CARDI GRANTS PROGRAMME

Research Brief

Future demand for long-term care in Ireland

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Introduction

With the population across the island of Ireland growing older, the issue of how to provide and pay for care in the home and in residential settings is becoming more urgent. It is important that a strategy for providing long-term care for an ageing population is put in place, and understanding what the demand for care will be is a major part of this. As a result, CARDI funded a research project led by Professor Charles Normand at Trinity College Dublin which aimed to develop a predictive model of future long-term care demand in NI and ROI. This research brief contains information collated by CARDI and a summary of the findings in the full report, *Towards the Development of a Predictive Model of Long-Term Care Demand for Northern Ireland and the Republic of Ireland* (Wren et al., 2012).

Key findings[1]

- By 2021:
  - The number of people aged 65+ using residential long term care will rise by 12,270 in ROI, an increase of 59% since 2006. In NI, the rise will be 4,270, up 45%.
  - An additional 23,670 older people in ROI will use formal home care, up 57% since 2006. The extra demand for care from statutory providers in NI will be 4,200, up 37%.
  - Demand for all day/daily informal home care by people aged 65+ with disabilities will expand by 23,500 in ROI (57%) and the demand for informal care generally by 11,000 in NI (26%) (Wren et al., 2012).
- 2,833 extra people will require residential or formal home care each year in ROI between now and 2021 and 565 extra people in NI (Wren et al., 2012).
- The numbers requiring formal residential or home care will increase further if informal carers are unable to provide the same rate of care as in 2006, which would require all day/daily care for an additional 1,565 people each year in ROI and informal care to 730 in NI (Wren et al., 2012).
- In ROI, 14% of older people with limiting disabilities living in the community were receiving no care (8,020 people) compared with 2% in NI (1,100 people) in 2006 (Wren et al., 2012).

October 2012

1 These projections assume that patterns of use of care by people with disabilities remain unchanged. However, patterns may change with a reduction of supply of care in one setting giving rise to an increase in the need for care in another setting.

Care Policy for older people in ROI

Formal care services for older people in ROI can be divided into residential care, home helps and home care packages.

There are three types of residential long-term care institution in ROI: public, private and voluntary. Private nursing home care is the most rapidly growing sector. The Health Service Executive (HSE) has indicated that the provision of public beds could decline by between 555 and 898 this year (Health Service Executive, 2012a).

The Nursing Home Support Scheme (NHSS) (Fair Deal Scheme) was introduced in 2009 to establish publicly-funded or subsidised residential care on a statutory basis. Through the scheme, a care needs assessment is carried out by a health professional, and a co-payment is made for the cost of residential care based on a financial assessment of the assets of the older person in need of care. Residents choose care in a nursing home on a Health Services Executive list of approved public, voluntary and private nursing homes that are participating in the scheme. It was introduced with the aim of making state support for residential care consistent and equitable across all settings (Pierce, Fitzgerald, & Timonen, 2010).

Home helps in ROI provide domestic services such as cleaning, shopping, doing laundry and making meals. Home help is supplied by publicly-employed staff, or by community and voluntary organisations or private sector agencies. Individuals apply for home help services through the local public health nurse and an assessment of need is carried out to determine if they are suitable for home help. The services are provided either directly by the Health Service Executive (HSE), or the HSE makes arrangements with other organisations to provide the service (Pierce, Fitzgerald, & Timonen, 2010). The home help service has no statutory basis and patchy provision, combined with the system of state subsidy for residential care, biases utilisation towards residential care (Wren et al., 2012).

Home Care Packages were introduced in 2006 in an attempt to reduce the use of hospital care and residential long-term care by older people. It is defined by the HSE as consisting of “community services and supports which may be provided to assist an older person, depending on their individual assessed care needs, to return home from hospital or residential care or to remain at home”. These home care packages may consist of nursing, home help or respite care depending on the needs of the applicant (Health Service Executive, 2012b).

Care Policy for older people in NI

Formal care services for older people in NI are delivered through a number of channels. Older people living in their own home can avail of a home help service, where helpers provide domestic and social care services. The five Health and Social Care Trusts provide the services, with supervision undertaken by social work assistants (Pierce, Fitzgerald, & Timonen, 2010). Once a need has been established, the home help services are provided free of charge to people aged 75 and over or to those who are in receipt of income support. The services are means-tested for everyone else and users make a contribution (DHSSPS, 2010).

Care management is a key component of long-term care for older people in NI. It involves the assessment by a care manager of an individual's needs in terms of home care and also placement in care homes. A care package is then recommended through the care management process and there are three types: domiciliary care, residential care or nursing home care (Pierce, Fitzgerald, & Timonen, 2010).

In NI, a distinction is made between "residential" care homes and "nursing" homes. Residential care homes are for people who can no longer manage to live independently in their own home. Nursing homes are for people with a disability or illness who require nursing care on a regular basis. The nursing care component is provided free of charge in NI, but care recipients are means tested for personal care as well as accommodation and food costs.

Understanding the figures on long-term care

The first step in projecting the need for and use of long-term care is to analyse the existing patterns of utilisation of care in all settings and how these patterns relate to the need for care. In predicting future demand for long-term care, factors such as the ageing demographic must be taken into account, but also the potential improvement in age-related disability. The model developed by Wren et al. (2012) uses a basis of the future growth in numbers of people at older ages with levels of disability that indicate a need for care. A selection of the data on population growth, forecast trends in disability and current utilisation of care in all settings from the full report is presented in this section.

Data on care in ROI

Wren et al. (2012) analysed the current sources of data on utilisation in all care settings in ROI. Table 1 below presents a brief summary of the main findings from this data analysis, which is included in full in the report.

Table 1: Summary of statistics on utilisation of care in all settings, ROI

ESRI forecast of population aged 65+ in 2021 (Morgenroth, 2009)	792,100
Number of long-term care residents aged 65+ in public long and limited stay institutions in 2006 (Estimated from Department of Health and Children, 2006 and 2006b)	7,667
Estimated numbers of long-term care residents* aged 65+ in private and voluntary nursing homes in 2006 (Irish Nursing Homes Organisation, 2006)	14,824
Percentage of people aged 65+ in residential long-term care* in 2006 (Wren, 2009)	4.8%
Total percentage of people aged 65+ with severe disability in long-term residential care in 2006 (Wren et al, 2012)	23.8%
Home help recipients aged 65+ in September 2011 (HSE database)	43,672 (8.0% of total)
Home Care Package recipients aged 65+ in September 2011 (HSE database)	9,929 (1.8% of total)

* The basis for estimating numbers in residential long-term care is broader in ROI than in NI. It includes residents of public, voluntary and private long and limited stay institutions, including hospitals for older people.

Data on care in NI

As with ROI, Wren et al. (2012) analysed data on care in community and residential settings for NI, summarised in Table 2. The Department of Health, Social Services and Public Safety (DHSSPS) provides data on formal care in the community for all ages, including meals services and domiciliary care. Data on disability comes from the Northern Ireland Survey of Activity Limitation and Disability (NISALD) although it is not directly comparable with the National Disability Survey in ROI.

The Northern Ireland Statistics and Research Agency (NISRA) estimated that there was a total of 239,347 people aged 65 or over in NI in 2006. This represents 13.7% of the total population.

Table 2: Summary of statistics on utilisation of care in all settings, NI

NISRA forecast of population aged 65+ in 2021 (NISRA 2010-based population projections)	335,077
People aged 65+ in receipt of a meals service (DHSSPS, 2007)	6,050
People aged 65+ in receipt of a domiciliary care service (DHSSPS, 2007)	5,610
Total number aged 65+ in residential care** (Wren et al., 2012)	9,585 (4% of the older population)
Total number aged 65+ with a disability (Wren et al., 2012)	56,121
Total percentage aged 65+ with a disability in care (Wren et al., 2012)	17.1%

** NI statistics include publicly-funded care packages in nursing and residential homes but not residents who pay privately for residential homes or residents of limited stay institutions and hospitals for older people.

Disability definition used in this model

Within both the 2006 National Disability Survey (NDS) and the Northern Ireland Survey of Activity Limitation and Disability (NISALD) datasets are two sets of broadly similar questions that identify those respondents who report difficulties with day-to-day activities such as personal care, preparing meals/feeding oneself, and general mobility/functioning within the home environment.

Respondents were classified as having disabilities that limited their ability to undertake everyday tasks if they reported having “some difficulty” through to “cannot do at all” for the NDS or having a “fair amount of difficulty” through to “cannot do” for the NISALD on any one of the questions on limitations in functional activities described above.

Unmet need

The analysis of data in 2006 revealed considerable unmet need. The report estimated that in ROI, 8,020 older people with disabilities that limited their ability to undertake activities of daily living (ADL) who were living in private households were not receiving any help: this was made up of 3,280 people aged 65-74 and 4,740 aged 75 or older and represented 14% of people aged 65 and over with ADL difficulty (Wren et al., 2012: 40). In NI only a small proportion of either men or women with ADL difficulty did not receive some formal or informal care – 2% of the over 65s with a disability, 1,100 people (Wren et al., 2012). The report states: “There would appear to be clear evidence from the two disability surveys that the care assessment system in ROI is less effective since it leaves a relatively high proportion of the older population with disability having an unmet need for care” (Wren et al., 2012: 142).

Diversity

Although the report is concerned with long-term care utilisation by people aged 65 and older, there is great diversity within this age group. In ROI in 2006, for example, less than 1% of people aged 65-70 were living in nursing homes compared with 33% of women and 23% of men aged 90+. A study confined to a single category of people aged 65+ would severely under-estimate future demand because the oldest age groups will increase much more rapidly than the younger ones.

Long-term care projections 2006-2021

The projection of future demand for long-term care conducted by Wren et al. (2012) assumed two basic scenarios. In the first scenario, utilisation of care is driven purely by population growth, with assumed constant age-related disability and care utilisation. The second scenario assumes constant disability-related utilisation of care, but also assumes a decline in disability rates over the forecast period. There is a high and low utilisation estimate for each scenario.

The projections of Wren et al. (2012), while taking account of the effects of age, gender and disability on utilisation, do not factor in the effects of many additional determinants. Despite the limitations, the projections are a good indicator for policymakers on future demand for long-term care. As Table 3 shows, there will be a large increase in demand for long-term care by people aged 65+ even if rates of disability and rates of utilisation of care decline; the impact of these factors will be greatly outweighed by the very substantial rise in the older population, especially those aged 85 and older.

Compared to 2006, ROI is faced with a projected total increase in the use of or requirement for residential long-term care places of approximately 12,200 - 14,500, an increase of 23,600 – 28,000 in formal home care use and around 23,500 in the use of intense all day/daily informal care, all by 2021.The projected increase in NI is approximately 4,270 residential care places, 4,200 more people using formal home care and 11,000 more people using informal care.

Table 3: Summary of preferred projections for care utilisation, ROI and NI

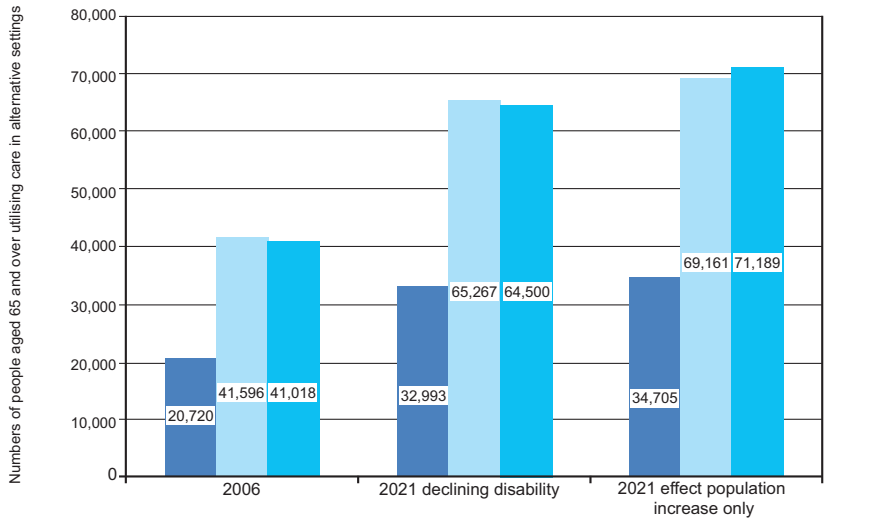
	Republic of Ireland				
	Residential LTC		Formal home care		All day or daily informal home care
	Low estimate	High estimate	Low estimate	High estimate	For persons with ADL difficulty
2006 estimates	20,720	22,491	41,596	49,179	41,018
2021 declining disability projection	32,993	36,993	65,267	77,164	64,500
2006-2021 projected increase in utilisation	12,273 (59%)	14,502 (65%)	23,671 (57%)	27,985 (57%)	23,482 (57%)

	Northern Ireland		
	Residential LTC publicly-funded care packages	Formal home care from statutory provider	Informal care for persons with disability
2006 estimate	9,585	11,315	42,821
2021 declining disability projection	13,858	15,512	53,827
2006-2021 projected increase in utilisation	4,273 (45%)	4,197 (37%)	11,006 (26%)

Source: Wren et al. (2012)

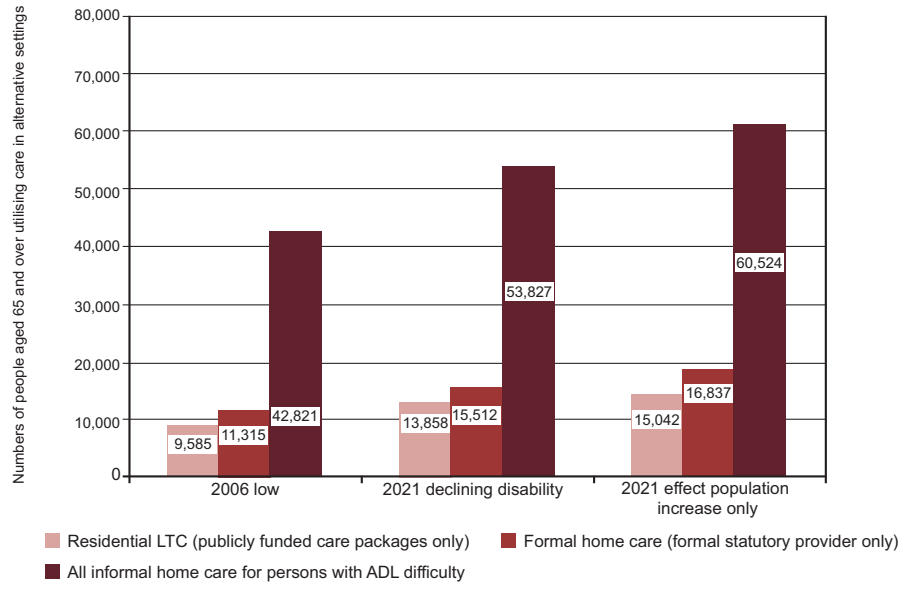
The two figures below indicate the scale of the challenge facing both ROI and NI in meeting the demand and costs of long-term care given the large increases which the model projects, particularly if the 2021 high projection turns out to be closer to the actual numbers requiring long-term care at the end of the 15 year time frame.

Figure 1: Projected changes in long-term care utilisation in ROI, 2006-2021



Note: There is overlap between people using formal and informal home care

Figure 2: Projected changes in long-term care utilisation in NI, 2006-2012[2]



Note: There is overlap between people using formal and informal home care

2 In Figures 1 and 2, the ROI residential and formal home care data include privately funded care, whereas the NI residential and formal home care data include only publicly funded care. The residential care data for ROI further includes care in limited stay institutions and hospitals for older people, whereas the NI data are for nursing and residential homes only. The ROI data for informal care include only intense daily or all day care for persons with ADL difficulty whereas the NI data include all informal care for persons with ADL difficulty (and may include recipients of privately purchased care).

NI care policy

In 2011, the Commission on Funding of Care and Support reported back to the UK government. It stated that the current system of adult social care in England was “confusing, unfair and unsustainable”. The major recommendation was that individuals’ lifetime contributions toward their social care costs should be capped. Once the cap is reached, individuals would be eligible for full state support. The recommended cap was £35,000. It also recommended national eligibility criteria for state support to ensure greater consistency (Commission on Funding of Care and Support, 2011). The Department of Health in England is now consulting on the report’s findings.

In terms of long-term care policy specific to NI, the Joseph Rowntree Foundation examined the impact of devolution on long-term care policy in 2010. It found that while levels of long-term care support can differ in NI, Scotland, Wales and England, long-term care policies cannot be radically different due to taxes and benefits being reserved to Westminster (Bell, 2010). The NI Assembly reviewed the introduction of free personal care in 2007, but decided that only a small number of people would benefit and thus it was difficult to justify the cost (Gray & Horgan, 2010).

The Compton Review, an examination of health and social care services in NI, was completed in November 2011. It developed a model of future health and social care based on the challenges of a growing and ageing population, a growth in chronic conditions and instability in the current health and social care system. As well as advocating integrated emergency, planned and specialist care to be delivered at a local level where possible, the review proposed that care in the home should be central, including end of life care. It noted a high level of dependence on institutional and hospital care for older people as things currently stand, and inconsistencies in the quality and range of services available (DHSSPS, 2011).

ROI care policy

In 2002, the government in ROI published *Study to Examine the Future Financing of Long-Term Care in Ireland*. It considered possible financing options for the future of long-term care, including private sector or combined public/private sector approaches, using the Pay-Related Social Insurance (PRSI) system to finance long-term care or whether long-term care financing through taxation should remain the status quo. The study favoured long-term care financing through social insurance and proposed a mix of private financing through means such as equity release (Department of Social and Family Affairs, 2002).

The 2006 social partnership agreement *Towards 2016* outlined an agreement between the ROI government and social partners to develop an infrastructure of long-term care services for older people. It listed a series of principles that long-term care should be based on. The first among these was that an integrated long-term care service should be based on a national, standardised care needs assessment. Community and home-based care should take priority over residential care, but where this is not possible, quality residential care should be available. The document proposes co-payments by care recipients, based on a financial assessment (Department of the Taoiseach, 2006).

A 2009 report published by the Economic and Social Research Institute (ERSI) and commissioned by the Health Research Board examined demographic change in ROI and projected the impact it would have on the demand and delivery of health care. It pointed out that long-term care is influenced by four major factors: population growth, developments in life expectancy, disability trends and trends in household composition. Using a ratio of older people with substantial disabilities to the number of long-term care residents in 2006, the report forecast demand for residential long term care for people aged 65 years and over in 2021 at 35,200 places or 4.4% of over-65s compared to 4.8% in 2006 (Wren, 2009 in Layte, et al., 2009).

Policy implications of the research

The major implication to emerge from the research of Wren et al. (2012) is that policy for care of older people across the island of Ireland must be changed to reflect the ever-increasing demand for care services. More care services are required and the types of service provided should also reflect the wishes of older people themselves, particularly the desire to live independently at home for as long as possible.

2,833

Projected annual increase in residential care and formal home care, ROI

565

Projected annual increase in residential care and formal home care, NI.

The model to predict long-term care developed by Wren et al. (2012) provides some evidence that there will be a decline in disability rates and anticipates reductions in age-specific need for care in most settings across the island of Ireland. Nevertheless, population growth and ageing will present challenges to policymakers in terms of long-term care. As the 65+ age group increases in size as a proportion of the total population, there will be requirements for substantial increases in the provision of long-term care in every setting.

114,000 of the 187,000 carers in ROI are women, while more than half of these women carers are under the age of 50 (Central Statistics Office, 2012). Socio-economic developments such as increased female labour force participation or emigration by younger women reduce the potential supply of informal care-givers, so these requirements may fall more heavily on the formal care services. Older people are also significant

care-givers as well as recipients and may face an increased burden in future. Even with greater emphasis on care at home and more resources provided to realise it, the demand for residential care is going to increase significantly in the next decade. This has important implications for governments, North and South, as well as for private and voluntary providers of care and for the planning and regulatory bodies in long-term care.

In ROI, the cost of long-term care is projected to increase from 0.9% of GDP in 2010 to 1.8% of GDP in 2050. Similarly in the UK, the cost of long term care was 0.8% in 2010 of GDP but this is predicted to rise to 1.2% in the same timeframe (Standard & Poors, 2010). “Care for older people” cost the ROI Department of Health €1 billion in 2006 and €1.6 billion in 2011 (Department of Health, 2011). “Elderly care” cost the Department of Health, Social Services and Public Safety in NI £578 million in 2005/06 (NI Assembly Research and Library Service, 2011). With increasing demand, these costs are going to grow significantly and as a result, the provision of a sustainable system of long-term care is a policy challenge that governments in ROI and NI need to address.

In a policy brief on the issue of sustainable long-term care, the Organisation for Economic Co-operation and Development (OECD) promotes a three-pronged approach for governments to develop a sustainable system of long-term care:

- Controlling public costs through substantial private cost-sharing particularly targeted toward those who can afford to make such contributions.
- Confining public benefits to people with low incomes and limiting public financial support for those with only mild disabilities.
- Development of public health strategies to prevent or delay the onset of disability in old age (OECD, 2005).

An alternative is a universal approach to funding by social insurance, as in Germany and as advocated by Department of Social and Family Affairs, 2002.

Current ROI policy aims to provide care in the home or community for as long as possible. However, the major policy initiative in recent times has been to provide a co-payment system for residential care, to the detriment of home help packages or home care. This has done nothing to address patchy provision of long-term care outside of a residential setting (Wren et al., 2012). There is also a high level of dependence on institutional and hospital care in NI, which the Compton Review of 2011 aims to address (DHSSPS, 2011). The model for long-term care developed by Wren et al. (2012), illustrates that governments in NI and ROI need to ensure that the future systems for long-term care support independent living in the home for as long as possible, with quality residential care when required.

Conclusion

The research conducted by Wren et al. (2012) analyses the utilisation of care and projected future utilisation of care in all settings. It projects significant growth in demand for long-term care across the island of Ireland, highlighting the importance of greatly increasing care provision and providing a sustainable system of long-term care.

With the demand for care projected to increase significantly each year until 2021, policymakers need to act to provide the extra care services in all settings, as well as ensuring that care reflects the wishes of older people themselves. Further research is required into the exact costs of long-term care for older people and how the extra demand for care can be catered for in the most effective way.

Methodology

In order to develop a model for projecting the use of long-term care, Wren et al. (2012) used 2006 as a base year and 2021 as an end year. The same approach was used for the model in both ROI and NI – projections were generated by cell-based macro-simulation models. Each model employs two scenarios: the effect of pure population increase and ageing on long-term care utilisation; and the effect on long-term care utilisation of population growth and ageing combined with a forecasted decline in disability rates. Each model applies evidence of disability rate declines to forecast future populations with disability.

One difficulty in calculating probable future demand is that the data sources do not always have the ideal level of age disaggregation (*e.g.* disability or care utilisation rates in five-year age groups or even individual year of age). This is just one of the data deficiencies confronting the research team, even when calculating levels of demand for care in 2006. In ROI, for example, the HSE database excludes privately purchased care; the National Disability Study excludes people who do not report disability; and the TILDA dataset excludes older people with significant cognitive impairment. In NI, the Census 2001 data on limiting long-term illness are unsuitable for modelling trends in long-term care demand for people aged 65+ (Wren et al. 2012: 50, 68).

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Published by the Centre for Ageing Research and Development in Ireland (CARDI) ©. CARDI has produced this publication as a resource for researchers, policy-makers, older people and others with an interest in ageing research. To find out more about CARDI's grants programme please visit www.cardi.ie

This research brief is based on findings from a research project funded under CARDI's Grants Programme: Wren et al (2012) and information collated by CARDI.

It may be cited as Future Demand for Long-term Care in Ireland. Dublin/Belfast: Centre for Ageing Research and Development in Ireland.

This publication can be downloaded from **www.cardi.ie** Additional copies may be requested from:

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Our work has been made possible through funding by The Atlantic Philanthropies, augmented by grants from the Department of Health and Children in Dublin and the Health and Social Care Research Office, Public Health Agency, Northern Ireland. CARDI is hosted by the Institute of Public Health in Ireland.

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