ESPN Thematic Report on Challenges in long-term care

Ireland

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Mary Daly
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Directorate-General for Employment, Social Affairs and Inclusion
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European Social Policy Network (ESPN)

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Summary

The long-term care system in Ireland is mainly organised in terms of service provision under the health service system and income supports for carers which are part of the social security system. There is also a set of caring-related employment leaves. The services that exist comprise a mixture of institutional and home care services. The system that is in place is regularly updated rather than seeing significant reform. The regular updating pertains especially to increases in financial allocation to meet rising demand.

Ireland relies heavily on informal carers and that pattern seems likely to remain in place. The main direction of any reforms made is to better support informal carers and caregiving and increase the flexibility of state supports for informal caregiving. However, the provisions still have stringent conditions and only unpaid carers' leave is available. Provisions for carers are neither strongly rights based in Ireland nor resting on universal principles about the right to give or receive care for/from a person of one's choosing. In terms of the funding of services supporting social care, the bias is towards nursing home care, although the government has announced the intention to introduce a statutory home care scheme. At present home care provision is on a non-statutory basis. The intention is that as well as providing a funding basis this would also operate a regulatory model for a uniform homecare service. This would be very welcome for provision at present is fragmented, and only loosely monitored and regulated.

Unlike some countries – such as its near neighbour the UK – Ireland has an integrated health and care system. This is an advantage. However, similar to other high-income countries, Ireland is grappling with the sustainability of its long-term care system. Financing is an issues, especially of the Nursing Home Support Scheme which continues to require injections of additional funding by the government. In addition, the matter of the balance between home care and institutional care needs to be much better worked out and realised. At present, there is a clear legal entitlement to nursing home care under the Nursing Home Support Scheme whereby the cost is co-funded by the state and the individual but there is no such provision for people (the majority) who wish to be cared for in their own homes or in another community-based setting (Sage 2016). Some consideration and planning has been given to the general field of long-term care but at present no major reforms are in the pipeline other than the stated intention to introduce a statutory home care scheme about which little is known. Ireland has yet to grasp many of the difficult issues involved. For example there are no commissions or plans in place and there is little or no recognition of the need to see social care in a preventive light and as an issue that affects the entire population – in the sense of either future planning for one's own care or for the exigency of having to provide care.

The main issues facing the long-term care system in Ireland include:

- The better sharing of costs between the recipient and the state – currently the contribution of recipients accounts for about a quarter of the cost of residential care;
- The absence of plans to improve the conditions, labour market situation and possibilities for a work-life balance for both formal and informal carers;
- Adequacy of supply of residential but especially home-care services – at present there are significant waiting lists for both home care and residential nursing home care and funding increases to cope are stop-gap rather than planned. The unmet need in Home Care Packages has been estimated to be as high as 25%.

1 Description of the main features of the country's long-term care system(s)

Long-term care provision in Ireland is mainly organised in terms of health service related provisions and income support. Unlike some other countries – and especially the UK - Ireland has a relatively integrated health and care system. All public health and social care services come under the remit of the Health Services Executive (HSE) either through the direct provision of services or through the funding of social care. Access to health and social care services, apart from long-term residential care, is the same for those aged over 65 years as those under 65 years. The official policy approach towards long-term care in Ireland is 'that older people are recognised, supported and enabled to live independent full lives' (Government of Ireland 2011). During the term of the previous government (2011-2016), policy was relatively active especially in the sense of putting in place a range of relevant policy documents and strategies. In 2012, a *National Carers Strategy* was published (Department of Health 2012a). In 2013, the new *National Positive Ageing Strategy* was published and 2014 saw the first *National Dementia Strategy* (Department of Health 2013a, Department of Health 2014). Each of these is framed in the context of the strategy around *Future Health* and *Healthy Ireland – A Framework for Improved Health and Wellbeing 2013-2025* (Department of Health 2013b).

The system is divided between financial and other supports for informal carers on the one hand and health-related home and community services on the other hand. Each will be discussed in turn.

There is no system of social care insurance in operation in Ireland – the emphasis is on enabling informal care through a suite of measures/supports centring around cash payments to carers and carers' leaves. A carer is defined in the regulations as someone who is living with, or in a position to provide full-time care and attention to, a person in need of care who does not normally live in an institution. To be recognised as eligible for the payment the carer must also be habitually resident in the state and must be at least 18 years old (16 if it is for the social insurance Carer's Benefit) and not be engaged in employment, self-employment, training or education courses outside the home for more than 15 hours a week..

There is both a social assistance and social insurance version of financial payment for carers. The former - known as Carer's Allowance - is means-tested but the insurance-based Carer's Benefit is not. There is only EUR 1 difference between the value of the Carer's Benefit and that of the Carer's Allowance (EUR 210 compared to EUR 209 a week at the present time for a carer under 66 years and caring for one person).

Carer's Allowance is by far the more widely used. The vast majority of claimants for carers' payments are women, underlining a pattern for carers to be women with low or no attachment to the labour market. Both payments are received on a weekly basis provided one meets the conditions. For the purposes of the means-test for the Carers' Allowance, the means taken into account include the carer applicant's own income as well as that of their spouse, civil partner or cohabitant (with the exception of the home) or an asset that could yield or provide the applicant with an income (for example an occupational pension or benefits from another country). There is an income disregard or cut-off of EUR 332.50 of gross weekly income for a single person (double for a partnered/married person). The Carer's Benefit is time limited and may be claimed as a single continuous period or in any number of separate periods up to a total of 104 weeks. The conditions for eligibility for Carer's Benefit stipulate that one must be aged at least 16 and under 66 years. In addition, since it is an insurance–based benefit one must have been employed for at least eight weeks in the previous 26 week period for a minimum of 16 hours a week or 32 hours a fortnight and have made at least 39 weeks of social insurance contributions in the relevant tax year. One must also have (had) to give up work to become a full-time carer.

While historically the carer's payment was treated as separate to the rest of the social security system, in recent years attempts have been made to improve demand and take-up. Hence recipients can avail of activation services once their period of caring ends. Another course of action has been to moderate the conditions of receipt. For example it is possible for a carer to receive the Carers' Allowance if they are getting certain social welfare payments while providing full time care to another person. In effect, they get a half-rate Carer's Allowance. In addition, a recipient of Carer's Allowance who subsequently becomes entitled to another payment can claim the other payment and still receive half their rate of Carer's Allowance (but only if the other payment is one of the stipulated qualifying payments for Carer's Allowance). Measures have also been taken to increase flexibility. For example, two people who share the care can also share the Carer's Allowance (and the annual Carer's Support Grant – see below). The conditions stipulate though that care must be shared in an established and regular manner. Those in receipt of Carer's Benefit and Carer's Allowance can build up credits for a social insurance contribution.

As well as direct payments, Ireland also has a Home Carer's Tax Credit which is given to married couples or civil partners (who are jointly assessed for tax) where one spouse or civil partner works in the home caring for a dependent person. Note that this person can be a child, an adult over 66 years or a person with a disability who requires care. The conditions regarding the need for care here are much less stringent though as compared with specific provisions for carers' benefits. As of Budget 2018, the annual value of the tax allowance is EUR 1,200.

An unpaid Carer's Leave exists also which constitutes a right or entitlement provided one meets the conditions. The *Carer's Leave Act 2001* made provision for employees to leave their employment temporarily to provide full-time care for someone in demonstrable need of full-time care and attention. The person to be cared for must not necessarily be a family member; providing care for a friend or colleague is also deemed eligible for leave. To be eligible the person must have been in the continuous employment of the employer from whom the leave is taken for at least 12 months, before he or she can commence the leave. There is no hours' threshold specified. The entitlement to the leave is for a minimum of 13 weeks up to a maximum of 104 weeks. The leave may be taken in one continuous period of up to 104 weeks or for a number of separate periods not exceeding 104 weeks in total. While the Carer's Leave is unpaid, it is job protected for the duration of the leave. The person may be eligible for Carer's Benefit if they have sufficient social insurance contributions and meet the other eligibility criteria. If they do not qualify for Carer's Benefit they may qualify for Carer's Allowance The leave cannot be taken on a part-time basis. A person can work while on Carer's Leave for a maximum of 15 hours a week provided the income from employment or self-employment is less than a weekly income limit set by the Department of Employment Affairs and Social Protection.

Among other benefits available are a Carer's Support Grant - an annual payment made to recipients of either Carer's Allowance or Carer's Benefit. The Support Grant is paid automatically each June to the recipients of the above benefits by the Department of Employment Affairs and Social Protection and can be used as the recipient wishes (and not necessarily to buy respite care, as reflected in the change of name in 2016 of the grant from Respite Care Grant). The value is EUR 1,700.

The second element of the Irish long-term care system consists of formal services. One such service – and in fact the only statutory scheme currently in place to provide care to older persons - is for residential long-term care which is accessed and funded through the Nursing Home Support Scheme which is administered by the HSE. Every older citizen can apply to the scheme through their local health office. In order to get accepted on the scheme, there is a 'Care Needs Assessment' which assesses if one actually needs long-term, nursing home care. If one is deemed in need of care, there is a financial assessment which determines one's contribution to the cost of care and the corresponding level of state financial assistance. Under the scheme people make a contribution of 80% of their income and up to 22.5% of the value of their home, if their

assets are over a certain limit, for the first three years of their care and 7.5% of the value of any assets towards the cost of care. The state pays the balance. The first EUR 36,000 of assets, or EUR 72,000 for a couple, is not counted in the financial assessment. Where assets include land and property held in the state, the 7.5% contribution based on such assets may be deferred and collected from one's estate. There is an optional Nursing Home Loan element of the scheme. People can choose public, private or voluntary nursing homes (that is, those run by charities and religious orders) under the Nursing Home Support Scheme. In terms of the distribution across sectors, about three-quarters are provided in the for-profit sector, with about a fifth of public provision and the remainder voluntary providers (HIQA 2016). All the indications are that private commercial providers are increasing their share of the sector in Ireland in a context where nursing home occupancy rates are high at 94% and demand outstrips supply (Cushman & Wakefield 2017) For example in 2008, public provision accounted for 29% of longstay beds while in 2013, 66.8% of all beds were provided by the private sector, 10% by the voluntary sector, and only 23.1% by the public sector (Sage 2016: 4). Most places are majority-funded by the state, regardless of the sector.

Flanking the institutional provision, there are home care services in the form of on the one hand general home help and on the other more specialised and service heavy home care packages. These are applied for in a similar way to the Nursing Home Support Scheme. In line with stated government policy of caring for people at home and in the community, there was a substantial increase in home help hours and home care packages up to 2008 but since then the trends have varied with a decline in the former and an increase in the latter. Between 8 and 10% of those aged 65 and over are estimated to be in receipt of such services (Murphy et al 2015).

Home-based care services come mainly under the heading of 'home help' and consist of non medical and usually non-professional assistance to enable people with care needs to remain healthy and capable of living at home. These are given in the form of home-based services and are made available on the basis of a needs assessment; there is no test of income involved. Such services are supplied either by publicly-employed HSE staff, community and voluntary organisations or private sector agencies. All the indications are that the latter are increasing in this sector also. Although it is a relatively new sector, the home care industry quadrupled in size in Ireland between 2000 and 2010 (Mulkeen 2016).

In a second layer, Home Care Packages exist for people with a higher level of need and are oriented to service provision at home keeping people at home for longer (especially designed to enable those in hospital to return home or to enable those with a high level of need to remain at home). Eligibility for these services is based on assessed need; the services are free and there is no test of income for qualification purposes. They set out the block of services to be provided to meet need. The main recipient group is older people living in the community or who are in-patients in acute hospitals and at risk of admission to long-term care. A Home Care Package usually includes extra services and supports that are over and above the normal community services that the HSE provides directly or through a HSE funded service (HSE 2017)[1]. An Intensive Home Care Package is also available to people with even greater need – the numbers in receipt are very small (190 in 2017 compared to more than 16,000 received the standard Home Care Package Farrell 2017: 7).

Unlike the Nursing Home Support Scheme, the home help service and Home Care Packages have no statutory basis which means that there is no statutory entitlement. For this and other reasons, provision nationally is rather patchy, often depending on geographical location and historical financial allocations. The level of regulation and standard setting has been increased over time. From the 1st September 2016 all new

[1] See https://www.hse.ie/eng/services/list/4/olderpeople/homecarepackages/

Home Care Packages approved by the HSE are to be provided by organisations that have been approved by the HSE following a detailed tender process. These and previously existing providers are monitored by staff in the local health office.

The government has announced the intention to introduce a statutory home care scheme and some work has begun on researching practice elsewhere. A public consultation has also been undertaken (Department of Health 2017). The intention is that as well as providing a funding basis this would also operate a regulatory model for a uniform homecare service. Given that provision at present is fragmented, loosely monitored and regulated, this would be very welcome.

2 Analysis of the main long-term care challenges in the country and the way in which they are tackled

Traditionally in Ireland, older people have been cared for at home by family and community. This has rendered public provision somewhat residual and under-developed, Ireland, though, has a history of providing financial support for care at home – in fact Ireland was the first country in Europe to introduce a cash payment for care. This long-term pattern of incentivising the supply of informal care is deeply ingrained in the Irish system. Against this backdrop of early innovation, the system encounters a number of challenges.

2.1 Access and adequacy challenge

Access and adequacy challenges are very significant. It is estimated that approximately 4,600 people are now on waiting lists for home care (Department of Health 2017). Access to this scheme is supply led – hence availability of services depends on available resources.

One real challenge in the Irish system is the bias towards residential care. As of 2015, approximately 60% of the budget for supports for older people was spent on long-term residential care, effectively catering for only about 4% of the population aged over 65 (Social Justice Ireland 2017: 7). As officially stated, government policy aims to provide both more and better care for older people and care in the community but the reality is that services in the community as well as residential care services are insufficient to meet demand (Smyth et al 2017). Moreover, due to the shortage of homecare packages to keep people in the community and a bias in funding towards residential care, the Irish system of long-term care tilts in the direction of incentivising residential care, which is arguably an unsustainable policy.

In regard to the home care sector, there has been a big decline in the numbers receiving such services. Home help services have declined in numbers covered from over 55,000 in 2008 to under 47,000 in 2016 (Farrell 2017). The effects of the crisis are visible here – with a decrease of almost 10,000 recipients between 2008 and 2012. There were two million home help hours fewer in 2017 compared to 2008. These trends are counterintuitive in a situation of rising demand. The numbers on receipt of a Home Care Package have doubled though – from 8,990 in 2008 to 16,354 in 2016 (ibid) – so there may be some substitution going on here. However, one would expect that the lower grade services would be retained as well as they can be preventive in nature.

Another indication of inadequacy of supply is the numbers of delayed discharges from hospitals. In 2015, 48% of delayed discharges in hospitals, aged 65 years and over, were awaiting either the Nursing Homes Support Scheme or a Home Care Package (Ibid). As of June 2017, there were 530 persons classified as delayed discharges – 415 of whom were over 65 years old (ibid).

Estimating and meeting demand has always been a problem. When the Nursing Home Support Scheme was established in 2009 it was a budget-capped scheme. In 2011/2,

new entrants to the scheme were suspended for short periods of time due to lack of money occasioned by the austerity measures then in place. In 2013, significant waiting times emerged for nursing home places funded by the scheme again reflecting the constrained budget. This reached crisis point in 2014. Since then continued additional expenditure has been allocated but there is a strong sense of this being stopgap rather than planned in advance.

Estimations predict that, between 2017 and 2022, the number of people aged 65 and over will rise by 17.3% with the greatest rise among those aged between 75 and 79 years of age (Smyth et al 2017: 115). So long shielded from the kind of demographic challenge experienced elsewhere in the EU because of high fertility, Ireland seems to have entered the ageing of the population period. Even between 2016 and 2017 an increase of 3% is predicted.

The review of the Nursing Home Support Scheme, which was undertaken in 2015 (Department of Health 2015), concluded that, based on prevailing utilisation rates and projected increases in the numbers of older people, there will be a requirement to have over 33,000 Nursing Home Support Scheme beds in the system by 2024. Currently for 2017 it is projected that there will be a deficit of 1,460 long stay and 2,650 short stay beds. This deficit is predicted to increase to 5,910 long stay and 3,600 short stay by 2022 (Smyth et al 2017). Undersupply is also a feature of the home and community care sector. Unlike the Nursing Home Support Scheme, the home help service and home care packages have no statutory basis and provision nationally is rather patchy, often depending on geographical location and historical financial allocations (Committee on the Future of Healthcare 2017). The number of people in receipt of Home Care Packages has grown over time – in 2015 some 8% of those aged 65 and over were estimated to be in receipt of home help services (ibid, p. 119) - but the funding for this scheme has been largely static and the average value of each package has fallen (ibid). The unmet need has been estimated to be as high as 25% (ibid, p. 66).

2.2 Quality challenge

– In regard to the second challenge – quality - since 2008, there have been independent, unannounced inspections of all public, private and voluntary nursing homes. These inspections are carried out by the Health Information and Quality Authority (HIQA). HIQA have published standards for residential care and publish regular inspections of nursing homes (HIQA 2008). However there are no independent inspections of home care services for older people and indeed no statutory basis to do so. Since July 2012, a system of approved service providers has been put in place under the Home Care Package Scheme. In that year a single procurement framework for such services was introduced and quality standards for the contract were set out. The approved providers, appointed under a tender process, must meet a new uniform level of national standards. All of the approved providers have committed to meeting the new minimum required standards. This is a first step in an overall plan to raise standards of home care provision. It is planned that home care services will be independently inspected but legislation is required to do so and no date has been announced by when it will be in place. Providers are monitored through Service Level Agreements with the HSE and are required to provide a range of information in relation to the services they provide.

Turning to home care services, the situation remains that such services in Ireland are unregulated (Committee on the Future of Healthcare 2017). Ireland's governance approach to formal home care is described as a '*laissez-faire* type' by Genet *et al* (cited in Kiersey and Coleman 2017). In other words, government plays a weak role in providing a national vision of formal home care. Little is known about quality – either of supply or working conditions - in that sector. A 2012 report by the National Economic and Social Council (NESC 2012) pointed out that at that stage quality standards and regular

monitoring of quality applied only to the Home Care Packages contracted by the Health Service Executive (HSE) which are received by a minority of home care service recipients. This leaves the majority outside that system. Among the issues highlighted were the lack of data on provision, funding cutbacks/shortfalls leading to a tendency to cut back hours for those providing home-based services, the lack of guidance to recipients on how to improve the quality of the service received.

In terms of working conditions there is some evidence to suggest that workers employed by for-profit home care providers are required to be more flexible, and on average have lower wages and weaker social rights than their nonprofit or public sector counterparts (Mulkeen 2016). Further, more systematic evidence is needed however.

2.3 Employment challenge

In terms of the informal workforce, the 2016 Census yielded detailed information in informal caring in Ireland (Central Statistics Office 2017). Unpaid carers account for 4.1% of the population, and around 1 in 20 people in Ireland today is a family carer. Family Carers Ireland predicts that this will rise to one in five by 2030 based on demographic projections (Social Justice Ireland 2017a). Carers provide over 6.6 million hours of care a week (this is an increase of over 5% since the 2011 Census). As well as the numbers the Census data also show that women dominate although perhaps not to the extent that one might expect – some 60% of the carers are women.

In the latest Eurostat data, some 16.2% of women aged between 15 and 64 years who are out of the labour market give give family/caring responsibilities as the main reason.[2] This is much higher than the EU average (at 8.2%). In general working age people in Ireland who are caring for dependent relatives will find it difficult to achieve a work-life balance and public policy provides little support for this. Having to care for dependent family and other members of one's close community is regarded more or less as a private matter and to get public assistance one is forced into a situation of relative low income and caring on a full-time basis. The 'choice' is a very constrained one in Ireland.

It is unlikely that there is a large amount of undeclared work in this sector as there are strong norms around familial and local care in the sector in Ireland and it is relatively easy to receive a carers' benefit. However there may be irregular undeclared work here, in regard to overnight stays. There are no moves towards skilling or upskilling or indeed skills validation to informal learners to assist them in becoming long-term care professionals.

2.4 Financial sustainability challenge

The HSE Social Care Division allocation – which includes both care for adults of working age and care for older people - for 2017 was EUR 3,394m representing an increase of EUR 123.1m or 3.8% in funding from the previous year (Farrell 2017). This included additional funding of EUR 26.7m for long-term care, an increase of some 3.6% for services for older people. It is difficult to disaggregate spending on long-term care from the health budget apart from the Nursing Home Support Scheme funding. As of 2017 the budget for the Nursing Home Support Scheme was some EUR 940 million. The average contribution of beneficiaries amounted to 25% approximately of the cost of care (ibid).

The average costs to the public purse of home care service subvention have been kept low: for home care the average annual cost per person was EUR 3,923 in 2009 and EUR 3,931 in 2014. For the more service-heavy Home Care Packages the average cost per person declined from EUR 10,000 in 2009 to EUR 6,999 in 2014 (ibid). This is quite

[2] http://ec.europa.eu/eurostat/web/products-datasets/product?code=lfsa_igar

extraordinary and suggests significant cost shifting between public and private sources in caring for older people.

Based on evidence produced by the Department of Health in 2015 as part of its review of the nursing home scheme and taking account of population growth, the budget required would rise from EUR 363 million in 2016 to EUR 467 million in 2014 (an increase of some 29%).

The Fair Deal Scheme is designed and budgeted by the state around the premise that some of the state costs will be recoverable from the future sale of the housing asset of the person receiving care. However with falling levels of home ownership and the falling value of property, the hopes for funding from these sources may well not be realised.

Similar to other high-income countries, Ireland is grappling with the sustainability of its long-term care system, especially long-term residential care. When the Nursing Home Support Scheme was established, it was expected that significant income would be gained through a contribution of up to 15% of assets for those whose income was over a certain amount. However, due to the economic crises, the value of all assets especially property has declined (although it is now increasing again). Even though the assets' contribution has been increased, there is still a smaller private contribution to long term care than was expected. A review of sustainability undertake by consultants DKM in 2015 concluded as follows: "While the scheme has delivered many benefits and is a significant advance on what was in place heretofore, its current pricing model operates in an ad hoc manner, lacks rationale, consistency and fairness, only applies to the private sector, and in the long run is unsustainable" (DKM 2015: x).

There are no significant reforms to assess but the plan to introduce a statutory home care scheme is especially welcome as it would formalise and standardise provision. However the Department's estimation in 2017 that the development and implementation of such a scheme would take between 2 and 3 years seems to underplay the urgency of putting satisfactory measures in place. A recent review suggested that there are seven key challenges facing reform in the home care field: determining eligibility and entitlement, selecting a funding model, finding the right mix in service provision, introducing effective regulation, sustaining informal care, securing a care workforce, developing alternatives to nursing home care (Timoney 2018)

Looking at the bigger picture, a recent parliamentary report has called for and laid out the core building blocks of a new integrated health and care system in Ireland (Committee on the Future of Healthcare 2017). It underlines the following six steps that need to happen for this to become a reality:

- A strong, government wide commitment to promoting health, reducing health status inequalities and supporting good health throughout the life course;
- The delivery of care at the lowest level of complexity as is safe, efficient and good for patients;
- A significant expansion of diagnostic services outside of hospitals;
- The disentanglement of public and private care and the phased elimination of private care from public hospitals;
- Addressing long waiting times, poor conditions and delayed access to essential diagnosis and treatment;
- Addressing long waiting times, poor conditions and delayed access to elective care.

It is notable that the main focus is on health rather than social care.

In terms of **recommendations**, I emphasise three.

- First, a new paid carer's leave should be introduced and the set of supports for informal carers continually improved. Ireland will need to rely more and more on informal carers (true also of other countries) and so there must be greater recognition of this population sector as well as greater support and incentives
- The plans for a new statutory home care scheme should be expedited and a regulatory and inspection system for home care services should be introduced as soon as possible.
- Ireland should set up a commission to review the adequacy of the existing system of care in light of economic, demographic and social changes and future trends. This could take a foresight approach, concentrating on the social sustainability of arrangements as much as the financial sustainability, taking in matters such as housing as well as rural sustainability matters. Financially, Ireland has not made sufficient effort to engage with the difficult question of how to attract alternative funding into the system (through public private partnerships for example). In addition, the contribution of individuals and families to the system of care is low and rather standard. Ireland lacks a proper co-pay system as exists in Germany and the Netherlands for example and possible strategies for raising the level of contribution and other funding alternatives and innovations have not been investigated (as they have with the Dilnot Commission in the UK for example (Commission on Funding of Care and Support 2011).

3 Analysis of the indicators available in the country for measuring long-term care

1. Total no. of persons in receipt of a Home Care Package (monthly)
2. No. of new Home Care Package clients annually (monthly)
3. No. of persons in receipt of a Home Care Package or Intensive Home Care Packages
    a. with a key worker assigned (monthly)
4. % of clients in receipt of an Intensive Home Care Packages on the last day of the
    a. month who were clinically reviewed (monthly)
5. No. of home help hours provided for all care groups (excluding provision of hours from
    a. Home Care Packages) (monthly)
6. No. of people in receipt of home help hours (excluding provision of hours from Home
    a. Care Packages) (monthly)
7. No. of persons funded under Nursing Home Support Scheme in long term residential
    a. care at year end (monthly)
8. No. in receipt of subvention for whom payment was made in the reporting month
    a. (monthly)
9. Average length of stay for NHSS clients in Public, Private and Saver Long Stay
    a. Units (monthly)
10. % of population over 65 years in NHSS funded Beds (based on 2011 Census
    a. figures) (monthly)
11. Service Improvement Team Process – deliver on national service improvement
    a. priorities (annually) (includes quality of care measured in terms of person-ce
    b. care, effective care, safe care, better health and well-being, use of informatic
    c. workforce, use of resources, governance, leadership and management)[3]
12. % of compliance with inspected outcomes following HIQA inspections of older
    a. persons residential units (frequency not available).

13. The following are the statistics on informal care available from the Census[4]:

- Carers by age group and sex and local area
- Carers by regular unpaid help by marital status
- Carers usually resident and present in the state by sex, regular unpaid help, and nationality
- Carers by principal economic status
- Carers in the labour force by intermediate occupational group and broad industrial group, socio-economic group, education, highest level of education completed, type of household, status in family nucleus, housing, religion.

Apart from this there is no regular data on the impact of long-term caring responsibilities on employment.

[3] See https://www.hiqa.ie/sites/default/files/2017-01/Safer-Better-Healthcare-Guide.pdf

[4] Available at: http://www.cso.ie/px/pxeirestat/Database/eirestat/Profile%209%20-%20Health,%20Disability%20and%20Carers/Profile%209%20-%20Health,%20Disability%20and%20Carers_statbank.asp?SP=Profile%209%20-%20Health,%20Disability%20and%20Carers&Planguage=0

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