safeguarding-office-report-2017.pdf
https://63273-593977-raikfcquaxqncofqfm.stackpathdns.com/wp-content/uploads/2019/11/BPFI-Safeguarding-Ireland-Financial-Abuse-Nov-2019.pdf
Fealy, G., Donnelly, N., Bergin, A., Treacy, M.P., Phelan, A. (2012) Financial Abuse of Older People: A Review, NCPOP, University College Dublin. https://www.safeguardingireland.org/wp-content/uploads/2018/10/Financial-Abuse-Older-People-_-A-Review.pdf

64 https://63273-593977-raikfcquaxqncofqfm.stackpathdns.com/wp-content/uploads/2018/10/Red-C-Survey-Vulnerable-Adults-in-Irish-Society-060417.pdf

65 See https://63273-593977-raikfcquaxqncofqfm.stackpathdns.com/wp-content/uploads/2020/02/National-Prevalence-Study-FullReport2010.pdf

66 https://www.nmhs.ucd.ie/newsdocs/abuseofvulnerableadults18.pdf

Ireland currently does not have legislation giving a statutory right to protections for vulnerable adults, but legislation is planned[67]. The Oireachtas Special Committee on Covid-19 recommended that there should be no unnecessary delay in implementing legislation on adult safeguarding (Recommendation 17). In 2017, the Government approved the development of a national policy on national safeguarding in the health and social care sector and the provision of underpinning legislation. HIQA and the Mental Health Commission (MHC) have jointly developed National Standards for Adult Safeguarding.[68] The Law Reform Commission has recently published a very important Issues Paper, A Regulatory Framework for Adult Safeguarding[69] While safeguarding legislation is pending, there remains inadequate protection for vulnerable adults relating, inter alia, to protection from financial abuse.

Joint Accounts

A particular aspect of financial abuse that has been identified is the misuse and abuse of joint bank accounts. Older people are often encouraged to add the name of a family member or carer to their bank account 'for the convenience' of the older person. This can often happen at a time when an older person is particularly vulnerable, for example, when being admitted to hospital or long-term care. It also may simply be the case that a person has mobility or transport difficulties and, therefore, is unable to access services directly and is encouraged to transfer their bank accounts into the joint names of themselves and some other person in order facilitate the second account owner to operate the account on their behalf. In such circumstances, it may not always be made clear, as it should be, that the joint account holder (the person whose name is added to the account) merely becomes an agent for the older person. While the legal interest in the account is transferred into joint names to facilitate the arrangement, there is no intention to transfer any beneficial interest, therefore the presumption of a resulting trust arises. In such a case, on the death of the original account holder, the proceeds of the account revert to their estate and do not pass by survivorship to the joint account holder.

Alternatively, the original account owner may wish to enjoy the benefit (income) of the joint account during their lifetime and then for the benefit to pass to the survivor on their death. In this case there is an immediate transfer of the legal ownership in the account with an intention to confer a beneficial interest in the account to the survivor on the death of the original account owner. A clear intention must be indicated of an intention to make a gift either at the time of the transfer into joint names or, in the alternative, an intention to make a gift subject to a contingency, viz. that of the death of the donor.

Another aspect of joint accounts that can create problems if not properly addressed is that the relationship between the account holders may be such as to give rise to a presumption of advancement. In other words, the transaction is treated as an intention to make a gift unless it can be shown that the original account holder intended otherwise. If a presumption of advancement is established, that may neutralise the imposition of a resulting trust in favour of the estate of the deceased and the surviving account holder may become entitled to the proceeds of the account.

While it is, therefore, hugely important that the legal implications of transferring accounts into the joint names of the client and that of another person are clear, it is equally important that there is total clarity about the intention with regard to the joint account. The confirmation of intention should distinguish the type of joint account it is intended to have:

- Is it a joint account for the original account owner's benefit only, with the joint account holder merely acting as agent for the principal?
- Is it a joint account where there is an intention that both parties should enjoy the benefit of the joint account, that is, to confer a gift on the joint account holder either at the date of the opening of the account or on the death of the original account holder?
- If the transfer is from husband to wife or father to child, is it the intention of the transferor to benefit (make a gift to) wife or child?[70]

These are matters which require focused consideration by both the financial institution involved and the solicitors acting for each party. A person putting an account into 'joint names' with another person should be advised that the agreement with regard to the reason (intention) for putting the account into joint names should preferably be in writing. Such a person should also be made aware of the distinction between any agreement between the joint account holders themselves and any contractual agreement between the financial institution and the joint account holders that will set out the requirements with regard to the operation of the joint account and the rights of the joint account holders against the bank.

If a person dies leaving money in a joint name account, then a grant may be necessary due to the fact that the money may not automatically pass to the surviving account holder. This is a legally complex area involving such issues as the terms of the bank contract, what the person and the joint holder intended in setting up the account and how much each contributed to the account. It is especially contentious where the joint account holder is not a spouse or child. It is particularly important that there is absolute clarity as to who will inherit a deceased person's share of a joint account.

There is huge potential for the misuse of 'joint accounts which has significant implications from a safeguarding perspective and this is a matter that requires more public attention.

Next-of-kin

The findings of a Red C Public Opinion Survey carried out for Sage Advocacy in January 2018 show that, when asked if a family member has authority to make decisions for someone, without their consent, who is frail but still has decision-making capacity , 30% said that yes the family member does have this authority, 28% did not know and just 40% recognised that the decision continues to lie fully with the person as long as they have decision-making capacity.

More than two-thirds (70%) of respondents answered, correctly, that 'next of kin' is "someone, such as a close relative or friend, who I would like contacted in an emergency". However, more than half (57%) of people believed that 'next of kin' was "someone who can make healthcare decisions about me if I am unable to".

More than half (54%) believed it was "someone who can make personal decisions about me if I'm unable to" and more than half (52%) believed that it was "someone who can make a decision about life support treatment for me". More than one-third (35%) believed that 'next of kin' was "the only person to be given medical or personal information about me". Also, almost one-third (32%) believed that 'next of kin' was someone who can access my bank accounts and assets if I'm unable to". The reality is that 'next of kin' simply means someone to be contacted in an emergency.

Being a 'next of kin' provides no legal standing whatsoever despite widespread belief to the contrary, including among some health and social care professionals as well as the general public.

In the context of ensuring that a person's will and preference is to the fore in all decisions affecting them, it is vital that there is absolute clarity that 'next-of-kin have no legal rights. This is important in order to ensure that people do not get trapped into conflicts between relatives and the concomitant risk of being abused psychologically or financially.

The correct understanding of the limited role of 'next-of-kin is a crucial factor in ensuring that people's assets are used properly and that people's right to choose is not undermined or their finances misused in any way.

67 In March 2017, the Adult Safeguarding Bill was introduced in the Seanad. The Bill received cross party support and was passed to committee stage.

68 https://www.hiqa.ie/sites/default/files/2019-12/National-Standards-for-Adult-Safeguarding.pdf

69 https://www.lawreform.ie/_fileupload/Issues%20Papers/LRC%20IP%2018-2019%20A%20Regulatory%20Framework%20For%20Adult%20Safegaurding.pdf

70 The terminology here is somewhat outdated.

Section Five
Overarching Issues: A Value-critical Perspective

Challenges experienced by older people who require support and care need to be located within the broader context of promoting active citizenship, inter-generational solidarity and social inclusion. Ageing issues and the difficulties experienced by vulnerable older people clearly need to be located within a broader societal discourse.

Providing older generations with the health and social care that they need in the coming decades will not come cheap. Asking younger working adults to pay that bill in its entirety may not be practicable and it also risks undermining the inter-generational contract. A better starting point is to recognise that the wealth currently concentrated in older generations has the potential to be used to deliver the care and support that they need and a related lessening of the social and cultural imperative that such wealth should be available to pass on to the next generation.

In this regard, the most pressing challenge is how to share risk collectively with additional public spending, at the same time as asking individuals able to do so to make a meaningful contribution towards their own care costs.

Society as a whole faces challenges requiring new thinking and different choices if we are to deliver the health and care older generations deserve, need and expect. This needs to be done in a generationally fair way. The intergenerational contract works because everyone puts in and everyone takes out. However, the premise that younger generations are happy to support older generations and, indeed, feel obligated to do so because they believe and expect that they will be treated the same when they are old requires further critical examination.

Inter-generational solidarity

Intergenerational solidarity, where each generation recognises its responsibilities towards the other, is essential to plotting a route towards rights recognition and implementation. At its core, inter-generational solidarity assumes a consensus between the generations on how the resources of society, both financial and non-financial, are shared for the benefit of all.

While there is little evidence, in Ireland or in Europe, of actual or impending conflict between the generations, population ageing is often viewed as an impending threat to the economic and social stability of post-industrial societies.[71]

The Changing Generations study published in 2013[72] yielded little evidence of intergenerational conflict in Ireland, either within the private or the public sphere. Notwithstanding the fact that this research involved a relatively small cohort of people and took place in a strong recessionary climate, its findings are of some interest. Older people were almost universally perceived as a deserving group that merited more and improved transfers and services from the State. The context of the recession underpinned much of the evidence gathered by the Changing Generations study which found that family generations were providing high levels of support for one another through periods of unemployment, emigration and in meeting repayments to banks.

Socio-economic status was also found to be a key variable in shaping attitudes towards care and support. Families with more economic resources can 'contract out' elements of intergenerational solidarity, in particular care of both children and older family members. Expectations regarding future family care from adult children and their families were particularly low among middle and high socio-economic status older adults whose adult children and children-in-law were in employment. An important finding was that socio-economic inequality, not intergenerational difference, was a more significant cleavage between groups.

It is reasonable to suggest that this perceived inter-generational solidarity does not fully take into account the long-term care and support needs of older persons and how this is to be funded. For example, a Red C poll[73] carried out for Safeguarding Ireland earlier this year found that just 21% of adults had personally considered where their preferred place of care would be if they were seriously ill or nearing death and just 17% had discussed this with a family member, friend, or other trusted person and only 5% had documented their preference.

As referenced in Section 1 above, the upshot of the demographic shift is that social protection and healthcare systems may become unsustainable as the demands upon them intensify while the number of net contributors decline. Discussions around the dependency costs of older people very often neglect transfers in the other direction. Older people make a significant social contribution in providing informal support for family and friends and helping with childcare and household responsibilities. Older people very often use their pay and pensions to provide essential financial support to their families. This sharing of resources enables many families to keep their heads above water during economically challenging periods. The full acknowledgement of the vital contribution that older people make to society fosters solidarity and understanding between generations.

Demographic ageing is an issue for all generations and can best be responded to through a strong inter-generational dialogue. This needs greater impetus. For example, the final report of the Intergenerational Commission set up by the Resolution Foundation in the UK[74] noted that there was a tendency to drift into decisions and policies which weakened our generational contract without being aware of what we were doing. This was seen as applying both to younger and older generations, with particular reference to the significant challenges in providing the health and care that older generations expect. The point made in the report that "no longer can anyone deny the challenge facing us as a country in maintaining a fair deal between the generations" (p.8) is equally applicable to Ireland.

Research on attitudes to older people and ageing in Europe provides a degree of confidence that understanding and reciprocity between the generations is strong at present.[75] The vast majority believed that governments must make more money available for pensions and care for older people who require it. However, people in employment were seen as increasingly reluctant to pay taxes and social contributions to support older people. Therein lies the basic conflict that needs to be acknowledged openly by society and addressed.

The EU Charter of Fundamental Rights has long affirmed older people's right to live in dignity and to participate in social and cultural life. Diverse initiatives introduced during the past decade have helped increase awareness of human rights and their potential to bring about change. However, there is a need to further explore the shift from thinking about old age in terms of 'deficits' that create 'needs' to a more comprehensive one encompassing a 'rights-based' approach towards ageing. There is also a crucial need to create a stronger inter-generational discourse on these matters.

In light of these dynamics, international advocacy groups, including Help Age International and Age Platform Europe, national advocacy organisations and national human rights institutions are calling for a paradigm shift in the way societies think about ageing and the 'aged', shifting the policy discourse to focus more clearly on States' responsibilities to protect and work towards realising the rights of older people individually and collectively.

71 Eurofound Report https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef1238en.pdf
72 https://www.lenus.ie/bitstream/handle/10147/299852/ChangingGenerationsReportjune2013.pdf?sequence=1&isAllowed=y
73 https://www.safeguardingireland.org/80-have-not-considered-where-they-would-like-to-be-cared-for/
74 https://www.resolutionfoundation.org/app/uploads/2018/05/A-New-Generational-Contract-Full-PDF.pdf
75 *Ibid.*

There is a need for innovation in the development and provision of supports and services for older people and a need for a comprehensive legal framework informed by values such as citizenship, intergenerational solidarity, choice, dignity, equality, self-determination and, indeed, social justice. This requires society to maximise older people's involvement, independence and, crucially, embody an ethos of safeguarding where exposure to abuse in any form is eliminated. Active community engagement and community connectivity is at the core of citizenship and social solidarity.

We need to move from the treatment of people with long-term care and support needs as 'objects' of health and social care policies towards viewing them as 'subjects' with rights who are capable of claiming those rights based on social justice.

A key question arising from the above discussion is - how can a stronger inter-generational dialogue about paying for long-term care in later years be instigated? In addressing this question, it needs to be recognized that generations do not operate as a binary and that solidarity across generations is key for social development and social cohesion. While ageing populations need to work with younger populations to foster successful and reciprocal intergenerational relations and partnerships, younger generations need to not only acknowledge the wisdom and experience of older generations but, also, and perhaps more importantly, acknowledge the need to ensure that they are safeguarded and are provided with the best quality care possible when they need it. For example, the United Nations Secretary-General António Guterres has commented that the energy and ideals of the old and the young are vital to realizing the UN 17 Sustainable Development Goals (SDGs).

> "The youth and the older persons in this room have wisdom, experience, energy and ideals… We are going to ensure that all people, young and old, recognize themselves as the owners, drivers and beneficiaries of the SDGs"[76]

Responding to the challenge of paying for long-term care and support

Ireland can and should aspire to a model of long-term care (e.g. Denmark) where the emphasis is on publicly funded long-term support and care provided, for the most part, in community-based settings. A critical issue is how to ensure sufficient finances to provide a comprehensive range of care for all those who require it. A related question is how to achieve the optimum balance between individual responsibility and state investment.

The often cited mantra "I paid my tax all my life – I should be entitled to whatever care I need in later years from the State" needs critical analysis. Many people like to leave money and assets to their relatives and a key question here is whether the State should pay for this and whether it sometimes results in the inter-generational transfer of wealth being paid for by relatively low-income taxpayers having to contribute to the cost of care in later years for people who are better off than themselves.

Developing a funding model for long-term care in Ireland is not straightforward as there is no overall public consensus on the matter. The Slaintecare Report recognised the advantages of both the taxation and social health insurance models and proposed something of a hybrid model. Under this model a single-tier system would be funded through a combination of general taxation revenues and earmarking of some taxes, levies or charges into a single National Health Fund (NHF). This, it was suggested, would help build more transparency, sustainability and independence into health funding. The NHF would be a single dedicated channel of funds for the health sector and would allocate resources across all levels of care and report directly to the Minister of Health.

76 https://www.un.org/sustainabledevelopment/blog/2017/08/solidarity-across-generations-is-vital-for-sustainable-development-un-special-event-hears/

> "Rather than the health budget being subject to negotiations and competition from other sectors, earmarking can help to protect funding stability. These funds can finance care by contracting with providers which can be in the public and private sectors".[77]

This approach, if extended to long-term care and support, would clearly change the dynamic and provide a useful template for future financing. However, a crucial question is whether the concept of social insurance would garner sufficient support to create a situation where younger people pay for care for older people (the latter who may have more wealth than the younger population). Would the public see the benefit of paying towards long-term care over part of their lives on the basis that we all age and may need some care and support in later years?

The Citizens Assembly 2017 identified a compulsory social insurance payment system as the preferred source of overall funding for long-term care. In contrast, a 2016 public opinion survey[78] found that the greatest overall preference for funding long-term care was through general taxation. It should also be noted that 60% of the Citizens Assembly members voted that it is the family/older person which should be responsible for providing required care for older people, but that the State should have at least some responsibility.[79] Using increased revenues collected from Corporation Tax was one of the main proposals put forward in responses to the Department of Health 2018 Consultation on Home Care.[80]

Estimating and providing for the cost of quality health and social care in later years

There is no blueprint solution to financing health and social care in later years at the level to which we aspire. However, we must begin the process of looking at the matter in a focused and transparent manner under the following headings:

- Total current expenditure on health and social care in later years (including supported housing).
- The components of a continuum of support and care required and the actual costs associated with each component.
- The overall additional finances required to deliver the desired continuum, taking into account an ageing population.
- Costs and models of financing in comparable jurisdictions where best practice in health and social care operates.

It is crucial and timely that Ireland embarks on a process of carrying out this work and related research (on a phased basis, if necessary, for resource reasons). There are essentially two basic questions that need to be addressed:

A. What is the likely cost of delivering quality and rights-based health and social care in later years to the highest international standards?

B. How will this cost be met – short-term, medium-term and longer-term?

This work will require significant involvement by researchers, policy analysts and health and welfare economists.

77 https://webarchive.oireachtas.ie/parliament/media/committees/futureofhealthcare/oireachtas-committee-on-the-future-of-healthcare-slaintecare-report-300517.pdf p.126

78 Amárach Public Opinion Survey carried out for Forum on Long-term Care of Older People 201, Sage Advocacy.

79 The majority (87%) of the members of the Citizens Assembly recommended an increase in public resources allocated for the care of older people.

80 https://assets.gov.ie/9990/1e6ec3b04d8a4c1480c6637cce471c88.pdf

Ageing in place

Enabling people to age at home is widely acknowledged as a desirable social goal and should also be regarded as key to a safeguarding of vulnerable older people approach. Older persons in need of care and support who wish to remain at home clearly require a range of accommodation, care, nursing and medical responses, and a continuum of delivery and intensity. As people age and their abilities change, many find that shortcomings in their homes and communities and in the services and support infrastructure can limit where they are able to live.

International research findings clearly point to small clusters of housing with varying degrees of support as the way forward[81]. This has a long history in many countries and is where Ireland clearly needs to go if we are to have a stronger protection and safeguarding system for vulnerable older people.

The value of supported housing is not acknowledged sufficiently in the social support infrastructure in Ireland and for a truly integrated social support system, the contribution of housing needs to be more strongly stated.

The Oireachtas Special Committee on Covid-19[82] has recommended that the Department of Health develop an integrated system of long-term support and care spanning all care situations with a single source of funding (Recommendation 9). The Committee recommended that the Department of Health should work closely with the Department of Housing to develop models of independent living, supported housing and sheltered housing to cater for the wide range of housing preferences among older people.

The recently published Covid-19 Nursing Homes Expert Panel Report[83] included the following recommendation:

Review and as appropriate following review develop policy and underpinning legislation, as necessary, for the introduction of a single integrated system of long-term support and care, spanning all care situations with a single source of funding (Recommendation 15.9).

The perceptions of older people themselves will also need to change. For example, currently, a significant barrier to downsizing or moving house may be the perception that nursing home care is the only alternative to one's own home. Although, regrettably, this perception is often accurate, it does not always have to be the case

The development of a wider range of age-friendly housing would also serve to free up some larger houses for use by younger families and help to address the issue of the growing number of older people reliant on the private rented sector.

A liveable community has been defined as one with affordable and appropriate housing and transportation options, offers supportive community features and services, and adequate mobility options.[84] Accessible housing and public transport, as well as nearby services and amenities, provide the ingredients for successful ageing in place. The availability of a variety of housing types at different price points and tenure options within liveable communities may mean that older people can choose to move to a more appropriate home nearby without having to leave behind their neighbours, doctors, or place of worship. Also important in this regard is the need for appropriate size development that allows for adaptations and overnight stay for family and carers, if and when needed.

A related and equally important consideration is that there is no overall integrated national strategic framework for meeting a range of different care and support needs of older people, (such as the higher costs associated with housing with supports), because of separate functional responsibilities and budgetary processes on the part of the HSE, the Department of Housing, Planning and Local Government and Local Authorities. The Oireachtas Special Committee on Covid-19 recommended that there should be a specific focus in developing housing with support options in the community with a specific focus on moving care from congregated settings (Recommendation 9).

It is clear that stronger cross departmental links between the housing and health sectors at national and local levels are necessary to implement Government policy as outlined in the Positive Ageing Strategy[85], viz., enable people to age with confidence, security and dignity in their own homes and communities for as long as possible.

All of the research evidence and reflected practice suggests that multi-purpose community-based developments providing a continuum of housing, support and care (social activities, day facilities, sheltered accommodation, nursing units) can contribute enormously to enabling people to live independently or semi-independently.

Dearth of supported housing

Housing with supports has long been promoted as having the potential to bridge the gap between living independently at home and residential care. Indeed, The Years Ahead (the 1988 inter-departmental seminal report on policy for older people) envisaged that sheltered housing would form a central part of the continuum of care and support and recommended that where it is not feasible to maintain a person in his/her own home, sheltered housing should be considered as a first choice.

It is likely that some of the admissions to nursing homes are unnecessary and happen because of a lack of other community-based options, e.g., supported housing and a general dearth of resources to support people in their own homes. Loneliness continues to be a major issue irrespective of where people are living.

We need a seamless and appropriate continuum of housing options for older people complemented by an integrated approach to community care. An Older People Remaining at Home (OPRAH) report has noted that "without this development, older people will be condemned to losing their agency, independence and health to the detriment of society and the loss of social solidarity"[86]. That same report [87] noted that, of those availing of the NHSS, some 12.8% are classified as 'low maintenance', with a further 22.3%, in the 'medium maintenance' bracket. This suggests that up to one-third of NHSS users could be provided with the support needed in their own homes.

Given the likelihood that a significant proportion of nursing home residents do not wish to be there and that some do not need to be there, the availability of high support sheltered housing clearly has enormous potential in Ireland. Assessment for nursing home support should, therefore, look in detail at the potential role of supported housing.

The need to take account of the potential of new residential models, including housing with care, is referenced in the National Dementia Strategy and in the Report on the Review of the Nursing Homes Support Scheme (NHSS). The 2016 Action Plan for Housing and Homelessness, Rebuilding Ireland[88], notes that older persons have specific housing requirements such as being in proximity to their family and social networks and the need for access to public and other essential services, recreation and amenities and refers to a new cross-Departmental/inter-agency approach including the development of appropriate pilot projects by Local Authorities. In 2019, an important policy statement on housing was published which addressed a range of housing options for older people.[89] The statement was aimed at providing a policy framework "to support our ageing population in a way that will increase the accommodation options available to them and give them meaningful choice in

81 See Professor Anthea Tinker, Paper delivered to Citizens Assembly June 2017, https://2016-2018.citizensassembly.ie/en/How-we-best-respond-to-challenges-and-opportunities-of-an-ageing-population/Final-Report-on-how-we-best-respond-to-the-challenges-and-opportunities-of-an-ageing-population/Older-People-Report-Appendix-E.pdf p. E183

82 Interim Report on Covid-19 in Nursing Homes. Special Committee on Covid-19 Response July 2020.

83 COVID-19 Nursing Homes Expert Panel Examination of Measures to 2021. Report to Minister for Health.

84 https://www.aarp.org/livable-communities/about/info-2014/what-is-a-livable-community.html

85 https://assets.gov.ie/11714/d859109de8984a50b9f2ae2c1f325456.pdf

86 http://agefriendlyireland.ie/database/oprah/ page 4

87 *Ibid.*

88 https://rebuildingireland.ie/wp-content/uploads/2016/07/Rebuilding-Ireland_Action-Plan.pdf

89 https://assets.gov.ie/9398/ca553fa753b64f14b20e4a8dcf9a46ab.pdf

how and where they choose to live".[90] There was a focus on increasing the options available to older people and on facilitating the integration of supports, particularly between the housing and health sectors, with a view to facilitating people to live at home and in their communities independently for longer. The policy statement identifies a programme of 40 strategic actions to further progress housing options for older people.

The majority of older people are owner occupiers. However, as already noted above, there appears to be a shift towards renting in those aged 55 and over which suggests a more precarious housing situation for future older generations.

From a safeguarding perspective, only those who definitely need residential care should be housed in residential nursing homes. In this regard, clearly housing adaptations and meaningful options for downsizing and/or moving to more appropriate accommodation have enormous potential.

While there are already some good models in place in Ireland and some in the process of being developed, this approach requires additional momentum and more integration with local development. Housing for older people should be an integral part of town planning and the social and economic infrastructure rather than an add-on.

Such models could be developed initially in locations where existing public long-term residential care facilities have been deemed to be no longer fit for purpose and could include space for 'normal' activities associated with daily living, e.g., coffee shop, newsagent, pub, clothes boutique, hairdresser, betting shop.

The following policy solutions have been suggested[91]:

- Improved coordination of housing, land-use and transportation policy to ensure that older adults have the option of living in housing they can afford that is located within walking distance of public transport as well as other essential services.
- Building affordable housing close to public transport and social amenities.
- Longer-term integrated town planning which includes a housing component built on the principle of sustainable communities.
- Local development plans making provision for an ageing population and providing for housing and infrastructural development accordingly.

There is a need to radically shift the balance in health and social care provision in later years from long-term care in nursing homes to long-term support in a range of community-based settings (including people's own homes) and within the normal social and economic infrastructure. As a country, we need to focus much more on housing policies that expand opportunities for older people to remain in their homes and delay or prevent the disruption of an unwanted move. Local authorities have a critical role in supporting the continued independence of older people and enabling them to age in place. This is a matter which needs to be addressed from a broader societal safeguarding of vulnerable adults' perspective.

Health inequalities

The issue of paying for long-term care takes on an interesting focus in the context of overall health inequalities endemic in Irish society. For example, a CSO Research Paper shows that people in the top layer of Irish society live five years longer than those at the bottom.[92] "For both men and women the relationship between wealth and time moves rigidly in lockstep: the better off you are, the more years you get."[93]

People living in deprived parts of Ireland have a lower life-expectancy than those living in affluent areas. The CSO data found the life-expectancy of people living in the most deprived areas in the State was 79.4 years for males, and 83.2 years for females. This was considerably lower compared to populations who lived in affluent areas, where men had a life-expectancy of 84.4 years, and women had a life expectancy of 87.7 years.

On education, the higher the level of education recorded, the lower the standard mortality rate. The mortality rate for those that had a third level education was 619 per 100,000, compared to 1,195 per 100,000 for those who had ceased education at primary level and 818 for those who ceased at secondary level. Those who engaged in unskilled and semi-skilled work have a higher mortality rate, while married people also have a lower mortality rate compared to unmarried people. Very interestingly, the mortality rate for people who own their own homes is 494 per 100,000. It is 786 for those who rent their homes from local authorities or voluntary associations. Persons in private rented accommodation were next highest.

It is reasonable to argue that public and economic policies have contributed significantly to health outcomes inequality, notwithstanding individual responsibility and accountability for health outcomes or the fact that diseases have biological determinants. Irish society tolerates an openly two-tier healthcare system that gives much quicker access to care to those who can afford it than to those who cannot afford it but are more likely to need it. There is, therefore, a need to refocus attention on social, political and economic processes that contribute to health inequalities. This, it can be argued, is at the core of ensuring that older people who require care and support are prioritised over wealth transfer and political expediency.

Planning ahead

As a society, we need a stronger emphasis on planning ahead with particular reference to how a person would like to be dealt with in the event of an emergency, serious illness or death. The explicit setting out of will and preference is a critical safeguarding matter in that it lessens considerably the potential for financial and psychological abuse and can also help to minimise confusion, family tensions and wasting the time of over-stretched health and social care professionals.[94] Safeguarding Ireland's adage, Choose your place of care... before it's chosen for you, is particularly apt in this regard.

A Red C Poll carried out for Safeguarding Ireland in February 2020 found that 80% of adults have not thought, or talked about, where they would like to be cared for if they became seriously ill or frail and just 5% have documented what their place of care preferences are. Just 21% of adults had personally considered where their preferred place of care would be if they were seriously ill or nearing death. This research, which confirms strong anecdotal evidence on the matter, points to a need for a major change in attitudes to, conversations about and recording of wishes on, desired place of care when a person is no longer able to live independently in the future.

Consideration of place of care was higher among older adults (65+), but still just 43% had considered it, 35% had discussed it and 9% had documented their wishes. Just 6% of Irish adults had in place an Enduring Power of Attorney (EPA), which is very low by international standards.

Quality of life for people requiring health and social care in later years

A critical question relating to how care and support is financed is whether or not the person is getting appropriate and good quality care. The answer to this question should be the driver in answering all other questions relating to how this should be paid for and what should be the respective contributions of individuals/families and the State. In this regard, there are five important considerations:

1. Since the HSE does not manage people's assets, individuals and families can, to some extent at least, choose either to take these out of care system funds or ensure that they remain in the system for the benefit of themselves as individuals or to increase the financial pot available to fund long-term care.

90 *Ibid.* p.25
91 https://alone.ie/wp-content/uploads/2018/07/Housing-Choices-for-Older-People-in-Ireland-Time-for-Action-1.pdf
92 https://www.cso.ie/en/releasesandpublications/in/mdi/mortalitydifferentialsinireland2016-2017/
93 Fintan O'Toole, Irish Times https://www.irishtimes.com/news/social-affairs/fintan-o-toole-ireland-s-well-off-live-five-years-longer-than-its-poor-1.4089518

94 *Think Ahead,* www.thinkahead.ie is a resource of the Irish Hospice Foundation which assists people to plan and record their wishes in the event of emergency, sudden illness or death.

2. People can choose to privilege inheritance and passing money and assets to their children and other relatives over and above using it to pay for their care.
3. Because current state funding systems for long-term care and support are inadequate and unreliable, people need to take this into account when considering how to use their own resources.
4. Very importantly, because some people have no assets and no additional discretionary income, they are totally reliant on the State (or on family members) to provide their care in later years – clearly any money that is removed from the system through keeping it in the private domain lessens the pot of money available to support such people.
5. In the absence of a long-term care social insurance fund, long-term support and care will continue to have to be funded by the exchequer through taxation which is very much subject to economic vagaries.[95]

All of these factors are amenable to policy intervention and political decisions. This will only happen through a dialogue based on a critical analysis of existing social values and norms relating to safeguarding our vulnerable older population and delivering the best possible quality of life in a fair and equitable manner.

The Review of the NHSS reported that 15% of applicants have no declared income other than the Non-Contributory Old Age Pension. The Review noted that it is generally acknowledged that a contribution of 80% of income is fair, if the only source of income is the State (Non-Contributory) Pension, but that for those with higher incomes, increasing the rate to, e.g., 85% for other income sources could be considered.

A question arises, however, from a human rights and social inclusion perspective, as to whether there should be a more socially inclusive current reasonable living expenses analysis approach.[96] The current 20% of Non-contributory Pension may not be adequate to ensure basic human rights, dignity, choice and quality of life. For example, the Council of Europe in its Recommendation on the Promotion of Human Rights of Older Persons states that older persons should have the possibility to interact with others and to fully participate in social, cultural and education and training activities, as well as in public life.[97] There is anecdotal evidence that some nursing home residents' relatives have to bring them in money to pay for daily living necessities. There is a need for a much more individually tailored approach to assessment of needs that would factor in what different individuals need to ensure a quality of life and well-being that is respectful of people's dignity and all of their human rights. This is a matter that should be given greater prominence in looking at how we can more adequately and equitably fund long-term care.

95 See https://www.sageadvocacy.ie/media/1596/a-new-deal-discussion-document-on-funding-long-term-care-sage-advocacy-may-2019-single-pages.pdf

96 The Living Wage is defined as the required amount to maintain a Minimum Essential Standard of Living (MESL) and in Ireland is identified by the Vincentian Partnership for Social Justice (VPSJ). https://www.livingwage.ie/download/pdf/living_wage_2019_-_4_page_document.pdf

97 Recommendation CM/Rec(2014)2 of the Committee of Ministers to Member States on the promotion of human rights of older persons https://www.refworld.org/docid/53fdc73e4.html

Section Six Conclusions and Agenda of Actions Required

Key points arising from the analysis

- We need to shift the focus from analysing current practice to developing a new vision of what we want for our vulnerable older population and how this is to be funded in an equitable and fully transparent manner.
- As a society, we have conflicting values – on the one hand, we want the best possible care for our older people while, on the other, we privilege gifting to younger generations over enabling people who can do so to pay for their care in later years.
- Vulnerable older people are regularly victims of financial abuse as a result of people (usually relatives) deliberately taking their money or encouraging and facilitating them to transfer money and property to relatives or to put money into a joint account.
- There is huge potential for the misuse of 'joint accounts' which has significant implications from a safeguarding perspective and this is a matter that requires more public attention.
- There is huge potential for older people with dementia or other cognitive impairment to be exploited by having their money or property illegally sequestered by others.
- There is some anecdotal evidence of solicitors colluding with relatives to transfer property and assets, e.g., the same solicitor working for both parties even though this is contrary to regulation.[98]
- There is a lot of anecdotal evidence that older people with care needs are sometimes encouraged to remain at home rather than to apply for the NHSS in order to maintain their pension income and the Carer's Allowance within the household – this may leave them vulnerable and could result in them not receiving the level of care and support that they need.
- There is also some anecdotal evidence of vulnerable older people being afraid to make a complaint about potential abuse within the household that affects them because of fear of repercussions.
- There is strong research and anecdotal evidence that people are reluctant to engage in forward planning or to put in place an Advance Healthcare Directive or use the 'Think Ahead' framework – this can leave people at high risk of exploitation and vulnerable if their decision-making capacity becomes reduced.
- Older people regularly transfer assets through legitimate means to younger relatives in order to ensure that it is not taken into account in the NHSS financial assessment.
- Private wealth is sometimes built up by means of various tax incentives but is subsequently kept in the private domain as a result of current inheritance tax levels and other financial schemes.

98 See S.I. No. 375 of 2012, SOLICITORS (PROFESSIONAL PRACTICE, CONDUCT AND DISCIPLINE — CONVEYANCING CONFLICT OF INTEREST) REGULATION 2012 http://www.irishstatutebook.ie/eli/2012/si/375/made/en/pdf

- Because there is a significant public misunderstanding about the role of 'next-of-kin', it may be the case that relatives believe that they can make decisions for people whose decision-making capacity is reduced and act accordingly – this can relate to disposal or transfer of assets or decisions on place of care.
- The fact that more than half of the population believe that 'next-of-kin' was "someone who can make healthcare decisions about me if I am unable to" is rather startling from a safeguarding perspective.
- Despite the growing emphasis in public and policy discourse on people's legal and human rights and on respecting people's will and preference, there continue to be situations where vulnerable older people are 'put into' a nursing home and are effectively deprived of their liberty.
- The fact that almost 'anybody' can make an application for the NHSS on behalf of another person is problematic, particularly where people's decision-making capacity may be in question.[99]
- There is a significant issue in terms of equity when some people (those whose only income is the Non-Contributory Pensions) are left with only €50 a week as discretionary income for basic costs associated with their personal well-being.

Very few people pay the actual cost of nursing home care under the NHSS while much of the private wealth and assets of individuals availing of the scheme is passed on to relatives. The cost to the HSE of care provided under the Scheme was €918 million in 2018 (i.e., excluding the loans which are recoverable in time). The State's net contribution in 2018 accordingly amounts to 70% of the total cost of care. The HSE 2020 Service Plan has allocated €1.04 billion to the scheme.[100]

Two key issues to be addressed are:

- Under current funding structures, neither the NHSS, nor any similar statutory provision for home care, is likely to be sustainable in the long-term.
- Incentives to pass on property and assets from age 55 years on are likely to be counter-productive, particularly if adequate provisions are not made for pensions and for paying for long-term care that people may require as they age.

Impact of current social attitudes and regulatory system

Some people strive to leave money in their will rather than spending it on themselves – this is primarily a cultural matter and Irish society clearly needs to engage critically with it and to fundamentally challenge the assumption or belief that that they have to leave money and assets to relatives irrespective of the consequences for themselves as individuals or for the public funding of long-term care and support. There is an abundance of anecdotal evidence which indicates that the current NHSS system has resulted in practices that can leave individuals at risk and not adequately safeguarded. People sometimes transfer assets (in particular, land) sooner than they should because of the five-year limit in legislation in order to take it out of the NHSS financial assessment loop. The incentive for a person to transfer their PPR five years before anticipated need for the NHSS is counter-productive. This can leave them vulnerable and open to exploitation because they have handed over their decision-making power related to their assets. Current NHSS legislation encourages the 'passing on' of assets sooner than may be appropriate in some cases.

The key driver for many people who own a farm/business is 'keeping it in the family' – many people may not care about the fact that they are making themselves vulnerable as long as the family farm/business is protected. The notion that people should only 'give away' when they have made adequate provision for their own care may not feature strongly in the prevailing culture which focuses more on the responsibilities of the State than on individual responsibility. The notion, "I will look after my children and the State will look after me", can be a significant driver in the prevailing social climate.

While many relatives provide care and support to vulnerable older people and while this is important and desirable, great care is required to ensure that people receiving care and support are making their own decisions on matters that affect them and that their rights are not being undermined in any way. Some older people are clear that they do not want any of their relatives involved in running their affairs or in making decisions for them, others may welcome this as a security in their later years while others allow it to happen by default by not planning ahead and indicating their will and preferences.

It is critical that there is an open and honest discussion about this in the context of ensuring that vulnerable older people, particularly those with reduced decision-making capacity, are individually and collectively protected from all forms of exploitation. This applies, in particular, to ensuring that priority is given to people's assets being used for their benefit and in a manner that ensures better equity in the use of public funds allocated to long-term care.

It is reasonable to suggest that the majority of older people want to contribute their fair share to the cost of their care. However, since fairness can be seen as relative and interpreted differently by families (both older and younger generations), it may be that frequently inter-generational transfer of wealth is privileged over maximising the amount of an individual's contribution to their care in later years.

There is no evidence that we in Ireland are planning for the funding of long-term care which is part of the normal risk of growing old – we have not looked seriously at how long-term care is to be financed in a sustainable manner in the medium or longer-term. Neither have we any system for spreading the costs of long-term care that is efficient, equitable and socially and politically acceptable. A key question is how to avoid breaching the intergenerational social contract and to ensure that both older and younger generations are treated fairly. A related question relates to the extent that, we as a society, have privileged wealth transfer across generations over the provision of sustainable funding for long-term care and support in later years. How to ensure that vulnerable older people with significant care and support needs are protected in what will almost certainly be an increasingly difficult social and health care funding environment related to Covid-19 is critically important. The significant level of private wealth transfer through inheritance must be a factor in this debate.

Another important matter is that some older people with assets can be the subject of coercion or undue influence (blatant or subtle) to transfer assets. Current legal mechanisms for protection in such circumstances are inadequate. For example, a gap in the Domestic Violence Act 2018 is that the offence of coercive control does not extend to family relationships. There are almost certainly situations where inappropriate control is exercised over a vulnerable adult by another family member not living in the same household as the victim and this is a significant safeguarding concern. In such situations, there is potential for people to be manipulated into handing over money or property without wanting to do so and without due cognisance being given to the implications for funding services related to their own health and well-being.

Areas requiring further research and analysis

An important research question arising out the analysis carried out in this discussion document is to what extent does not having to pay the full cost of long-term care result in a transfer of wealth from parents to children. Related questions are:

1. How does this impact on equitable access to quality long-term care and support for both individuals and the cohort of vulnerable older people requiring care?

99 While a Care Representative can be appointed by the Courts when an individual is suffering from reduced decision-making capacity, ill- health, a mental health difficulty or a physical disability, it may not always be the case in such instances that an application has been made for the appointment of a Care Representative.

100 https://www.hse.ie/eng/services/publications/national-service-plan-2020.pdf p.110

2. Does the ingrained cultural imperative of 'passing on wealth' to the next generation leave already vulnerable people at greater risk?

While the NHSS is based on providing equality of access to nursing home care, the reality is that this does not and cannot deal with the fact that vulnerability in old age can reflect lifelong inequalities and differences based on class, gender and career path. Some of the advantages or disadvantages accruing from a particular level of participation in the work force or inherited wealth are likely to be sustained into old age. The position of older people depends, not just on their current income and health status, but also on their command over other assets, such as property and savings, which they can realise as appropriate or, indeed, feel obliged to pass on to the next generation and rely on the State for their care.

The analysis suggests the following as areas where further consideration and research is required:

1. The incentive to transfer PPR five years before anticipated need for the NHSS is counter-productive from a safeguarding perspective. While it has advantages for the person/family in respect of NHSS assessment, it undermines the older person's choice and control of their affairs.
2. Notwithstanding that the question of inheritance tax and the level at which it is payable is a politically sensitive issue, further analysis should be carried out to determine how it impacts on getting a fair balance between inter-generational private wealth transfer and ensuring that funding for long-term care is commensurate with meeting ever-increasing need.
3. What would be the effect of having a general principle that people who have the requisite assets should pay fully for their long-term care and support in order to free up more public funds for enhancing the quality of care provided to those who are dependent on the State to fund their care?
4. What would be the impact of generating more revenue from inheritance tax and using this to enhance quality of life for older people across a range of domains, in particular supports for ageing in place?
5. In relation to the NHSS:
   - Is the current contribution level reasonable? What values underpin this? Is it sustainable into the future?
   - What would be the impact of having the minimum income retention rate of 30% rather than the current 20% of income or, alternatively, what would be the consequences of introducing a minimum figure for quality living (equivalent to the living wage concept)?
   - What would be the financial implications of reducing the individual contribution to 70% of income and increasing assets contribution to 30%?

In considering the above questions, the situation of people who are isolated in nursing homes and who are very vulnerable based on a number of criteria, needs to be taken into account. This vulnerability came into very sharp focus during the current Covid-19 pandemic. It was almost as if this group were forgotten about during the initial stages of responding to the crisis.

The need for additional research and analysis on the real cost of delivering high quality health and social care to an ageing population and on how this is to be financed are areas where serious and significant work is required.

There is a clear need for a serious conversation about ensuring a smooth transition to paying for home care in order to ensure that the latter gets priority in accordance with most people's preference. One model would be for a person (with wealth) to pay a family relative a wage to look after them – this could act as a legal mechanism for a person to leave their relatives additional money without the relatives incurring liability for the full amount of inheritance tax. The nature and quality of care provided in such situations would obviously have to be regulated and monitored.

Safeguarding Ireland
Report

It is imperative that a housing solution that allows an older person to age with dignity and security is implemented to support our ageing population. There needs to be more of a focus on people having their own front door. There should be more incentives for people to trade down, move to more appropriate accessible accommodation and, therefore, perhaps, avoid having to go into a nursing home.

Enabling ageing in place in one's existing family home, in alternative community-based accommodation or in purpose-built dedicated housing for older people, should be an explicitly stated underlying and cross-cutting policy priority. We need to plan for the development of a range of housing choices/options at local level based on population projections at national and local levels and on an approach to housing needs assessment which takes into account needs across all tenures.

Need for innovative thinking

There is a clear need for some innovative thinking around the whole area of how best to deliver support and care in later years with particular reference to underlying social values around the respective responsibilities of the individual and the State, the need to ensure truly equitable access to care and support and, crucially important, the need to safeguard vulnerable older people individually and collectively. Responses are required at the societal level in terms of awareness and at political level in terms of challenging embedded social and cultural norms about inter-generational wealth transfer. This is integral to creating a safer society for vulnerable older persons.

There is a need for a much clearer understanding of people's rights, will and preferences irrespective of their decision-making capacity. Pending the implementation of Assisted Decision-making (Capacity) Act 2015, in cases where people do not have decision-making capacity, current legal protections need to be adhered to despite their limitations. For people who do have decision-making capacity, their consent is always required on all matters affecting them, including, in particular, managing their finances and where they are cared for.

There is a basic disconnect in Irish society between (a) people as citizens who typically want the best possible care and quality of life for vulnerable older people; (b) people as taxpayers who do not wish to pay their equitable share to ensure that such care is available to all who require it; and (c) people as family members who want to pass on or inherit family wealth. This is a somewhat uncomfortable dynamic but one which as a society we need to face.

Finally, there is a need to significantly broaden the discourse and put a stronger and necessary emphasis on safeguarding people and ensuring that there are meaningful options for ageing in place either in one's existing family home, in alternative community-based accommodation or in purpose-built dedicated housing. These factors need to be given far greater priority and should be the only context within which matters relating to how assets can be protected from the State and the level of inheritance tax to be applied should be considered.

Some of the issues raised in this Discussion Document are clearly more central than others but all contribute to a situation where older people can consciously undermine their position or have it done to them inadvertently or surreptitiously by relatives on the basis that the State should pay for care for people in their later years. There may frequently be little acknowledgement that this can only be done if there is an adequate and equitable funding structure in place.

There is likely to be significant cultural and political resistance to changing the status quo in relation to financing long-term care and related taxation policies or in making any fundamental changes to the existing regulations covering co-funding of long-term care in nursing homes or under the proposed statutory home care scheme.

The focus of this Discussion Document is long term, looking beyond what is achievable right now or aligned with the agenda of any particular political party. The words of Eleanor Roosevelt (1958), who chaired the Human Rights Commission and was a pivotal force in the establishment of the Declaration of the Human Rights (UN 1948), continue to be apt in 2020 and, particularly in the context of the impact of Covid-19 on some our most vulnerable older persons.

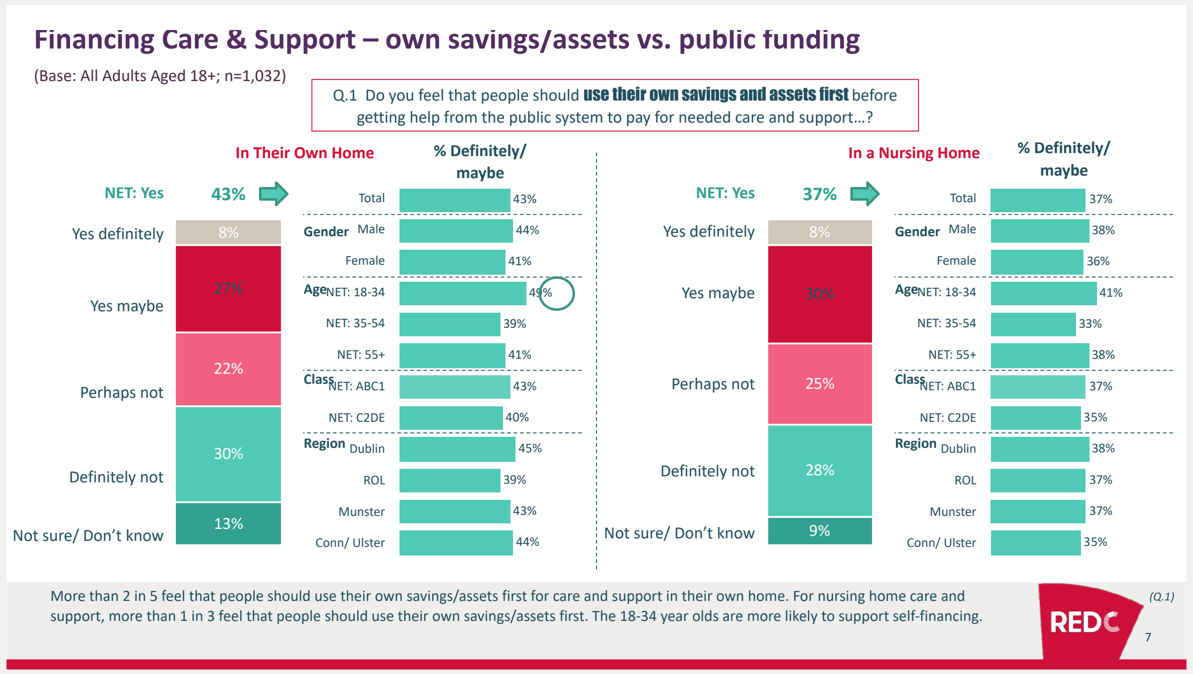
"Where, after all, do universal human rights begin? In small places, close to home – so close and so small that they cannot be seen on any maps of the world. Yet they are the world of the individual person… Unless these rights have meaning there, they have little meaning anywhere. Without concerned citizen action to uphold them close to home, we shall look in vain for progress in the larger world"[101]

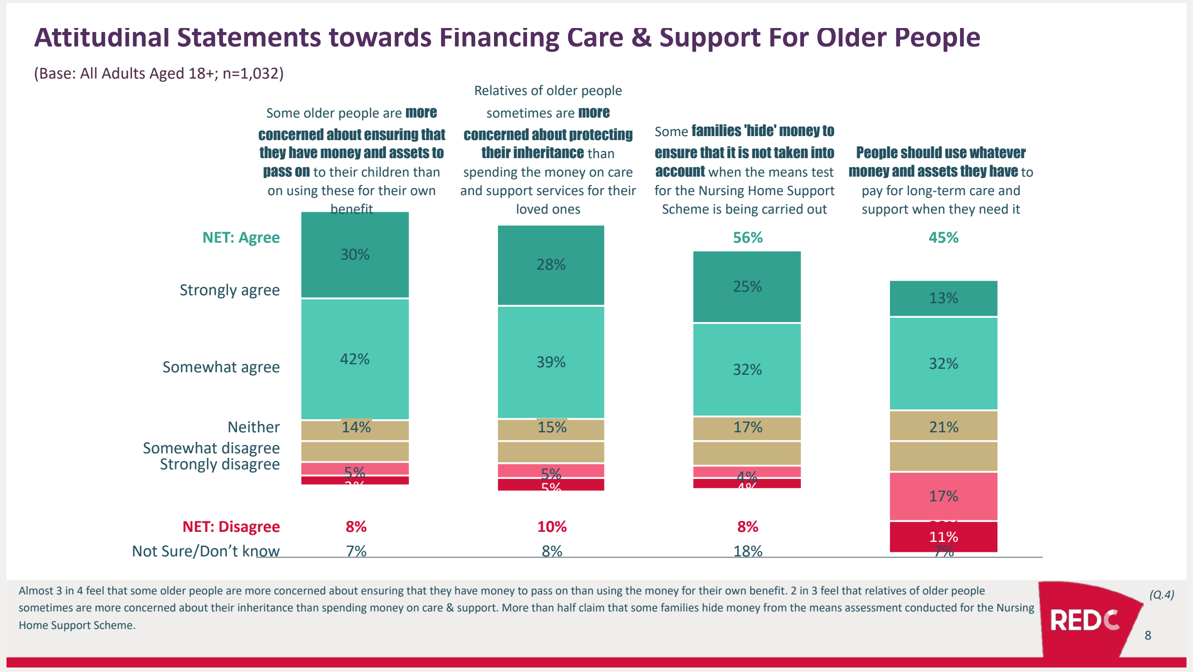
Some of the discourse around the pandemic suggests a tendency towards less solidarity between generations, where the needs and concerns of different age groups are being weighed against each other, i.e., the needs and freedoms of younger people against those of older or more at risk groups and, at its most acute, a dialogue which suggests that the economic prospects of the young have been damaged by the need to protect the most vulnerable.

In Ireland, we now need to have the conversation about how to fully safeguard vulnerable older people individually and collectively and how existing private and public money and assets can be used in a fair and equitable manner to fund long-term care and support for those who need it. This conversation needs to take place at individual level, at societal level and at the political level. The ethic of solidarity and constructive citizenship demands no less. The Covid-19 experience of deaths of people in nursing homes provides an additional impetus (if such were needed) for radical action in the context of safeguarding those most at risk. It is a stark reminder that new societal values relating to the delivery of health and social care in later years for an ageing population are imperative.

101 Quote from In Your Hands: A Guide for Community Action for the Tenth Anniversary of The Universal Declaration of Human Rights, Accessed at: https://www.carnegiecouncil.org/publications/100_for_100/in-your-hands-a-guide-for-community-action

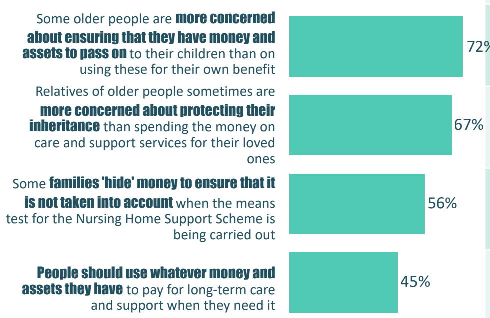
Appendix 1
RED C Poll Findings





Attitudinal Statements by Demographics

(Base: All Adults Aged 18+; n=1,032)

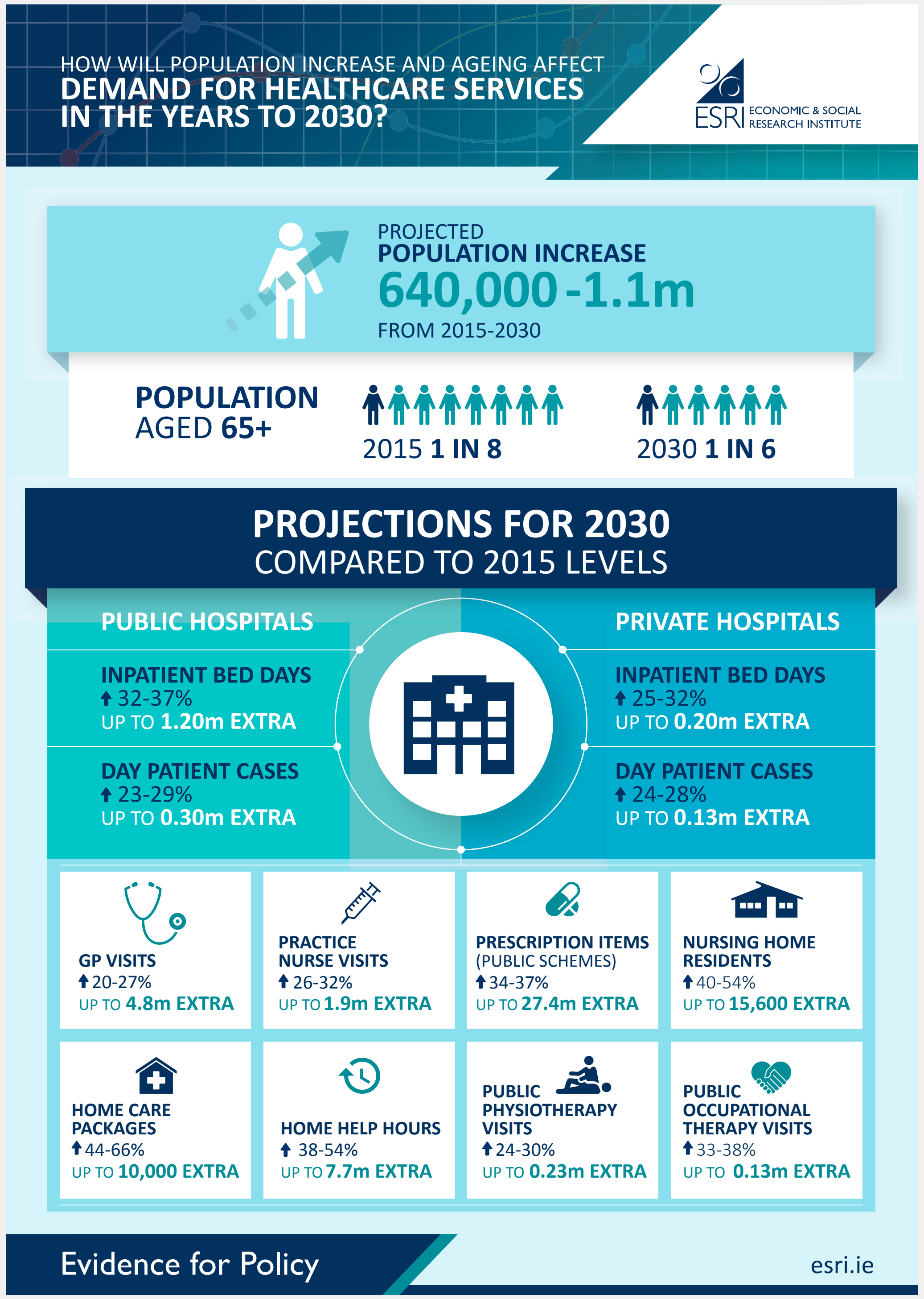


	Gender		Age			Class		Region			
	Male (n=449)	Female (n=583)	NET: 18-34 (n=316)	NET: 35-54 (n=405)	NET: 55+ (n=311)	NET: ABC1 (n=509)	NET: C2DE (n=489)	Dublin (n=308)	ROL (n=239)	Munster (n=279)	Conn/ Ulster (n=206)
Some older people are more concerned about ensuring that they have money and assets to pass on to their children than on using these for their own benefit	70%	74%	71%	70%	75%	76%	69%	72%	73%	71%	69%
Relatives of older people sometimes are more concerned about protecting their inheritance than spending the money on care and support services for their loved ones	66%	68%	65%	66%	70%	70%	65%	66%	68%	69%	65%
Some families 'hide' money to ensure that it is not taken into account when the means test for the Nursing Home Support Scheme is being carried out	57%	56%	57%	57%	55%	60%	53%	55%	59%	54%	57%
People should use whatever money and assets they have to pay for long-term care and support when they need it	46%	44%	46%	44%	44%	48%	41%	47%	50%	38%	43%

We see very few differences in terms of demographics but higher social classes are more likely to agree that people are more concerned about inheritance or that families hide money.

REDC (Q.4) 9

Appendix 2
ESRI Infographic



Source: https://www.esri.ie/system/files?file=media/file-uploads/2017-10/Infographic-26-October-2017.pdf

Notes

Notes

Promoting the rights of vulnerable adults.

safeguardingireland.org

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