Models of Care

Introduction

Severe budgetary restraints, coupled with the rapidly ageing population on the island of Ireland, make the cost of care for older people, now and especially in the future, a major policy issue in both Northern Ireland (NI) and the Republic of Ireland (ROI).

There is a growing acknowledgement that although the current model of residential care suits people with particular requirements it does not always support those older people who wish to continue to exercise full control over their lives and lead a full life no matter what their level of dependency. There is a need to plan for different types of care in the future which can be adapted to suit individual needs as we grow older.

This article examines current research and policy on models of care on the island of Ireland. It also refers international best practice which can serve as examples for care of older people in ROI and NI.
Key findings

- 7% of people aged 65 and over in ROI live in nursing homes. 4% of the same age group in NI are in nursing homes (CARDI, 2010).

- Over 23,000 people in NI receive state-provided home care while 57,500 receive the same care in ROI.

- In ROI, it has been estimated that the 7% of older people in hospital or residential care account for 60% of the budget for care of older people. In NI, nursing home care accounts for just 25% of the budget.

- Policy for older people in both NI and ROI is supportive of the concept of older people living in their own home independently for as long as possible. However, resources are mainly directed towards residential care.

- International models of care for older people show the importance of investing in home care support for people who want to live independently, maintaining high standards of residential care and providing financial and respite help for unpaid carers.

Older people and care in ROI – Statistics

7% of people aged 65 and over in ROI live in nursing homes or hospitals, 27% live alone at home and 67% live with spouses, families or others. The numbers living in nursing homes or hospitals increases with age: 12% of people aged 80-84 and 25% of people aged 85 and over. 4% of men and 7% of women aged 65 and over are in nursing homes or hospitals (6% overall). This figure rises to 16% of men and 26% of women over the age of 85. These proportions are higher than the EU norm. Only the Netherlands has higher numbers of over 65s living in nursing homes or hospitals, and only three other countries have a higher rate of 85+ year olds living in nursing homes or hospitals (CARDI, 2010).
In ROI, 54,500 people were estimated to be benefiting from the HSE's Home Help scheme in 2010. Just over 3,000 benefit from the Home Care Package Scheme, bringing the total in receipt of home care in ROI to about 57,500. This is 12.5% of the total population over the age of 65. The publicly funded home care market in ROI is worth approximately €331 million per year.

In 2001 a study in ROI estimated that 44% of the older people living in the community are receiving help on a regular basis (National Council on Ageing and Older People, 2001). O'Shea estimated in 2000 that 97,500 households in Ireland contain an unpaid carer who is looking after an older person (O'Shea, 2000). The 2009 Quarterly Household Survey showed that 8% of people aged 65 and over were carers (Central Statistics Office, 2009). As Figure 2 shows, there are significant numbers of older people in ROI whose level of care is unknown, particularly as people in receipt of informal care can also be getting a state home care package. It is possible that a large number of older people are living at home and not receiving any support or care.

1 The Carers’ Allowance was introduced in 1990 but a half-rate carers’ allowance was introduced in 2007 which may have increased the numbers of carers since these estimates.
An earlier estimate of community care requirements in ROI stated that 89,000 older people living in the community are in need of care. 15% of these were estimated to be in the very highest dependency category, while 35% needed high or continuous care (O’Shea, 2000).

**Older people and care in NI – key statistics**

In NI, people aged 65 and over make up 43% of all those living alone. Those aged 65-69 make up 9% of all single adult households. The 70-74 age group represents 11% and people aged 75 and over represent 23% of the total people living alone.

In 2010, Health and Social Care (HSC) Trusts provided domiciliary care services (assistance with practical tasks such as fire lighting or preparing meals) for 23,389 clients in NI (NISRA, 2010). 7,346 of these clients received intensive domiciliary care services (help with tasks such as getting in and out of bed, washing and dressing), and 85% of these were aged 65 or over. This indicates that around 3% of the population of over 65s in NI is receiving intensive domiciliary care from HSC Trusts.

There were 9,677 older people in Northern Ireland benefiting from residential care (31%) and the remaining availing of nursing home care (69%) packages at 31 March 2010\(^2\) (NISRA, 2010). This means that 4% of the people aged 65 and over in NI are in nursing or residential care, compared to 7% in ROI. The private sector provides 77% of nursing and residential care, with the

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\(^2\) Residential care homes provide care during normal short illnesses, but do not provide constant nursing care. Nursing homes provide care 24 hours a day for people who are bedridden, frail or have a medical condition or illness that needs a lot of attention from a doctor or nurse.
statutory sector providing 14% and the remaining 9% provided by the voluntary sector.

A survey of home care service users conducted in 2009 revealed that 70% of people in receipt of home care were aged 75 or over (33% aged 75 to 84 and 37% aged 85 or over). Over two thirds (69%) of respondents were female and less than a third (31%) were male. In terms of health status, nearly half (48%) of respondents said that their overall health in the 12 months prior to the survey had not been good while the vast majority (91%) of respondents considered themselves to have a disability (DHSS&PS, 2009).

The model of care in ROI

In ROI, 0.9% of GDP is currently spent on long term care for older people. This is estimated to increase to 1.8% of GDP by 2050 (Standard & Poors, 2010). The Health Service Executive (HSE) has adopted a “Population Health” model for care in ROI. Its primary focus is the promotion and protection of the health of the whole population and/or its subgroups, with particular emphasis on reducing health inequalities. However, the care model for the older population is disproportionately geared towards residential care as opposed to supporting older people to remain living independently at home for longer.

It has been estimated that the 7% of older people in hospital or residential care account for 60% of overall public budget on care for older people of about €1.7 billion (Department of Health & Children, 2010). It has also been suggested that community care is under-resourced, there is poor support for carers and care is not embedded in local communities. For example, 56,700 people aged 75 and over have a disability, while just 13,200 receive some service. 6,400 need services that they cannot get – whether they are not available in their area, cannot afford it or are on a waiting list (Central Statistics Office, 2006). Another estimate suggests that at least 25,000 people with a severe disability over the age of 65 receive no formal care (Layte, 2009).

The government established the Nursing Homes Support (“Fair Deal”) Scheme in 2009 to give financial assistance to older people entering into residential care\(^3\). However, the scheme does not extend to home care or home help, so remaining living independently in the home can prove more expensive than entering a nursing home. At a recent forum discussing care for older people in the Republic of Ireland (ROI), the Minister of State in charge of the older people portfolio Kathleen Lynch, TD, questioned whether or not the “Fair Deal” nursing home support scheme is what people actually want. She noted that the scheme does not provide for basic requirements such as therapies or medical supplies (Irish Times, 30 June 2011).

ROI government policy supports the concept of older people remaining and being cared for in their own homes for as long as possible. **Towards 2016: the National Action Plan for Social Inclusion 2007–2016** and the **National Development Plan** both recognise the role that family carers play in supporting government policy on caring in the home and community.

However, the model of care for older people in ROI can be seen as a midpoint between Mediterranean countries and countries like Germany and Austria. Unpaid carers deliver most care services, but the state is taking a larger role as society ages, there are fewer children and more women in the workplace. There

\(^3\) Further information on the Nursing Homes Support Scheme can be found on www.citizensinformation.ie.
are no formal obligations on families to care but the state has no much formal responsibility in this area either, although it has contributed to developing a larger institutional care sector than is found in the Mediterranean (Bettio & Solinas, 2009).

In terms of cost effectiveness of the model of care, home care costs in ROI are estimated to be consistently lower than hospitalisation. However, care in a nursing home has been found to be more cost effective at intermediate to high levels of dependency (Bettio & Solinas, 2009). The clear preference of older people themselves is to remain living at home for as long as possible. However, it is important to note that living independently is not a realistic option in some cases.

As a result of funding cuts, there is evidence that home care services in ROI are being cut, contrary to government policy. In 2010, health service funding was cut by €1 billion, and the Carers Association commented that cuts in home help services were widespread (Irish Times, 14 August 2010).

**The model of care in NI**

In the UK as a whole, the current cost of long term care is 0.8% of GDP but this is estimated to rise to 1.2% by 2050 (Standard & Poors, 2010).

NI has the highest level of care home places per thousand population aged 65+ in the UK. In 2007/2008, expenditure on care for older people amounted to £645 million which equates to 15% of the total health budget. Nursing homes accounted for almost a quarter of this expenditure (DHSS&PS, 2008). Domiciliary care amounted to £129 million, which indicates that domiciliary care makes up a much more significant amount of spending on care of older people than in ROI.

Figures from the NI Audit Office (NIAO) show that the numbers of care packages has remained stable in recent years, with resources being increasingly directed towards those with the most severe needs. This could be creating more need in the future for nursing home care if lower or intermediate needs are not being met, i.e. the condition of people with lesser needs could deteriorate as a result of lack of care (Gray & Horgan, 2010). In a 2007 report on older people and domiciliary care, the NIAO noted that “the percentage of older people cared for in their own homes has increased by 32% since 1995-96, however, the balance with institutional care has risen by only 5% and has remained relatively static over the past five years” (Northern Ireland Audit Office, 2007).

Public policy relating to care in NI, aims to support people in their own homes with the necessary services. The carers’ strategy in Northern Ireland, *Caring for Carers*, in particular reinforces these commitments and recognises that carers reduce the amount of input that health and social services make. The aim to have as many people as possible cared for in their own homes was first introduced by the Department of Health, Social Services and Public Safety in the *People First* policy document in 1990.

A key objective was “to promote the development of domiciliary, day and respite services to enable people to live in their own homes wherever feasible and sensible” (DHSS&PS, 1990). 41% of older people in NI have their care needs met at home (Gray & Horgan, 2010). This leaves a significant gap
between domiciliary care needs being met and older people who could be living longer in their own homes if sufficient care was being provided. While home care is the policy target, there is evidence that resources put towards domiciliary care in NI are decreasing. The March 2011 budget introduced a 2% real term cut to the social and health care budget over the next four years. An AgeNI survey in June 2011 revealed that over 70% of unpaid carers are worried about cuts to care services (AgeNI, 2011).

**International models of care**

Care models for older people in any country are based on many factors – historical and cultural traditions, family structures, the strength of intergenerational solidarity, budget constraints, the quality of the health service and many others. The best models of care are those that have recognised the nature of the challenge of ageing populations and are flexible enough to adapt to the individual needs and preferences of the people requiring care. The three examples below have made recent attempts to innovate in their provision of care. In order to make an economic comparison, the table below compares the rates of highest income tax rate and health expenditure with those in ROI and UK.

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<tr>
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<th>All-in top income tax rate</th>
<th>Health expenditure as % of GDP</th>
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<tr>
<td>ROI</td>
<td>50%</td>
<td>9.5%</td>
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<tr>
<td>UK</td>
<td>51%</td>
<td>9.8%</td>
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<tr>
<td>Finland</td>
<td>55%</td>
<td>9.2%</td>
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<tr>
<td>Netherlands</td>
<td>50%</td>
<td>12.0%</td>
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<tr>
<td>New Zealand</td>
<td>38%</td>
<td>10.3%</td>
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Source: OECD statistics

**Finland**

Finland is an example of best practice as it has an ageing population of a slightly larger size than ROI. It has a comprehensive, integrated and multi-disciplinary care structure for its older population. 7.6% of people aged 65+ are in residential care facilities and 14% of the over 65s receive home help services. There is also “service housing”, which provides services and accommodation to older people but allows them to live independently. For people who cannot use public transport, either taxis or group transport are offered for the cost of standard public transport.

The financing of care for older people is a public responsibility, paid for through taxes and user charges. Carers receive an allowance and accrue a pension while also receiving two days per month of respite care. Each local authority in Finland is expected to have an up-to-date policy strategy on care for older people that safe-guards their social rights (NESF, 2005).

**Netherlands**

The Netherlands has the highest rate of residential care in the EU. 9% of people aged 65 and over are in residential care while 12% of the same age group receive home care (NESF, 2005). Nevertheless, significant steps have been taken to reduce these numbers, and nursing homes are becoming a less popular option. Home care services are assessed independently, and include home adjustments, wheelchairs and transport. As a result of innovations, the average age of people entering nursing homes is over 80.

The Netherlands also has a customer-directed home care programme, where older people can choose and manage their own health care package so that it
best suits them. The programme integrates family carers into the formal structure so that families can be formally employed as carers. This is similar to the system of personalised care budgets to finance social care being considered for the UK.

**New Zealand**

New Zealand also has 9% of older people in residential care. 11% of people aged 65 and over receive home help (NESF, 2005). There have been recent moves toward treating residential care as rehabilitative, in the hopes that older people can return to living in their own homes once their care needs have decreased. Home care services such as transport and health and safety awareness are offered following a needs assessment.

Carers have been increasingly recognised in ageing policy in New Zealand and there have been increases in expenditure on carers’ allowances and respite care in recent years. There have also been moves by the Ministry of Health to improve the morale of nursing home care workers following a mistreatment scandal. The New Zealand Positive Ageing Strategy emphasises the importance of “ageing in place”. One of its goals is to provide a set of housing options to older people that are both affordable and appropriate to their housing needs.

**Principles of care**

The five United Nations Principles of Older Persons are independence, participation, care, self-fulfilment and dignity. The care principle states that older people should:

- benefit from daily and community care and protection in accordance with each society’s system of cultural values;
- have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness;
- have access to social and legal services to enhance their autonomy, protection and care;
- be able to utilise appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment;
- be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their health care and the quality of their lives (United Nations General Assembly Resolution 46/91).

**Conclusion**

Governments and Civic Society need to understand and plan for different types of care in the future which can be adapted to suit our individual needs as we grow older. Research highlights that the preference of the vast majority of people is to remain living independently in their own home for as long as possible. Yet, in both ROI and NI, a much larger proportion of money spent on care for older people goes to residential care.

The current model of residential care will support a particular requirement but we should consider more fully those that wish other options and what model of care we would like for ourselves in the future.
International Evidence highlights the importance of investing in home care support for people who want to live independently, maintaining high standards of residential care and providing financial and respite help for unpaid carers.

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