

Ireland

Long-term Care

18 May 2011

Key Facts

- Approximately 11.4% of the Irish population is aged over 65 (OECD average 15%) with 2.8% of the population over 80 (OECD average 4%) (Ireland Central Statistics Office).
- In 2008 approximately 4% of the Irish population over the age of 65 received LTC at home (OECD average of 4.2%).
- In 2008 there were approximately 47 long-term care beds per 1000 population over the age of 65 in Ireland, with the OECD average being 44.5 beds (OECD Health Data, 2010)

Background

Long-term care (LTC) in Ireland is organised and provided by the National government with the Health Service Executive (HSE) specifically responsible for the allocation of funds to LTC services. Until now, Ireland has the second lowest LTC expenditure amongst the OECD countries (OECD 2005). Recognising the need to better structure and develop LTC, the government recently initiated a 10-year strategy which prioritises LTC for the elderly in 2006.

Government policy is to support older people to live at home and in their communities for as long as possible. Where this is not feasible, for whatever reason, supports are provided to access high quality long term residential care.

Benefits and Eligibility Criteria

Until 2006, there was no national standard needs-assessment; however, this has changed through national guidelines (MISSOC tables, 2009). For both home care and long-term residential care, no standard assessment exists. A Common Summary Assessment Report (CSAR) is currently being used. In addition, a Single Assessment Tool is being considered. Several health professionals may assess eligibility; sometimes a multidisciplinary assessment takes place, taking into account ADL, cognitive and mobility needs, medical requirements and other relevant matters influencing care need. In case of home care, assessment is mostly done by a public health nurse.

Benefits

A wide range of community based supports are provided to older people and their families (Department of Health and Children, 2006). These include Home-Help, Home Care Packages (HCPs), Meals on Wheels, and Day/Respite Care. HCPs, for example, are an enhanced service, over and above mainstream provision, which includes an appropriate multi-disciplinary skills mix. Community based services are also designed to relieve pressures on the Acute Hospital, and Long-Term Residential Care systems.

Day care centres It is estimated that some 21,500 Day Care places cater for approximately 80 000 recipients over the course of a year.

Nursing home subvention: for those in private residential LTC. This was replaced by the Nursing Homes Support Scheme on the 27th October 2009. Individuals who were in receipt of subvention prior to the introduction of the Nursing Homes Support Scheme can remain on subvention or may transfer to the new scheme. The subvention is income and asset-tested (5% of assets must be monetarized and contributed each year, state contribution may be refused if income and assets are beyond certain thresholds). Furthermore, care at home, due to dependency, is not possible). The total cost of both systems listed below was EUR 202 million in 2008.

- *Basic subvention:* as of 2006 a three-tier system was replaced by a uniform one, and benefits amount to EUR 300 per week (2 543 users in 2010).
- *Enhanced subvention:* given at the discretion of the HSE and dependent on available means but not restricted to a maximum (1 224 users in 2010).

In both cases, many people who were in receipt of subvention transferred to the Nursing Homes Support Scheme.

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The co-payment system for the use of state-run nursing homes, “contracted beds” and private nursing homes vary. The legislation provides that 20% of the State Pension (non-Contributory) shall be discounted from the financial assessment. The rate of the State Pension (Non-Contributory) currently stands at EUR 219 (age 66-79) and EUR 229 (age 80 and over). Maximum charges in the public long-term residential care are EUR 153.25 a week providing at least EUR 44.70 for personal use.

As of 27-10-2009 this dual system has been replaced by the Nursing Homes Support Scheme (*A Fair Deal*), which applies to all new applicants and to all nursing home beds. Those using the previous scheme may decide which arrangement they wish to use. The system requires both income and asset assessment (80% of one’s income and 5% of the value of assets per annum, including ones principal residence, for the first three years), however takes into account assets which cannot be “monetarised” easily (land, property). For this, an optional scheme is introduced through the “nursing home loan”.

Benefits (in cash) to carers

Eligibility is assessed by the care recipients’ doctor.

- *Constant attendance allowance*: 27 500 receivers in 2005, 50% of whom care for someone aged 65 and over. It is considered income support instead of a formal payment for caring. The allowance is a flat rate that is based on the compulsory social insurance for employees. It is applicable to recipients of the disablement benefit and provides free travel and television license as well as telephone, gas and electricity allowances.
- *Domiciliary care allowance*: A flat rate cash allowance that is means tested (according to a child’s means). It is a tax-based allowance for carers of children under the age of 16 who have severe disabilities but do not live in an institution.
- *(Half-rate) Carers-allowance*: A means tested (means of carer), flat rate cash benefit. It is tax - based and applies to carers of persons aged 16 and above or those of children receiving domiciliary care allowance.
- *Carer’s benefit*: Non-means tested benefit applicable to insured employees who meet certain requirement. Carers must be providing care for a period between 6 weeks and 2 years and must have made at least 26 contributions in each of the two preceding tax years.
- *Respite care grant*: Refers to an annual, tax-based, non-means tested grant available to all resident carers who provide full-time care.

Funding and Coverage

All benefits are tax-based, except the carer’s benefit, which is insurance-based.

References

Department of Health and Children (2006), *Report of the Interdepartmental Working Group on Long Term Care*, Republic of Ireland.

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