

CARE SERVICES FOR OLDER PEOPLE IN IRELAND

FOR THE KALEVI SORSA FOUNDATION, HELSINKI
6 OCTOBER 2014

Virpi Timonen, Trinity College Dublin

Some key facts and figures

- Ireland is a very “young” country: 12 % are 65+
- 7 % of 65+ in hospital, nursing home or other institutional care (accounting for > 60% of expenditure on care) – one of the highest in EU
- Entitlement to financial support towards nursing home costs; standards in institutional care
- Investment and policy development in home and community care lags behind
- No formal obligation on families to provide care, but *de facto*...

Meet: 'Stacey' (age 19)

“My granny...is very bad with Alzheimer's...

I am just there to bathe her, wash her, dress her, cook the dinner...It's kind of a day care kind of thing...

Carers get paid the carers allowance and stuff like that ... But the fact that she is my granny, I shouldn't be paid to look after her I feel.”

Meet: 'Fred' (age 73)

Interviewer: If you were to develop care needs in the future, where would you expect that care to come from?

Fred: I don't expect it from my children.

Interviewer: You don't expect any assistance at all from your children?

Fred: No I don't. We have some investments. Those investments that I have for my wife and I, in our minds, they are to pay for whatever care we need ... I planned to look after ourselves.



THE OVER 50s IN A CHANGING IRELAND

Economic Circumstances,
Health and Well-Being

2014



tilda

2012



FIFTY PLUS IN IRELAND 2011:

First results from The Irish Longitudinal Study On Ageing

Profile of community-dwelling older people with disability and their caregivers in Ireland

tilda
The Irish Longitudinal Study on Ageing

Community care in Ireland is largely family care

- Nine out of 10 care-givers for community-dwelling older people are unpaid. The remaining 10 % are paid caregivers.
- Among older people who get help with personal care and household tasks, assistance from family members and friends amounts to 30 hours per week on average.
- Among those who receive formal home help, 70% get one hour or less per week.
- Four out of 10 paid caregivers are not affiliated to any organisation or company.

Proportion of the older population using home-based care services, by age group and disability status

	Home help (%)		Personal care attendant (%)		Meals services(%)	
	wave 1	wave 2	wave 1	wave 2	wave 1	wave 2
Age						
50-59 (wave 1) 52-59 (wave 2)	0.5	0.5	0.1	0.3	0.1	0.1
60-64	1.0	1.2	0.1	0.5	0.3	0.2
65-69	1.6	2.0	0.2	0.9	0.3	0.5
70-79	6.2	5.4	0.9	1.7	2.4	1.8
>=80	19.2	20.5	3.4	5.2	3.3	3.6
Total	3.5	4.4	0.6	1.3	0.9	1.0
Disability status						
Not disabled	1.8	1.9	0.2	0.2	0.5	0.4
IADL disability only	16.6	20.5	1.1	2.4	4.6	3.3
ADL disability only	5.2	8.2	0.8	3.2	1.4	1.1
IADL and ADL disability	24.0	30.1	7.9	19.8	5.3	7.9
Total	3.5	4.4	0.6	1.3	0.9	1.0

The older carer is central

- Majority of the main caregivers are aged 50 and over
- Spouses are most (and increasingly) frequently identified as the main caregiver
- Spousal carers are increasingly older and hence more likely to have care needs themselves
- Among spouse carers, only 1 out of 10 receive the carer's allowance or carer's benefit

Since 2000



Expansion of formal home care in the absence of a national plan / framework / legislation to guide this expansion

...in tandem with significant policy formulation and implementation in residential care

‘The Fair Deal’ (Nursing Homes Support Scheme)

“The Health Services Executive (HSE) is provided with a set level of funding for the scheme each year.

While it is hoped that there would be sufficient funding to support everyone, there may be situations where a person's name must go onto a national placement list until funding becomes available.”

<http://www.hse.ie/eng/services/list/4/olderpeople/nhss/nhss.html>

Home Care Packages (HCP)

- Provided to eligible clients at no cost, as part of the public health service.
- No entitlements; funding based on annual budget allocations
- “The supports you receive, if any, will be based on your assessed care needs subject to the limit of the resources available for the scheme in the local health office area.”

<http://www.hse.ie/eng/services/list/4/olderpeople/benefitseitlements/HCPinfobooklet.pdf>

Challenges

- Inequities in access
- Expensive forms of care (hospital, nursing home) are more accessible than cheaper, more appropriate formal home care
- Home care sector remains unregulated / variably regulated
- Subject to cutbacks in funding

Extract from a letter to the HSE

This situation at SJH cannot continue, as of today there are 124 patients who are medically suitable for discharge to community services:

The breakdown is as follows

- 99 patients awaiting LTC on campus and in Hollybrook
- 18 patients awaiting CYI – highest figure to date
- 5 delays as patients awaiting home care packages to be approved
- 2 awaiting hostel/homeless facility.

It has been brought to our attention that there are vacant beds in public units that cannot be accessed without Fair Deal approval which is difficult to comprehend and hard to rationalise when elective surgery is been cancelled.

Why these outcomes?

- Concern about 'uncontrollable' costs
- Weak governance structures in health services and decision-making at national level based on short-term political gain
- Policy documents merely administrative guidelines, local administrative units not obliged to provide home care
- Openness to private provision
- Media focus on scandals (abuse) in institutional care
- Institutional care providers better organised (Nursing Homes Ireland)

Most recent developments

- 2008-2014: Budget cuts and drastic moratorium on staff recruitment (only 35 home helps hired nationwide in 2008-2014...)
- From 2014: Transfer of funds from the Nursing Homes Support Scheme to primary care, with a focus on earlier discharge from hospital
- Contradictory pressures: From the HSE, stronger orientation to outsourcing/contracting out of care provision; but from the Labour Court: directive to prioritise using public sector home help workers

Conclusions: The positive aspects

- Falling share of the never-married, increasing spousal care and the ability/willingness of some population groups to absorb the cost of their own care (through private payments and/or direct care provision).
- The extent to which these 'positives' can be 'transplanted' to Finland or any other country is quite limited...

Conclusions: The negative aspects

- Uncertainty surrounding the ability of the family networks to continue supplying the bulk of care. Working and older carers in particular are largely unsupported.
- The Irish State is still struggling to shed its subsidiary role and adopt a stronger, more directive role in financing, co-ordinating and regulating home care.
- Reasonable expectation: increasing heterogeneity in 'care constellations' and likelihood of growing inequality in access to and quality of care.

Lesson

If you ration formal home care, you pay the price in the form of expensive hospital/nursing home care, and the indirect costs of home care.