

## Oral Presentation Abstract

### **Publicly funded home care for older people in Ireland: Determinants of utilisation and policy implications.**

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**Background:** The majority of older people are independent and self caring. When long-term care is required this is provided across a range of community and residential settings including the older person's own home. Policy direction and the preference of older people are directed towards supporting older people to remain living in their homes for as long as possible. The majority of home care is provided informally by unpaid carers with a smaller proportion provided formally by paid carers. Formal care is predominantly publicly financed but may be delivered by public, private and not-for-profit organizations. The aim of this study was to identify the determinants of formal home care utilisation amongst community living older people in Ireland.

**Methodology:** The study was cross-sectional in design using data from The Irish Longitudinal Study on Ageing (TILDA). Respondents were interviewed between 2009 and 2011; the response rate was 62%. The behavioural model of health service utilisation provided a framework for the analysis (Aday and Andersen, 1974).

**Results:** Multivariable logistic regression revealed a wide range of factors which predict service utilisation. The strongest determinant of formal home care utilisation was self-reported difficulty with instrumental activities of daily living, followed by older age and living alone.

**Conclusions:** The research provides a population based profile of the characteristics of older adults utilising formal home care services provided by the State. Policy implications include the need for a whole system perspective including standardized access and assessment procedures across the system and a shift in orientation away from domestic care towards greater provision of personal care at home. This study identifies a need to consider home care utilisation in older adults who self-report no limitations in either activities of daily living (ADL) or instrumental activities of daily living (IADL) when modeling the demand for home care in the future.