Summary and Comparison of Key Social Provisions for Older People in the Republic of Ireland and Northern Ireland

by

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Table of Contents

List of Figures

List of Tables

1. INTRODUCTION

This document is a companion to 'A Discussion paper on Theories of Ageing and Approaches to Welfare in Ireland, North and South' prepared by Dr. Maria Pierce and Dr. Virpi Timonen of Trinity College Dublin for the Centre for Ageing and Research and Development in Ireland (CARDI) (Pierce and Timonen, 2010). The primary aim of this document is to provide background information on the social provisions for older people in Northern Ireland (NI) and the Republic of Ireland (ROI), a task that is beyond the scope of the short discussion paper on theories of ageing. This document focuses on two core areas of social provisions for older people, that is, social transfers and long term care. The document is divided into two main parts to reflect these two areas.

Social policy instruments can be broadly divided into transfers and services. Social transfers constitute or contribute to a person's income during periods when he or she is affected by a social risk such as unemployment, disability, childbearing or old age. Services comprise a wide range of interventions in areas such as education, health care and social care. Care services for older people are an increasingly important component of the welfare state.

In the context of population ageing and increasing demands on welfare state spending, issues relating to long-term care of older people are at the forefront of social policy debates (Bernard and Phillips, 2000) at the national and European level (European Commission, 1999, 2009). At the international level, the WHO (2002) and several OECD studies (Fujisawa and Colombo, 2009; Lundsgaard, 2005; OECD, 2005; Oxley, 2009) have addressed the implications of ageing for long-term care policy. Long-term care is also at the centre of policy debates in Northern Ireland and the Republic of Ireland. It is important to acknowledge that the majority of older people in both jurisdictions lead active and independent lives and are not in need or receipt of long-term care services. However, some older people do become major users of care services.

The information in this document is based on desk-based research. We consulted key government policy documents on ageing-related social transfers and long-term care for older people in Northern Ireland and the Republic of Ireland from 2000 to 2010. In addition, we consulted relevant websites in both jurisdictions (a list of which is included at the end of this document). We also liaised with officials who had

extensive knowledge of policy in the relevant government departments and statutory agencies in both jurisdictions to clarify details of service provision and benefits. We have also incorporated findings from the research literature to supplement our research.

The task of comparing the systems of social transfers and long-term care for older people in the ROI and NI is complex due to differences between the two jurisdictions; furthermore, both are currently undergoing reforms. Comparing systems of long-term care for older people is particularly difficult as they are inherently more complex than comparing social transfer payments (Anttonen and Sipilä, 1997; Doyle and Timonen, 2007; Rostgaard, 2002; Timonen, 2005). Long-term care for older people can be provided in a variety of settings ranging from institutional to community and home-based care. It can be supported through the provision of direct social services, cash-for-care programmes (cash benefits towards purchase of care from a variety of providers), or in the form of financial supports for informal care-givers. Family members and other informal carers increasingly provide care along with a plurality of public, private and voluntary sector care providers (Timonen, 2009).

Data from the Census of Population for the years 1996 and 2006 shows that there was an increase in the overall population in the ROI over the decade from 3.6 million people to 4.2 million people. In line with the overall increase in the population, the number of people aged 65 and over also increased over the same period by 54,000 people to a total of 457,900 people. In 2006, the proportion of older people aged 65 and over accounted for 11% of the population, which places the ROI as the country with the lowest proportion of people aged 65 and over among the EU27 countries (CSO, 2007: 11). The population of older people is projected to increase from its 2006 level to more than 750,000 by 2021 (CSO, 2008). Ireland has a unique window of opportunity to develop core ageing strategies due to the fact that it lags behind most Western countries in population ageing.

The population of NI grew over the decade from 1996 to 2006 from 1.6 million people to 1.7 million people. In 2006, the population of people aged 65 and over in NI stood at 239,300 people, representing 14% of the population (CSO and NISRA, 2008: 7). This is lower than the proportion of older people in the population in the UK and the EU27, which in 2006 stood at 16% and 16.8% respectively (CSO, 2007: 11). The number of older people in NI is expected to increase from the 2006 figure to 339,000

by 2021, a projected increase of almost 100,000 persons over 65 years (NISRA, 2009: Table 3, page 8).

2. SOCIAL TRANSFERS FOR OLDER PEOPLE ON THE ISLAND OF IRELAND

The first core area of focus in this document is ageing-related social transfers. This section summarises key social transfers for older people in NI and the ROI. In both jurisdictions, we cover three areas. First, we briefly outline the key aims of government policy with respect to social protection of older people. Second, we describe the structure and organisation of social transfers for older people. Third, we summarise the key social transfer schemes and benefits that are currently available to older people. For the purposes of this document, the ageing-related social transfers that we review fall under the following three headings: (i) principal state pension supports; (ii) ageing-related social transfer supplements; and (iii) free schemes. Following this, the key commonalities and differences between the two jurisdictions are identified.

2.1 Northern Ireland

2.1.1 Policy background

The provision of pensions (and social security) in Northern Ireland is governed by the long-established and widely accepted policy of parity with Great Britain. The UK Government believes that this should remain the basis of future provision in Northern Ireland (Department for Works and Pensions, 2006a). In 2006 the UK Government stated that it would have regard to the policy of parity between Great Britain and Northern Ireland in implementing any proposals set out in the White Paper on Pensions (Department for Works and Pensions, 2006a).

The pension system in NI is complex, and, as in the rest of the UK, it consists of 'a mosaic of changing elements' (Evason and Spence, 2002: 382). The system, which was consolidated in the 1940s, owes its basic design to William Beveridge. Since the 1960s, successive governments have changed elements of the state pension system as well as the private pension system. The most recent reforms can be dated to 2006, when the UK Government published two White Papers: *Security in Retirement: Towards a New Pension System* (Department for Works and Pensions,

2006a) and *Personal Accounts: A New Way to Save* (Department for Works and Pensions, 2006b). The White Papers outline the UK government's intentions for reform of state and private pensions.

The White Paper: Security in Retirement sets out proposals for pension reform in the UK. It highlights four key priority areas for reform. The **first** reform aims to make it easier for more people to save more for their retirement. This is to be achieved through the introduction in 2012 of a new scheme of personal accounts (which is expected to provide 'a straightforward opportunity to contribute to a high-quality, low-cost savings vehicle') and the automatic enrolment of employees into either the new personal accounts scheme or their own employer's occupational scheme. The **second** priority is to reform state pensions so that they are simpler and more generous. The **third** priority is, from 2010, to make the State Pension fairer and more widely available. This is to be achieved by reducing the number of years of contributions needed to qualify for basic state pension; replacing Home Responsibilities Protection with a new weekly credit for those caring for children; and introducing a new contributory credit for those caring for severely disabled people for 20 hours or more per week. The **fourth** priority is to support and encourage extended working lives by gradually raising the state pension age and taking measures to support working longer. The **fifth** priority is to streamline the regulatory environment. The Second White Paper, titled *Personal Accounts: A New Way to Save,* set out proposals for a new national system of low cost personal accounts (Department for Works and Pensions, 2006b).

The first phase of reform to the state pension system in Britain was introduced in the Pensions Act 2007, with the second phase of reform, mostly relating to private pensions, detailed in the Pensions Act 2008. These Acts do not apply to NI. However, NI introduced its own legislation to make corresponding provision for its residents. This took the form of the Pensions Act (NI) 2008, which brought in several major changes to State Pension, and the Pensions (No. 2) Act (NI) 2008, which brought in changes to Private Pensions.

Alongside the State Pension, the Winter Fuel Payment is one of the social transfer measures used by the Department for Social Development to maximise household income of older people. NI, where one in three households is affected by fuel poverty, has a higher rate of fuel poverty than other parts of the UK. People aged between 60 and 74 and over 75 were very likely to be fuel poor (Department for

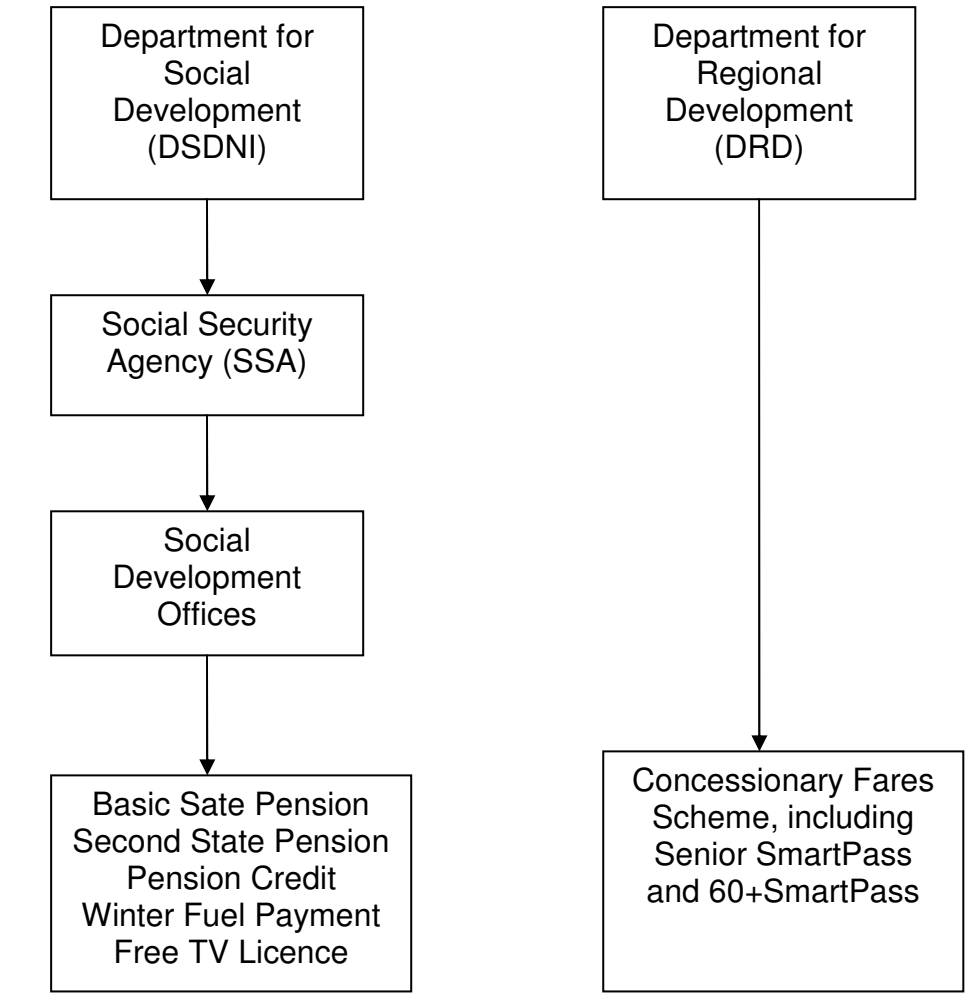
Social Development, 2004). The Department for Social Development (DSD) in NI has developed a Strategy for Northern Ireland on Ending Fuel Poverty (DSD, 2004). The Strategy defines fuel poverty as 'the inability to heat a home to an acceptable level for reasons of cost' (Department for Social Development, 2004: 6). Low income, poor energy efficiency and high energy costs are recognised as factors that contribute to fuel poverty. The DSD aims to end fuel poverty in vulnerable households by 2010. It identified a range of actions that are necessary to tackle fuel poverty including settings new energy efficiency standards for buildings, reducing fuel costs, maximising household income, promoting help for fuel poverty and raising awareness, partnership with key organisations, and innovation.

In NI, there is free travel for older people as part of the Concessionary Fares Scheme. The Department for Regional Development (2007) undertook a review of concessionary fares in NI with a view to mapping out for the future a coherent scheme which is rational, workable and affordable and which is consistent with wider government objectives. The report paid particular attention to the role of concessionary fares in tackling social exclusion. The report was not able to determine whether the scheme achieves its aim of combating social exclusion, but concluded that it primarily benefits senior citizens and children. It noted that the cost of the Scheme has increased considerably in recent years and is likely to continue to rise in the future. The report discussed a number of options for reforming the concessionary fares schemes from reducing provision of the schemes to extending free travel to those aged between 60 and 64.

2.1.2 Structure and organisation of social transfers for older people in Northern Ireland

The Department for Social Development (DSD) was established in December 1999 as part of the Northern Ireland Executive. Pensions are among its strategic responsibilities. The Social Security Agency (SSA), which is an Executive Agency of the DSD, administers pensions and other social security benefits to people in Northern Ireland on behalf of the UK Department for Work and Pensions. The SSA also administers the Winter Fuel Payment and the Free TV Licence Scheme (both of which are summarised below). However, the Concessionary fares scheme is administered by the Department for Regional Development.

Figure 1: The Structure and Organisation of Ageing-related Social Transfers in Northern Ireland



2.1.3 Ageing-related social transfers in Northern Ireland

For the purposes of this document, the ageing related social transfers in Northern Ireland that we review fall under the following three headings: (i) principal state pension supports; (ii) ageing-related social transfer supplements; and (iii) free schemes.

(i) Principal state pension supports

There are two classes of State Pensions in Northern Ireland, the contributory system of pension provision and the means-tested pension. The State Pension is the contributory system of pension provision. This comprises two main parts. First, the **Basic State Pension** is the base system of pension provision in NI. It is built around national insurance with flat-rate contributions paid by all workers and their employers. Second, there is the **State Second Pension**, also known as Additional State pension, (which was known as Graduated Retirement Benefit[1] (GRB) from 1961 to 1975 and State Earnings Related Pension Scheme (SERPS) from 1978 to 2002). Alongside the State Pension, there is a means-tested pension, which has been known as **Pension Credit** since 2003. As such, social assistance has an important role to play in pension provision in NI. Whereas the Basic State Pension is paid for from National Insurance contributions that are levied, Pension Credit is funded through general taxation.

The Basic State Pension is payable at State Pension age. In NI, the basic State Pension age for men is 65. From 6 April 2010 State Pension age for women started to increase gradually from age 60 to 65 so that by 2020 it will be 65, the same as the State Pension age for men. This change will affect all women born on or after 6 April 1950. Under the Labour Government, the intention was to increase the State Pension age to 66 for both women and men by 2024, and from 2024, to gradually increase the State Pension age for women and men to 68 by 2046. A state pension calculator is available to determine an individual's exact State pension age.[2] The new Conservative/Liberal Democrat Coalition Government has announced that the State Pension age for men is to be raised to 66 years as early as 2016 and is considering raising it for both women and men to age 70 or more during the next few decades.

In NI, State Pension deferral is a feature of the State Pension, whereby an individual can put off claiming their State Pension, i.e. a person does not have to claim their State Pension as soon as they reach State Pension age. State Pension deferral has been in existence since 1978 but changes were introduced in April 2005. If a person

[1] GRB is based on the amount of graduated National Insurance contributions paid in the tax years when the scheme existed. Pensioners today can still receive small amounts of benefit from accrued rights to the GRB.
[2] http://www.pensionsadvisoryservice.org.uk/state-pensions/state-pension-age-calculator

decides to defer claiming their State Pension until they are older, they get a higher weekly amount (known as Extra State Pension) or the option of a one-off taxable lump sum payment instead. A person can put off claiming their State Pension for as long as they want.

The Basic State Pension is based on a person's record of National Insurance contributions and credits. In some circumstances, the Social Security Agency may use the record of contributions or earnings of a husband, wife, civil partner or late husband/wife to work out how much State Pension a person may receive. The Basic State Pension is flat-rate. Subject to having made the same number of contributions, individuals will receive the same level of benefit, irrespective of the size of the contributions. As such, it is redistributive.

By law there is a review of the amounts that make up State Pension (apart from the age addition) once a year. When necessary they are increased at least in line with the inflation rate so they maintain their value. The annual increase takes effect in April during the first full week of the financial year. The new Conservative/Liberal Democrat Coalition Government has announced its intention to link rises in state pensions to earnings from 2011. The link will be to the consumer price index rather than the retail price index.

To be eligible for State pension, a person needs to build up enough 'qualifying years' before State Pension age. A qualifying year is a tax year where a person has sufficient income to pay National Insurance Contributions or are treated as having paid, or being credited with, National Insurance Contributions. To qualify for some basic State Pension a person who reaches State Pension age on or after 6 April 2010, needs just one qualifying year in their working life, whereas a person needs 30 qualifying years to qualify for a full basic State Pension. Prior to 6 April 2010, the number of qualifying years needed for a full basic State pension was 39 for women and 44 for men.

State Pension is automatically increased by an age addition of 25p a week when a person reaches the age of 80. The person does not have to claim this addition as it is automatically included in the State Pension that they receive.

A person may qualify for more than one part of the State Pension. For example, if a person is aged 80 or over they may get a basic State Pension, Graduated Retirement

Benefit, an additional State Pension and an age addition. These four parts will, together, form their State Pension. Most of these will be based on the earnings and contributions made and the credits awarded to the person's National Insurance record. It may also depend on the payments made by, or credits awarded to, their wife, husband or civil partner in their working life.

The standard rates of State Pension for the year 2010/2011 are provided in Table 1 below.

Table 1: Basic State Pension Rates in Northern Ireland, 2010/2011

Basic State Pension standard rates (based on full entitlement)	
Single Person[a]	£97.65[3]
Spouse or adult dependant§	£58.50[4]
Age addition (aged 80 and over)	£0.25[5]

[a] Based on a person's own or their late spouse or civil partner's National Insurance Contributions (NICs)
§ Based on husband's NICs

Source: Social Security Agency, Benefits and Pension Rates April 2010, Leaflet BRA5NI, Social Security Agency, DSD, Belfast, p. 10.

Table 2: Second State Pension (Additional State Pension) in Northern Ireland, 2010/2011

Graduated Retirement Benefit	
If a person reaches State Pension age after 5 April 2010, for every £7.50 of graduated contributions paid, they get	£0.1153
Additional State Pension	
Any additional pension, also called SERPS or Second State Pensions (S2P), a person was getting before April 2010 is not increased from April 2010	

Source: Social Security Agency, Benefits and Pension Rates April 2010, Leaflet BRA5NI, Social Security Agency, DSD, Belfast, p. 10.

The Over 80 Pension is a State Pension for people aged 80 or over who have little (i.e. less than £58.50 a week) or no State Pension. Unlike other State Pensions, it is not based on National Insurance contributions.

[3] £97.65 is equivalent to €116.37 based on the exchange rate 01/06/10; www.XE.com
[4] £58.50 is equivalent to €68.75
[5] 0.25p is equivalent to 0.29c

Table 3: Over 80 Pension Rates in Northern Ireland, 2010/2011

Over 80 Pension[a]	£58.50[6]

Notes:
[a] Paid where a person receives no State pension or less than full entitlement to a basic State pension at age 80 as long as residence conditions are met.

Source: Social Security Agency, Benefits and Pension Rates April 2010, Leaflet BRA5NI, Social Security Agency, DSD, Belfast, p. 10.

In addition to the State Pension, a Pension Credit exists in Northern Ireland. The Pension Credit can be obtained by eligible persons aged 60 years or over living in NI. There are two components of the Pension Credit. These are the Guarantee Credit (GC)[7] and the Savings Credit (SC). GC is payable from age 60 and is the main means-tested benefit for those aged 60 and above. GC is paid if other means (that is income from other sources) are below a certain level and provided any hours worked and savings held are below specified limits. It aims to provide a safety-net minimum level of income. GC is paid to a 'benefit unit', that is a single person or a couple. GC entitlement can be higher for certain categories of people including people with disabilities, people with caring responsibilities or people with a mortgage. GC is redistributive. It is paid for from general taxation and payments are only made to those on low incomes. It thus aims to help tackle poverty amongst those on low incomes. GC provides a minimum income of £132.60 per week from April 2009 for a single person and £202.40 per week for a couple (see Table 4 below).

SC is payable from age 65. It aims to ensure that those who have made some private provision for retirement will be better off than those who have made no provision.

Subject to individual circumstances people over 60 years who qualify for the Pension Credit may also qualify for part, or all, of the scheme.

[6] £58.50 is equivalent to €68.75
[7] GC replaced Minimum Income Guarantee (MIG) in October 2003. The Guarantee Credit is similar to the MIG, the only difference being a more generous treatment of savings.

Table 4: Pension Credit Rates in Northern Ireland, 2010/2011

Standard minimum guarantee	
Single Person	£132.60[8]
Couple	£202.40[9]
Additional amount for severe disability	
Single	£53.65
Couple (one qualifies)	£53.65
Couple (both qualify)	£107.30
Additional amount for carers	£30.05
Savings credit	
Threshold – single	£98.40
Threshold - couple	£157.25
Maximum - single	£20.52
Maximum – couple	£27.09
Capital[a]	
Amount disregard	£6,000.00
Amount disregard - care homes	£10,000.00

[a] Deemed income £1 for each complete £500 or part thereof in excess of above amounts.
Source: Social Security Agency, Benefits and Pension Rates April 2010, Leaflet BRA5NI, Social Security Agency, DSD, Belfast, p. 9.

In NI a person reaching State Pension Age who has not built up enough National Insurance Credits (NICs) because they were looking after children or caring for someone long-term may be eligible for Carer Credits to build up their entitlement to the State Pension. A person may be eligible for Carer Credit if they are:

- a parent with a dependent child under 12 years of age
- an approved foster carer
- caring for at least 20 hours per week for one or more severely disabled people

Carer Credits were introduced to replace Home Responsibilities Protection (HRP) from 6 April 2010. Years of HRP built up before 6 April 2010 count as qualifying years of Carer's Credit. The introduction of the new National Insurance credits system has established a series of changes for particular groups such as those in receipt of child benefit and casual carers. In relation to child benefit, the individual

[8] £132.60 is equivalent to €158.39 based on the exchange rate 01/06/10; www.XE.com
[9] £202.40 is the equivalent to €241.77

can contribute credits to their national insurance via their child benefit up until the child is 12 years old. Carers who are not in receipt of the carers' allowance have been able to apply to the Carers' Credit Scheme to assist with their contributions since 6 April 2010.

(ii) Other Supplements

The Winter Fuel Payment is the sole social transfer supplement for older people in NI. This is an annual payment which is made to help people aged 60 and over with the costs of heating their dwelling in the winter. Introduced in 1997, the Winter Fuel Payment is a payment made once a year per household, irrespective of the number of people resident. The majority of people claiming the State pension are automatically entitled to the payment. People aged 60-79 qualify for one payment of £250[10] whilst people over 80 years of age qualify for one payment of £400[11]. The age of eligibility for the Winter Fuel Payment is set to gradually increase in line with the increase in the State Pension age.

(iii) Free Schemes

The free schemes available to older people in NI include free travel (as part of the NI Concessionary Fares Schemes) and free television licence.

Free Travel

The Northern Ireland Concessionary Fares Scheme was established to promote accessible public transport for members of the community who are most vulnerable, through free travel or discounted fares. It is administered by the Department for Regional Development. The Scheme provides for free travel for older people in NI through the Senior SmartPass and the 60+ SmartPass.

- Senior SmartPass

Free Travel is available to all Senior Citizens who are 65 years of age or over and who are resident in NI. To be eligible to apply for the Senior SmartPass, applicants must be aged 65+ and have been resident in NI for a minimum of 3 months. Holders

[10] £250 is equivalent to €297.86
[11] £400 is equivalent to €476.59

of a Senior SmartPass can travel anywhere in NI on any Translink bus or rail service completely free of charge. They can also enjoy free cross-border travel.

- 60+ SmartPass

People aged between 60 and 64 years and permanently resident in Northern Ireland are eligible for a 60+ SmartPass. Holders of a 60+ SmartPass can travel free on nearly all scheduled bus and rail services within NI.[12] The 60+ SmartPass does not entitle holders to free travel on cross-border journeys,

Free Television Licence

Everyone aged 75 or over in NI is entitled to get a free Television (TV) licence for their main home. The licence also covers other household members living at the address. People aged 74 years can apply for a short term licence that will be valid until the end of the month before their 75th birthday. There is also a concessionary TV licence for people living in residential care. People living in residential care may be entitled to an ARC (Accommodation for Residential Care) concessionary licence of £5.00[13] per year. Not all residential homes have an ARC licence and applicants must be retired and over 60 or disabled to qualify for an ARC licence. Applications for the licence are made by the housing manager/administrator on behalf of the applicant. If a person has a full Television licence, moves into accommodation, and is eligible for an ARC licence, s/he can join the ARC scheme and claim a refund for outstanding months of the full licence.

2.2 The Republic of Ireland

2.2.1 Policy background

The National Pensions Framework 2010 (Government of Ireland, 2010) outlines reforms in relation to the pension system in the Republic of Ireland. The framework document expresses concern about the challenge of sustaining the current Irish pension system in light of expected demographic changes. The principles that are

[12] Operators include Metro, Ulsterbus, Northern Ireland Railways, Airporter, B&C Coaches, Cavehill Coaches, Logan's Executive Travel, Londonderry and Lough Swilly Railway Company, and McAnulty's Coach Hire.
[13] £5.00 is the equivalent to €5.95

intended to guide government pension policy are security, equity, choice and clarity for the individual.

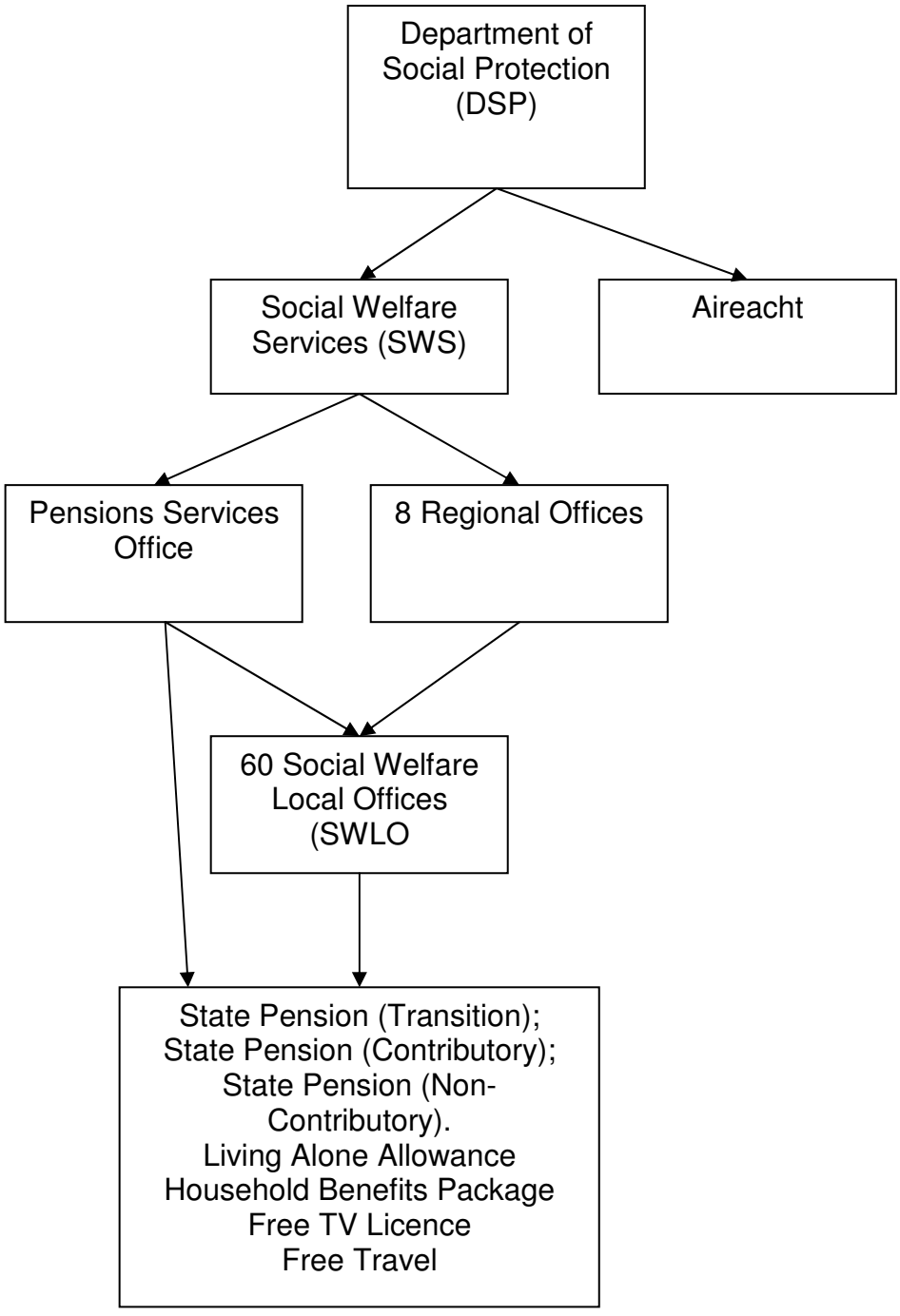
The National Pensions Framework sets out the key policy reforms for the provision of both state and private pensions in Ireland in the future. In relation to state pensions, the NPF stresses that mandatory social welfare pension coverage will continue and that the Government will seek to maintain the rate of social welfare pensions at 35 per cent of average weekly earnings, which will be supported through the PRSI contribution system. Four key reforms in relation to social welfare pensions are to be introduced. **First,** the system will be simplified with a move to a total contributions approach by 2010, increasing the amount of contributions required to qualify for a State Pension (contributory) from 260 contributions to 520. **Second,** Homemakers' disregard will be replaced with credits for new pensioners from 2012. **Third,** State pension age will increase to 66 in 2014, 67 in 2021 and 68 in 2028.[14] **Fourth,** arrangements will be put in place to allow people to postpone receipt of the State Pension and to make up contribution shortfalls. In relation to supplementary pensions, the Government proposes to introduce an auto-enrolment system whereby employees will be automatically enrolled in a new pension system. The Government also intends to reform existing occupational pension scheme types and personal pensions with a view to introducing greater equity to existing pension arrangements, to simplify current provision and to provide greater protection for pension scheme members.

2.2.2 Structure and organisation of social transfers for older people in the Republic of Ireland

In the ROI, the Department of Social Protection (called the Department of Social and Family Affairs from 2002 until 2010) is responsible for formulating appropriate social protection policies. It is also responsible for administering and managing the delivery of a range of social protection schemes and services, including ageing-related social transfer provisions. These include social insurance (contributory) payments, social assistance payments and universal payments.

[14] The online pension calculator available in ROI;
http://www.pensionsboard.ie/en/Pensions_Calculators/Sample_Pensions_Calculator.html

Figure 2: The Structure and Organisation of Ageing-related Social Transfers in the Republic of Ireland



There are two arms within the Department of Social Protection – the Aireacht (the policymaking component) and the Executive arm. The Aireacht is responsible for the overall management of the Department and for the formulation of the social protection and related policies and advises the Minister on policy matters. It is headed by the Secretary General. The executive arm of the Department is called Social Welfare Services (SWS). The SWS is responsible for the day-to-day administration and management of social welfare schemes and services. It is headed by a Director General. The service is delivered through a network of headquarters offices,[15] 8 regional offices,[16] and 60 Social Welfare Local Offices (SWLO).

2.2.3 Ageing-related social transfers in the Republic of Ireland

The ageing-related social transfers in Republic or Ireland that are summarised in this section include: (i) principal state pension supports; (ii) ageing-related social transfer supplements; and (iii) free schemes

(v) Principal state pension supports

There are three different types of state pension payments available to older people in the Republic of Ireland. These are the State Pension (Transition); the State Pension (Contributory); and the State Pension (Non-Contributory).

- State Pension (Transition)

The State Pension (Transition), which was known as Retirement Benefit up to September 2006, is paid to people aged 65 who have retired from work and who have sufficient social insurance contributions. It is not means-tested. In general, to be eligible a person must have been an employee and paying full-rate social insurance contributions, but a small number of self-employed people also qualify. At the age of 66, recipients will transfer to the State Pension (Contributory). A person in receipt of State Pension (Transition) cannot work. However, when they transfer to

[15] The headquarter offices of the Department of Social Protection are located in Buncrana, Carrick-on-Shannon, Dublin, Dundalk, Letterkenny, Longford, Sligo and Waterford. The Pensions Services Office is based in Sligo.
[16] The regional structure is based on 8 regions with offices in Waterford, Cork, Limerick, Galway, Sligo, Dundalk and two in the Dublin area.

the State Pension (Contributory), at age 66, they can work and still receive the pension.

Table 5: State Pension (Transition) Rates, 2010

State Pension (Transition)	Maximum[a] weekly rate
Personal rate, aged 65	€230.30[17]
Adult Dependant	€153.50[18]
Child Dependant	€29.80[19] (full-rate), €14.90 (half-rate)

[a] The maximum rates are payable to people who have an average of 48 or more contributions. Reduced rates are payable to people who have between 24 and 47 contributions.
Source: Department of Social Protection.

- State Pension (Contributory)

The State Pension (Contributory), which was known as the Old Age Contributory Pension up to September 2006, is paid to people aged 66 and over who have a sufficient number of Irish social insurance contributions. It is not means-tested. A recipient can have other income and still get a State Pension (Contributory). This pension is taxable but recipients are unlikely to pay tax if it is their only income. People who leave the workforce for periods spent caring can have gaps in their insurance records which can affect their entitlement to a State Pension (Contributory) at age 66. The Homemaker's scheme, introduced in April 1994, allows for periods spent providing full-time care to children up to 12 years of age or an incapacitated person to be taken into account for pension purposes. It does not provide social welfare payments while homemaking.

[17] €230.30 is equivalent to £196.16
[18] €153.50 is equivalent to £130.74
[19] €29.80 is equivalent to £25; €14.90 is equivalent to £12.69

Table 6: State Pension (Contributory) Payment, 2010

PRSI Contributions	Rate per week	Increase for a Qualified Adult (under 66)	Increase for a Qualified Adult (aged 66 and over)
48 or over	€230.30[20]	€153.50	€206.30
20 – 47	€225.80[21]	€153.50	€206.30
15 - 19	€172.70[22]	€115.10[a]	€154.70[a]
10 – 14	€115.20[23]	€76.80[a]	€103.20[a]

[a] Qualified adult rates apply to claims made from 6 April 2001.

Source: Department of Social Protection

- State Pension (Non-Contributory)

The State Pension (Non-Contributory) may be paid from age 66 to people in Ireland who do not qualify for a State Pension (Contributory). The Social Welfare Law Reform and Pensions Act 2006 changed the name of the Old Age (Non-Contributory) Pension to State Pension (Non-Contributory). The new name came into effect on 29 September 2006. The State Pension (Non-Contributory) is subject to means testing, although some means are exempts; earnings of up to €200 per week[24] from employment (but not self-employment) are not taken into account. Any income from work above €200 is assessed as means. Income supports, savings and capital is assessed, but the home of residency is not taken into account.

A person in receipt of a State Pension (Non-Contributory) is subject to means testing from the sale of a home. However if the person hopes to purchase another home more suitable to their needs, the first €190,500 of the sale of the house is not means-tested.

[20] €230.30 is equivalent to £196.16
[21] €225.80 is equivalent to £188.75
[22] €172.70 is equivalent to £144.27
[23] €115 is equivalent to £96.46
[24] €200 is equivalent to £167.87

Table 7: State Pension (Non-Contributory) Maximum Rate, 2010

State Pension (Non-Contributory)	Maximum weekly rate
Personal rate, aged 66 and under 80	€219[25]
Personal Rate, Aged 80	€229[26]
Increase for a Qualified Adult	€144.70[27]
Increase for a Qualified Child	€ 29.80[28]

Source: Department of Social Protection

(ii) Other Supplements

In the ROI, there are a range of supplements for older people; these include the Living Alone Increase; Household Benefits Package; National Fuel Allowance; Smokeless Fuel Allowance; and Supplementary Welfare Allowance.

- Living Alone Increase

The Living Alone Increase is an extra payment for people on social welfare pensions who are living alone. People who are 66 years or over and live alone will qualify if they are getting one of the following payments: State Pension (Contributory); State Pension (Non-Contributory); Widow's/Widower's (Contributory) Pension; Widow's/Widower's Pension under the Occupational Injuries Benefit Scheme; or Incapacity Supplement. Currently, a weekly payment of €7.70[29] is offered for qualifying people. A person under 66 will also qualify if they live alone and are getting Disability Allowance, Invalidity Pension, Incapacity Supplement or Blind Pension.

To be eligible for the payment the applicant must live completely alone. However, there are some exceptions. A person can qualify if s/he is living in an extension of a family member's home, for example, a 'granny flat', and if s/he has facilities to cook and eat alone and own living/dining and sleeping accommodation. A person may also qualify as living alone if they are aged or infirm and have a friend or relative to stay for security reasons at night-time only. The friend or relative must not contribute to the household financially. The Living Alone Increase may also be payable if a

[25] €219 is equivalent to £183.70
[26] €229 is equivalent to £192.
[27] €144.70 is equivalent to £121.38
[28] €29.80 is equivalent to £25
[29] €7.70 is equivalent to £6.46

person lives alone during the day but stays with relatives or friends at night or if they live alone during the week but have a relative to stay at the weekend (the living alone condition is satisfied as long as the relative has a permanent home address elsewhere). A person will also qualify if s/he lives alone but occasionally takes in paying guests (for example, during a local festival). However, a person does not qualify is s/he runs a bed and breakfast business (even for part of the year).

People who live in sheltered accommodation may qualify if they are regarded as living independently within the institution. The Department of Social Protection provides a list of hostels/homes where Living Alone Increase is payable. A person will not qualify if they share dormitory accommodation with others, or have supervision or nursing care round-the clock. People who live in nursing homes do not qualify as they cannot be regarded as living completely or mainly alone.

- Household Benefits Package

The Household Benefits Package is made up of three allowances, Electricity or Gas Allowance, Telephone Allowance and Free Television Licence. The first two allowances provide contributions towards electricity or natural gas or bottled gas refill bill and telephone bill. The third covers the cost of the Television Licence each year (see below under free schemes). The allowances are applied directly to bills, where applicable. The package is available to people aged over 70 who are resident in the ROI (as well as to people under age 70 who are resident in the State in certain circumstances; such as a person in receipt of a carers allowance, a person from 66 years of age to 70 years in receipt of State Pension, (Contributory) and State pension (Non Contributory or a Widower's/ Widow's Pension (Contributory)). Only one person in a household can qualify for the package at any time.

- National Fuel Allowance

A Fuel Allowance is a payment under the National Fuel Scheme to help with the cost of heating a home. It is paid to people who are dependent on long-term social welfare or Health Service Executive (HSE) payments and who are unable to provide for their own heating needs. The scheme operates for 32 weeks from the end of September to May. A payment of €20 per week per household is provided.

- Smokeless Fuel Allowance

The Smokeless Fuel Allowance is an allowance paid by the Department of Social Protection to low-income households to help them meet the extra costs of using smokeless or low smoke fuels in certain parts of the Republic of Ireland where the marketing, sale and distribution of bituminous (smoke causing) fuel has been banned since 1990. The result of this ban has been a significant improvement in air quality in these areas.

- Supplementary Welfare Allowance

Where an older person has claimed a state pension but it has not yet been paid, the person may qualify for Supplementary Welfare Allowance while awaiting payment, provided the person has no other income. Supplementary Welfare Allowance provides a basic weekly allowance to eligible people who have little or no income. It is a means-tested payment and is not normally available to people who are in full time employment or education. People with low incomes may also qualify for a weekly supplement payment under the Supplementary Welfare Allowance Scheme to meet certain special needs, for example, help with rent/mortgage interest payments or for urgent or exceptional needs. If Supplementary Welfare Allowance is paid while a person is waiting for a social welfare pension, the amount paid will be deducted from the arrears of their social welfare payment. The maximum rates of SWA are provided in Table x.

Table 8: Supplementary Welfare Allowance rates for people aged 25 and over,[a] 2010

	Personal Rate	**Increase for a Qualified Adult**	**Increase for a Qualified Child**
Maximum rate	€196.00[30]	€130.10[31]	€29.80[32]

[a] Different Supplementary Welfare Allowance Maximum Rates apply to people under 25 years of age
Source: Department of Social Protection

[30] €196.00 is equivalent to £166.88
[31] €130.10 is equivalent to £110.77
[32] €29.80 is equivalent to £25.37

(iii) Free schemes

The free schemes that are available to older people in ROI are free travel and free Television licence.

Free Travel Scheme

There are three parts to the free travel scheme for senior citizens in the ROI:

- Free Travel

Free Travel is available to people aged 66 or over resident in the ROI (as well as to people aged under 66 resident in the State who are in receipt of certain disability-type social welfare payments or the carer's allowance). It allows holders to use public transport, and a large number of private bus and ferry services, free of charge. A person will get a Free Travel pass automatically at age 66 if they are resident in the State and getting a pension from the Department of Social Protection. The following transport services can be availed of; Iarnród Éireann, Bus Éireann, Dublin Bus, Dart and Luas Services and certain ferry and air travel.

If a person qualifies for a Free Travel Pass and they are married or co-habiting (that is, living with a man or woman as husband and wife), they may get a Free Travel Pass that allows their spouse or partner to join them for free when traveling. This does not apply if the person is a carer under 66 years.

- Free Travel Companion pass

Certain incapacitated people can get a free travel companion pass if they are assessed as unfit to travel alone. This type of pass allows any one person, aged 16 or over, to accompany that person for free, when travelling.

- Cross-Border All Ireland Free Travel

Free Travel passholders may make cross-border journeys free of charge between the ROI and NI. If they are aged 66 or over they can travel for free on transport services operating internally within NI using a Senior SmartPass card.

Free Television Licence

Free Television Licence forms part of the Household Benefits Package. It covers the cost of the Television Licence each year. It is available to people aged over 70 who are resident in the ROI (as well as to people under age 70 who are also resident in the State in certain circumstances). Only one person in a household can qualify for the package at any time.

2.3. Comparison of the two jurisdictions

The model of state pension provision in the ROI is similar to state pension provision in NI in that both have an important social insurance component, and also a means-tested pension for those who have no, or an insufficient, social insurance contributions record. Both jurisdictions have a private pensions tier. Both systems are undergoing reform. There are some commonalities with respect to their reforms. The State Pension Age in both NI and the ROI is set to increase, with both jurisdictions setting 68 years as the age of eligibility for State Pension in the future, although the new Conservative/Liberal Democrat Coalition Government has announced that the State Pension age may rise to age 70 or over for both women and men over the coming decades in the UK. Automatic enrolment into a pension scheme for all employees is set to be introduced in both jurisdictions.

Notwithstanding this, there are a number of important differences between NI and the ROI state pension systems. The social insurance pension system in NI is more developed and hence more complicated than the system in the ROI. There is no earnings-related component in the ROI. State Pension deferral is not a feature of the state pension system in the ROI.

Chronological age is an important instrument used in both jurisdictions to regulate state pensions. In both NI and the ROI, chronological age is a basis upon which state pensions are payable. The age of eligibility varies across the two jurisdictions. The state pension age is set to increase in both jurisdictions. Alongside age, eligibility criteria such as prior contributions (e.g. social insurance payments) and income (via means-testing) are also taken into account.

There is no equivalent of the NI ‘age addition’ (for people aged 80 years and older) in the ROI, although this rate is set so low as to make it negligible. An important

difference between the two jurisdictions is that while there is graduated retirement in NI (which allows for some flexibility in retirement age), there is no equivalent in the ROI. However, the (ROI) National Pensions Framework proposes to offer more flexibility in the timing of retirement in the future. In both jurisdictions, the State pension schemes allow for periods spent in care duties through Carer Credits in NI and the Homemaker's scheme in the ROI.

Other age-related social transfer supplements

One of the main differences between ageing-related social transfers in Ireland, North and South, and one which is a reflection of the structure of their social security systems more generally, is that in the ROI a range of supplements may be available to older people to add to the value of their main state pension payments. Apart from the Winter Fuel Payment, Northern Ireland (and Britain) has no equivalent range of supplements.

Chronological age is an important instrument used to regulate the Winter Fuel Payment in NI. In the ROI, chronological age (in addition to living arrangements) is the basis for eligibility for the Living Alone Allowance. However, the other social transfer supplements in the ROI (i.e. Fuel Allowance, SWA) are based on need (established via means-testing) as opposed to chronological age.

Free schemes

Both ROI and NI have a free travel scheme for older people. Chronological age is the basis for eligibility to the free travel and Free Television licence schemes in both NI and the ROI. However, the chronological age at which older people become eligible to apply for schemes varies. The Free travel schemes in Ireland, North and South, share many similarities and reflect convergence in policy across the two jurisdictions (see Table 9 below).

Table 9: Free Travel for Senior Citizens in Northern Ireland and Republic of Ireland

	Age eligibility			Cross Border All Ireland Free Travel	Other notes
	60-64	65 and over	66 and over		
Northern Ireland Concessionary Fares Scheme					
60+ SmartPass	√			No	
Senior SmartPass		√		Yes	
Republic of Ireland Free Travel Scheme					
Free Travel Pass			√	Yes	Spouse, partner or companion may be eligible to join them for free travel

3. LONG-TERM CARE FOR OLDER PEOPLE ON THE ISLAND OF IRELAND

This section summarises social provisions to support older people in need of long-term care in NI and the ROI, with a particular emphasis on the financial supports emanating from the state. To be consistent with the previous section, we begin with NI and then take up the case of the ROI. The discussion covers four key areas. First, we outline the key aims of government policy with respect to long-term care for older people. Second, we describe the structure and organisation of long-term care for older people. Third, we summarise the key long-term care provisions (services and benefits) for older people with a particular focus on financial support from the state. Following this, the key commonalities and differences between the two jurisdictions are identified.

In this document, we are focusing on social care services for older people, which older people can receive in a variety of care settings. Whilst the vast majority of older people who need care receive support in their own home, care can also be provided to older people in an institutional setting such as a nursing home as well as those living in sheltered or supported housing (also known as assisted living or retirement homes). It would be beyond the scope of this document to examine the full range of social provisions for older people in need of long-term care (such as meals-on-wheels) and those directed at family carers (such as respite care services and grants and income supports, e.g. Carer's Allowance and Carer's Benefit in the ROI). For the purposes of this paper, the key social care provisions that we examine are:

- home help services (which are the core care services that older people living in their own homes have traditionally relied upon),
- care packages;
- cash-for-care programmes,
- the financial supports available to older people residing in residential accommodation, and
- care standards, regulation and inspection.

This is not to say that other services and benefits in relation to the care of older people are less significant than the ones that we have chosen to summarise.

3.1 Northern Ireland

3.1.1 Policy background

Current care policy in Northern Ireland stems from the Department of Health, Social Services and Public Safety (DHSSPS) *People First* document (DHSSPS, 1990) published in 1990, which stresses the importance of maintaining older people in their own homes for as long as possible. The aim of ensuring that older people are able to remain independent in their own homes and communities with a good quality of life for as long as possible is restated in recent policy.

Ageing in an Inclusive Society sets out the policy strategy for older people in NI and the approach that will be taken by the Government in promoting social inclusion of older people (OFMDFM, 2005). One of the strategy's six strategic objectives is ' to deliver integrated services that improve the health and quality of life of older people' (OFMDFM, 2005: 13). The strategy emphasised the importance for many older people of living independently. It gave a commitment to developing the range of services designed to meet the needs of older people, and to increasing the percentage of older people who receive the care they need in a domiciliary setting. It stressed that the Health and Personal Social Services in NI would work in partnership with other statutory and non-statutory agencies in the continued development of supported living as an alternative to long-term institutional care. The strategy highlighted the importance of working to ensuring that equity in dignity, respect and quality is maintained, regardless of age, through the expansion of regulation of care services, the development of minimum standards for care, and the work of the Regulation and Quality Improvement Authority (RIQA).

A key part of the vision set down in the Northern Ireland Executive Programme for Government 2008-211 is to allow people to live more productive and independent lives. In support of the concept of enabling older people to remain in their own homes, the Government set itself the task of reducing avoidable reliance on institutional care through a range of flexible and more responsive care services closer to home. The Government has also made a commitment to reducing long waiting times for care packages and delays in discharge from hospital for want of a care package.

The primary focus of the NI public health strategy, *Investing for Health,* is on tackling the factors which adversely affect health and perpetuate health inequalities in NI (DHSSPS, 2002). The strategy sets out a framework for action to improve health and well-being and reduce health inequalities. The focus of the strategy is on the most disadvantaged in society, whatever their age group, rather than a focus on specific population groups such as older people, young people and the very young. The NI regional strategy for health and wellbeing, *A Healthier Future* (DHSSPS, 2004), outlines a vision for NI health and social services from 2005-2025. In relation to care for older people in NI, the aims of the health strategy are consistent the objectives of *Ageing in an Inclusive Society*.

Older people's entitlement to free social care varies across different parts of the UK. In NI personal care for older people at home and in residential or nursing homes is means-tested, in contrast to Scotland, where personal care in residential or nursing homes is free (Gray and Horgan, 2009). The 2010 White Paper *Building the National Care Service, which* sets out proposals for the reform of the care and support system in England, commits the government to building a new National Care Service in the region (Department of Health, 2010). The National Care System, which has fairness at its centre, builds on the same principle that has underpinned the National Health Service (NHS) for decades, that is, a system where care is free when people in England need it. Central to this is the aim of providing free personal care to people in their own homes, for those with the highest needs, from 2011. From 2014, it is envisaged that care entitlements will be extended, so that anyone staying in residential care for more than two years will receive free care after the second year.

3.1.2 Structure and organisation of long-term care for older people in Northern Ireland

In NI, responsibility for Health and Social Care (HSC) lies with the Department of Health, Social Services and Public Safety (DHSSPS). The DHSSPS was created in 1999 as part of the Northern Ireland Executive by the Northern Ireland Act 1998 and the Departments (Northern Ireland) Order of 1999. The Department's mission is to improve the health and social well-being of the people of Northern Ireland. Health and social care are provided as an integrated service in NI. For historical reasons, the integrated nature of health and social care services differs from that of the rest of the UK where social services are provided by local government.

As part of a wider government initiative (known as the 'Review of Public Administration') to reform public services in Northern Ireland, changes are currently being made to HSC in NI. Under the Health and Social Care (Reform) Act (Northern Ireland) 2009 changes were made to the administrative structures of health and social care in NI. On 1 April 2009, a single Regional Health and Social Care Board (HSCB) for NI was established to replace the four existing HSS Boards: Antrim and Ballymena; Newry and Armagh; Lisburn and Greater Belfast; and Derry/London Derry, which had administered health and social care since 1973. The HSCB focuses on commissioning, resource management, and performance management and improvement. The HSC Board has appointed five Local Commissioning Groups.

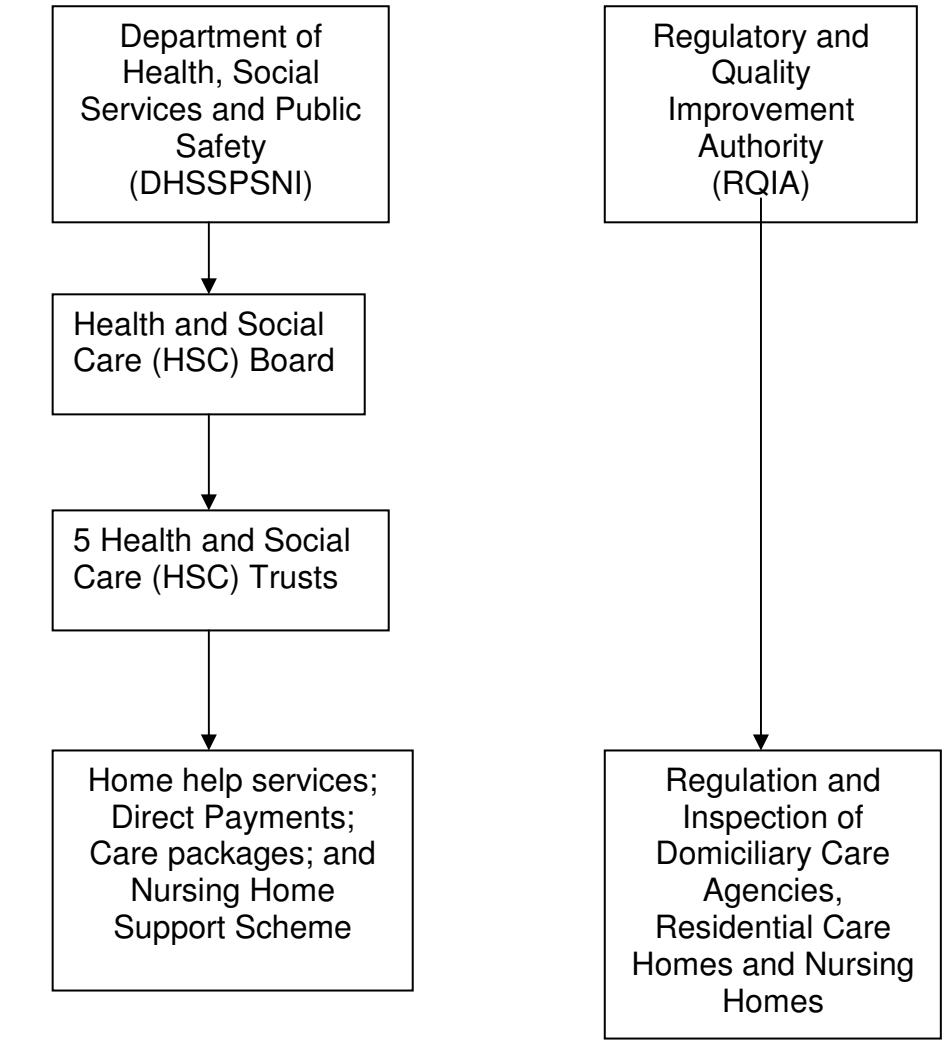
In addition, five new integrated Heath and Social Care (HSC) Trusts were established in April 2007 to replace the 18 Trusts that were in existence and with a view to providing a more streamlined structure. The five new HSC Trusts, which provide health and social care in NI are the Belfast HSC Trust, the South Eastern HSC Trust, the Western HSC Trust, the Southern HSC Trust and the Northern HSC Trust.

In addition to managing and administering hospitals and health centres, HSC Trusts manage and administer residential homes, day centres and other health and social care facilities. They provide a wide range of health and social care services to the community. The delivery of social services in NI is broken down into a number of Programmes of Care (POC), one of which is the Elderly POC. The other POC are Family and Childcare; Mental Health; Physical Disability; and Learning Disability.

The HSC Board commissions care services for their resident populations of older people from a range of providers including the HSC Trusts and voluntary and private sectors providers.

The Regulatory Quality and Improvement Authority (RQIA) is an independent health and social care regulatory body for Northern Ireland. In its work, RQIA encourages continuous improvement in the quality of services through a programme of inspections and reviews.

Figure 3: The Structure and Organisation of Health and Social Care in Northern Ireland



3.1.3 Key long-term care provisions for older people in Northern Ireland

The home help service, care packages, direct payments and care in residential care homes and nursing homes available to older people in NI are summarised in detail below. Regulation, standards and inspection of care services are also summarised.

(i) The home help service

Older people living in their own home in NI can avail of support under the home help service. Prior to 1973, home help services in Northern Ireland were organised by individual County Borough Welfare Committees. After 1973, social and health care services were combined and organised by the health and social care boards (of which there were four until 2009 (see Section 3.1.2 above). The main aim of the home help service is to enable people to remain in their own homes for as long as possible and thus avoid or delay the need for admission to hospitals or residential accommodation. The service is provided by the five HSC Trusts. The tasks covered by the home help service include household tasks, personal care tasks and some social care tasks. In NI (unlike the rest of the UK), the supervision of home helps is largely undertaken by social work assistants who carry out a variety of other duties. Social work assistants are responsible for assessing need, recruiting home helps, and allocating services. Eligibility for home help services is determined by an assessment of needs, based on a single set of regional access criteria (DHSSPS Circular HSS (ECCU) 2/2008). There is a charge for home help services in NI. However, while those under 75 years are subject to means testing, residents of Northern Ireland aged 75 or over are entitled to free home help services. HSC Trusts have a statutory duty to offer Direct Payments as an alternative to traditional home care services; these give the recipient a greater degree of autonomy in selecting the care provider.

In 2009, there were 17,252 persons aged 65 and over receiving a home help service in NI, over 80% of whom were aged 75 and over (DHSSPS, 2009: 8). This compares with a figure of 22,061 in 2004 (DHSSPS, 2004: 14) and 23,342 in 1999 (DHSSPS, 1999: Table 1.1).[33] Thus, there has been a marked decrease in the number of persons aged 65 and over receiving a home help services over the ten years between 1999 and 2009, despite the increase in the number of older people in the population. This decrease in the numbers receiving home help services seem to indicate, as the NIAO (2007) suggests, that there has been a reduction in less complex forms of support services for older people with care needs living in the community.

[33] These figures from the DHSSPS (1999, 2004, 2009) on the number of persons aged 65 and over receiving a home help service exclude individuals who receive home help as part of a Domiciliary Care Package.

(ii) Care Packages

Care management was first proposed in NI in 1990 by the NI White Paper *People First: Community Care in Northern Ireland for the 1990s* (DHSSPS, 1990). It has since become a key component of long-term care for older people. The aim of care management is to enable a shift in the balance of care away from institutionally-based care towards care at home. Under care management, care at home is intended to be tailored to the requirements of the individual. Care managers are accorded the responsibility for assessing needs in respect of care at home and placement in care homes. Care management consists of care assessment, care planning, monitoring and review.

A care package is the main form of care recommended for a 'client' through the care management process. This process involves assessing the client's needs, planning for care, and coordinating/reviewing the services recommended. Clients are screened, initially to determine whether a care management assessment is necessary. If a client passes the initial screening, a care management assessment is carried out to determine the form of care which best meets the client's needs. At the end of the assessment, a care package is recommended. There are three main types of care package: residential care, nursing home care and domiciliary care.

Figures show that there were 9,485 (2,906 residential care and 6,579 nursing home care) care packages in effect for persons aged 65 years and over at 31 March 2009. Since 2007, the DHSSPS has discontinued collecting data on the number of domiciliary care packages (including for older people) in NI.[34] However, figures from the DHSSPS cited in NIAO (2007: 14) show that at 31 March 2006 there were 14,840 care packages in effect for persons aged 65 and over. This figure is made up of residential (3,031), nursing home (6,345), and domiciliary (5,464) care packages, so that in 2006, domiciliary care packages represented 37% of the total number of care packages for older people in NI (NIAO, 2007).

With a view to providing a comprehensive picture of all domiciliary care services provided in the community, regardless of their complexity, the DHSSPS has since 2008 been collecting data on domiciliary care services, which it defines as 'the range of services put in place to support an individual in their own home' (DHSSPS, 2009).

[34] Communication from Karen Bleakley, Community Information Branch, DHSSPS on 6 July 2010.

Services may involve routine household tasks within or outside the home, personal care of the client, and other associated domestic services necessary to maintain an individual in an acceptable level of health, hygiene, dignity, safety and ease in their home. The DHSSPS statistical bulletin on domiciliary care services provides figures on the number of persons aged 65 and over receiving intensive[35] domiciliary care services, which stood at 5,619 in 2009. In that year, persons aged 65 and over represented 85% of all people receiving intensive domiciliary care services (DHSSPS, 2009: Table 7).

(iii) Direct Payments

Legislation in the form of The Carers and Direct Payments Act (N.I.) 2002[36] allows Direct Payments to be made to people wishing to purchase their own care in NI. Direct payments are cash payments from HSC Trusts that are made in lieu of social service provision that would otherwise have been arranged by the Trusts. Direct Payments can only be offered to someone who has been assessed as needing personal social services and for whom a Trust has decided to provide those services. Direct Payments are intended to enable individuals, including older people, who are assessed as needing services to arrange the provision of their own care services. The primary aim of Direct Payments is to promote independence by giving people control over the purchase and delivery of services that they need to support them. They are seen as a means of allowing greater flexibility for service users. It is intended to offer more choice as it allows service users to make arrangements with providers of their choice and at times convenient to them. Direct payments are intended to be used in innovative ways by older people. This places responsibility on the person in receipt of care but also promotes independence. Direct payments are separate from the Independent Living Fund; an assessment is carried out subject to means testing, to determine eligibility for Direct payments.

Direct payments may also be made to enable people to purchase for themselves short stays in residential accommodation, but regulations specify the maximum period. The Personal Social Services and Children's Services (Direct Payments) Regulations (Northern Ireland) 2004 set out the maximum periods of residential

[35] Intensive domiciliary care is defined as those clients receiving more than 10 contact hours and 6 or more visits during the survey week.
[36] The Carers and Direct Payments Act (N.I.) 2002 repealed the Personal Social Services (Direct Payments)(N.I.) Order 1996 which previously provided the power to make Direct Payments.

accommodation which may be secured by means of a Direct Payment as 4 weeks in any period of 12 months.

The take-up of Direct Payments in Northern Ireland is low across all client groups with only a 3.3% take up among older people (Gray and Horgan, 2009). However, the number of Direct Payments made (to all persons) in NI has increased from 672 in the year January to December 2004[37] to 6,700 in the year January to December 2009[38] (averaging 1,675 Direct Payments in each quarter of 2009).

(iv) Care Homes: Residential Care Homes and Nursing Homes

In NI a distinction is made between Residential care homes and Nursing homes. The former are care homes for people who can no longer manage in their own homes, whereas the latter are care homes for people with a disability or illness that require nursing care on a frequent basis. Older people have the option to move to a care home of their choice with the help of the local HSC Trust. HSC Trusts have a duty to assess a person's care needs, known as an 'assessment of need'.

In NI, older people contribute towards the personal care element of residential care or nursing home fees. Local HSC Trusts work out how much a person can afford to contribute through a financial assessment. The financial assessment takes account of income (e.g. State Pension, Pension Credit) and capital (e.g. savings, investments and property). A person must be left with £22.30 a week (known as Personal Expenses Allowance) to spend as they choose after making their contribution towards care home fees. Currently, capital to the amount of £14,250 is ignored in calculating how much contributions has to be made, capital between the amounts of £14,250 and £23, 250 is calculated as providing a person with income of £1 per week for every £250 of savings. If a person has more than £23,250 in capital they will be assessed as being able to meet the full cost of their care. A person's home may be counted as capital, except in specified circumstances.[39]

Nursing care provided to a resident of a Residential Care Home is normally provided by the community nursing service and is free of charge. HSC Trusts may contribute

[37] http://dhsspsni.gov.uk/all_direct_payments_dec_06.xls
[38] http://www.dhsspsni.gov.uk/direct_payments_report__mar10_.xls
[39] For example, where the property is occupied in whole or in part by the resident's husband, wife, partner or civil partner, a relative who is 60 or over, a relative who is incapacitated, a relative under the age of 16 and is a child whom the resident is legally liable to support.

to the cost of the nursing element of care provided to a person in a Nursing Home. To qualify, the person must be assessed as needing nursing care, which will be revealed in the overall comprehensive assessment. This includes a nursing needs assessment which will determine the extent to which a registered nurse should be involved in a person's care. If a person in a nursing home is assessed as needing 'nursing care', the local HSC Trust will make a contribution of £100 per week towards the fees to cover the cost of the nursing care element. Some people will have the full cost of their care paid for by their local Trust. This is called 'continuing health care'. Nursing homes receive the nursing care payments directly from the HSC Trust; residents nor their family do not get involved in any financial transactions relating to nursing care. If a person who has been assessed as requiring a form of care other than nursing care – be it residential care, care at home or at a day centre – but decides to go into a nursing home, that person will need to meet all of the nursing costs.

(v) Northern Ireland Single Assessment Tool (NISAT)

In NI, a Northern Ireland Single Assessment Tool (NISAT), a fully tested and validated assessment tool, has been designed specifically for the health and social care system in Northern Ireland. It is the first of its kind in the UK. Other regions across the UK have developed Single Assessment Processes. However, they have chosen to use "off the shelf" tools, with different regions using different tools. NI is the first region in the UK to develop a single assessment tool that is tailor made to underpin its assessment process. It is designed to capture information required for holistic, person-centred assessment of the older person. The NISAT is currently being introduced into practice.

(vi) Care regulation, standards and inspection

The Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order of 2003 paved the way for the regulation of a range of health and social care services, and for the development of minimum standards for these services. In NI, the Regulation and Quality Improvement Authority (RQIA), an independent body, has responsibility for and powers to regulate establishments in health and social care sector. RQIA is responsible for registering, inspecting and encouraging improvement in a range of health and social care services delivered by statutory and independent providers, in accordance with The Health and Personal Social Services (Quality,

Improvement and Regulation)(Northern Ireland) Order 2003 and its supporting regulations. Amongst others, the services that RIQA regulates include residential care homes, nursing homes, domiciliary care agencies and day care settings. Any person who carries on or manages such an establishment or care service must make an application to RQIA, and once granted, a certificate of registration is issued to the applicant. RQIA maintains a register of all approved establishments and care services. Since 2007 all domiciliary care providers (statutory, voluntary and private) are required to register with the RQIA. All such organisations were to have applied to be registered with the RQIA by 29 April 2008.

The DHSSPS has developed standards for regulated services across the statutory, voluntary and private sectors. These standards focus on the safety, dignity, wellbeing and quality of life of service users. They are designed to address unacceptable variations in the standards of treatment, care and services and to raise the quality of services. There are three sets of minimum care standards that are of relevance to older people. These are Nursing Home Standards, Residential Care Home Standards and Domiciliary Care Agencies Standards.

The minimum standards for nursing homes developed by the DHSSPS[40] comprise 40 standard statements (23 under the heading Quality Care and the remainder under the heading Management of the Home) and associated criteria covering key areas of service provision. The DHSSPS[41] has also developed minimum standards for Residential Care Home Standards. These comprise 35 standards (under the headings Quality Care and Management of the Home) and associated criteria. The nursing home and residential care home standards were developed with the help of patients, their representatives, staff, professionals, inspectors, commissioners and providers and were subject to a full public consultation process.

The Domiciliary Care Agencies Standards comprise 15 main standards (all of which come under the heading Quality Care) and associated criteria, the detail of which can be found in the document *Domiciliary Care Agencies Minimum Standards*[42] (DHSSPS, 2008c). These standards were developed with the help of people who use the services, their representatives or carers, providers, staff, professionals,

[40] www.dhsspsni.gov.uk/domiciliary_care_standards.pdf
[41] www.dhsspsni.gov.uk/care_standards_-_residential_care_homes.pdf
[42] www.dhsspsni.gov.uk/care_standards_-_nursing_homes.pdf

inspectors and commissioners. The standards were also subject to a full public consultation process. The RQIA is involved in maintaining standards surrounding rights, choice, consent, safety, staff training and supervision.

The three sets of standards are used by RQIA, alongside the requirements of regulations, in making decisions on regulation of establishments and agencies. They are applicable across various settings and are designed to be measurable through self-assessment (that is, they assist organisations in assessing the quality of their service provision) and inspection. With respect to nursing homes and residential care homes, the RQIA looks for evidence that the standards are being met through (1) discussions with patients, staff, managers and others; (2) observation of activities in the home; and (3) inspection of written policies, procedures and records. With respect to domiciliary care agencies, RQIA looks for evidence that the standards are being met through: (1) discussions with service users, managers, staff and others; and (2) inspection of written policies, procedures and records. The standards are expected to provide greater transparency for the public on the standard of care and treatment they can expect to receive.

Registered establishments and agencies are inspected by the RQIA. Domiciliary Care Agencies are subject to one inspection per year as per The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The RQIA must take the minimum standards into account in the inspection of domiciliary care agencies.

3.2 The Republic of Ireland

3.2.1 Policy background

Since the 1960s successive governments in the ROI have stated a commitment to pursuing policies with the intended effect of enabling as many older people as possible to continue living in their own homes (Inter-departmental Committee on the Care of the Aged, 1968; Working Party on Services for the Elderly, 1988). Current Government policy in relation to older people is aimed at supporting people to live in dignity and independence in their own homes and communities for as long as possible and, where this is not possible, to support access to quality long-term residential care. This policy commitment is renewed in the most recent social partnership agreement, *Towards 2016* (Government of Ireland, 2006). The overall emphasis is on promoting a high-quality service, delivered to those who require it, in

the most appropriate setting. A critical concern is to ensure that the needs of older people are met to the greatest possible extent in a community setting and, where this is not possible, through residential services.

The *Study to Examine the Future Financing of Long Term Care in Ireland* (Government of Ireland, 2002), which was commissioned by the Department of Social and Community Affairs and prepared by Mercer Ltd, examined financing of long-term care for all age groups. The primary focus of the study was on personal care, whether on a residential basis on in the community. A key principle underpinning the study was that people in residential care should contribute towards accommodation and daily living costs just as they would if they were living in the community. The Study considered various alternative financing mechanisms under four broad headings, namely (1) private savings, including residential property; (2) private insurance; (3) public tax-based finance; and (4) social insurance. The report was intended to form the basis for future policy strategies in the area of long-term care, not only in relation to cost and financing of long-term care but also in relation to service delivery and benefit design. It was also envisaged that the report would act as a starting point for the working group, which was established under the National Partnership Agreement Sustaining Progress to examine strategic policy, cost and services delivery issues associated with long-term care.

The *Care for Older People* report, prepared by a National Economic and Social Forum (NESF) Project team and published in 2005, focused on community care (NESF, 2005). It addressed ageing and its role in inhibiting older people's 'full and dignified' social participation. A core aspect of its work focused on addressing the issue of making living at home possible. It considered issues around the lack of a legal base to community care services for older people. It considered the theme of integration and the issue of co-ordinated approaches to the planning and delivery of services for older people.

The Developmental Welfare State (NESC, 2005) report offered a 'major review' of the welfare state. It acknowledged that major social deficits including limited eldercare services are not being adequately addressed by existing social policies and proposed an alternative framework to guide future reform. The alternative 'developmental welfare state' framework proposed comprises three overlapping domains: core services, income supports and advocate measures. With respect to

core services, the report highlighted eldercare services as a priority area for development.

Towards 2016, the ten-year framework social partnership agreement 2006-2015, (Government of Ireland, 2006), in line with *The Development Welfare State,* adopts a lifecycle approach to social policy, which focuses on the risks facing people at different stages of the lifecycle: children, working age, and older people and people with disabilities. It outlines a new framework within which to address key social challenges for each lifecycle stage. In relation to care, which is considered a priority area for older people, *Towards 2016* states that:

> Every older person would, in conformity with their needs and conscious of the high level of disability and disabling conditions amongst this group, have access to a spectrum of care services stretching from support for self-care through support for family and informal carers to formal care in the home, the community or in residential settings. Such care services should ensure the person has opportunities for civic and social engagement at community level (Government of Ireland, 2006: 60).

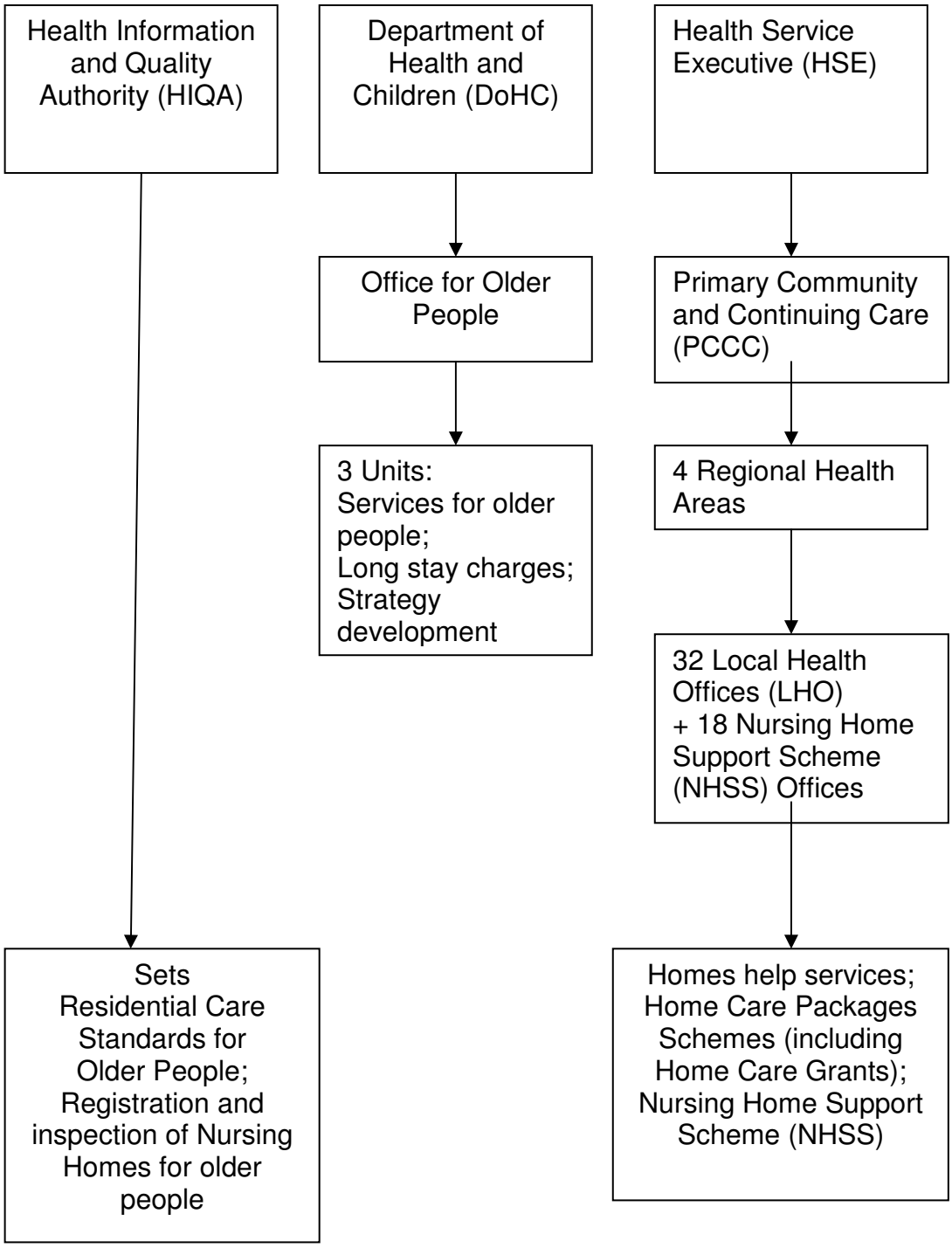
The Inter-departmental Working Group on Long Term Care was established in 2005. It terms of reference were, taking account of the proposals in the Mercer report (Government of Ireland, 2002) and the O'Shea (2002) report to (1) identify the policy options for a financially sustainable system of long-term care; and (2) rationalise the range of benefits, services and grants (both statutory and non-statutory) currently in place, and address associated issues. Its scope was on people over 65 in need of care. The report of the Inter-departmental Working Group (2006) addressed a range of community based care services and benefits and residential care. It discussed a range of issues including co-payment between the State and individuals, equity release, regulation of nursing homes, skills availability, financing, and implementation.

A *National Positive Ageing Strategy* is currently being developed in the ROI (see www.dohc.ie).

3.2.2 Structure and organisation of long-term care services for older people in the Republic of Ireland

The statutory role of the Department of Health and Children is to support the Minister in the formulation and evaluation of health and social care policies.

Figure 4: The Structure and Organisation of Long-term Care for Older People in the Republic of Ireland



A new Office for Older People, based in the Department of Health and Children, was established in 2008 to support the Minister of State for Older People in exercising her responsibilities within the Departments of Health & Children, Social Protection, and

Environment, Heritage & Local Government. The Office for Older People comprises three Units – Services for Older People; Long-Stay Charges; and Strategy Development. The responsibilities of the Services for Older People Unit are:

- Care of the Older Person;
- Nursing Home Regulations;
- Inspection/Accreditation;
- Funding of Long-Term Care and care in the community;
- Nursing Home Subvention Scheme/Nursing Home Support Scheme; and
- Palliative care – policy development and support for legislative development

The Health Service Executive (HSE) was established in January 2005 as the single body responsible for meeting health and social care needs in the ROI. There are three health and personal social services delivery units within the HSE: Population Health; Primary, Community and Continuing Care (PCCC); and National Hospitals Office (NHO). PCCC is responsible for the planning, management and delivery of all Primary, Community and Continuing Care services. The Directorate covers a wide range of services, including 'elderly/nursing home services'. The home help service, the Home Care Packages Scheme, and the Nursing Home Support Scheme are key care provisions (services and benefits) for older people provided by the HSE and are summarised below.

3.2.3 Key long-term care provisions for older people in the Republic of Ireland

The home help service, home care packages scheme and the nursing home support scheme that are available to older people in need of care in the ROI are summarised below.

(i) The home help service

The Home Help Service is one of a range of services that aims to:

- help older people to live independently in their own homes and communities for as long as possible;
- facilitate timely discharge from acute hospital settings, and
- avoid unnecessary admission to hospital, thus freeing up acute hospital beds.

The Home Help Service comes under the umbrella of Community Services, offering a service to certain categories of people including older people, disabled people and young families. Home help involves a myriad of household tasks such as light house cleaning, meal preparation, transport and in some cases personal care.

The home help service has no statutory basis in the ROI. This has been identified as a potential barrier to the development of community care and as a reason why some older people are unable to stay living in their own homes for longer (NESF, 2005; Timonen, Doyle and O'Dwyer, 2010).

Contact must be made with a local public health nurse to apply for home help services. An assessment of need is carried out to determine if a person is deemed suitable for home help. Home Help services are provided either directly by the Health Service Executive (HSE), or the HSE makes arrangements with other organisations (community and voluntary as well as private sector agencies) to provide the service.

Home help services are financed through general taxation. Older people receiving home help may be asked to make 'voluntary' contributions towards the service but this varies depending on the person's means and the locality (Timonen, Doyle and Prendergast, 2006).

The total number of home help hours provided nationally to older people in 2008 was 12,631,602. The number of clients in receipt of home help at the end of 2008 was 55,366 (PCCC Older Persons Minimum Dataset cited in HSE, 2009). There is wide variation in the number of home help hours provided across LHOs. A review of home help hours is underway to standardise Home Help agreements, with a view to assisting in implementing a standardised approach for home help hour allocation (HSE, 2009).

Home Care Packages (which will be discussed next) include home help services. However, HCPs were never intended to replace the existing home help service.

(ii) Home Care Packages Scheme

One of the key measures in place in the ROI through which the state supports older people with care needs living in their own homes (as opposed to family carers) is through the Home Care Support Scheme, more commonly known as the Home Care Packages (HCPs) scheme. The introduction of HCPs was recommended by the Inter-departmental Working Group on Long-Term Care, which recommended that HCPs should be focussed on 'older people currently in residential or hospital care, who have the capacity to return to their homes, and people in the community who are at risk of requiring residential care in the absence of such intervention' (Inter-departmental Working Group on Long-Term Care, 2008: 7). The introduction of this cash-for-care system in the ROI was heavily influenced by efficiency and cost considerations (Timonen, Convery and Cahill, 2006).

The majority (77%) of HCP recipients are over 75 years of age and 38% of recipients are over 85 (Department of Health and Children, 2009: 7).

There is no legal basis for the HCP scheme. The HCP scheme is financed through general taxation. Funding for the HCP scheme was first introduced in the 2006 Budget which provided for around 2,000 HCPs. According to the Department of Health and Children (2009) approximately 8,990 people are in receipt of HCPs at any one time. Funding allocated to the HCPs is estimated to be €120 million with the majority of the funding directly covering the cost of the HCPs. It is acknowledged that '[t]he financial management information available is not sufficient to support the optimum management of the HCP scheme' (Department of Health and Children; 2009:15)

Each HCP is supposed to be tailored to the needs of the individual based on their medical condition and level of care required. .According to the Department of Health and Children (2009: 7), '[e]valuation data clearly shows that HCPs are delivering multi-disciplinary, tailored packages of care to elderly and dependent individuals who otherwise would be unlikely to remain in their own homes'. Where care services are organised by the HSE, a HCP may include nursing services, various therapies such as physiotherapy and occupational therapy, home helps and personal care attendants. Whereas some packages emphasise social care services, others may include a greater level of nursing and paramedical services. In practice, HCPs are biased towards the provision of medical care (NESF, 2009). According to the

Department of Health and Children (2009) the majority of HCPs involved two or more service elements, such as physiotherapy or home help. Over 90% of Home Care Package recipients surveyed were also in receipt of mainstream services; 66% received two or more mainstream services (Department of Health and Children, 2009: 17).

The Department of Health and Children (2009) identified two clearly emergent categories of Home Care Packages:

- Short-term packages with few services designed to achieve a particular outcome such as a return to independence, for example, after surgery or an operation with significant recovery expected; and
- Longer-term packages involving a greater number of services typically designed to maintain the individual with a diversity of needs at home.

Older people have no automatic right to a HCP. Each of the 32 HSE Local Health Offices (LHO) has responsibility for the operation of the HCP scheme in its administrative area. The NESF (2009) outlines four main types of HCP:

- Direct provision by the HSE, usually through staff employed by the LHO;
- Services provided through commercial agencies, but paid for by the HSE;
- Services provided by the voluntary and community sector, and paid for by the HSE; and
- Cash-for-care grants to allow older people use the funding to organise their own care (although this is no longer available in many areas).

According to the NESF (2009), the HCP may consist of a combination of direct services and cash payments.

Guidelines on how to implement the HCPs across the country were developed by the HSE in 2006. The Guidelines covered who the HCPs are aimed at, the funding to be allocated, means tests, how referrals would work, assessment of the needs of each older person, the schedule of services to be provided to each older person, consultation and co-ordination with the older person and existing services, different types of HCP provision, monitoring and review of HCPs, and the data to be collected on them. However, these guidelines (known as the PCCC Working Group Guidelines) are not yet operational (NESF, 2009). This leaves LHOs without national

standardised guidelines to direct implementation of HCPs, an issue that has been raised and discussed by the NESF (2009) and the Department of Health and Children (2009).

The NESF (2009) has highlighted the benefits of HCPs for older people and their family members. According to the NESF (2009: 47), the HCPs 'represent a large amount of funding which has allowed a long-held policy ambition to be realised for many older people'. However, the NESF (2009: 49) has also highlighted that different amounts of funding are available for HCPs in different LHOs across the country and that implementation of policy relating to the HCP scheme is highly variable. The following points were raised by the NESF (2009) report. There is variation in the eligibility criteria used by LHO to allocate HCPs. There is a lack of clarity regarding eligibility of younger adults with disability or ill children to avail of the scheme and in relation to how long people should be eligible to continue to receive a HCP. There is great variation in the average amounts paid per week under a HCP. There is variation in how HCPs are delivered and in how often they are reviewed. There is variation in monitoring of HCPs and a lack of monitoring in some cases. A lack of co-ordination between the many different services and individuals involved in the organisation and provision of HCPs was also noted. These variations have given rise to 'inconsistencies, confusion, and inequities in service provision throughout the country'. The issue of inconsistency in delivery was also emphasised by the Department of Health and Children (2009).

Barriers to people trying to access HCPs have also been highlighted (NESF, 2009). These include the lack of readily available information (with different levels of information provided by different LHOs) and a general lack of awareness of the existence of and about the scheme among potential beneficiaries and professionals. There is confusion about the differences between HCPs and the home help service. Other issues raised in the report related to the management and training of home care support workers, problems with coverage provided by the HCPs, the lack of funding for all those who need HCPs. Other problems highlighted by the NESF (2009) included the increased level of administrative work due to the different budget lines for HCPs and other types of community care, the occurrence of double or even tripe assessments of the care needs of older people as well as double and triple means tests of older people, the lack of inadequate information collected on LHOs for outcomes-oriented policy management and the lack of systematically collected data that could be used to assess the quality of life outcomes of those being care for.

On the positive side, Home Care Packages have made home-based care a more viable alternative. There is a clear sense from consultation with stakeholders that Home Care Packages are the single most influential factor changing the healthcare provider mindset regarding the inevitability of residential care for older people with dependency, and establishing care at home as a viable alternative (Department of Health and Children, 2009: 9).

Arising from the Evaluation of HCPs (Department of Health and Children, 2009), a task force was set up within the HSE to draft three new sets of guidelines around:

- operation and delivery of Home Care Packages;
- quality standards for home care;
- procurement for broader (that is including home help services) home care services.

The draft guidelines are currently being completed by the HSE Task Force and at the time of completing this document, are due for submission to the Department of Health and Children for comment. Following this, the HSE Task Force will finalise the guidelines.[43]

(iii) The Nursing Home Support Scheme (NHSS)

Recent figures from the Department of Health and Children reveal that there are a total of 22,613 people resident in nursing homes, both public and private (Department of Health and Children, 2008:15).

A new scheme of financing support for older people who need long-term nursing home care was introduced in the ROI in October 2009. It is summarised in this section. The new scheme is known as the Nursing Home Support Scheme (NHSS). It is also referred to as 'A Fair Deal'. It is underpinned by legislation in the form of the Nursing Home Support Scheme Act 2009. Since the enactment of the 2009 Act, the Minister for Health and Children has made an additional four NHSS Orders and five NHSS Regulations.

[43] Communication from Department of Health and Children on 25 May 2010.

The NHSS is the single means of public funding for older people entering nursing homes for long-term care in the ROI. However, the NHSS is not restricted to older people, as anyone who is ordinarily resident in the State and is assessed as needing long-term nursing home care can apply for the scheme.

Applications for the NHSS are made to one of the 18 local Nursing Home Support Offices on a standard application form. There are three steps in the application process: (1) an application for a Care Needs Assessment; (2) an application for State Support; and (3) an *optional* step of applying for a Nursing home Loan. At the time of preparing this document, no exact figures are available on the number of people who have applied for or who have been granted support under the NHSS. It is estimated that over 9,000 people have applied for the scheme and about half of those applications have been processed.[44] There are 18 Nursing Home Support Offices that process the applications for the scheme. These offices collate the data on applications in their area. However, in the future it is envisaged that a central office will have responsibility for collating the data nationally.[45]

To avail of the NHSS, older people must undergo a Care Needs Assessment. This is carried out by a member of the HSE to determine whether long-term nursing home care is necessary. There is no single care needs assessment tool for older people applying to the NHSS. However, a Working Group is to be established with a view to developing a single care assessment tool for the purposes of assessing care needs under the NHSS. A small number of applicants have been refused support under the NHSS on the basis of the care assessment, i.e. for being assessed as not needing residential care.[46] Existing nursing homes residents receiving state support under the Nursing Home Subvention Scheme 1993 may apply to transfer to the Nursing Home Support Scheme 2009.

Prior to the introduction of the NHSS, the practice of establishing entitlement to financial support for long-term care in nursing homes was made up of three elements: (1) a person receiving institutional assistance in a publicly-funded nursing home or similar institutional was subjected to a means-test; (2) a person receiving institutional assistance in a registered private nursing home where the bed has been out by the HSE was subjected to a means-test (as 1 above); and (3) through the

[44] Communication from the Department of Health and Children on 25 May 2010.
[45] Communication from the Department of Health and Children on 25 May 2010.
[46] Communication from the Department of Health and Children on 25 May 2010.

Nursing Home Subvention Scheme a person in a registered private nursing home may, subject to a assessment of dependency and a means test (of income and assets), be entitled to a subvention towards the costs of nursing home care. The Nursing Home Subvention Scheme (in existence since 1993) was designed to help with nursing home costs but was not designed to meet the full costs of care. From 2007, the maximum weekly subvention rate was €300.

The NHSS, which replaced the above practices, seeks to equalise state support for older people receiving long-term care by applying the scheme to (HSE approved) public, private and voluntary nursing homes.

The NHSS is based on co-payment between the State and an individual nursing home resident. The resident makes a contribution towards the cost of their care and the State pays the balance. The payment by the HSE is called State Support. A financial assessment is used to determine the contribution that the older people will make towards their care and the corresponding level of financial assistance that will be provided by the state. A small number of applications are refused State Support under the NHSS on the grounds that their financial means are above the threshold.[47]

The Financial Assessment involves an assessment of all of the applicant's income and assets. Income includes any earnings, pension income, social welfare benefits/ allowances, rental income, income from holding an office or directorship, income from fees, commissions, dividends or interest, or any income which the person has deprived his/herself of in the 5 years leading up to the application. An asset is, broadly speaking any material property or wealth. The Financial Assessment uses income and assets to work out if a person is deemed eligible for State Support and the applicant's contribution to care. A nursing home resident contributes 80% of his/her assessable income and 5% of the value of any assets per annum. The first €36,000[48] of assets, or €72,000[49] for a couple, are not be counted at all in the financial assessment. The HSE pays the balance of the cost of care.

Where an applicant's assets include land and property in the State, the 5% contribution based on such assets may be deferred and collected from the person's estate. In other words, it does not have to be paid during a person's lifetime. This is

[47] Communication from the Department of Health and Children on 25 May 2010.
[48] €36,000 is the equivalent to £30,211.06
[49] €72,000 is the equivalent to £60,437.09

an optional Nursing Home Loan element of the scheme which is legally referred to as "Ancillary State Support".

The price charged for care by an approved private nursing home is based on negotiation and agreement between the nursing home qualifying for the scheme and the National Treatment Purchase Fund. The services that fall within the scope of long-term residential care and which are covered by this published cost/price are:

- nursing and personal care appropriate to the level of care needs of the person;
- basic aids and appliances necessary to assist a person with the activities of daily living;
- bed and board; and
- laundry service.

A person who avails of the Nursing Homes Support Scheme should not be charged any additional fee over and above this specified charge/price, except where he or she chooses to obtain additional services over and above long-term residential care services, for example, hairdressing or the delivery of daily newspapers.

Currently, there is little information on how well the NHSS is working. There is anecdotal evidence of delays or problems in both care and financial assessments for the scheme. Initially, it was envisaged that it would take the HSE one to two weeks to process an application but there are cases where processing is taking much longer. This is attributed to the relatively large proportion of incomplete application forms received by the HSE as well as the complexity (e.g. in relation to property) of the applications being processed. It is expected that the Nursing home Support Scheme will undergo a review or evaluation in 2012.[50]

(iv) Care regulation, standards and inspection

Prior to July 2009, the HSE had a statutory responsibility, under the Health (Nursing Homes) Act, 1990, for registering private and voluntary (but not public) nursing homes and to carry out inspections to ensure that these nursing homes were providing a minimum standard of care. Since July 2009, the Health Information and Quality Authority (HIQA), an independent body established under the Health Act

[50] Communication from the Department of Health and Children on 25 may 2010.

2007, has responsibility for the registration and inspection of all residential care services for older people, including public, private and voluntary nursing homes. The purpose of the inspections is to ensure the delivery of quality of care and adequate standards.

All residential care services for older people including HSE-run centres, private and voluntary nursing homes are subject to registration. Residential care services for older people are only allowed to operate if they are registered with HIQA and each centre is re-registered every three years. Two statutory instruments were enacted in 2009 to give effect to the registration and regulation of designated centres. These are Statutory Instrument S.I. No. 236 of 2009 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and Statutory Instrument S.I. No. 245 Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009. In order to be registered, the residential care setting must comply with the legislation. If the setting is not in compliance, it may fail to achieve registration status or it may lose the registration status.

HIQA (2009) has developed *The National Quality Standards for Residential Care Settings for Older People in Ireland*. The purpose of the standards is to promote best practice in residential care settings for older people and to improve the quality of life of residents in these settings. There are 32 Standards which are made up of standard statements and criteria. The standard statements set out what is expected in terms of the service provided to the resident. The criteria are the supporting statements that set out how a service can be judged as to whether the standard is being met or not. The Standards are grouped into seven sections to reflect the dimensions of a quality service. These are: (1) the rights of older people, (2) protection, (3) health and social care needs, (4) quality of life, (5) staffing, (6) the care environment and (7) management and governance. In addition, the proposed Standards include supplementary criteria that apply to units that specialise in the care of people with dementia (HIQA, 2009). The standards, which were mandated by the Minister for Health in Children in March 2009, were developed by the Authority in consultation with a variety of stakeholders. The National Quality Standards for Residential Care Settings for Older People in Ireland are underpinned by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. HIQA also deals with complaints made by family members of a person in care, if the complaint or issue cannot be resolved locally.

HIQA inspects nursing homes to gather evidence on which to make judgements on the fitness of the registered provider and to report on the quality of the service. Nursing homes are inspected against the relevant regulations and *National Quality Standards for Residential Care Settings for Older People in Ireland* to see if they are safe and whether the residents are cared for properly. Inspections are made consistently and unannounced visits are a feature. All inspection reports are made available to the public. Where a registered provider fails to comply with Standards that are not regulatory Standards (that is, Standards that are linked to regulations), this does not in itself lead to failure to be registered or loss of registration, as standards that are not regulatory standards are designed to encourage continuous improvement (HIQA, 2009).

At present, there are no quality standards and no legislative scheme for regulating the domiciliary care sector, whether provided by the public, non-profit or private sector in the ROI (Ahern, Doyle and Timonen 2007). The Law Reform Commission (2009) has examined how legislation that is currently in place to regulate residential care providers could be amended to incorporate the regulation of domiciliary care providers. It argued that the *Health Act 2007* already provides a comprehensive statutory framework through which the residential care sector is regulated, and it would be practical to extend the ambit of the 2007 Act to include the regulation of domiciliary care providers and sets out how this could be done in its Consultation Paper on the Legality of Carers (Law Reform Commission, 2009). According to the Law Reform Commission (2009: 23), 'this would ensure that there is an established body charged with the responsibility of: registering domiciliary care providers; setting standards for those providers; and monitoring those providers compliance with those standards'.

As mentioned above, a Task Force working within the HSE is drafting a set of quality standards for home care services. It is expected that once the standards are finalised, they will be rolled out nationally over the next two to three years. However, they will be voluntary standards that will apply to HSE-funded home care services, that is, services that are funded by the HSE and provided by the public, private and voluntary and community sector organisations. They will not apply to home care services that are paid for and acquired directly by home care service users. Once the voluntary standards are established, it is envisaged that the issue of statutory

regulation of home care will then become a priority policy consideration for the Department of Health and Children and the HSE. [51]

3.3 Comparison of the two jurisdictions

Structurally, NI and the ROI are similar in that they both have integrated health and social care systems. In addition, in both jurisdictions, restructuring has led to a reduction in the number of bodies responsible for social care and a move towards more centralised systems.

The ROI and NI are similar in that the traditional home care services such as home help services continue to be a vital service enabling older people to remain in their own homes. One of the most striking differences between the home help services in the North and South is that in Northern Ireland there is a legal basis for home help services, while this is not the case in the South. In the ROI, access to the services is via PHNs, whereas social workers are the key person in NI.

Furthermore, the home help service in NI is based on a care needs assessment and means-testing with co-payment by recipients, whereas in the ROI older people can be asked to make voluntary contributions to the service. In NI, the home help service is available to people of all ages but is provided free of charge to persons in need aged 75 or over. Charges for older persons in need who are aged between 65 and 74 are determined in accordance with provisions laid down by the DHSSNI. Premiums are extra weekly amounts for people with special needs and these vary by age. In the ROI, the home help service is available to people of all ages and the main criterion is care needs.

There are three types of care packages in NI: domiciliary care, residential care and nursing home care packages. Home Care Packages do not have a statutory basis in the ROI.

There are cash-for-care programmes in both jurisdictions. These take the form of Direct Payments in NI, which can be used to pay for domestic tasks, personal care and social activities and for short-term residential care. They are available to everyone, as there is no specified age and recipients include older people requiring

[51] Communication from Department of Health and Children on 25 May 2010.

services from HSC Trusts. Direct Payments in NI are means tested. In the ROI, the cash-for-care programme takes the form of Home Care Grants, which are part of the Home Care Packages Scheme. However, according to the Department of Health and Children,[52] the trend is towards an increasing use of service provision and a decreasing use of cash grants under the HCPs. Similarly to the home help services, there is a care assessment for Home Care Packages but charges cannot be levied although older people can make voluntary contributions to the costs of care over and above what they obtain through the HCP.

In NI, older people contribute towards the personal care element of residential care or nursing home fees. This is determined contribute through a financial assessment, which takes account of income (e.g. State Pension, Pension Credit) and capital.

In the ROI a new scheme of financing nursing home care is in its early stages – the Nursing Homes Support Scheme was introduced in 2009. The main features are that there is both a care assessment, a financial assessment (of income and assets) and older people and their family can defer part of the payment for the care until after the resident is deceased.

In NI, a single assessment tool has been developed, known as the Northern Ireland Single Assessment Tool (NISAT), which is tailor made to underpin its assessment process and to capture information required for holistic, person-centred assessment of the older person. It is currently being introduced into practice.

A major difference between NI and the ROI is in relation to care standards, registration and inspection. The ROI has recently drafted new standards and regulations for residential care of older people and nursing homes must register and are inspected by HIQA. In comparison, NI has care standards that apply to all providers of care for older people i.e. domiciliary care agencies, residential care homes and nursing homes. All of these agencies must register with RQIA and are inspected by the Authority.

[52] Communication from the Department of Health and Children on 25 May 2010.

References

Ahern, D., Doyle, M. and Timonen, V. (2007) 'Regulating home care of older people: the inevitable poor relation?' *Dublin University Law Journal,* 14(1) 374-78.

Anttonen, A. and Sipilä, J. (1996) 'European social care services: is it possible to identify models?', *Journal of European Social Policy,* 6(2) 87-100.

Bernard, M. and Phillips, J. (2000) 'The challenge of ageing in tomorrow's Britain', *Ageing and Society,* 20(1) 33-54.

Central Statistics Office (2007) *Ageing in Ireland 2007,* Stationary Office, Dublin.

Central Statistics Office (2008) *Population and Labour Force Projections 2011 - 2041,* Stationary Office, Dublin. Page 32 / 33

Central Statistics Office and Northern Ireland Statistics and Research Agency (2008) *Ireland, North and South: A Statistical Profile, 2008 Edition,* CSO, Cork and NISRA, Belfast.

Department of Health (2010) *Building the National Care System (Cm 7854),* The Stationary Office, Norwich.

Department of Health and Children (2008) *Long Stay Activity Statistics Report 2008,* Department of Health and Children, Dublin.

Department of Health and Children (2009) *Evaluation of Home Care Packages,* undertaken by PA Consulting Group, Stationary Office, Dublin.

Department of Health, Social Services and Public Safety (1990) *People First: Community Care in Northern Ireland for the 1990s,* DHSSPS, Belfast.

Department of Health, Social Services and Public Safety (2002) *Investing for Health,* DHSSPS, Belfast.

Department of Health, Social Services and Public Safety (2004) *A Healthier Future,* DHSSPS, Belfast.

Department of Health, Social Services and Public Safety (2005) *Direct Payments: Policy and Practice Review Report,* DHSSPS, Belfast.

Department of Health, Social Services and Public Safety (2008) *DHSSPS Circular HSS (ECCU 2/2008),* DHSSPS, Belfast.

Department of Health, Social Services and Public Safety Regional Information Branch (1999) Community Statistics, 1st April 1998 – 31st March 1999, DHSSPS, Belfast. [www.dhssps.gov.uk/ commstats_99.pdf]

Department of Health, Social Services and Public Safety Regional Information Branch (2004) Community Statistics, 1st April 2003 – 31st March 2004 Regional Information Branch, DHSSPS, Belfast. [www.dhssps.gov.uk/commstats_04.pdf]

Department of Health, Social Services and Public Safety Community Information Branch (2009) Adult Community Statistics, 1st April 2008 – 31st March 2009 - Revised, Office of National Statistics, Cardiff. [www.dhssps.gov.uk/community_statistics_08-20.pdf]

Department for Regional Development (2007) *Policy Review of the Northern Ireland Concessionary Fares Scheme,* Department for Regional Development, Belfast.

Department for Social Development (2004) *Ending Fuel Poverty,* Department for Social Development, Belfast.

Department for Work and Pensions (2006a) *Security in Retirement: Towards a New Pension System* (Cm 6841), The Stationary Office, Norwich.

Department for Work and Pensions (2006b) *Personal Accounts: A New Way to Save,* (Cm 6975), The Stationary Office, Norwich.

Doyle, M. and Timonen, V. (2007) *Home Care for Ageing Populations: A Comparative Analysis of Domiciliary Care in Denmark, Germany and the United States,* Edward Elgar, Cheltenham.

European Commission (1999) *Towards a Europe for All Ages: Promoting Prosperity and intergenerational Solidarity,* Communication from the European Commission, COM(1999) 221 final of 21.05.1999.

European Commission (2009) *Dealing with the impact of an ageing population in the EU (2009 Ageing Report)*, Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions, COM(2009) 180 final of 29.4.2009.

Evason, E. and Spence, L. (2002) 'Women and pensions in Northern Ireland: observations from recent research', *European Societies,* 4(4) 381-92.

Fujisawa, R. and Colombo, F. (2009) *The Long-term Care Workforce: Overview and Strategies to Adapt Supply to a Growing Demand,* OECD Health Working Papers No. 44, OECD, Paris.

Government of Ireland (2002) *Study to Examine the Future Financing of Long-Term Care in Ireland,* Report undertaken by Mercer Ltd on behalf of the Department of Social, Community and Family Affairs, Stationary Office, Dublin.

Government of Ireland (2006) *Towards 2016: Ten-Year Framework Social Partnership Agreement 2006-2015,* Stationary Office, Dublin.

Government of Ireland (2010) *National Pensions Framework,* Stationary Office, Dublin.

Gray, A.M. and Horgan, G. (2009) *Figuring It Out: Looking Behind the Statistics in Northern Ireland,* ARK, Belfast.

HIQA (2009) *National Quality Standards for Residential Care Settings for Older People in Ireland,* HIQA. Dublin.

HSE (2009) *Corporate Performance Management: Report against the Corporate Plan,* 2008-2011, HSE, Dublin.

Inter-departmental Committee on the Care of the Aged (1968) *Care of the Aged Report,* Stationary Office, Dublin.

Interdepartmental Working Group on Long-term Care (2008) *Report on Long-term Care,* Report of the Interdepartmental Working Group on Long-term Care, Department of Health and Children, Dublin.

Law Reform Commission (2008) *Consultation Paper on Legal Aspects of Carers* (LRC CP 53-2009), Law Reform Commission, Dublin.

Lundsgaard, J. (2005) *Consumer Direction and Choice in Long-Term Care for Older Persons, Including Payments for Informal Care: How Can it Help Improve Care Outcomes, Employment and Fiscal Sustainability?,* OECD Health Working Papers No. 20, OECD, Paris.

National Economic and Social Council (2005) *The Developmental Welfare State,* NESC, Dublin.

National Economic and Social Forum (2005) *Care for Older People,* Report 32, NESF, Dublin.

National Economic and Social Forum (2009) *Implementation of the Home Care Packages Scheme,* Report No. 38, NESF, Dublin.

Northern Ireland Audit Office (2007) *Older People and Domiciliary Care, Report of the Comptroller and Auditor General, NIA 45/07-08,* The Stationary office, Belfast.

Northern Ireland Statistics and Research Agency (2009) *Northern Ireland Population Projections,* 2008 NISRA, Belfast. [www.nisra.gov.uk/archive/demography/population/projections/popproj08.pdf]

O'Shea, E. (2002) *Review of the Nursing Home Subvention Scheme,* Stationary Office, Dublin.

OECD (2005) *Long-term Care for Older People*, OECD, Paris.

Office of the First Minister and Deputy First Minister (2005) *Older People's Strategy: Ageing in an Inclusive Society,* Office of the First Minister and Deputy First Minister, Belfast.

Oxley, H. (2009) *Policies for a Healthy Ageing: An Overview,* OECD Health Working Papers No. 43, OECD, Paris

Pierce, M. and Timonen, V. (2010) *Discussion paper on Theories of Ageing and Approaches to Welfare in Ireland, North and South*, Centre for Ageing Research and Development in Ireland, Dublin and Belfast.

Rostgaard, T. (2002) 'Caring for children and older people in Europe: a comparison of European policies and practice', *Policy Studies,* 23(1) 51-68.

Timonen, V. (2005) 'Policy paradigms and long-term care: convergence or continuing difference' in Taylor-Gooby, P. (ed.) *Ideas and Welfare State Reform in Western Europe,* Palgrave MacMillan, Basingstoke, pp. 30-53.

Timonen, V. (2009) 'Toward an integrative theory of care: formal and informal intersections' in Mancini, J.A. and Roberto, K.A. (eds.) *Pathways of Human Development: Explorations of Change*, Lanham, MD, Lexington, pp. 307-26.

Timonen, V., Convery, J. and Cahill, S. (2006) 'Care revolutions in the making? a comparison of cash-for-care programmes in four European countries', *Ageing and Society,* 26(3) 455-75.

Timonen, V., Doyle, M. and Prendergast, D. (2006) *No Place Like Home: Domiciliary Care Services for Older People in Ireland*, Liffey Press, Dublin.

Timonen, V., Doyle, M. and O'Dwyer, C. (2010) *Home Care in Ireland: A Cautionary Tale of Policy-making in the Absence of Implementation Strategies,* Working paper, SPARC/TCD, Dublin.

Working Party on Services for the Elderly (1988) *The Years Ahead – A Policy for the Elderly,* Stationary Office, Dublin.

World Health Organization (2002) *Active Ageing: A Policy Framework,* WHO, Geneva.

Key websites:

Northern Ireland (and UK)

Citizens Advice Bureau	http://www.citizensadvice.co.uk/
Department of Health, Social Services and Public Safety	www.dhsspsni.gov.uk
Department for Regional Development	www.drd.ie
Department for Social Development	www.dsdni.gov.uk
Department for Work and Pensions (UK)	www.dwp.gov.uk
Health and Social Care in Northern Ireland	http://www.hscni.*net*/
NI Direct: Government Services for Northern Ireland	www.nidirect.gov.uk
NISRA: Northern Ireland Statistics and Research Agency	www.nisra.gov.uk
Regulation and Quality Improvement Authority	www.rqia.org.uk

Republic of Ireland

Department of Health and Children	www.dohc.ie
Department of Social and Family Affairs	www.welfare.ie
Health Information and Quality Authority (HIQA)	www.hiqa.ie
Health Service Executive	www.hse.ie
Citizens Information Service	www.citizensinformation.ie