

Trends in demand for services among those aged 50 years and over with an intellectual disability, 2003–2007

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National Intellectual
Disability Database

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Summary

This paper outlines key trends in specialised health service use and need by those aged 50 years and over who are registered on the National Intellectual Disability Database (NIDD). The data for the paper were obtained from the NIDD datasets for the years 2003–2007. The paper includes data on demographics, service use and future need. Census data were used to compare life expectancy and morbidity in older age groups in the general population with those of people aged 50 years and over registered on the NIDD.

The main findings from the analysis are:

- In the period 2003–2007, the number of people aged 50 years and over registered on the NIDD increased by 11%, from 3,869 in 2003 to 4,279 in 2007.
- Over the five-year period, the number of males exceeded the number of females in every age group except for the 50-years-and-over group. In this cohort, the number of females exceeded the number of males by 8%, indicating that females with an intellectual disability are more likely to live into old age than their male counterparts.
- In 2007, the proportion of people aged 65 years and over registered on the NIDD (3.8%) was significantly less than that in the general population (11%), which suggests that although people with intellectual disabilities are living longer, their life expectancy remains significantly lower than that of the general population.
- In 2003, just over one-fifth of the cohort were recorded as having both an intellectual disability and a physical/sensory disability; in 2007 this proportion had risen to one-third.
- The largest area of growth in full-time residential services between 2003 and 2007 was in the provision of community group homes. In 2003, 948 of the cohort were living in community group homes; this figure increased to 1,253 in 2007, a rise of almost 33%. This reflects policy trends in this area.

- The movement away from placing older adults with intellectual disability in large institutional settings is evident from the decline in the numbers of full-time residents in psychiatric hospitals, which fell by 44% from 283 in 2003 to 197 in 2007.
- There was a large increase (129%) over the five-year period in the number of people aged 50 years and over accommodated in nursing homes, from 55 in 2003 to 126 in 2007.
- Those living in an independent or semi-independent setting were younger and were more likely to have a mild intellectual disability than those in other residential settings, while those living in a psychiatric hospital or nursing home were more likely to be older and to have a more severe intellectual disability than those in other settings.
- In 2007, 420 of the cohort received residential support services, which represents a 39% increase since 2003.
- In 2007, the majority of residential support services were crisis or planned respite services (339 places, 81%) and the majority of these (254 places) were provided to those living in a home setting.
- The most notable growth in the provision of day services for this group between 2003 and 2007 was observed in vocational training and a range of employment options.
- The number of people in receipt of at least one multidisciplinary support service increased by 55%, from 2,206 in 2003 to 3,428 in 2007. Demand for services such as psychiatric and medical services appears to be influenced by age, with more people aged 65 years and over receiving these services.

Introduction

The NIDD was established in 1995 as a service-planning tool to ensure that information is available to enable the Department of Health and Children, the Health Service Executive (HSE) and the non-statutory agencies in Ireland to provide appropriate services designed to meet the changing needs of people with intellectual disability and their families. The Database is regarded internationally as an innovative development, as few other countries have national-level disability registers.

For the purposes of the NIDD, intellectual disability is defined using the criteria set out in the *International Statistical Classification of Diseases, 10th Revision, (ICD-10)*, which categorises degrees of disability on a scale ranging from mild to moderate to severe to profound (WHO 1996). This paper sets out trend data from the NIDD on the specialised health services that are provided for and required by adults with an intellectual disability and who are aged 50 years and over. The data used are derived from returns of information by service provider agencies and the HSE to the Health Research Board (HRB) for inclusion on the NIDD.

The HSE is responsible for the local administration of the Database. This includes the implementation and maintenance of structures for the identification of individuals and the collection, review and updating of data. Responsibility for providing this information to the HSE lies primarily with local service providers, HSE personnel and school principals. Consent is sought before an individual is registered on the Database. While registration is voluntary, the NIDD's comprehensiveness and coverage is generally regarded as very good, largely because of the direct involvement of service providers in the return of information.

The Database collects information on the individual service user and his or her family. It also gathers data on current service usage and future service need in relation to day services, residential circumstances, residential support and multidisciplinary services. Projections of future service need are based on the data supplied by the providers of intellectual disability services. These data are reviewed each year for their relevance to the individual service user. Updating of information can take place at any time as the NIDD is a live system.

Background

Over the last number of years there has been growing interest in the health and wellbeing of older people with intellectual disability. In Ireland the number of people with intellectual disability who are surviving into older age has almost doubled in the last 25 years (Kelly *et al.* 2007). The World Health Organisation (WHO) states that the increased longevity of people with intellectual disability is the direct result of medical and social advances, which have also extended the longevity of the general population (WHO 2000). This increase is likely to continue into the future not only because of improved standards of care but also because of the commitment of families, communities and service providers to enhancing the lives of people with intellectual disability.

In the past, people with intellectual disability were not expected to live into old age and there was an assumption that parents would care for and outlive their offspring (McCallion and McCarron 2004). This trend is changing, however, and more people with intellectual disability are living into old age. While this is a positive development, older adults with intellectual disability presenting to services pose new challenges for health and social care professionals (McCarron and Lawlor 2004). Over the next decade, the need for residential care is likely to increase and, given the increased life expectancy of people with intellectual disability, it is likely that there will be fewer places available in existing settings through natural attrition (McCarron 2006). In addition, the movement away from large institutional settings is likely to continue, reflecting the trend towards deinstitutionalisation of people with intellectual disability in recent years (Mansell *et al.* 2007).

Research has shown that people with intellectual disability are often placed in nursing homes at a much younger age than they should be (Fyffe *et al.* 2006). A placement in a nursing home often occurs as a result of a family crisis or emergency and, in many cases, may be inappropriate for the individual concerned.

Research has also shown that age-related health problems can occur in people with intellectual disability at an earlier stage than in the general population (Jenkins *et al.* 1994). This cohort is at a much greater risk of experiencing dementia, sight and hearing loss, as well as arthritis, rheumatic illness and cardiac conditions. The literature on ageing and intellectual disability shows that intellectual disability services are unprepared for the changing needs of older people with intellectual disability, while services for older people are not readily accessible to people with intellectual disability (Bland *et al.* 2003; McCarron 2006). Addressing these issues within the provision of health and social care is critical 'if chronological age is not to be used to determine whether individuals can gain access to specific services or treatments' (McCarron 2006). In particular, there is a need to engage people with intellectual disability, and their carers, in future residential care plans so that contingency services are readily available (Hatzidimitriadou and Milne 2005).

Writing on the service needs of older people with intellectual disability, Mc Causland *et al.* (2006) divide those needs into strands that include quality of life and social issues as well as physical health, mental health and dementia. Meeting the needs in all of these areas is important to the process of healthy ageing. More recently, a study of older adults who were not accessing specialist health services (Dodd *et al.* 2009) has shown that specialist services need to be more proactive in engaging vulnerable older people in services.

Methods

Data for this paper were taken from the NIDD archive of national datasets for the years 2003 to 2007. The national datasets are compiled from completed data forms for each identified individual. As noted earlier, the NIDD records three basic elements of information: demographic details, current service provision and

future service requirements. The objective is to obtain this information for every individual known to have an intellectual disability and assessed as being in receipt or in need of an intellectual disability service. The HRB, on behalf of the Department of Health and Children, manages the national data.

There is no generally accepted chronological point in life at which old age can be said to begin in the population of people with intellectual disability; recent reports have focused on the age of 50 years as the chronological point for determining age-related change (WHO 2000; NCAOP 2007). For the purpose of this paper, therefore, those on the NIDD who were aged 50 years or over in each of the five years were selected for review.

Data on individuals aged 50 years or over were extracted from the NIDD national datasets for each of the five years (2003–2007). These records were then merged and analysed in terms of trends in demographics, service usage and service needs. Comparison data for the general population were obtained from the *National Census of Population of Ireland* (Central Statistics Office 2006).

Analysis

Profile of the population

Figure 1 represents the numbers of people aged 50 years and over, by gender, for the years 2003–2007. The total number increased by 11%, from 3,869 in 2003 to 4,279 in 2007. Successive annual NIDD reports show steady increases in the proportion of older adults in each dataset since 1996, and predict further increases in the coming years. Over the period 2003–2007 the number of males exceeded the number of females in every age group except for the 50-years-and-over group. In this cohort, the number of females exceeded the number of males by 8% over the five-year period (Figure 1).

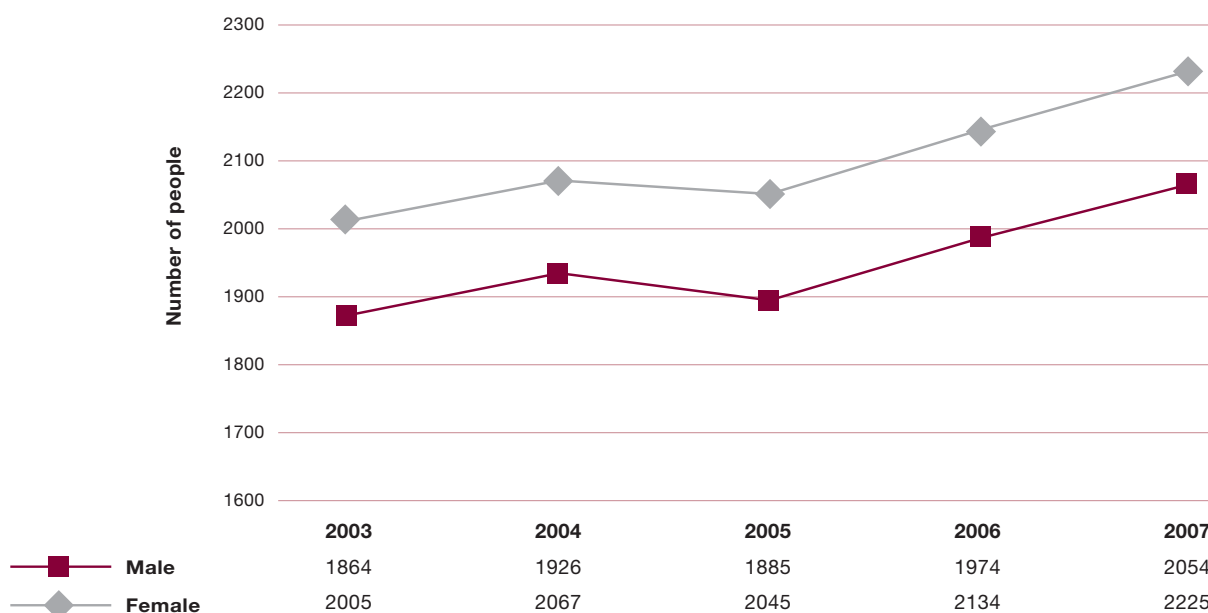


Figure 1 Number of people aged 50 years and over, by gender, NIDD 2003–2007

With regard to degrees of intellectual disability among the cohort, the number with a severe or profound level of disability increased by almost 11.6%, from 931 in 2003 to 1,039 in 2007 (Figure 2), a substantial increase over the five-year period.

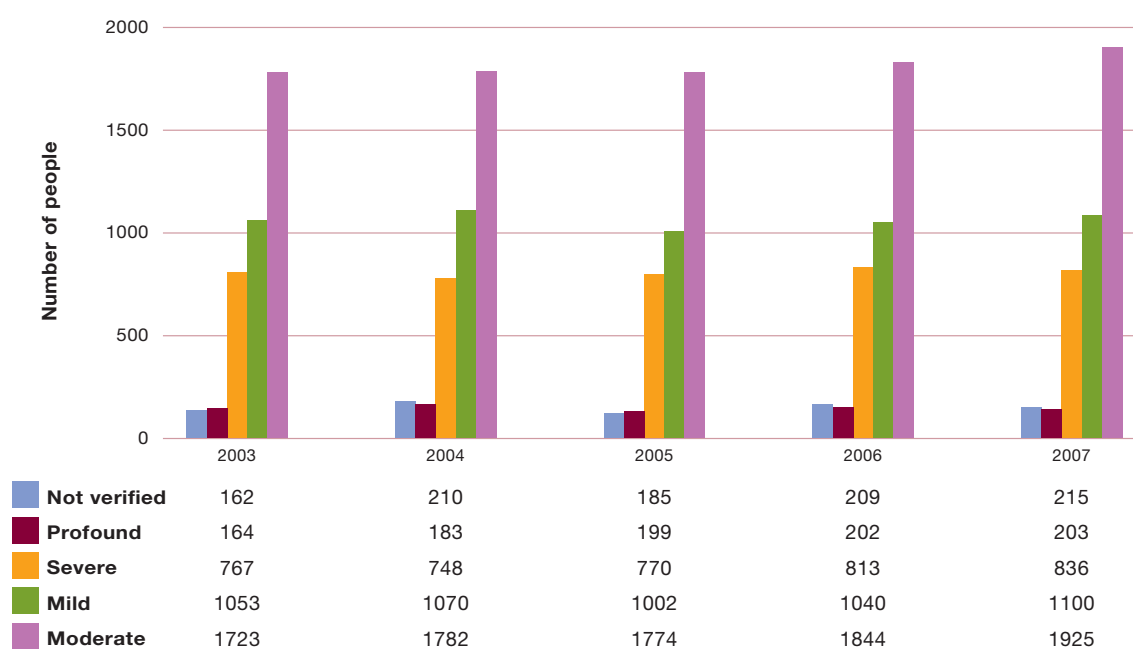


Figure 2 Number of people aged 50 years and over, by degree of intellectual disability, NIDD 2003–2007

Table 1 shows the numbers of older adults on the NIDD, by age group and as a proportion of total NIDD registrations in 2007, compared with percentages of the same age groups in the general population. The mean age of this cohort in all five years was 59 years, while the maximum age ranged from 93 years to 97 years. The proportion of people aged 50–64 years on the NIDD is broadly in line with that in the general population. However, the proportion of people aged 65 years and over on the NIDD (3.8%) was significantly less than that in the general population (11%).

Table 1 Number of people aged 50 years and over, by age group, compared to the proportion in the general population, NIDD 2003–2007

Age group	2003	2004	2005	2006	2007	% of total NIDD registrations in 2007	% of general population*
50–54 years	1310	1320	1319	1344	1435	5.6	5.8
55–59 years	983	1026	1054	1101	1108	4.3	5.3
60–64 years	668	701	668	723	775	3.0	4.3
65–69 years	449	454	419	442	456	1.8	3.4
70–74 years	268	295	263	272	269	1.1	2.8
75–79 years	118	128	132	137	140	0.5	2.2
80–84 years	57	53	56	63	66	0.3	1.5
85 years and over	16	16	19	26	30	0.1	1.1
Total	3869	3993	3930	4108	4279	16.7	26.4
Mean age	59.3	59.4	59.3	59.4	59.4	-	-
Maximum age	96	97	93	94	94	-	-

*Figures based on census data 2006

Table 2 shows that in 2003 just over one-fifth of those aged 50 years and over were recorded as having both an intellectual and a physical/sensory disability; in 2007 this percentage had risen to one-third.

Table 2 Number and percentage of people aged 50 years and over with a physical or sensory disability, NIDD 2003–2007

Physical or sensory disability	2003		2004		2005		2006		2007	
	n	%	n	%	n	%	n	%	n	%
Yes	868	22.4	1192	29.9	1306	33.2	1388	33.8	1450	33.9
No	1136	29.4	2329	58.3	2527	64.3	2640	64.3	2797	65.4
Not reviewed	1864	48.2	472	11.8	97	2.5	80	1.9	32	0.7
Total	3868	100	3993	100	3930	100	4108	100	4279	100

Service provision

In 2007, the majority of those aged 50 years and over (3,079, 72%) lived in full-time residential facilities (Table 3), the largest proportion of whom (1,354 people) were in residential centres. The largest area of growth in full-time residential services between 2003 and 2007 was in the provision of community group homes. In 2003, 948 of the cohort were living in community group homes; this figure had increased to 1,253 in 2007, a rise of almost 33%. The percentage increase for this age group is considerably higher than for the NIDD population as a whole, which saw a 10% rise between 2003 and 2007 (Barron and Mulvany 2003; Kelly *et al.* 2007). The marked increase in the number of older people living in community group homes can be attributed to two factors. First, almost one-quarter of those in community group homes in 2007 (293, 23%) were living in that same setting in 2003 but were not included in the 2003 data extracted for this analysis as they had not reached the age of 50 years at that stage. Second, 15% of those (193 people) who were residing in a community group home in 2007 were not in this setting in 2003. Of this group 72 people (37%) were residing in a residential centre in 2003, 60 people (31%) were living in a home setting, while 42 people (22%) were accommodated in a psychiatric hospital at that time.

The movement of people aged 50 years and over out of large institutional settings is evident from the decline in the numbers of full-time residents in psychiatric hospitals, which fell by 44% from 283 in 2003 to 197 in 2007.

Table 3 Main residential circumstance of people aged 50 years and over, NIDD 2003–2007

Residential circumstance	2003	2004	2005	2006	2007
Home setting	756	752	796	817	838
Independent/semi-independent setting	212	234	268	295	331
Community group home	948	1010	1036	1138	1253
Residential centre	1275	1302	1307	1344	1354
Other full-time service	66	70	124	135	149
Psychiatric hospital	283	274	238	218	197
Nursing home	55	80	97	110	126
Insufficient information	274	271	64	51	31
Total	3869	3993	3930	4108	4279

Table 3 also highlights the large increase (129%) in the number of people accommodated in nursing homes over the five-year period, from 55 in 2003 to 126 in 2007. This increase can be largely accounted for by the number of people who were residing in a nursing home in 2007 but were not living in this setting in 2003 (80, 63%). Of this group 27 people (34%) were living in a home setting in 2003. The movement from a home setting to a nursing home may be due, in large part, to the fact that a nursing home placement is often an emergency placement. Over one-fifth (18) were residing in a community group home in 2003, while just over 10% (9) were accommodated in a psychiatric hospital at that time.

While the number of people aged 50 years and over living in a home setting remained consistent at approximately 20% over the five-year period, the number living independently or semi-independently increased by 56%, from 212 in 2003 to 331 in 2007 (Table 3).

Figure 3 depicts the average age of those aged 50 years and over in each type of residential setting, while Figure 4 shows the proportion at each level of intellectual disability in each residential setting. As expected, those living in an independent or semi-independent setting were younger and were more likely to have a mild intellectual disability than those in other settings, while those living in a psychiatric hospital or in a nursing home were more likely to be older and have a more severe level of intellectual disability than those in other settings. Those living in a residential centre were most likely to have a moderate severe or profound intellectual disability (86%).

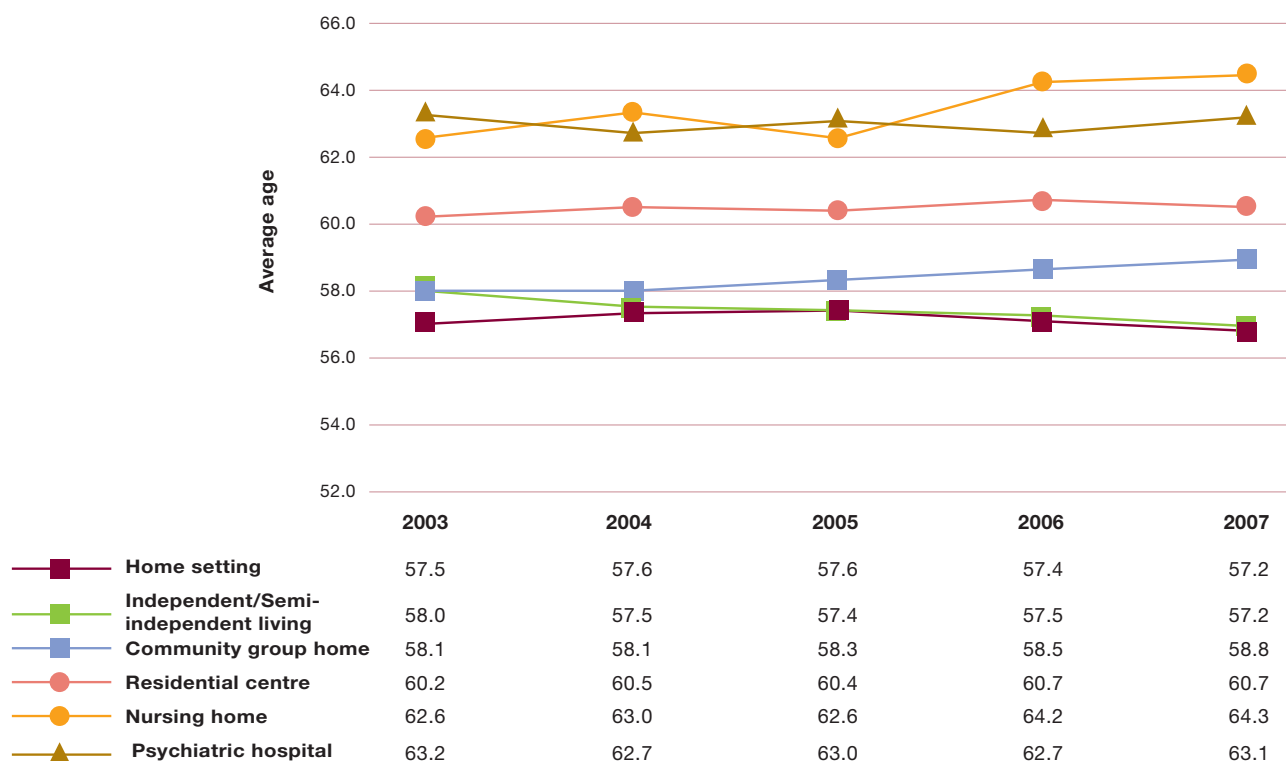


Figure 3 Average age of people aged 50 years and over in each residential setting, NIDD 2003–2007

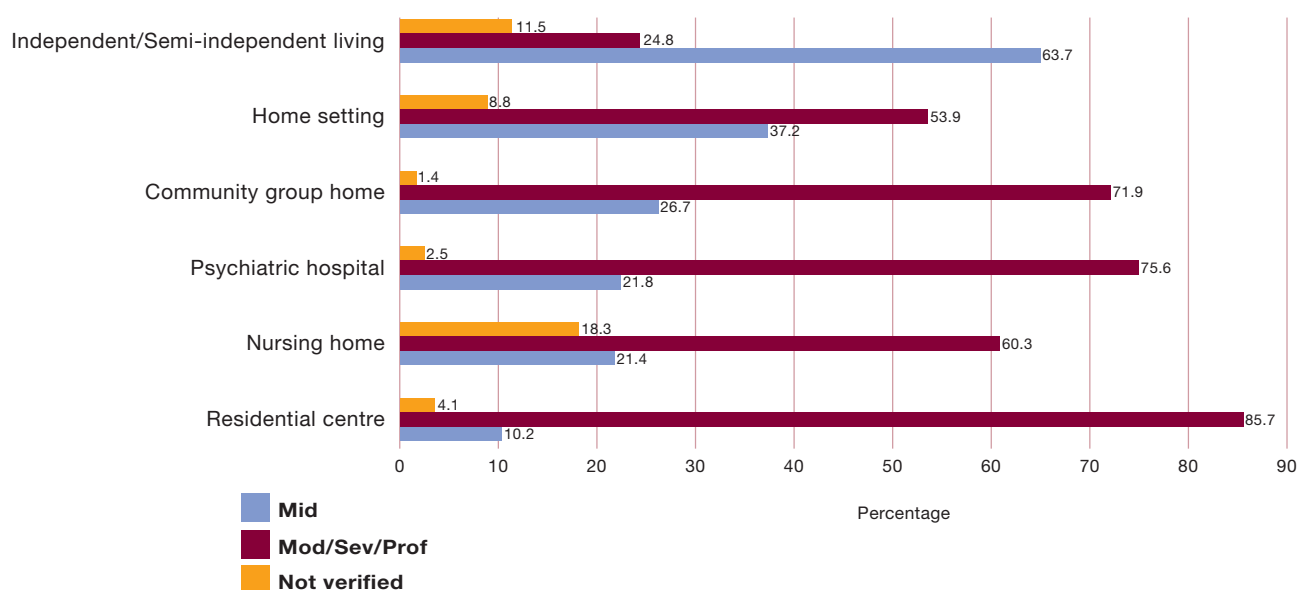


Figure 4 Proportion of people aged 50 years and over at each level of intellectual disability, by residential setting, NIDD 2007

The NIDD records the level of support received by the service user based on the ratio of staff to service users in their place of residence. Support levels range from minimum, where there are no staff sleeping at the facility, to high, where there are two or more staff on duty as well as night staff. Table 4 looks at the level of support received by adults living in each type of residential setting in 2007, excluding those living at home. In 2007, the majority of those in residential centres received high levels of support (1,181, 87%), of whom almost 90% (1,044) had a moderate, severe or profound intellectual disability and half (591) had a physical and/or sensory disability in addition to their intellectual disability. As expected, the level of support required increased as people aged, with 82% (178) of those aged 75 years and over requiring moderate to high supports in 2007.

Table 4 Number and percentage of people aged 50 years and over in each type of setting, by age group and by residential support level, NIDD 2007

	Minimum support		Low support		Moderate support		High support		Total	
	n	%	n	%	n	%	n	%	n	%
Independent/semi-independent setting	75	78.9	17	17.9	3	3.2	0	0.0	95	100.0
50–64 years	66	79.5	14	16.9	3	3.6	0	0.0	83	100.0
65–74 years	8	80.0	2	20.0	0	0.0	0	0.0	10	100.0
75 years and over	1	50.0	1	50.0	0	0.0	0	0.0	2	100.0
Community group home	50	4.0	556	44.4	314	25.1	333	26.6	1253	100.0
50–64 years	39	3.9	436	43.6	280	28.0	245	24.5	1000	100.0
65–74 years	8	4.0	99	50.0	28	14.1	63	31.8	198	100.0
75 years and over	3	5.5	21	38.2	6	10.9	25	45.5	55	100.0
Residential centre	8	0.6	83	6.1	82	6.1	1181	87.2	1354	100.0
50–64 years	6	0.6	62	6.4	55	5.6	853	87.4	976	100.0
65–74 years	1	0.4	17	6.3	18	6.6	235	86.7	271	100.0
75 years and over	1	0.9	4	3.7	9	8.4	93	86.9	107	100.0
Other full-time service	12	2.6	54	11.5	36	7.7	368	78.3	470	100.0
50–64 years	8	2.7	34	11.3	21	7.0	237	79.0	300	100.0
65–74 years	3	2.6	12	10.3	13	11.2	88	75.9	116	100.0
75 years and over	1	1.9	8	14.8	2	3.7	43	79.6	54	100.0
Total	145	4.6	710	22.4	435	13.7	1882	59.3	3172	100.0

A wide range of residential support services are provided which are designed to assist people with intellectual disability to continue living with their families and in their communities (Table 5). In 2007, 420 people aged 50 years and over received these support services which represents a 39% increase since 2003. In 2007, the majority of residential support services availed of were crisis or planned respite placements (339 places, 81%) and the majority of these (254 places, 75%) were provided to those living in a home setting.

Table 5 Number of people aged 50 years and over availing of residential support services, by residential setting, NIDD 2003–2007

	2003	2004	2005	2006	2007
Home setting	195	224	235	256	276
Holiday residential placement	6	5	5	10	6
Crisis or planned respite	178	204	211	233	254
Occasional respite care with host family	1	4	8	6	12
Regular part-time care (2/3 days per week)	7	7	7	2	1
Regular part-time care (every weekend)	0	1	2	2	1
Regular part-time care (alternate weeks)	3	3	2	2	2
Overnight respite in the home	0	0	0	1	0
Independent/semi-independent setting	23	25	29	35	36
Holiday residential placement	1	1	2	4	1
Crisis or planned respite	19	21	25	28	33
Occasional respite care with host family	2	2	1	2	2
Overnight respite in the home	1	1	1	1	0
Community group home	39	50	43	50	48
Holiday residential placement	10	7	4	6	5
Crisis or planned respite	27	38	34	37	34
Occasional respite care with host family	0	4	5	6	9
Regular part-time care (2/3 days per week)	2	1	0	1	0
Residential centre	39	49	49	51	49
Holiday residential placement	34	38	37	36	36
Crisis or planned respite	4	10	11	11	9
Occasional respite care with host family	1	1	1	4	4
Other full-time service	6	10	5	5	11
Holiday residential placement	1	0	0	0	1
Crisis or planned respite	5	9	5	5	9
Occasional respite care with host family	0	1	0	0	1
Total	302	358	361	397	420

Table 6 shows a breakdown of the main day services accessed by people aged 50 years and over for the period 2003–2007. The main day services provided in 2007 were activation centres, accessed by 1,301 people (30%), and sheltered work centres, accessed by 1,042 people (24%).

The most notable growth in the provision of day services between 2003 and 2007 was observed in vocational training and a range of employment options. The number of adults in supported employment increased by 73%, from 62 in 2003, to 107 in 2007. The need for home help and home support services for this age group is relatively low compared to other services because, for the majority of people, home help and home support are recorded on the NIDD not as a principal but as a second or third day service requirement.

Table 6 Principal day service accessed by people aged 50 years and over, NIDD 2003–2007

	2003		2004		2005		2006		2007	
	n	%	n	%	n	%	n	%	n	%
Activation centre	1119	28.9	1075	26.9	1162	29.6	1215	29.6	1301	30.4
Sheltered work centre	848	21.9	963	24.1	1018	25.9	1047	25.5	1042	24.4
Programme for the older person	383	9.9	479	12.0	467	11.9	512	12.5	519	12.1
Multidisciplinary support services only	166	4.3	471	11.8	489	12.4	540	13.1	626	14.6
Other day programme	143	3.7	134	3.4	141	3.6	120	2.9	107	2.5
Rehabilitative training	96	2.5	90	2.3	86	2.2	81	2.0	88	2.1
Home support*	64	1.7	46	1.2	46	1.2	51	1.2	47	1.1
Supported employment	62	1.6	68	1.7	86	2.2	88	2.1	107	2.5
Special high-support day service	39	1.0	41	1.0	33	0.8	33	0.8	38	0.9
Generic day services	22	0.6	21	0.5	23	0.6	31	0.8	42	1.0
Open employment	17	0.4	18	0.5	19	0.5	23	0.6	25	0.6
Special intensive day service	16	0.4	17	0.4	18	0.5	26	0.6	23	0.5
Vocational training	15	0.4	15	0.4	14	0.4	13	0.3	26	0.6
Sheltered employment centre	15	0.4	17	0.4	17	0.4	23	0.6	25	0.6
Home help†	10	0.3	14	0.4	15	0.4	15	0.4	11	0.3
Enclave within open employment	3	0.1	2	0.1	3	0.1	3	0.1	0	0.0
Centre-based day respite service	2	0.1	8	0.2	8	0.2	4	0.1	4	0.1
Day respite in the home	0	0.0	1	0.0	3	0.1	1	0.0	1	0.0
No day service	849	21.9	513	12.8	282	7.2	282	6.9	247	5.8
Total	3869	100.0	3993	100.0	3930	100.0	4108	100.0	4279	100.0

*Support provided to the family in terms of assisting with care, facilitating attendance at social activities etc. Assistance can be provided outside of normal day service hours.

† The focus in this service is primarily on household/domestic tasks and personal care.

The level of support required by those availing of day services varied by service type (Table 7) as well as by degree of intellectual disability and co-morbidity. For example, 95% (102) of those aged 50 years and over who attended supported employment programmes required low to minimum support. Of this group, three-quarters (76) were registered as having a mild intellectual disability and just over 10% (13) had a physical and/or sensory disability in addition to their intellectual disability. In contrast, 37% (191) who attended a programme for the older person required high or intensive support. Of this group, almost 90% (170) had a moderate, severe or profound intellectual disability and over two-thirds (128) had a physical and/or sensory disability in addition to their intellectual disability.

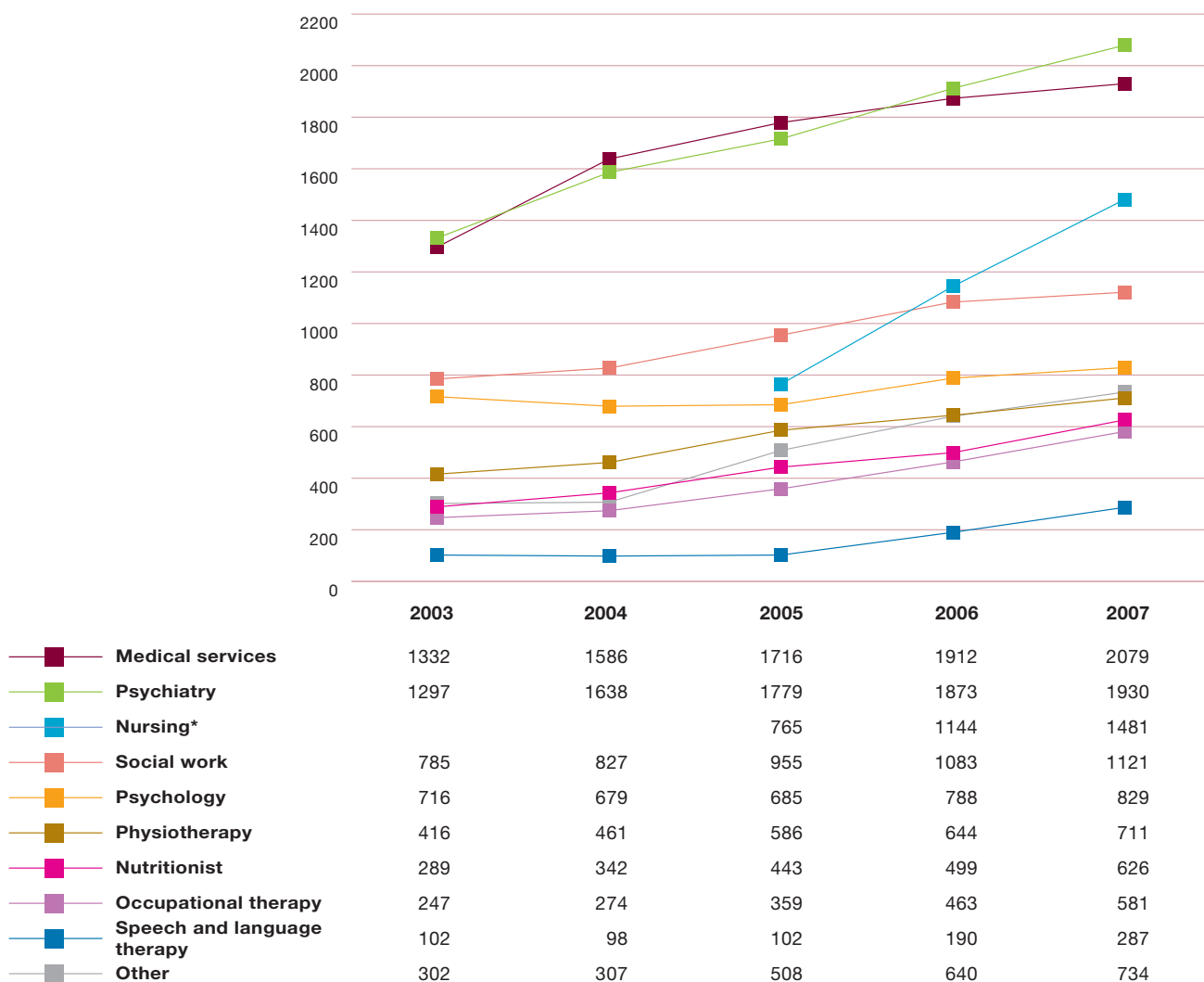
Table 7 Principal day service accessed by people aged 50 years and over, by level of support, NIDD 2007

	Minimum support		Low support		Moderate support		High support		Intensive support		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Vocational training	14	53.8	9	34.6	1	3.8	1	3.8	1	3.8	26	100.0
Rehabilitative training	26	29.5	38	43.2	20	22.7	4	4.5	0	0.0	88	100.0
Activation centre	180	13.8	265	20.4	519	39.9	244	18.8	92	7.1	1300	100.0
Programme for the older person	46	8.9	120	23.1	162	31.2	140	27.0	51	9.8	519	100.0
Special high support day service	0	0.0	5	13.2	12	31.6	14	36.8	7	18.4	38	100.0
Special intensive day service	0	0.0	5	21.7	2	8.7	5	21.7	11	47.8	23	100.0
Sheltered work centre-includes long term training schemes	455	43.7	362	34.7	177	17.0	44	4.2	4	0.4	1042	100.0
Sheltered employment centre	16	64.0	5	20.0	4	16.0	0	0.0	0	0.0	25	100.0
Supported employment	84	78.5	18	16.8	4	3.7	0	0.0	1	0.9	107	100.0
Open employment	15	93.8	1	6.3	0	0.0	0	0.0	0	0.0	16	100.0
Other day programme	53	49.5	16	15.0	14	13.1	14	13.1	10	9.3	107	100.0
Generic day services	8	20.5	14	35.9	5	12.8	9	23.1	3	7.7	39	100.0
Multidisciplinary support services only	13	29.5	11	25.0	9	20.5	9	20.5	2	4.5	44	100.0
Centre-based day respite service	0	0.0	1	25.0	2	50.0	1	25.0	0	0.0	4	100.0
Total	910	26.9	870	25.8	931	27.6	485	14.4	182	5.4	3378	100.0

Multidisciplinary support services

The growth in multidisciplinary support services has been significant in recent years (Figure 4). The number of people aged 50 years and over in receipt of at least one multidisciplinary support service increased by 55%, from 2,206 in 2003 to 3,428 in 2007. Medical and psychiatric services were the most common multidisciplinary support services accessed by this age group in the five-year period. The demand for medical and psychiatric services appears to be influenced by age. In 2007, for example, 53% (510) of people aged 65 years and over received a psychiatric service, in comparison to 43% (1,420) of those aged 50–64 years.

Of those in receipt of multidisciplinary support services, the highest percentage increase over the five-year period was in those accessing speech and language therapy (181%).



*Nursing was only recorded fully as a multidisciplinary service from 2005 onwards.

Figure 5 Number of people aged 50 years and over in receipt of multidisciplinary support services, NIDD 2003–2007

Future demand for multidisciplinary support services

Current use of and future need for multidisciplinary support services are shown in Figure 5. 'New services required' refers to the need for a new type of therapeutic input that the individual does not currently receive, and 'Enhancement of services required' refers to the need for a change in the delivery of a therapeutic input that the individual currently receives (e.g. an increase in the provision of the specific service or a change in service provider).

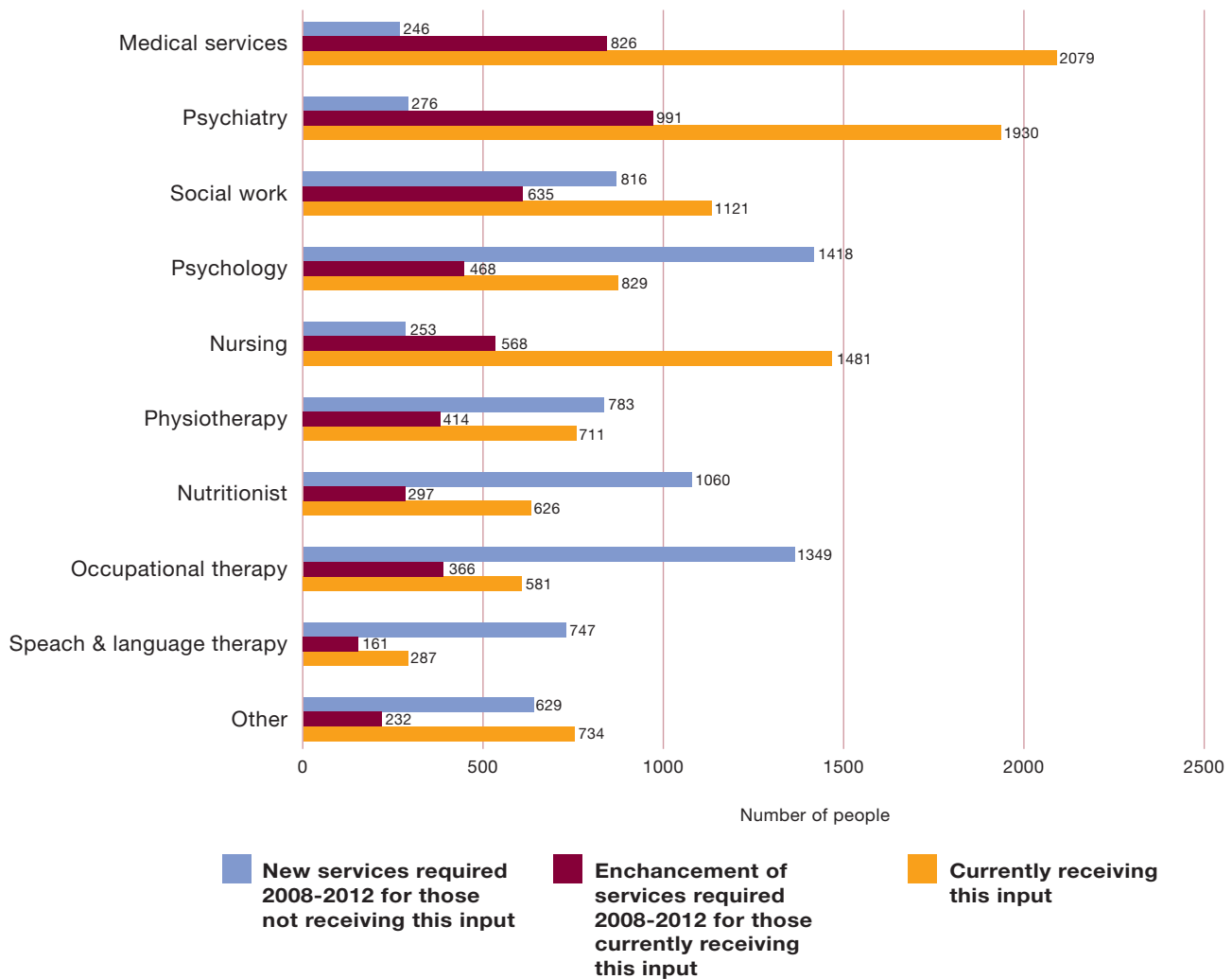


Figure 6 Current use and future need of multidisciplinary support services by people aged 50 years and over, NIDD 2007

Despite high levels of service provision, there is a substantial demand for new services and enhanced services relating to all of the therapeutic inputs, in particular psychology and occupational therapy.

Discussion and conclusion

This is the first study in which NIDD data have been used to focus specifically on the service usage and service requirements of older people with an intellectual disability in Ireland over a five-year period. There are, however, some limitations to this study that should be noted. First, because registration on the NIDD is voluntary, the registration system does not capture the needs of *all* adults aged 50 years and over with an intellectual disability. Second, only those who use or require specialised services are registered on the NIDD. In particular, there is an under-representation on the NIDD of those with a mild intellectual disability, who tend to be in mainstream settings and not in specialised services.

This analysis showed that although people with intellectual disability are living longer, their life expectancy remains significantly lower than that of the general population. Comprehensive studies focusing on the health and wellbeing of older people with intellectual disability are needed to establish why this is so. Studies such as the Intellectual Disability Supplement to the Irish Longitudinal Study of Ageing (TILDA) should help to address this need. This landmark study will chart the health, social, economic, environmental and psychological status of approximately 800 people with an intellectual disability over a ten-year period. Similarly, a study currently under way in St Michael's House on the service needs of older adults with intellectual disability will assist in identifying gaps in service provision for this cohort.

The present analysis showed that there were an increasing number of older people who had a physical/sensory disability in addition to their intellectual disability. Older people with an intellectual disability are more likely to experience hearing and sight loss, reduced mobility, and increased falls and accidents than their younger counterparts and, as a consequence, are more likely to need physical/sensory supports. Services, therefore, need to reflect the changing needs of this group as they age so that appropriate services and treatments are made available to meet their specific requirements.

The largest area of growth in full-time residential services between 2003 and 2007 was in the provision of community group homes. Demand for places in community group homes is likely to continue to increase for two reasons. First, as current residents of such homes live longer, fewer places will become available, and second, people with intellectual disability are more likely, as they age, to transfer to community group homes from other residential settings, such as their family home or a residential centre. This is a critical issue in terms of service planning and funding purposes, as the biggest proportional increase in the number of people with intellectual disability in the next 5–10 years will be in the 50-years-and-over age group. The analysis also showed that there was an increase in the number of people living independently or semi independently. The move towards providing independent living options for people with an intellectual disability has been influenced by the National Disability Strategy, which is committed to mainstreaming services for people with disability.

For older people with an intellectual disability the death of a relative often results in the loss of the primary carer, and this may be reflected in the demand for respite care, particularly crisis respite, among this cohort. This was evident in the analysis undertaken. Emergency or crisis admissions to residential care are a continuing resource problem for the health services. The large increase in the number of people aged 50 years and over accommodated in nursing homes over the five-year period, many as crisis or emergency placements, needs to be examined.

The findings from this analysis suggest that:

- The needs of those aged 50 years and over will have to be prioritised as they are surviving for longer and have a broader range of service requirements.
- Places in community group homes need to be available to assist those in this age group to live as independently as possible, and inappropriate residential placements need to be avoided.
- Services need to be targeted at the most vulnerable sub-groups within this elderly population, i.e. those who have a more severe level of intellectual disability, those who are in the older age categories and those who have a physical/sensory disability in addition to their intellectual disability.
- The growth in the provision of multidisciplinary support services should be continued to ensure that the medical, psychiatric and nursing needs of this age group are catered for.

Overall, this examination of the specific needs of those aged 50 years and over shows that service usage is different from that of the total population registered on the NIDD in terms of the day services accessed and the residential placements and residential support services that are availed of. Trend analysis of groups such as this cohort can give a clear picture of the type of services that may be required into the future.

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