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Centre for Ageing Research
and Development in Ireland

INNOVATION IN POLICY: INSIGHTS FOR AGEING

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INTRODUCTION

The world is facing a major shift in demographics, with rising life expectancy and falling fertility rates leading to a much older population.

This in turn raises the policy challenges of ensuring people have adequate income in retirement, establishing a sustainable system for long-term care in all settings and guaranteeing, as far as possible, that people can live healthy, active and independent lives as they age.

It is important that preparations are made for demographic ageing now, when policy decisions can address the long-term issues.

Innovative policies which introduce new and inventive ways of meeting the challenge of ageing are vital.

This CARDI paper examines the issue of what makes an innovative policy.

WHAT ARE THE PRINCIPLES OF INNOVATION?

Public policy innovation can be defined as *"new ideas that work at creating public value"* (Mulgan, 2007).

It has been described as *"a change in policy or management practice that leads to a lasting improvement in the level of service or quantity or quality of output by an organisation"* (Bartos, 2003).

Innovation can take many different forms, such as new ways of organising things, new ways of rewarding people or businesses and new ways of engaging people.

There are several principles that underline innovative public policy, which distinguish innovation from merely new ideas or new policy.

- The ideas have to be at least in part new (Mulgan, 2007).

- They have to be taken up and implemented rather than being good ideas in theory (Mulgan, 2007).

- They have to be useful in creating public value (Mulgan, 2007).

- Innovation must be intentional in the context of the innovating organisation's objectives and functions (Koch & Hauknes, 2005).

- A degree of change is required, in that innovations should be distinguishable from minor changes that are part of daily operations, or take place on a continual basis (Bloch, 2010).

Most innovations are incremental in nature, involving relatively minor changes to existing services or processes. Less common radical innovations involve the development of new services or establishing fundamentally new ways of delivering services.

The innovation process can also be initiated to solve a specific problem, to meet a public need or to make already existing products, services or procedures more efficient (Mulgan & Albury, 2003).

A 2003 guide to policy development published by OFMDFM in Northern Ireland notes that good policy is innovative, flexible and creative. It gives the example of an innovative approach as one that may include creating management structures that promote new ideas, involving people outside the immediate policy team in policy development and assessing and managing risk (OFMDFM, 2003).

POLICY DEVELOPMENT FACTORS

The need or trigger for public policy development may come from a number of sources, including:

- New research

- Financial challenges

- Lobbying by particular groups

- Proactive strategy development by government departments

- Major social changes

- EU Directives or court decisions

In terms of sustainable, long-term policy, responses are best when they are proactive, developing a

strategy to combat a challenge in the future, rather than reacting to immediate crises or challenges (Smith, 2003).

Policy issues can be divided into two categories: those already on the public policy agenda, and those that are not. If an issue is already on the public policy agenda a high public profile will usually have been built up and a formal process, such as a strategy development with public consultation, is likely to be in place. If an issue is not on the public policy agenda the job of researchers, advocacy organisations, community stakeholders and others is to provide information and education and to take other steps to raise awareness to get it on the agenda (Smith, 2003).

Once the decision has been taken to address a policy issue, the actual activity of developing policy generally involves research, analysis, consultation and summarising of information to produce recommendations for action. It can also involve an evaluation of options against a set of criteria used to assess each option (Office of the Auditor General, 2003). Policy decisions need to address the causes of problems in society, as opposed to addressing symptoms of a wider problem. It is also important that they are sustainable over the longer term, both socially and financially.

An example of short term decision making rather than addressing longer term goals is the Nursing Home Support Scheme or "Fair Deal" scheme in the Republic of Ireland (ROI), which was established in 2009. The scheme quickly ran into funding difficulties due to high levels of demand and could not be sustained in its original format (The Irish Times, 2012).

The WHO defines a successful policy as one that has gone through an inclusive process of development and where the content follows best practice principles, the policy is clearly defined and is appropriate to local needs and conditions (World Health Organization, 2007).

Innovation in policy making is usually limited to working within an existing system to bring about improvements in practice. The nature of policy development is such that the vast majority of policy decisions reflect only minor changes to the status quo. A radical change is often limited as key stakeholders and members of the policy community often see the status quo as the most beneficial scenario and are able to work effectively to maintain it (Smith, 2003).

When it comes to public policy development there are many key factors and considerations that can lead to the success or failure of a new initiative. Some of these include:

- Public interest: Is the policy in the best interest of society with the common good balanced against private or special interests? Has the process of development been fully inclusive?

- Effectiveness: Will the policy achieve its goals in the most effective manner possible?

- Efficiency: Is the policy the best use of resources available in achieving the goals?

- Consistency: Is the new policy consistent with existing legal, constitutional and legislative frameworks whilst also being in alignment with current goals and government strategies?

- Fairness and equity: Will the policy increase equity among all members and sectors of society?

- Reflective: Does the new policy fit in with the current values of communities and society, such as freedom, security and privacy? (Smith, 2003).

The successful implementation of a new policy depends on the commitment of the right people because a policy intervention is only likely to succeed if the actual implementer is motivated and believes in the policy goals or strategies. The support of advocacy organisations, communities and the general public is important in this regard (McLaughlin, 1987).

WHAT DRIVES INNOVATION IN PUBLIC POLICY?

There are many ways in which innovative public policy can come about. It is normally the result of the initial commitment and driving force of a particular group, whether that is:

- a voluntary or community group lobbying for change,

- civil servants who have identified a public need and a potential solution for it,

- or a politician who has been successfully lobbied for change and who then actively advances a cause.

Research plays an important role in identifying the need for changes in public policy as it provides the evidence that change is required and supported, as well as what can be done to bring about that change.

Some examples of drivers of innovation in public policy include:

1. **Public need:** policy decision makers can identify a public need and then develop an innovative response which can cater for that need. One example of this is the *Older Americans Act*, introduced in the US in 1965. It was the first government initiative aimed at providing comprehensive services for older adults. The Act came about because members of the US congress raised concerns about the lack of community services for older citizens in their districts (Administration on Aging, 2010). Another example, from 2004, is that of ROI becoming the first country in the world to implement a nationwide ban on smoking in the workplace, following the identification of secondary smoking as a serious public health risk (Brugha et al., 2009).

2. **Transferring policy success from elsewhere:** Policymakers can often learn from a new innovation that has worked in another country which can then be adapted to their own jurisdiction. In 2008, the Office of Commissioner for Older People was established in Wales following a recommendation from a Welsh Assembly Advisory Group. The purpose of the new position was to champion the rights of older people in Wales (Older People's Commissioner for Wales, 2012). This followed the successful appointment of a commissioner in the US in 1965. The position of Older People's Commissioner in the US has subsequently been upgraded to Assistant Secretary for Aging, who reports directly to the Secretary of Health and Human Services (Hudson, 2002).
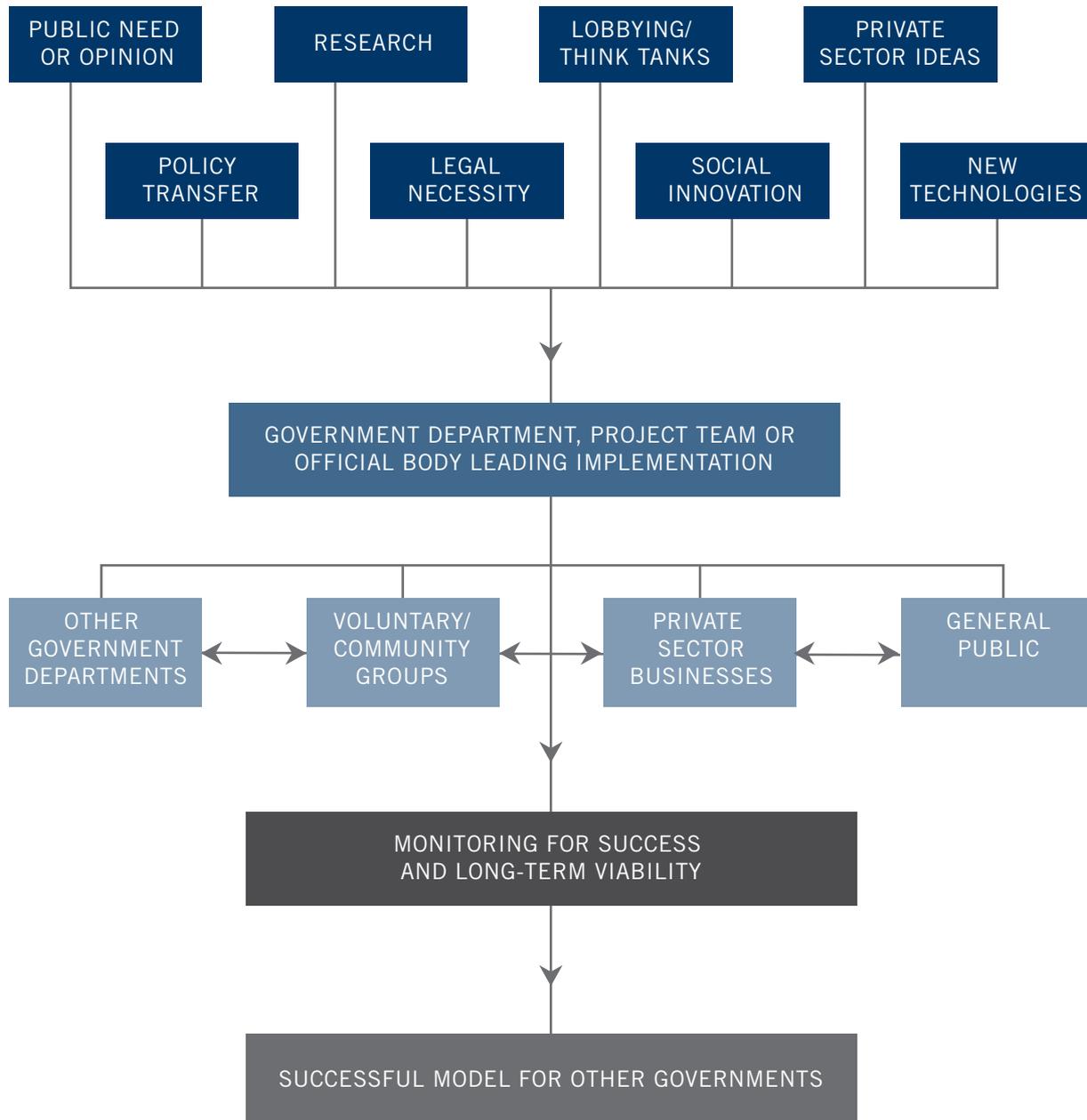
3. **Research:** Innovative research can lead to direct changes to government policies and ways of thinking. For example, the Whitehall Studies were two longitudinal studies conducted firstly on male civil servants in the UK beginning in 1967 and then on all civil servants beginning in 1985. The first study was established by Donald Reid and Geoffrey Rose as a UK version of the American Framingham heart study[1], and it had the support of the Chief Medical Officer in the civil service. The studies found that there was a strong association between mortality and civil servant grade - men in the lowest grade had a mortality rate three times higher than that of men in the highest grade. This led to the conclusion that there was a social gradient in health and that income inequalities can lead to health inequalities. As a result of the research, many policy initiatives were launched, including the establishment of a World Health Organization Commission on Social Determinants of Health and a Review of Health Inequalities in England (World Health Organization, 2012b).

4. **Legal necessity:** Policymakers who need to change existing laws to enact better policies can often be the genesis of innovation in public policy. The Barrier Free Law passed in Japan in 2006 ensured that accessible public transport, public buildings and public spaces for older people and disabled people were a legal right and Japan was the first country to take this step. The law came about as policymakers realised that in order to implement policy measures in an integrated and comprehensive way, a single law was required on accessibility in public spaces (Japan International Co-operation Agency, 2008).

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[1] This longitudinal study was the first to identify links between smoking, obesity and physical fitness to heart disease.

5. **Lobbying and consultation:** External groups such as advocacy organisations or community / voluntary representatives can propose ideas to governments which are then taken up and championed by policymakers. Following the introduction of the Commissioner for Older People in Wales, the case was made by many groups and representatives of older people that a similar office should be established in Northern Ireland. The Northern Ireland Assembly reviewed the case for a Commissioner in November 2007 and then committed to appointing a commissioner. There was strong support for the move in the responses to a public consultation (OFMDFM, 2010) and a Commissioner was subsequently appointed in October 2011 (BBC News, 2011).

6. **Adapting private sector ideas:** In the UK a sociologist Michael Young proposed the concept of The Open University. Through his organisation, the National Extension College, the idea of The Open University was developed as a new way of learning that would include people of all ages. The concept was later taken up by the Labour Party and created as a new public organisation in 1969 (Mulgan, 2007).

7. **New technologies:** New advances in technology can often lead to new and innovative public policies which take advantage of them to provide better public services. The internet is a prime example, creating a whole new way in which citizens can interact with government and get new services. In England, NHS Direct combines a phone, internet and mobile app service using computers with diagnostic software to provide diagnoses for the public. It was established in 1997 to take advantage of new technologies, and now two million people use the service each month (Mulgan, 2007).

8. **Social innovation:** New innovations in policy can be driven by already existing social innovations. For example, modern hospices were a major social innovation and were first founded by religious orders, such as the Religious Sisters of Charity who founded the first modern hospice in Dublin in 1879 (Our Lady's Hospice and Care Services, 2012). The importance of hospice care was slowly recognised by governments and now hospices receive government funding for their work (e.g. Help the Hospices, 2012).

A quantitative study of public innovation conducted in Canada in 2001 showed that most innovation in the public sector is initiated by front line staff and middle managers (50%). It also showed that the majority of innovation is not a response to crisis (70%), and usually cuts across organisational boundaries, in 60% of cases (Borins, 2001).

FIGURE 1: MODEL OF DRIVERS OF POLICY INNOVATION

PUBLIC NEED OR OPINION	RESEARCH	LOBBYING/ THINK TANKS	PRIVATE SECTOR IDEAS
POLICY TRANSFER	LEGAL NECESSITY	SOCIAL INNOVATION	NEW TECHNOLOGIES

GOVERNMENT DEPARTMENT, PROJECT TEAM OR OFFICIAL BODY LEADING IMPLEMENTATION

OTHER GOVERNMENT DEPARTMENTS ↔ VOLUNTARY/ COMMUNITY GROUPS ↔ PRIVATE SECTOR BUSINESSES ↔ GENERAL PUBLIC

MONITORING FOR SUCCESS AND LONG-TERM VIABILITY

SUCCESSFUL MODEL FOR OTHER GOVERNMENTS

Source: CARDI (2013)

MEASURING SUCCESS

Innovative policies will usually take a considerable amount of time to have an impact once they are implemented. It is important that the success or failure of new policies is measured and the performance monitored over time. If an innovative new policy can be considered a success when measured, other jurisdictions can consider implementing the policy.

Policies exist either to improve a current situation or to prevent the occurrence of certain outcomes in the future. The root cause or causes of a policy can provide the seeds of potential indicators by which progress in achieving the policy objective can be measured (Office of the Auditor General, 2003).

Once a policy has been developed, it is important that the lead agency, usually a government department or government agency, in consultation with stakeholders, defines what indicators can be used to measure success and how data collection may be handled.

If an innovative policy takes the form of a government programme or strategy, measuring the programmes and activities being undertaken as part of the new programme or strategy can indicate the success or failure of the innovation (Office of the Auditor General, 2003).

Assessment of the success of an innovative policy or a new government strategy can often be conducted by an external organisation with vested interest in the outcome. For example, the government in NI published Ageing in an Inclusive Society in 2005, a social inclusion strategy on ageing with a specific plan of action (OFMDFM, 2005). It was the first strategy developed on older people in Northern Ireland. In 2009 the success of the strategy was rated by different indicators developed in a report published by Age NI (then Age Concern Help the Aged NI) which showed:

- An increase of older people living in severe poverty.

- A reduction in older people receiving home help care.

- A rise in the number of pensioners living in fuel poverty.

- An increase in the number of excess winter deaths.

- A decrease in registrations for further education among older people.

The report concluded that the strategy was not meetings its objectives as measured against the indicators (Age Concern Help the Aged NI, 2009). A new ageing strategy is currently being developed in Northern Ireland.

THE CHALLENGES OF INNOVATION

One challenge faced by governments in introducing innovative new policies is that new innovations tend to underperform against the status quo when first introduced. For example, a new technology may have the potential to be much more effective than an existing product, but will not be as effective as a mature old technology in the beginning. It takes time for new innovations to show results, but new innovations in the public sector are extremely visible and accountable (Mulgan, 2007).

The UN Economic Commission for Latin America and the Caribbean assessed a large number of successful social innovations in Latin America and the Caribbean in 2010, selecting 25 projects that could make the transition to becoming public policy (Rey de Marulanda & Tancredi, 2010). The Commission saw the active involvement of the community and the ability to forge alliances with community members, civil society organisations, the private sector and especially governments as vital to the success of social innovations.

There were several criteria used to assess which projects were successful:

- Innovative, though not necessarily a project which had never been attempted in the world or another region.

- Potentially sustainable with costs not exceeding other alternatives.

- Potential for replication in other communities or jurisdictions.

- Potential to become public policy.

- Having a positive effect on the determinants of poverty.

- Having the potential to reduce discrimination and exclusion.

- Contributing to the development of social responsibility (Rey de Marulanda & Tancredi, 2010).

CASE STUDY 1: FALLS PREVENTION INITIATIVE IN CANADA

In August 2000, Health Canada and Veteran Affairs Canada launched the Falls Prevention Initiative, a health promotion programme based in communities that was designed to identify effective falls prevention strategies for older people and army veterans (Smith, 2003). The genesis of the project was a suggestion by the Auditor General in Canada to Veteran Affairs Canada that they increase their emphasis on falls prevention as research showed that 65% of injuries to older people resulted from falls, costing the economy CAD 2.4 billion per year. Veteran Affairs Canada had funding, but lacked an appropriate delivery mechanism to drive any policy innovation so they partnered with the federal department in charge of promoting health, Health Canada. The latter organisation had a delivery mechanism and experience in health promotion and the health of older people.

The Falls Prevention Initiative was established as a four-year programme with a budget of CAD 10 million. The first phase consisted of identifying pilot projects and holding a national meeting to fill the knowledge and history gap concerning falls and falls prevention. The recommendations from this meeting, including an emphasis on networking and cross-sectoral representation, partnership building, conducting evaluations, and involving older people and communities, shaped the approach taken in the initiative.

Proposals for falls prevention projects were accepted and funded by the initiative team and the team also worked to develop partnerships, visit projects on the ground to assess their success and communicate developments in the initiative.

The initial success of the Falls Prevention Initiative led to its development as national policy. In order to measure progress on a national level, evaluation of fall prevention programming in Canada is conducted through empirical studies, national inventories, epidemiological analyses of fall-related morbidity and mortality, and government monitoring of programs (Scott et al., 2010).

CASE STUDY 2: TAXI VOUCHERS FOR RURAL TRANSPORT IN THE UK

The issue of providing rural transport for older people is an important one as adequate transport can maintain ties to the local community and combat isolation and social exclusion. Yet providing transport is expensive and routes in rural areas may not be profitable due to low population density and subsequent low levels of demand.

In order to provide door-to-door and on-demand transport some UK councils introduced a scheme, whereby older people and others who qualified received a book of vouchers which they could use to pay for taxis from participating companies.

Tandridge Council in Surrey was the first UK scheme to begin operating in 1996, and the scheme was quickly adopted by other councils.

The advantage of the new policy innovation was that the schemes used existing infrastructure, had low overheads and thus required little start-up investment (Community Technical Aid, 2006).

There have been calls to introduce similar schemes in NI (Rural Community Network, 2004) and ROI (The Mayo News, 2010). However the recent experience in England suggests that taxi vouchers, whilst an innovative solution, are also an expensive option for rural transport compared to other solutions. The schemes have since been scrapped due to the high cost in several councils such as Kent, Northumberland and Suffolk. Similar schemes in Canada have also run into funding difficulties and have been discontinued (The Tyee, 2012). Some English councils have offered low cost alternatives to individual taxis such as a demand-responsive minibus in Durham (Durham County Council, 2012).

The example of taxi vouchers for rural transport shows that, while innovative policy can provide solutions to challenges in the short term, it is important that the cost and level of demand are determined before implementation, particularly for the longer term. This is especially true of innovations for older people where the ageing population will mean an increase in demand for all services aimed at older people in the future.

Mulgan (2007) argues that "a good deal of public sector innovation and reform is driven through much too fast, in effect experimenting on the whole population rather than trying ideas out on a small scale."

There can be unintended consequences and cost involved with public sector innovation which is why identifying long term costs and testing innovations in pilot studies is important.

CASE STUDY 3:
PREVENTIVE ASSESSMENT FOR OLDER PEOPLE IN AUSTRALIA

During the 1990s the Department of Veterans Affairs in Australia developed an interest in understanding the potential for preventive assessment programmes which would improve health outcomes for older people living in their communities. They commissioned a literature review, feasibility study and a randomised controlled trial of health assessments.

With the growing interest in prevention and management of chronic conditions and other health needs of older people in Australia, the Department of Human Services and Health introduced the "Enhanced Primary Care Medicare Benefits Schedule" in 1999-2000.

The aim was to improve the health and quality of life of older Australians, people with chronic conditions and those with multi disciplinary care needs. There was interaction between research and policymakers to develop the tools required and undertake preventive assessments, and GPs were involved in conducting the actual assessments of older people. As the programme of assessments developed government officials were kept aware of the progress and findings were published in peer review journals.

The aim of the assessments was to help identify any risk factors in people aged 75 and over that may require further health management. In addition to assessing a person's health status, a health assessment was used to identify a broad range of factors that influence a person's physical, psychological and social functioning (Department of Health and Ageing, 2012).

The uptake of the assessments for people aged 75 and over was initially limited but has since become more widely used (World Health Organization, 2012).

WHAT CAN WE LEARN ABOUT POLICY INNOVATION?

Current literature and case studies on policy innovations can teach us a great deal about how the process of innovation is begun and what factors can lead to success in policy.

The example of falls prevention in Canada shows how a government department can identify a policy challenge and then partner with other departments to fund research a pilot project to meet that challenge. It also demonstrates the importance of social innovation and how governments can stimulate innovation by other organisations and adapt successful ideas into national policy.

It is important to measure the actual implementation of policies at each stage for success and not just the policy itself.

For example, a 2007 assessment by the National Economic and Social Forum found that, while the design of social and economic policy in ROI was progressive and innovative, there had only been varied success in implementing that policy (National Economic and Social Forum, 2007).

A 2008 review by the OECD found that a lack of implementation skills was one of the main challenges facing the ROI public sector. The review drew particular attention to the segmented nature of the public service in ROI and the challenges this posed for policy development, implementation and service delivery (OECD, 2008).

Innovation must understand demand in the market. Planning for the implementation of innovations must ensure that financing is available to implement the policy in the short, medium and long terms.

The example of preventive health assessments for the over 75s in Australia shows how a government department can develop an idea based on a public policy challenge, then build support for the initiative through research and monitoring, involving high level contacts in different departments and relevant stakeholders. This policy took time to develop, with the initial uptake of the assessments at a low level among the over 75s. However, it eventually became a well established national policy.

These case studies show how innovation can take place outside the context of an overall government framework or strategy. However, most changes to policy are likely to be minor alterations to the status quo, taking place via the introduction of a government strategy or programme for government (Smith, 2003).

Several steps can be taken to facilitate and encourage more innovation in public policy:

- Pro-innovation governance, where the importance of innovation is recognised by people with power to drive change.

- Teams or networks dedicated to innovation, including people who can research new ideas in social innovation and new technologies.

- Processes that back innovation, where effective innovation is properly rewarded within teams, government departments, etc.

- Investment for innovation, where adequate funding is provided for research, piloting, staff training and monitoring.

- Technology transfer, where new ideas from universities can be given adequate funding to make the transition from academic ideas to practical innovations (Mulgan, 2007).

It is also important for governments and policymakers to recognise that a culture of innovation can bring about more effective use of budgets now and in the future.

CONCLUSION

Policy innovation can provide a solution to the challenges arising out of the globally ageing population and contribute to policy preparations for demographic change.

Policymakers should utilise research and support new ways of thinking to ensure that we are adequately prepared for an older population in the future. When doing so policymakers should focus on promoting healthy and active ageing, promoting employment for older age groups, ensuring an adequate income in retirement and building a sustainable model of long term care.

BIBLIOGRAPHY

Administration on Aging. (2010, December 27). *Older Americans Act*. Retrieved June 26, 2012, from www.aoa.gov.

Age Concern Help the Aged NI. (2009). *Positive Ageing. Is Government's Ageing Strategy Fit for Purpose?* Belfast: Age Concern Help the Aged NI.

Bartos, S. (2003). Creating and Sustaining Innovation. *Australian Journal of Public Administration,* 62(1): 9-14.

BBC News. (2011, October 3). *New Commissioner for Older People is Claire Keatinge*. Retrieved June 27, 2012, from www.bbc.co.uk.

Bloch, C. (2010). T*owards a conceptual framework for measuring public sector innovation.*

Borins, S. (2001). *The Challenge of Innovating in Government.* Virginia: PriceWaterhouseCoopers.

Brugha, R., Tully, N., Dicker, P., Shelley, E., Ward, M., & McGee, H. (2009). *SLÁN 2007: Survey of Lifestyle, Attitudes and Nutrition in Ireland. Smoking Patterns in Ireland: Implications for policy and services.* Dublin: Department of Health and Children.

Community Technical Aid. (2006). *Taxi Voucher Schemes.* Cookstown: Rural Community Network.

Department of Health and Ageing. (2012). *Health assessment for people aged 75 years and older.* Retrieved from www.health.gov.au.

Durham County Council. (2012). *Demand responsive bus and taxibus services.*

Hanney, S., Gonzalez-Block, M., Buxton, M., & Kogan, M. (2003). The utilisation of health research in policy-making: concepts, examples and methods of assessment. *Health Research Policy and Systems*, 1:2.

Help the Hospices. (2012). *Facts and figures.* Retrieved from http://www.helpthehospices.org.uk.

Holzmann, R. (2005). *Demographic Alternatives for Ageing Industrial Countries: Increased Total Fertility Rate, Labour Force Participation, or Immigration.* Washington: World Bank.

Hudson, R. (2002). *Older Americans Act.* Encyclopedia of Aging.

Japan International Co-operation Agency. (2008, October 7). Background to Establishment of New Barrier Free Law. Retrieved June 27, 2012, from www.jicafriends.jp.

Koch, P., & Hauknes, J. (2005). *On innovation in the public sector.*

McLaughlin, M. (1987). Learning from experience: Lessons from policy implementation. *Educational Evaluation and Policy Analysis*, 9(2), 171-178.

Mulgan, G. (2007). *Ready or not? Taking innovation in the public sector seriously.* London: National Endowment for Science, Technology and the Arts.

Mulgan, G., & Albury, D. (2003). *Innovation in the Public Sector.* London: Prime Minister's Strategy Unit, Cabinet Office.

National Economic and Social Forum. (2007). *Improving the Delivery of Quality Public Services.* Dublin: National Economic & Social Development Office.

OECD. (2008). *Ireland: Towards an Integrated Public Service.* Paris: OECD.

Office of the Auditor General. (2003). *A Guide to Policy Development.* Manitoba: Office of the Auditor General.

OFMDFM. (2003). *A practical guide to policy making in Northern Ireland.* Belfast: OFMDFM.

OFMDFM. (2005). *Ageing in an Inclusive Society.* Belfast: OFMDFM.

OFMDFM. (2010, January 7). *Commissioner for Older People consultation responses.* Retrieved June 27, 2012, from www.ofmdfmni.gov.uk.

Older People's Commissioner for Wales. (2012, June 27). *History of the Commission.* Retrieved from www.olderpeoplewales.com.

Our Lady's Hospice and Care Services. (2012, June 28). *Our Heritage.* Retrieved from www.olh.ie.

Rey de Marulanda, N., & Tancredi, F. (2010). *From social innovation to public policy. Success stories in Latin America and the Caribbean.* Santiago: United Nations.

Rural Community Network. (2004). *Ageing and Rural Poverty.* Cookstown: Rural Community Network.

Scott, V., Wagar, B., Sum, A., Metcalfe, S., & Wagar, L. (2010). A Public Health Approach to Fall Prevention Among Older Persons in Canada. *Clinical Geriatric Medicine*, 705–718.

Smith, B. (2003). *Public Policy and Public Participation: Engaging Citizens and Community in the Development of Public Policy.* Halifax: Health Canada.

The Irish Times. (2012, June 26). *Big fall in number approved for Fair Deal.* Retrieved June 26, 2012, from www.irishtimes.com.

The Mayo News. (2010, March 2). *Taxi vouchers proposed for rural transport.* Retrieved July 5, 2012, from www.mayonews.ie.

The Tyee. (2012, July 4). *Losing Taxi Savers Program Will 'Clip Wings', Say Users.* Retrieved July 5, 2012, from www.thetyee.ca.

World Health Organization. (2012). *Knowledge Translation on Ageing and Health. A framework for policy development 2012.* Geneva: World Health Organization.

World Health Organization. (2007). *Monitoring and Evaluation of Mental Health Policies and Plans.* Geneva: World Health Organization.

World Health Organization. (2012, June 27). *Sir Michael Marmot: Chair of the Commission on Social Determinants of Health.* Retrieved from www.who.int.

World Health Organization. (2012b, June 27). *Sir Michael Marmot: Chair of the Commission on Social Determinants of Health.* Retrieved from www.who.int.

www.4ni.co.uk. (2007, December 18). *Appointment Of Commissioner Recognises Older Agenda.* Retrieved June 27, 2012, from www.4ni.co.uk.

WHAT IS CARDI?

The Centre for Ageing Research and Development in Ireland (CARDI) is a not for profit organisation developed by leaders from the ageing field across Ireland (North and South). CARDI has been strategically positioned around the following four areas:

1. Identifying and establishing ageing research priorities relevant to policy and practice in Ireland (North and South);

2. Promoting greater collaboration and co-operation on ageing research in order to build an ageing research community in Ireland (North and South);

3. Stimulating research in priority areas that can inform policy and practice relating to ageing and older people in Ireland (North and South);

4. Communicating strategic research issues on ageing to raise the profile of ageing research in Ireland (North and South) and its role in informing policy and practice.

CARDI's website www.cardi.ie provides access to an extensive library of ageing research and policy reports, research contacts, funding opportunities, key events and the latest news on ageing research and older people.

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