

INFORMATION  
ANALYSIS  
DIRECTORATE



# Statistics on Community Care for Adults in Northern Ireland (2022 – 2023)



Department of  
**Health**  
An Roinn Sláinte  
Máinnystrie O Poustie  
[www.health-ni.gov.uk](http://www.health-ni.gov.uk)



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Target Audience	Social Services Directors, Directors of Adult's Services, Chief Executives of HSC Board and Trusts in Northern Ireland, health care professionals, academics and social care stakeholders.
Main uses of document	Data presented in this publication helps to meet the information needs of a wide range of internal and external users. Within DoH these figures are used to monitor community services activity, to help assess HSC Trust performance, for corporate monitoring, to inform and monitor related policy, for Ministerial briefing and to respond to Private Office enquiries or parliamentary/assembly questions. As a compendium report, this publication presents trend analysis of a variety of adult social care activity. While trends support contextual understanding of the service activities, readers should be mindful of individual caveats as noted.
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Price	Free.

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## A National Statistics Publication

The United Kingdom Statistics Authority (UKSA) has accredited these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the [Code of Practice for Official Statistics](#). National Statistics status means that our statistics meet the highest standards of Trustworthiness, quality and public value, and it is our responsibility to maintain compliance with these standards. These accredited statistics were independently reviewed by the Office for Statistics Regulation and the assessment report 220 was published on 28 June 2012 and can be found on the [UKSA website](#).

The continued accreditation of these statistics as National Statistics was confirmed in March 2019 following a [compliance check](#) by the Office for Statistics Regulation.

Since the latest review by the Office for Statistics Regulation, we have made the following improvements while maintaining compliance with the Code of Practice for Statistics:

- a) The introduction of new topics into the publication, such as audiology, domiciliary care, and re-ablement. While previously reported for internal service performance management, key high level metrics have been deemed to be of robust quality for wider publication.
- b) Improved graphic presentation of data to improve the user experience.

## National & Experimental Statistics

National Statistics are produced to high professional standards as set out in the [National Statistics Code of Practice](#). They undergo regular quality assurance reviews to ensure that they meet customer needs. All statistics in this publication, with the exception of re-ablement data, have been assessed as meeting National Statistics standards. Re-ablement statistics are labelled as official statistics in development, this is new terminology and previously would have been termed experimental statistics. These are series of statistics that are in the testing phase, and while considered robust and of sufficient quality to be reliable, they should be treated with caution as ongoing evaluation may mean they are subject to future methodological change. Both National and Official Statistics in development are produced free from any political interference.

If you have any comments on this publication, please send these to [cib@health-ni.gov.uk](mailto:cib@health-ni.gov.uk) or contact Louise Walker (Tel: 028 90255162).

# About Us

## Title



## Description

Statistics and research for the **Department of Health** is provided by the Information and Analysis Directorate (IAD). IAD is responsible for compiling, processing, analysing, interpreting and disseminating a wide range of statistics covering health and social care.

The statisticians within IAD are outposted from the Northern Ireland Statistics & Research Agency (NISRA) and the statistics are produced in accordance with the principles and protocols set out in the [Code of Practice for Official Statistics](#).

[Department of Health -Topics page.](#)

IAD comprises four statistical sections: Hospital Information, Community Information, Public Health Information & Research and Project Support Analysis.

This publication is produced by Community Information Branch.

## Our Vision and Values

- *Provide up-to-date, quality information on children and adult social services and community health;*
- *to disseminate findings widely with a view to stimulating debate, promoting effective decision-making and improvement in service provision; and*
- *be an expert voice on social care information.*

## About Community Information Branch

The purpose of Community Information Branch (CIB) is to promote effective decision making in children and adult social services by providing quality information and analysis.

We collect, analyse, and publish a wide range of community information that is used to help monitor the delivery of personal social services policy. Information collected by CIB is used to assess HSC Trust performance, for corporate monitoring, policy evaluation, and to respond to parliamentary/assembly questions.

Information is widely disseminated through a number of regular key statistical publications and ad hoc reports, details of which are available online.

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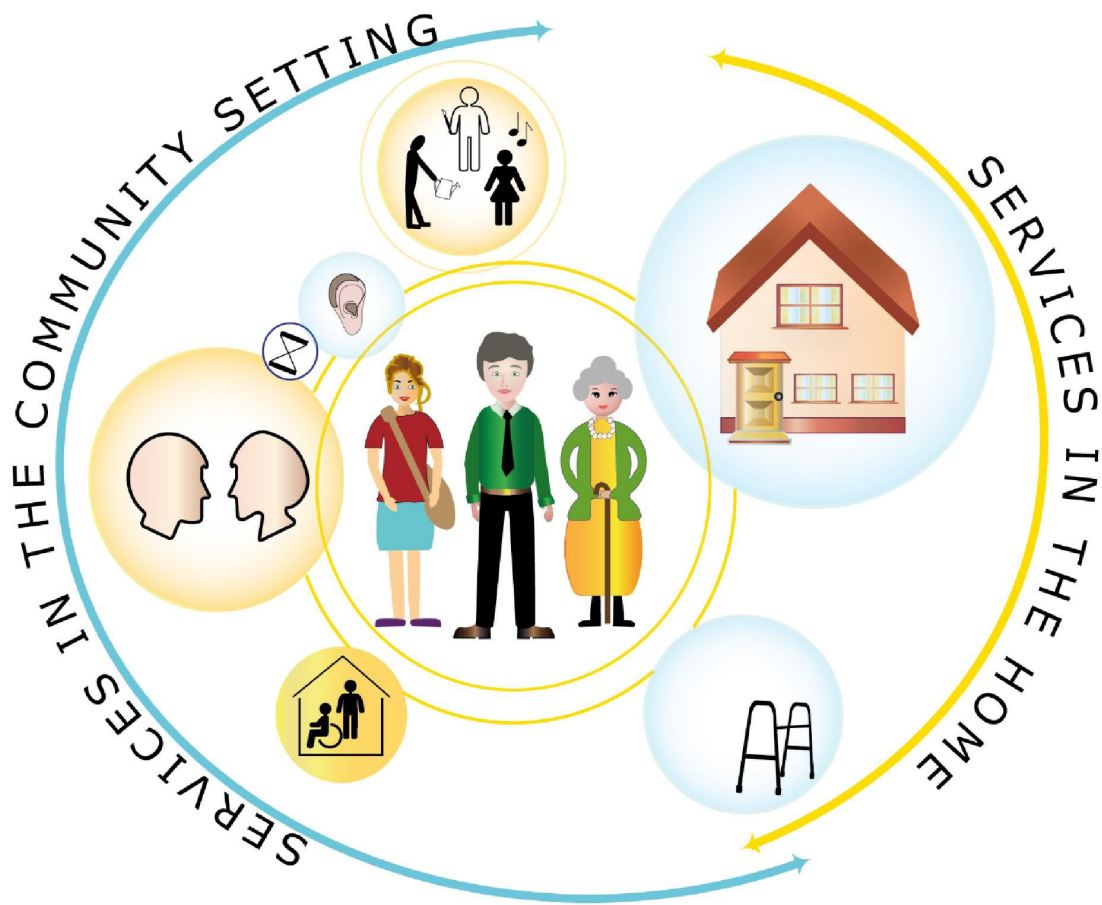
# 1. Introduction - What is Community Care?

Community care describes the wide range of services and support which enable individuals to live in their own home or in community settings. It is designed to maintain and promote the independence and well-being of disabled and older people, and has as its overriding objective, the aim to enable people to live as full a life as possible, in whatever setting best suits their needs.

Community care services should respond flexibly and sensitively to the needs of individuals as well as the relatives and friends who care for them. Wherever practicable it should offer users a range of options and intervene no more than is necessary to foster independence.

## What is included in this publication?

This is the annual publication of Statistics on Community Care for Adults in Northern Ireland. It presents analyses on a range of community activity gathered from HSC Trusts including: domiciliary care, re-ablement, meals on wheels, audiology service, daycare, and accommodation services.



## Health & Social Care Northern Ireland (NI)

# KEY STATISTICS

1

22,575

persons receive domiciliary care, on average, each week in 2022/23



2

296,467



domiciliary care hours delivered, on average, each week in 2022/23

3

1 in 2 persons (50%) discharged from the reablement services required no ongoing care package / occupational therapy across NI in 2022/23



4

306

persons, on average, were starting reablement service each month across NI in 2022/23

5



6

321

hearing aids for adults, on average, were fitted each week across NI in 2022/23 by the statutory health services



7

5,118

registered day care attendance across NI at 31st March 2023



8



9

8,239

nursing packages in effect in NI as at 30<sup>th</sup> June 2023



10

3,675

residential packages in effect in NI as at 30<sup>th</sup> June 2023



## COVID-19 impact on Community Care Services for Adults

Health & Social Care (HSC) Trusts reported changes to their provision of a range of services in 2020 and 2021 due to the impact of COVID-19. The following list of points indicate the background to these changes and may apply to all, or only a single HSC Trust. It is not possible to apportion specific issues to specific changes in reported provision.

### **Domiciliary Care:**

Domiciliary care continued to be provided during the COVID-19 pandemic, however some domiciliary care packages were suspended at various stages to reduce the risk of contact and transmission of the virus.

Where possible, and where deemed safe, some service users were taken to stay and be cared for in family homes during the course of the pandemic.

Some domiciliary care providers have experienced COVID-19 related staffing shortages, which led to changes in service provision. For example, in some cases reconfiguring service provision across geographical areas, prioritising service users or amalgamating visits was needed.

Statutory and independent sector domiciliary care providers have liaised closely with the HSC Trusts to maintain service provision and some independent providers have taken on increased provision. In other instances HSC Trusts have taken on packages normally dealt with by the independent sector to ensure coverage was met.

### **Re-ablement:**

Re-ablement continued to be provided during the COVID-19 pandemic, however Belfast HSC Trust's service was temporarily re-configured to support COVID/ palliative care in the community during March 2020. From March 2020 until July 2020, the re-ablement Service in Belfast HSC Trust was suspended temporarily.

### **Meals on Wheels:**

Some HSC Trusts reported a reduction in Meals on Wheels provision due to the COVID-19 pandemic. In some cases this was due to care packages being cancelled by clients to reduce the risk of the virus through contact.

### **Community Audiology:**

The HSC Trusts reported a temporary suspension of normal audiology services at mid-March 2020 to reduce the risk of contact and transmission of the virus.

While some audiology services continue to be provided during the COVID-19 pandemic, including essential paediatric services, and paediatric hearing aid fittings, service provision and capacity has varied by HSC Trust.



While hearing aid services did recommence, the capacity of the service has varied across the HSC Trusts due to a number of factors, including the following points:

- Staff shortages due to a number of reasons including: COVID-19 illness and shielding, redeployment to essential services due to COVID-19 service reconfiguration, and additional precautionary guidelines around pregnancy leave.
- Restricted access to previous audiology facilities, particularly within hospital sites, or where rooms were repurposed for more essential services, lack of PPE equipment and admin staff due to COVID-19 measures.
- Changes in working practices due to COVID-19, including reduced appointments with longer appointment times needed in order to allow for 15 mins downtime between appointments for cleaning, and to allow for safe working and social distancing.
- The Northern HSC Trust hearing aid service work an 'access and fit' model, where the majority of new hearing aid fittings are carried out at the diagnostic appointment.

#### **Day Care Services:**

While the number of registered Day Care centres for adults in Northern Ireland remained similar to previous years, some HSC Trusts reported that the numbers of adults registered to attend Day Care services has reduced due to COVID-19 and temporary closure of some facilities. As a result, while some service users would have been discharged from the registration, during periods of closure there were fewer service users newly registering to access the service.

#### **Residential and Nursing Services:**

Residential and Nursing care continued to be provided during the COVID-19 pandemic, with relatively little change to the number of beds, homes and care packages. However, some HSC Trusts reported that the average number of places occupied during the year decreased due to COVID-19, and social distancing guidelines.

#### **Persons with Disability in Contact with HSC Trusts:**

HSC Trusts noted that contact between social workers, or other member of statutory social services staff, and persons with disabilities reduced due to COVID-19. This particularly affected face-to-face activity and group work.

Virtual contact was possible between some HSC staff and service users, however this was outside the scope of the definitions for the persons in contact information in the current publication.



## 2. Home Services

### Domiciliary Care – September Survey Week

**Domiciliary care** is defined as the range of services put in place to support an individual in their own home. Please see below for an overview of key domiciliary care trends observed during the domiciliary care survey week 2018 - 2022. Further detail is available in the '[Domiciliary care services for adults in Northern Ireland 2022](#)' publication. The next release of these statistics, for a survey week in September 2023, is scheduled for December 2023. Source: 'DoH CC7b Survey'

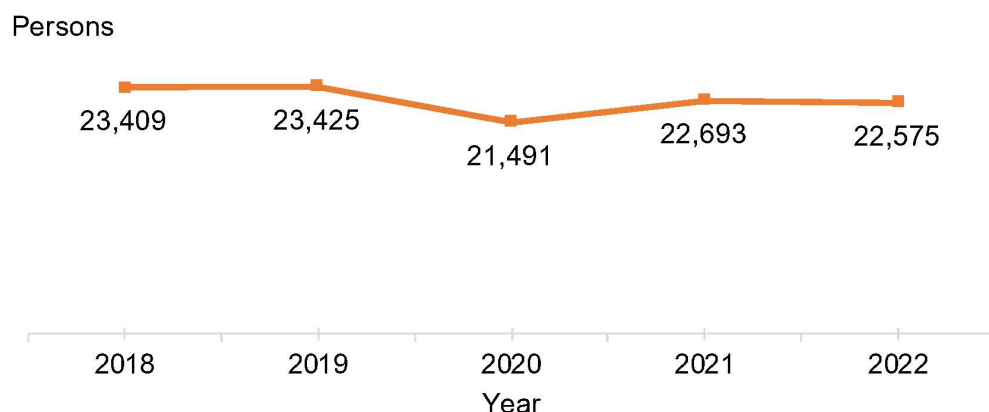
#### Number of Domiciliary Care Recipients (2018-2022)

On average, 22,575 clients, received domiciliary care during the survey week in 2022. This represented a less than 1% (-118) decrease in the number of clients who received domiciliary care in the survey week in 2021 (22,693), but an almost 4% (-834) decrease over the 5 year period from 2018 (23,409).

Figure 1 below shows that prior to 2020, the number of clients remained relatively constant around 23,400 before decreasing in 2020 to 21,491. In 2022 the number of clients has increased but is still below the pre 2020 level.

**Figure 1 Number of Domiciliary Care Recipients 2018-22**

Source: DoH CC7b Survey



#### Number of Visits Delivered (2018-22)

A total of 551,508 domiciliary care visits were provided in 2022. The five year trend analysis shown in Figure 2 presents an increasing trend in the number of '0-15' min visits. There was a 13% (19,576) increase in the number of '0-15' min visits from the

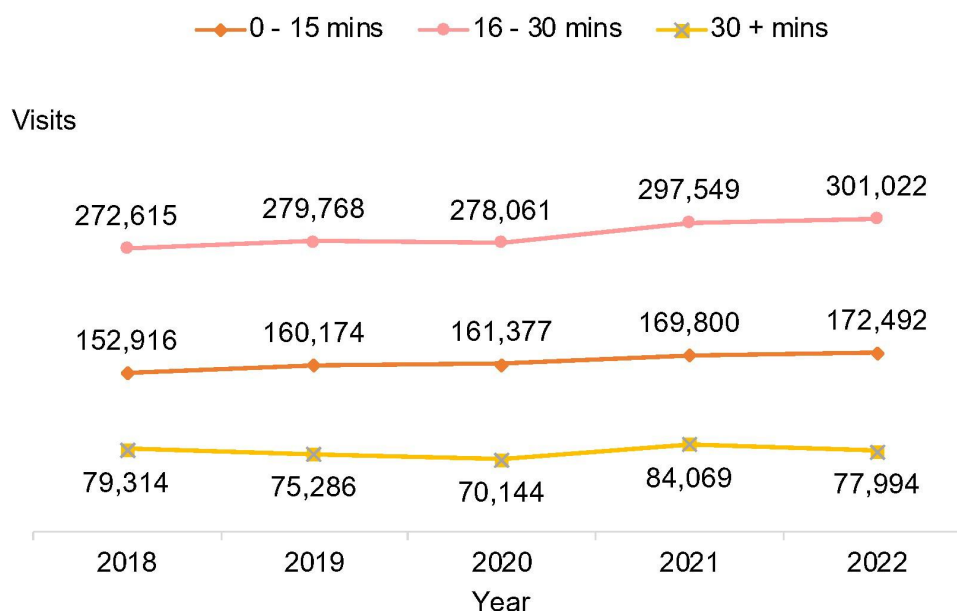
survey week in 2018 (152,916) when compared to the survey week in 2022 (172,492).

There has also been an increasing trend in the number of '16-30' min visits, with a 10% (28,407) increase in that category of visits from the survey week in 2018 (272,615) when compared to the survey week in 2022 (301,022).

There had been a decreasing trend in the number of '30+' min visits until 2020 with a 12% (9,170) decrease from the survey week in 2018. Although the number of '30+' min visits increased in 2021 (84,069), this decreased again in the survey week in 2022 (77,994).

**Figure 2 Number of Visits Delivered 2018-22**

Source: DoH CC7b Survey

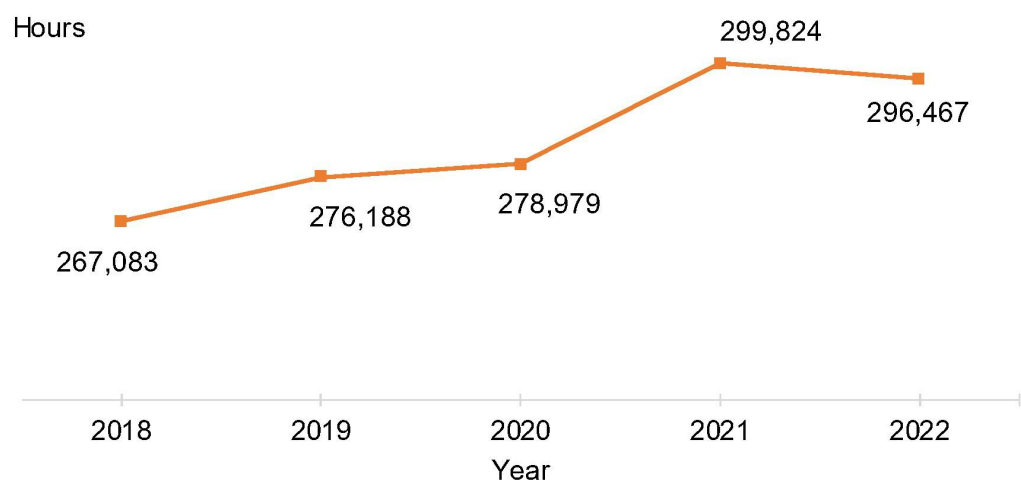


### Number of Hours Delivered (2018-22)

On average, 296,467 domiciliary care hours were delivered during the survey week in 2022. This represented a 1% (3,357) decrease in the number of hours that were delivered in the survey week in 2021 (299,824), and an 11% (29,384) increase over the 5 year period from 2018 (267,083), as shown in Figure 3 below.

**Figure 3     Number of Hours Delivered During Survey Week 2018-22**

Source: DoH CC7b Survey



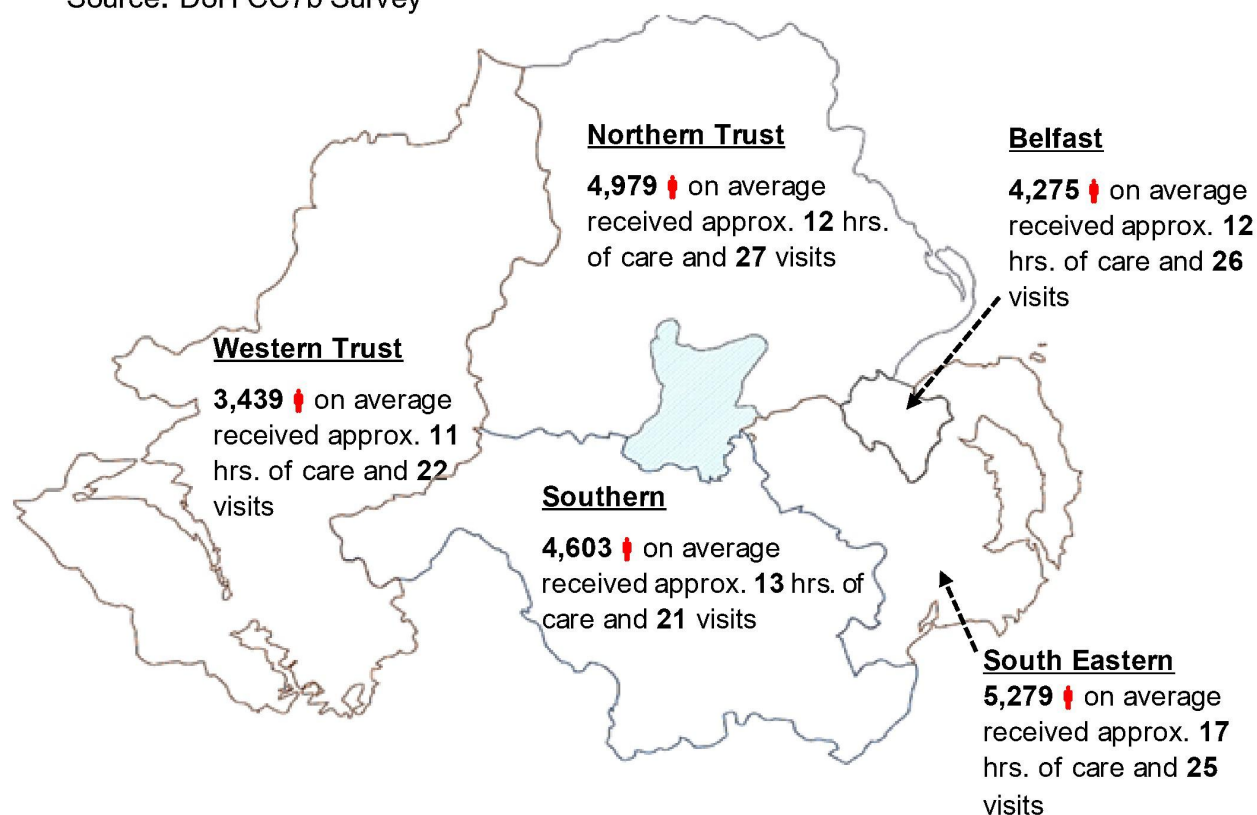
## Domiciliary Care – September Survey Week, by HSC Trust

During the 2022 September survey week 22,575 clients were estimated to receive domiciliary care, ranging from 5,279 in the South Eastern HSC Trust to 3,439 recipients in the Western HSC Trust. An average of 13 domiciliary care contact hours and 24 domiciliary care visits were provided per client.

Figure 4 and the table of values below show the breakdown of Domiciliary Care delivered for each of the five HSC Trusts during the 2022 September survey week.

**Figure 4 Domiciliary Care Delivered in a Survey Week, 4th – 10th September 2022, across Northern Ireland by HSC Trusts**

Source: DoH CC7b Survey



HSC Trust	Number of clients	Average contact hours provided per client	Average visits provided per client
Belfast	4,275	12	26
Northern	4,979	12	27
South Eastern	5,279	17	25
Southern	4,603	13	21
Western	3,439	11	22

Further detail is available in the '[Domiciliary care services for adults in Northern Ireland 2022](#)' publication.



## Re-Ablement

Re-ablement is a planned and time-limited service, lasting 6 weeks or less, designed to enable people aged 65+ to gain or regain their confidence, ability, and necessary skills to live independently within their own home, after experiencing a health or social care crisis, such as illness, deterioration in health or injury.

### Persons Starting Re-ablement

During 2022/23, 3,666 persons started reablement. On average 4,813 persons have availed of re-ablement service each year between 2018/19 and 2022/23. The re-ablement service has not returned to pre-pandemic levels in 2022/23, and may also be lower due to revised screening protocol in South Eastern HSC Trust since 2019/20. Northern Trust also advised of a revised screening protocol in 2022/23 which reduced the numbers of persons starting reablement, as shown in Figure 5, and which subsequently reduced the number of discharges.

**Figure 5 Persons Starting Re-ablement 2018/19-2022/23<sup>^~\*</sup>**

Source: SPPG regional re-ablement template

<sup>^</sup> Belfast HSC Trust had no activity during March 2020, as the service was temporarily re-configured to support COVID/ palliative care in the community. From March 2020 until July 2020, the re-ablement Service in Belfast Trust was put on a temporary hiatus.

<sup>~\*</sup> South Eastern HSC Trust presented lower figures for 2019/20 due to a revised screening protocol, as did Northern HSC Trust in 2022/23.

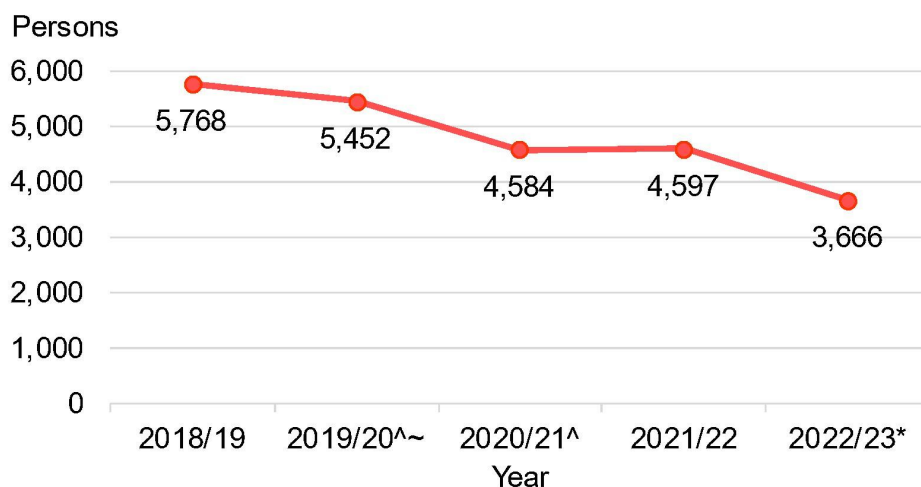


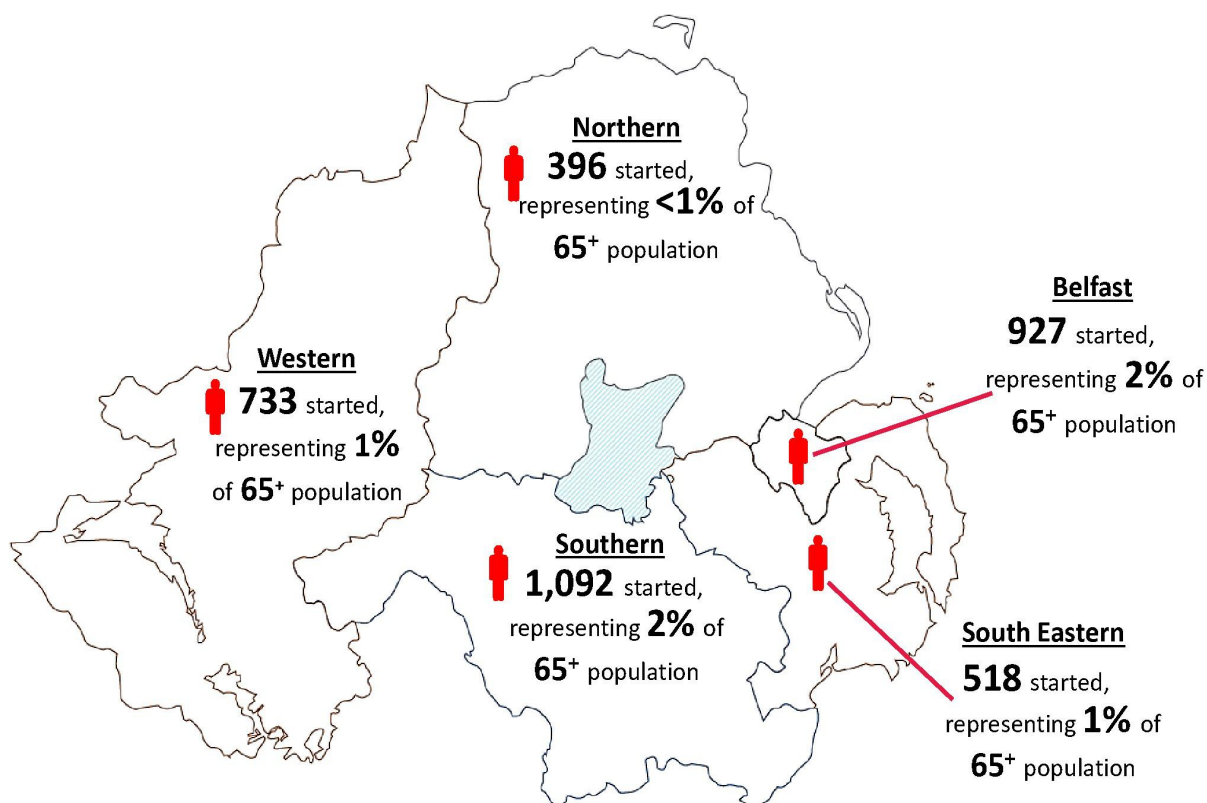
Figure 6 and the table of values below show the breakdown of persons starting re-ablement for each of the five HSC Trusts during 2022/23. In 2022/23, around 306 persons, each month, started the service. A similar rate of uptake was observed across each of the HSC Trusts, representing around 1-2% of the 65+ population within each Trust.

**Figure 6 Persons Aged 65+ Starting Re-ablement across Trusts in 2022/23\***

Source: SPPG regional re-ablement template

Census 2021 population age breakdown can be found on page 50.

\* Northern Trust advised that figures for clients starting re-ablement were lower in 2022/23 due to there being tighter screening procedures in place.



HSC Trust	Number persons starting re-ablement	65+ age group census population estimates 2021	Percentage of 65+ age group starting re-ablement
Belfast	927	55,692	2%
Northern	396	87,400	<1%
South Eastern	518	71,150	1%
Southern	1,092	60,839	2%
Western	733	51,398	1%

## Persons Discharged from Re-ablement

Activity for re-ablement services, and associated client outcomes was an important component of the Programme for Government 2016-21 Indicator 9, Outcome 8. It is expected that this indicator will continue in the next PfG cycle. An overview of the performance of Indicator 9 is published on the [Departmental website](#).

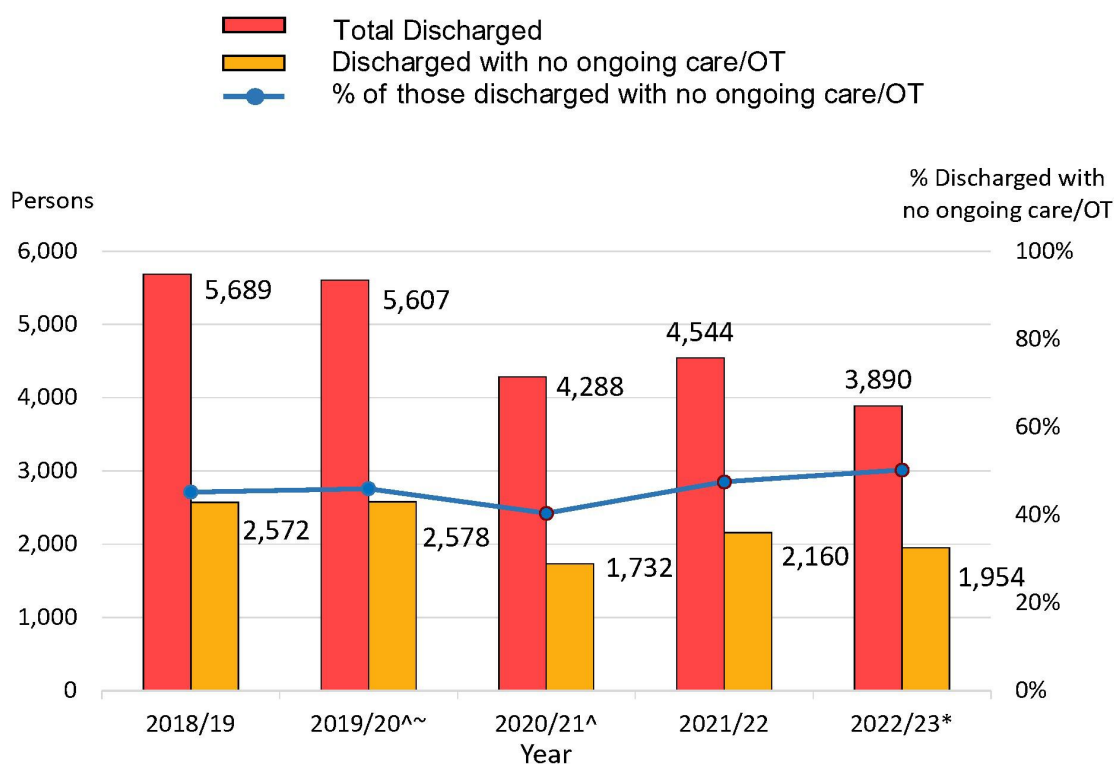
The regional average in 2022/23 for clients discharged with no ongoing care or with Occupational therapy (OT) only was 50%. This is higher than the proportion recorded for the previous four years, which ranged from 40 to 48%, as illustrated in Figure 7.

**Figure 7 Overview of Regional Client Outcomes on Discharge 2018/19-22/23<sup>^~\*</sup>**

Source: SPPG regional re-ablement template

<sup>^</sup> Belfast HSC Trust had no activity during March 2020, as the service was temporarily re-configured to support COVID/ palliative care in the community. From March 2020 until July 2020, the re-ablement Service in Belfast Trust was put on a temporary hiatus.

<sup>~\*</sup> South Eastern HSC Trust presented lower figures for 2019/20 due to a revised screening protocol, as did Northern HSC Trust in 2022/23.



As Figure 8 below shows, the highest (61%), and lowest rate (31%) of clients discharged with no ongoing care package/Occupational therapy was observed in the

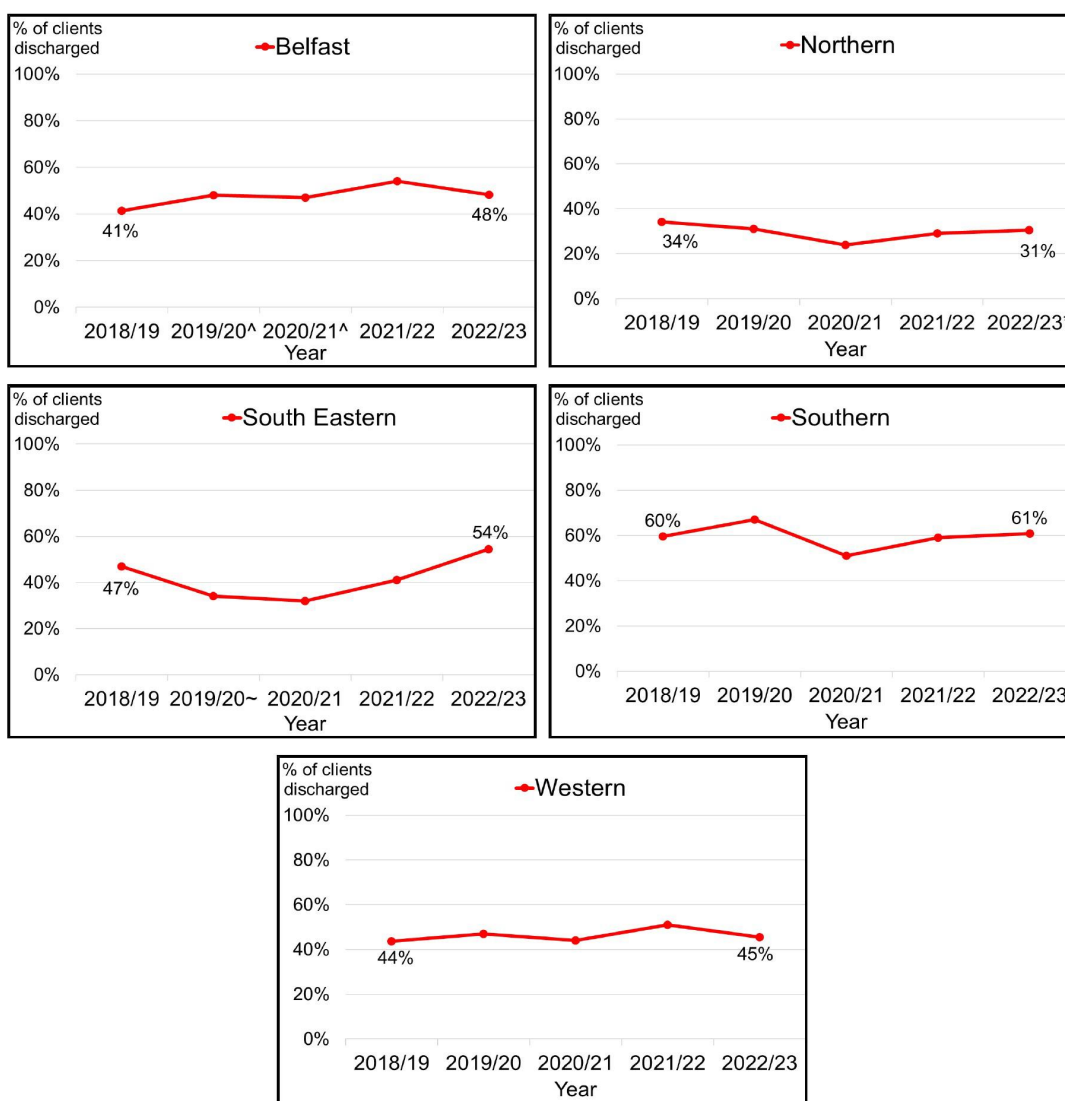
Southern and Northern Trusts, respectively. It is important to recognise that the Northern Trust has a higher proportion of service users admitted to hospital or passing away during a period of re-ablement. A rate similar to the Northern Ireland average (50%) ranging from 45-54% was observed in the remaining Trusts.

**Figure 8 Client Outcomes on Discharge by Trust 2018/19-2022/23<sup>^~\*</sup>**

Source: SPPG regional re-ablement template

<sup>^</sup> Belfast HSC Trust had no activity during March 2020, as the service was temporarily re-configured to support COVID/ palliative care in the community. From March 2020 until July 2020, the re-ablement Service in Belfast Trust was put on a temporary hiatus.

<sup>~\*</sup> South Eastern HSC Trust presented lower figures for 2019/20 due to a revised screening protocol, as did Northern HSC Trust in 2022/23.





## Meals on Wheels

**Meals on wheels** are nutritional meals delivered to people who are unable to, or find it difficult to, prepare a meal for themselves. A range of meals are produced, taking into account people's cultural and religious requirements, personal preferences and dietary needs. (Source: NI Direct).

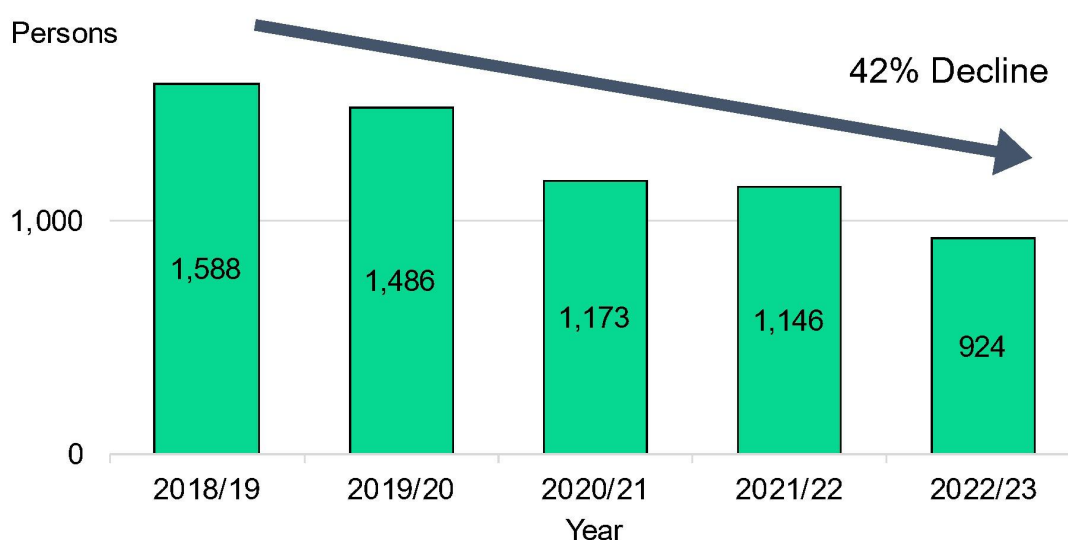
### Overall Position

At 31 March 2023, 924 persons were in receipt of meals on wheels services in Northern Ireland. This represented a 19% (-222) decrease in the number of clients receiving meals on wheels in 2021/22 (1,146), and a 42% (-664) decrease over the 5 year period from 2018/19 (1,588). Part of this decline is due to South Eastern HSC Trust having ceased their meals on wheels service on 8 January 2023, and Northern HSC Trust reducing their service provision.

The reduction may also be due to other factors, such as commercially available meals, provision of re-ablement service, and /or the uptake of self-direct support (SDS).

**Figure 9 Persons Receiving a Meals on Wheels Service (2018/19 – 2022/23)**

Source: KMW2 Health and Social Care Trust returns



### Persons Receiving a Meals on Wheels Service, by HSC Trust

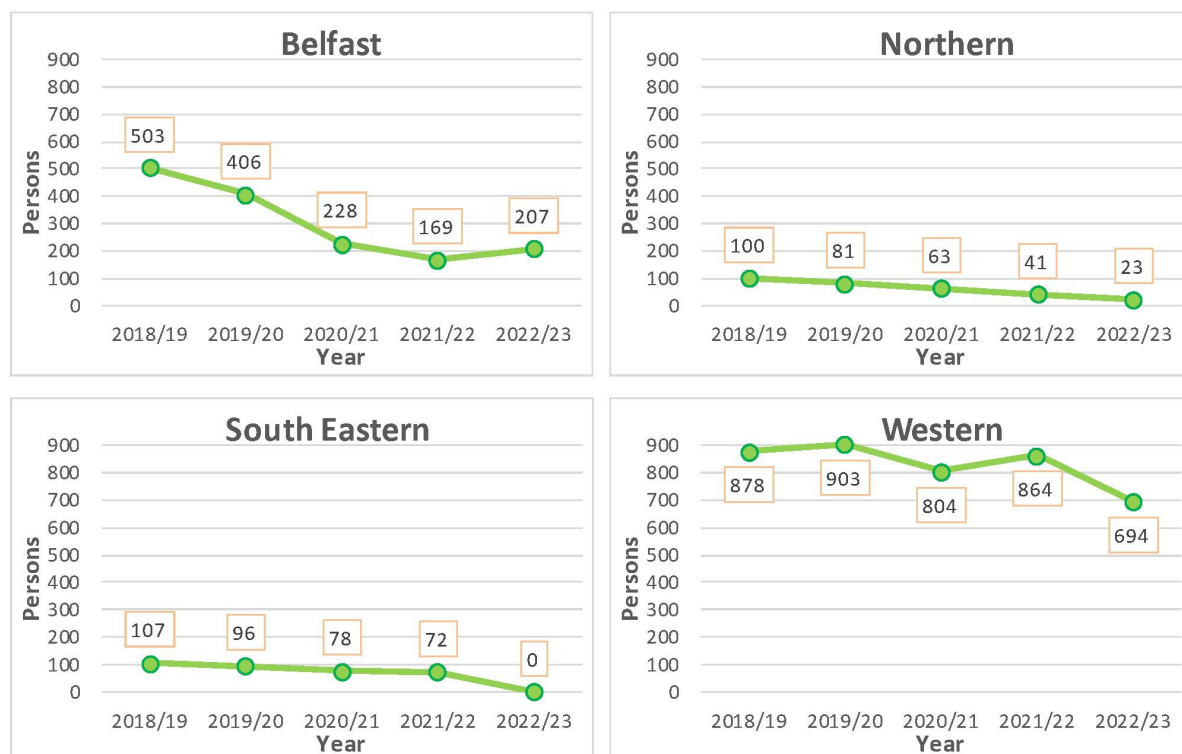
At 31 March 2023, three quarters (75%, 694) of all persons receiving a meals on wheels service were located in the Western HSC Trust. South Eastern HSC Trust ceased their meals on wheels service prior to March 2023, and Southern HSC Trust ceased their service prior to March 2016. As a result, no one in either of these Trusts was in receipt of meals on wheels at the time of publication.

Of the Trusts where meals wheels were available, the lowest uptake was observed in the Northern HSC Trust (2%, 23).

There has been a decreasing trend in the number of clients receiving meals across all HSC Trusts, over the last five years. The sharpest decline, where the service is available, is observed in the Northern HSC Trust (77% drop), where the service is being phased out. Belfast and Western HSC Trusts observed a 59%, and 21% decrease, respectively, from 2018/19 to 2022/23.

**Figure 10 Persons Receiving a Meals on Wheels Service, by HSC Trust (2018/19-2022/23)**

Source: KMW2 Health and Social Care Trust returns

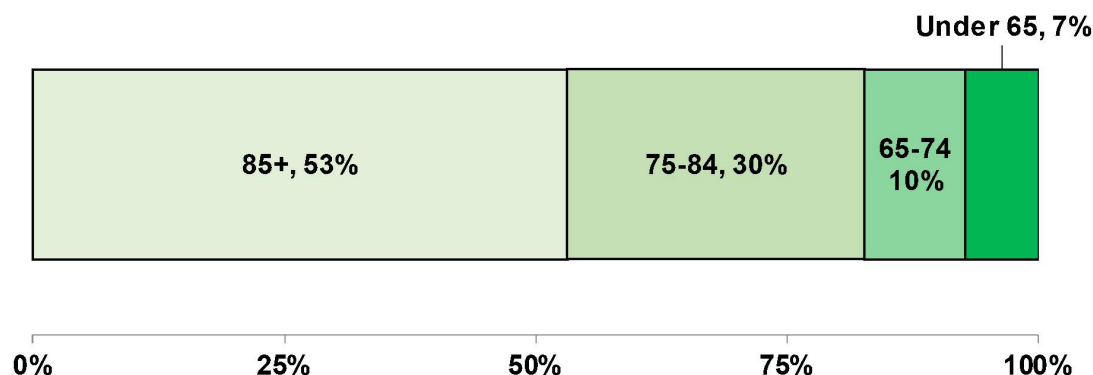


### Persons Receiving a Meals on Wheels Service, by Age Group

At 31 March 2023, of the 924 persons receiving a meals on wheels service, almost all (93%, 858) were aged 65 and over. This comprised 93 (10%) aged 65 - 74, 274 (30%) aged 75 - 84, and 491 (53%) aged 85 & over. The remaining 66 (7%) were aged under 65, as illustrated in Figure 11.

**Figure 11 Persons Receiving a Meals on Wheels Service, by Age Group (2022/23)**

Source: KMW2 Health and Social Care Trust returns

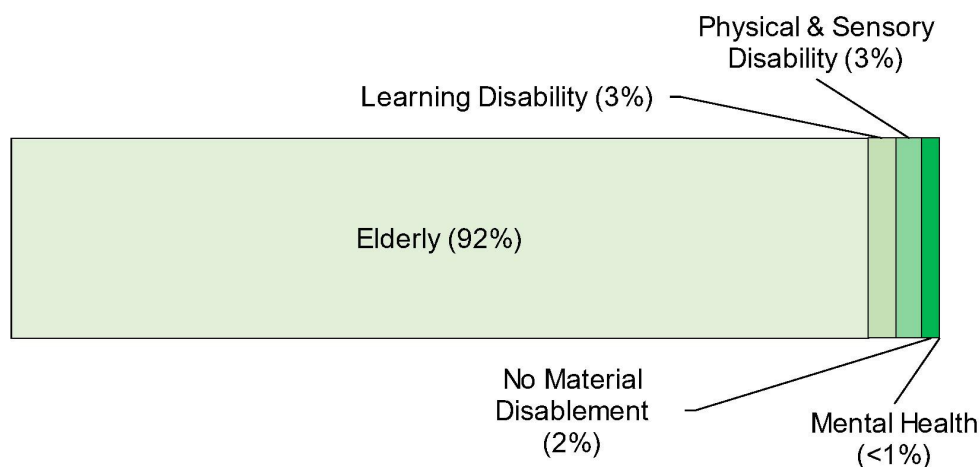


### Persons Receiving a Meals on Wheels Service, by Client Group

The client group that was provided with the most meals on wheels was the elderly, which constituted 92% of all meals provided. There were approximately the same proportions of meals on wheels given to people with either a learning disability, physical and sensory disability, or no material disablement, (3%, 3%, 2% respectively). The lowest proportion of meals on wheels was given to people with mental health difficulties, which accounted for less than 1% of meals provided.

**Figure 12 Persons Receiving a Meals on Wheels Service, by Client Group (2022/23)**

Source: KMW2 Health and Social Care Trust returns



### 3. Community Services

#### Audiology

**Community audiology** services provide treatment and equipment in a community setting for people with hearing defects. For example, the provision of hearing aids, a small amplifying device that fits on the ear and is worn by a person who is hard of hearing. Please note technical guidance on page 47 when interpreting these data.

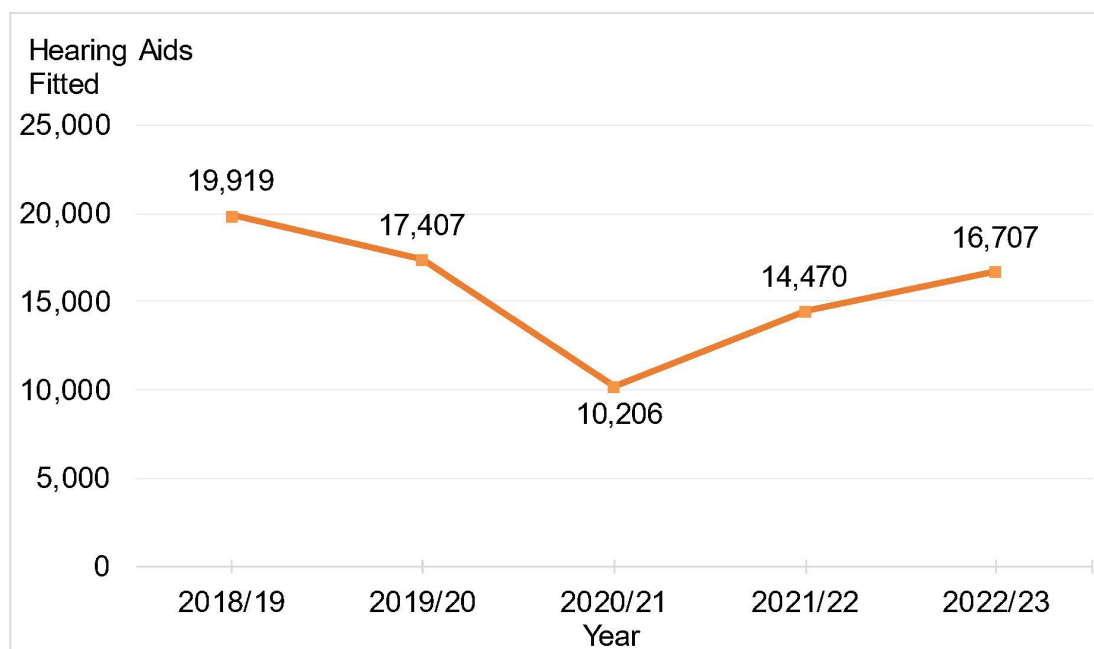
#### Statutory Adult Hearing Aids Fitted from 2018/19 to 2022/23

A 15% increase is observed in the total number of adults fitted with a hearing aid by the statutory sector between 2021/22 (14,470) and 2022/23 (16,707). This shows the number of hearing aids being fitted each year trending upwards, towards pre-pandemic levels, after dropping to 10,206 in 2020/21. See section 'COVID-19 impact on Community Care Services for Adults' on page 9.

Please note that in recent years there has been an increase in persons availing of "see and fit" diagnostic assessment appointments to have a hearing aid fitted, and they would not be reflected in these figures. In addition, persons may be utilising the growing number of independent retailers offering hearing aid testing/fitting services.

**Figure 13 Statutory Adult Hearing Aids Fitted 2018/19 to 2022/23**

Source: Health and Social Care Trusts' Monthly Completed Waits Return



#### Statutory Adult Hearing Aids Fitted by Trust 2022/23

In 2022/23, there were 16,707 hearing aids fitted by the statutory sector, representing 0.9% of the total Northern Ireland population<sup>^</sup>.

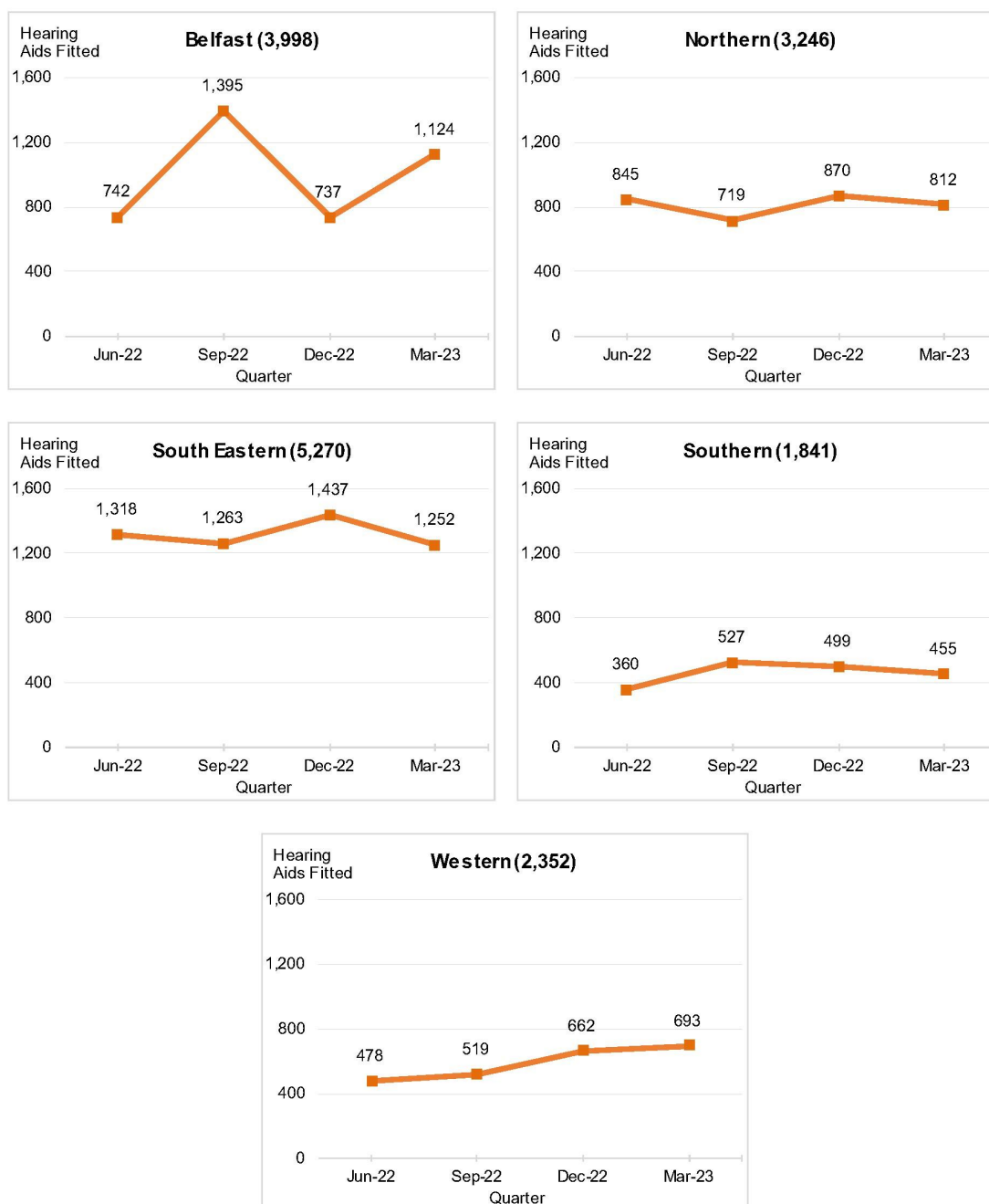
^ Population figures for 2021 can be found on page 50

The number of adult statutory hearing aids fitted by the statutory sector in 2022/23 ranged from 5,270 in South Eastern HSC Trust to 1,841 in Southern HSC Trust.

### Figure 14 Statutory Adult Hearing Aids Fitted by HSC Trust 2022/23^

Source: Health and Social Care Trusts' Monthly Completed Waits Return

^ Figures quoted in the title represent the yearly totals for each HSC Trust





## Day Care Services

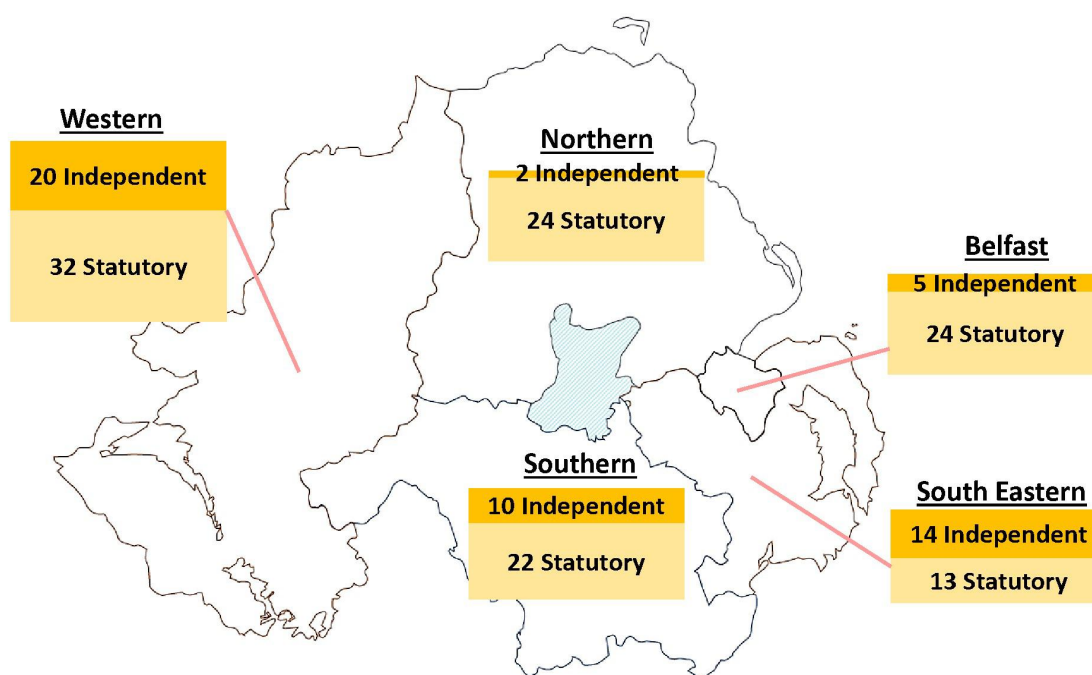
**Day care services** are designed to meet the assessed needs of individuals for care, support, supervision or rehabilitation, providing social stimulation for the individual, and respite for their carers.

### Registered Day Care Centres in 2023

At 31 March 2023 there were 166 day centres across Northern Ireland, of which approximately two thirds (115, 69%) were statutory facilities, and around one third 31% (51) were independent facilities. Figure 15 below illustrates the number of statutory and independent homes in each HSC Trust.

**Figure 15 Registered Day Care Facilities across HSC Trusts at 31 March 2023**

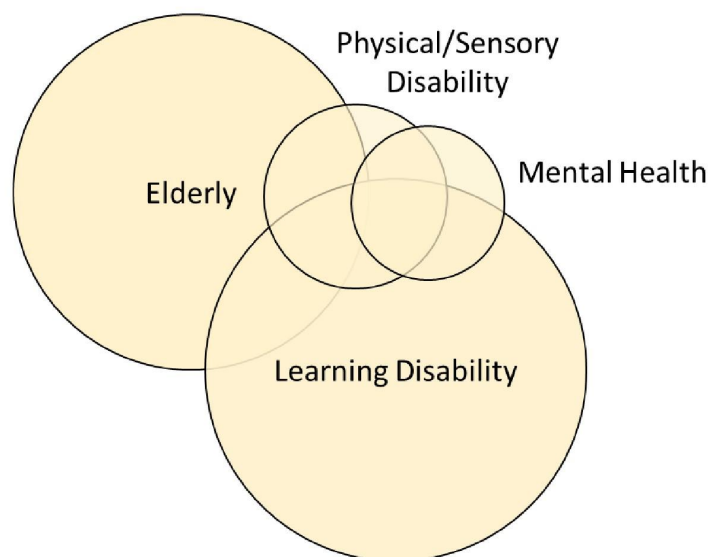
Source: RQIA



Based on RQIA registration data and HSC Trust websites, day centres have been assigned a 'primary' client group which they provide support services for, as shown in Figure 16. Please note that this is not exclusive, as day centres often offer services for a range of groups, and is only intended to provide an illustrative indication of the proportion of day centre facilities for different client groups across the region. This exercise was last carried out in 2021, however the overall number of day centres remained the same in 2023, so the proportions are likely to have also remained similar.

**Figure 16 Proportion of Registered Day Care Facilities by Client Group at 31 March 2023.**

Source: RQIA



### **Persons registered to attend Day Care centres in 2023**

5,118 persons were registered to attend Day Care Services at 31 March 2023. This was 92 (2%) less than the number registered at the end of the previous year and 1,360 (21%) less than the number registered five years ago. Of these, the client group was known for 5,026 service users.

As Figure 17 illustrates, half (50%) were registered in the learning disability group, with over a quarter (29%) in the elderly group. 1 in 10 (10%) were registered in the mental health group, and nearly 1 in 14 (7%) were registered in the physical/sensory group. A small proportion, approximately 1 in 30 (3%), were registered in the no material disablement group.

See page 46 for definitions. Over the past five years the number of persons registered to attend Day Care centres has decreased across all client groups.

**Figure 17 Client Groups Registered to attend Day Care Services by at 31 March 2023\***

Source: DoH KDC2(i-iv) Return

\* Of 5,026 persons whose client group was known.

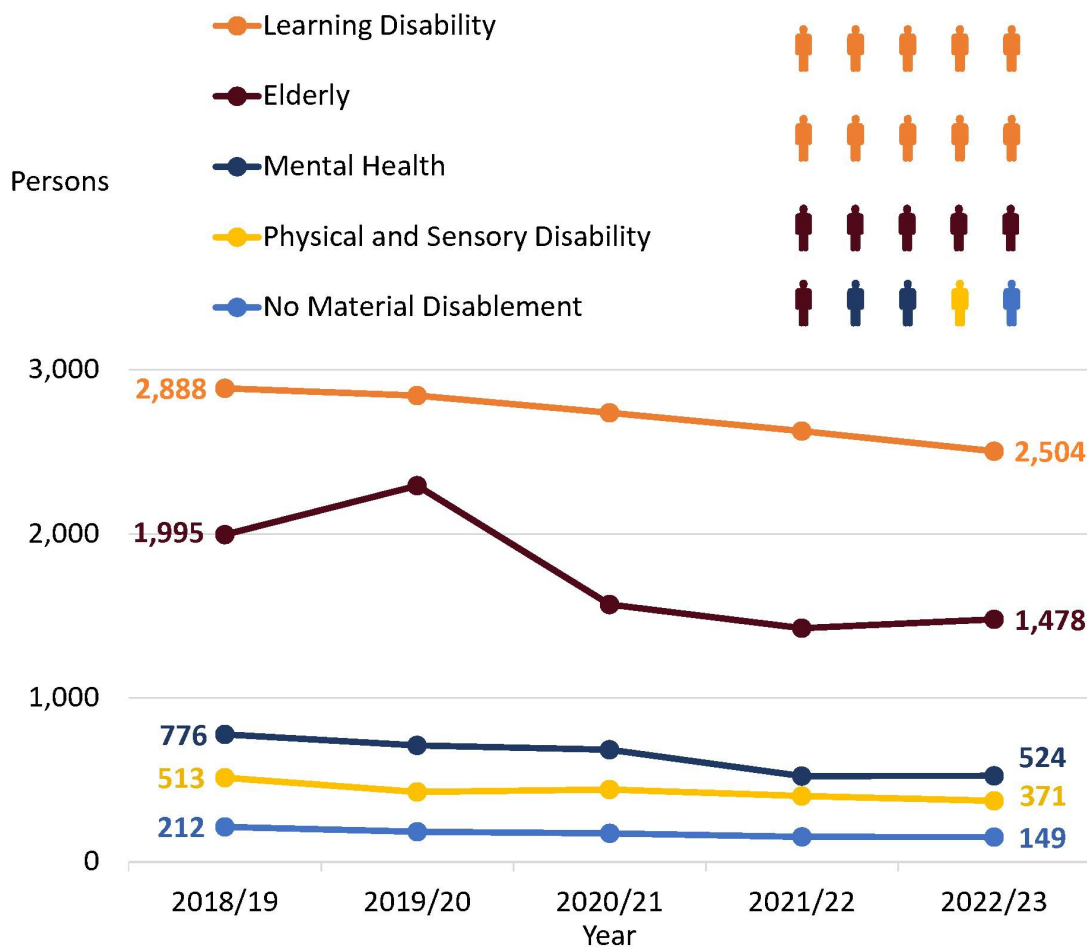
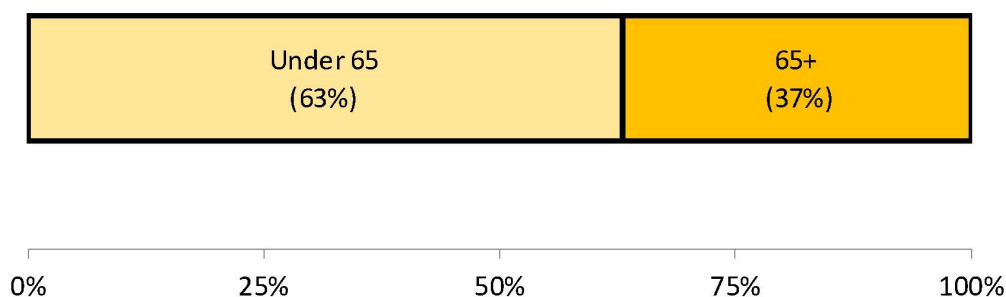


Figure 18 below shows that there was a higher proportion of registered day care users aged under 65 (63%), than aged 65+ (37%), where age was known.

**Figure 18 Day Care Service Users by Age Group at 31 March 2023\***

Source: DoH KDC2(i-iv) Return

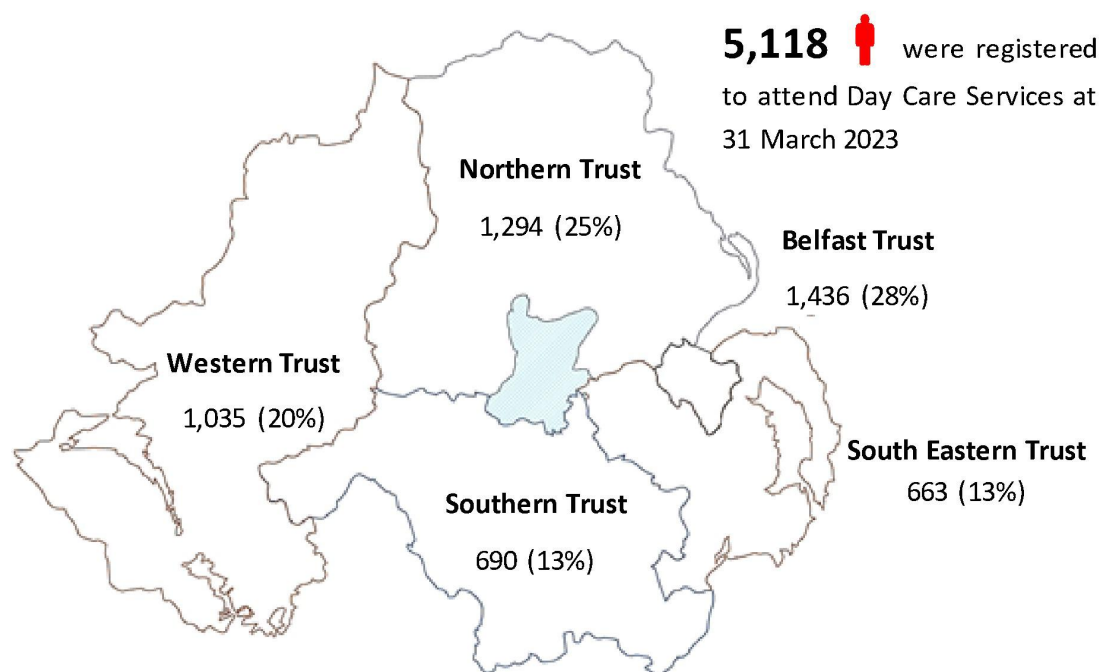
\* Of 4,818 persons whose age was known. There were 300 persons in Western HSC Trust whose age was not known.



As at 31 March 2023, the highest proportions (around a quarter each) of persons registered at statutory day care facilities were in the Belfast HSC Trust (28%), and Northern HSC Trust (25%), while the lowest proportions were in the South Eastern HSC Trust, and Southern HSC Trust (13% each), as shown in Figure 19 below.

**Figure 19 Persons Registered to attend Day Care Services at 31 March 2023**

Source: DoH KDC2(i-iv) Return





At 31 March 2023, three quarters (75%) of all registrations at statutory day care facilities were in Day Centres and one quarter (25%) were in Adult Training/Social Education Centres and Workshops.

Figure 20 below shows that in both Adult Training/ Social Education Centres and Workshops there were a higher proportion of persons registered aged under 65, than aged 65+ (where age was known).

**Figure 20 Persons Registered to attend Day Care Services at 31 March 2023, by age group and setting\***

Source: DoH KDC2(i-iv) Return

\* Of 4,818 persons whose age was known. There were 300 persons in Western HSC Trust whose age was not known.

Adult Training/ Social Education Centres & Workshops	Under 65 (1,052)	65+ (103)
Day Centres	Under 65 (1,995)	65+ (1,668)

## Residential & Nursing Care

**Residential home care** takes place in either statutory, voluntary or private residential care homes. They are staffed 24 hours a day, providing board and general personal care to the residents. Such premises are provided for those who require ongoing care and supervision in circumstances where nursing care would normally be inappropriate.

**Nursing home care** takes place in nursing homes. They are residential facilities providing nursing care 24 hours per day.

**Source:** *Article 10 of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland)*

To note, the RQIA recently led on a process to address historically recognised 'dual' categorised care homes, i.e. a care home with nursing home registration status, but carrying both residential and nursing care beds. 'Dual' nursing homes were asked to action one of the three options below:

- Discontinue their residential places;
- Retain a temporary registration for named residents who are already accommodated in the home on the condition that these beds will eventually revert to nursing;
- Register their residential care beds under a separate residential care home registration.

This may have resulted in:

- A decrease in the number of nursing homes with residential beds;
- A rise in the overall number of independent residential care homes;
- In real terms, a negligible change in the number of registered residential and nursing beds, as the process affected classification of the facility that houses the beds, rather than the type of bed they are.

A **care package** is the form of care recommended through care management. The term care management is used to describe the whole concept which embraces the key functions of assessing need; care-planning; and managing, co-ordinating and reviewing services. HSC Trusts carry out care management assessments to identify a person's needs and determine the best form of care to meet those needs i.e. a care package. The services provided in each care package for each individual client differ in terms of intensity and length.

## Residential & Nursing Care Snapshot as at 30 June 2023 - Facilities



**470 Facilities** were registered at 30 June 2023. Similar proportions of residential (229, 49%) and nursing (241, 51%) care homes were registered at June 2023.

This is similar to numbers registered at June 2019 for both residential (234, 49%) and nursing (248, 51%) care homes. 2019 figures can be found in [Statistics on Community Care for Adults in Northern Ireland 2018/19](#).

Of the 229 residential care homes registered in 2023, just over four fifths (81%, 186) were in the independent sector and about one fifth (19%, 43) were in the statutory sector.

Of the 241 nursing care homes registered in 2023, almost all (99%, 238) were in the independent sector with just 1% (3) in the statutory sector.

In June 2023, Belfast HSC Trust had 45 nursing homes (43 independent and 2 statutory) and 46 residential care homes (34 independent and 12 statutory).

Northern HSC Trust had 64 nursing homes (all independent) and 62 residential care homes (53 independent and 9 statutory).

South Eastern HSC Trust had 53 nursing homes (all independent) and 55 residential care homes (47 independent and 8 statutory).

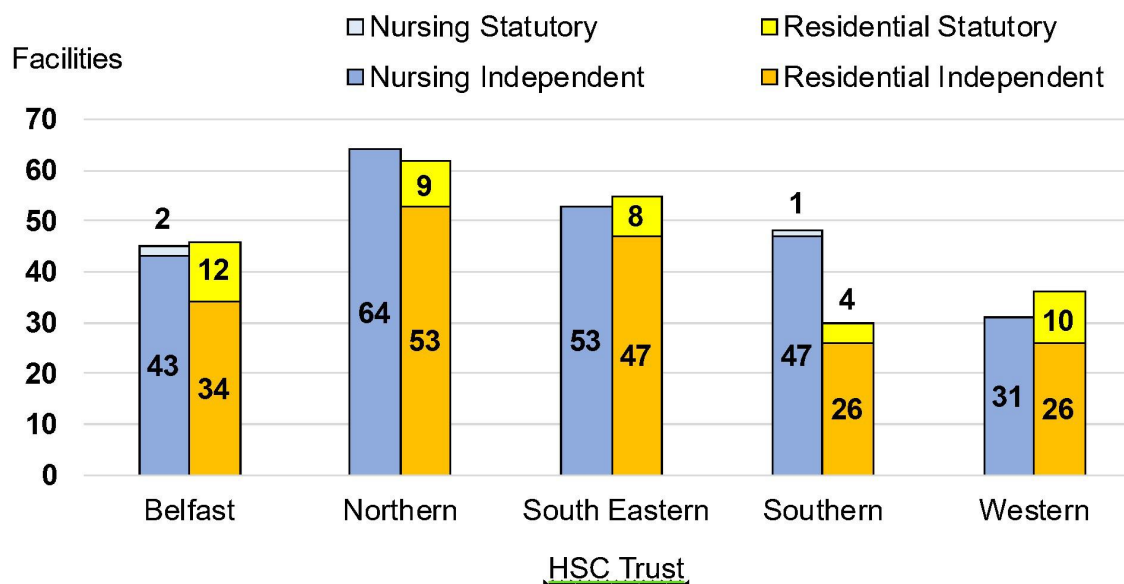
Southern HSC Trust had 48 nursing homes (47 independent and 1 statutory) and 30 residential care homes (26 independent and 4 statutory).

Western HSC Trust had 31 nursing homes (all independent) and 36 residential care homes (26 independent and 10 statutory).

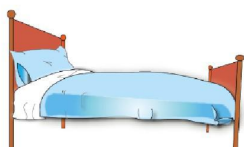
Figure 21 illustrates the number of Residential and Nursing Care facilities by sector and by HSC Trust.

**Figure 21 Number of Residential & Nursing Care facilities as at 30 June 2023**

Source: RQIA



### Residential & Nursing Care Snapshot as at 30 June 2023 – Care home beds



**15,837 Care home beds** were registered at 30 June 2023.

2 in 3 of these were registered as Nursing, with 10,572 available as nursing and 5,265 available as residential.

Of the 5,265 residential places in registered residential homes, four in five (81%) were in independent residential homes while almost one in five were in statutory residential homes (19%).

Of the 10,572 nursing care beds available in nursing homes, almost all (99%) were in the independent sector, and only a small number (1%) were in the statutory sector.

At 30 June 2023, the Northern HSC Trust had the highest number of residential beds (1,449) available while the Southern HSC Trust had the lowest (609).

The Northern HSC Trust had the highest number of nursing care beds (2,633) available, while the Western HSC Trust had the lowest number (1,435).

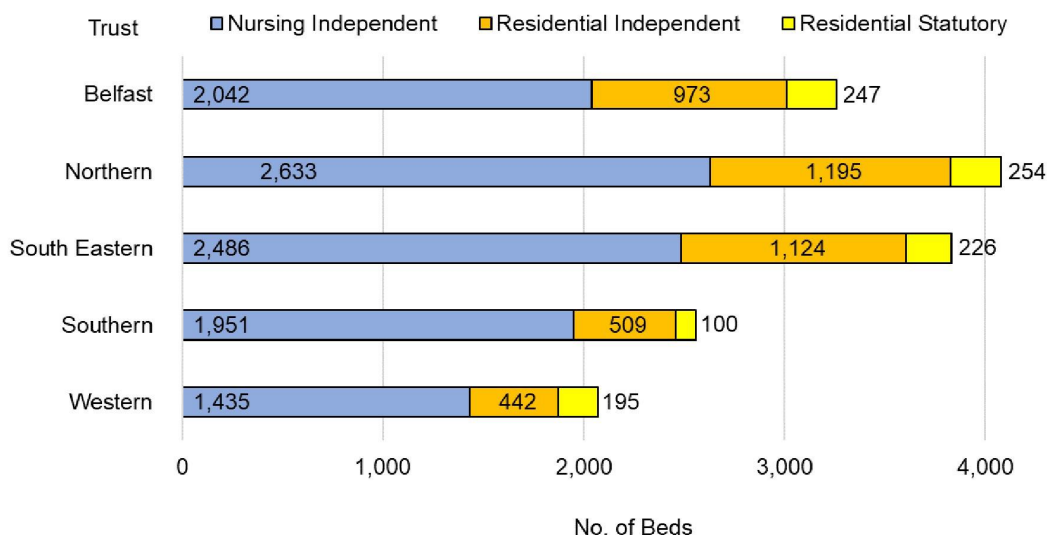
Figure 22 illustrates the number of Residential and Nursing Care beds by sector and by HSC Trust.



**Figure 22 Number of Residential & Nursing Care beds as at 30 June 2023\***

Source: RQIA

\* Individual figures will not sum up to 15,837, as Trust breakdown values for some sector type beds are too small to display clearly in the graphic. Please see Table 16 & 17, page 63 and 64 for detail.



### Residential & Nursing Care Snapshot as at 30 June 2023 – Care home packages

**11,914 Care packages** were in effect with 97% of those delivered by the independent sector (11,540), and 3% were delivered by the statutory sector (374). Over two thirds of all care packages are Nursing (8,239, 69%) and about one third are residential (3,675, 31%).

At 30 June 2023, over four fifths (79%, 9,396) of care packages in effect were in the Elderly Care POC. Of these, 71% (6,643) were nursing care packages, and 29% (2,753) were residential care packages.

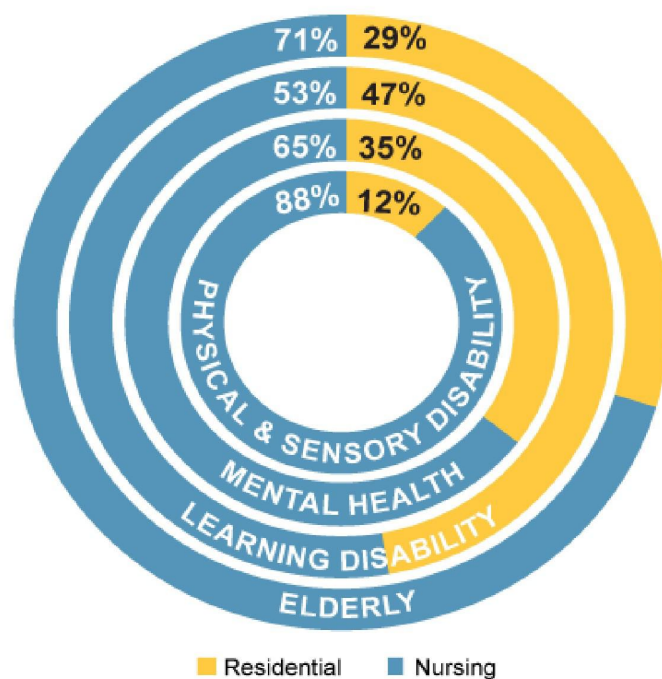
In the Learning Disability POC, 11% (1,263) of care packages were in effect. Of these, just over half (53%, 669) were nursing care packages, and 47% (594) were residential care packages.

Mental Health and Physical/Sensory Disability accounted for 6% (770) and 4% (485), respectively, of care packages in effect at 30 June 2023.

Figure 23 illustrates the proportion of Residential and Nursing Care packages by client group.

**Figure 23    Number of Residential & Nursing Care packages as at 30 June 2023**

Source: Health and Social Care Trust CC7 Returns



## Residential Facilities 2019 – 2023

**Note, the following trends must be interpreted with care, as trend changes of registered facilities, as recent figures will be impacted by the RQIA led process outlined at the start of the topic chapter.**

Over the last five years, the number of residential facilities has decreased from 234 in June 2019\* to 229 in June 2023. This is due to the decrease in independent residential facilities, which decreased from 191 facilities in June 2019 to 186 facilities in June 2023. The number of statutory residential facilities remained constant at 43 facilities in June 2019 and June 2023.

Three of the five HSC Trusts have shown a decrease in the number of independent residential facilities, while Belfast and Northern HSC Trusts both increased the number of independent homes by 1. The largest decrease was in the South Eastern HSC Trust, where the number of independent residential facilities has decreased from 51 in June 2019 to 47 in June 2023.

Between June 2019 and June 2023, the number of statutory residential facilities has remained the same across all five HSC Trusts.

Figure 24 compares the number of Residential Care facilities between 2019 and 2023, by HSC Trust.

**Figure 24 Residential Facilities - Five year comparison by HSC Trust\***

Source: RQIA

\* 2019 figures can be found in [Statistics on Community Care for Adults in Northern Ireland 2018/19](#).

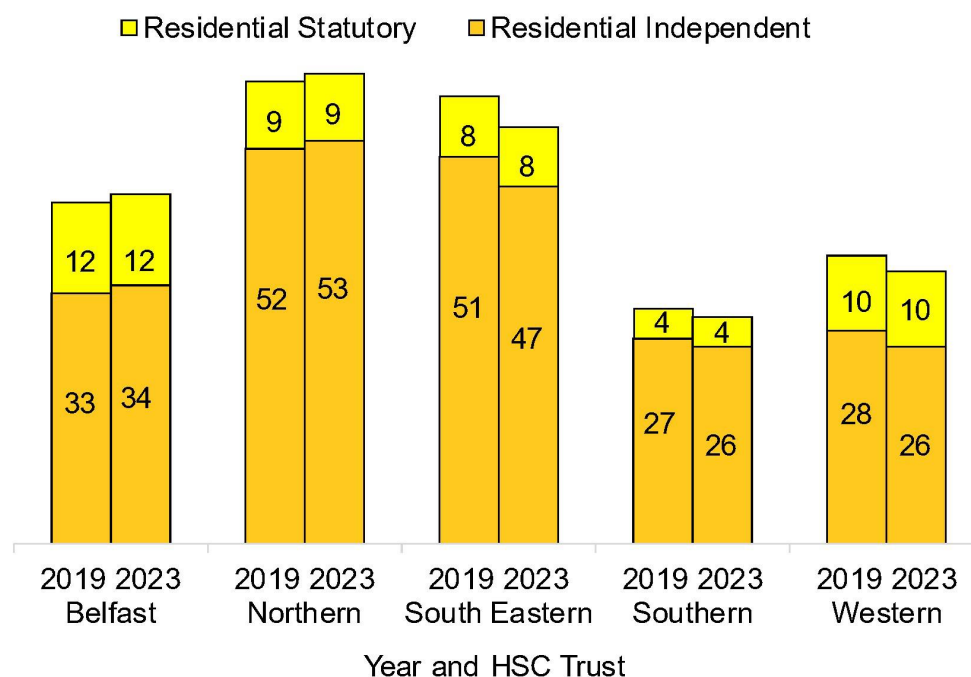


Figure 25 shows that in the last five years, the number of residential beds in Northern Ireland has increased by <1% (from 5,233 beds in June 2019\* to 5,265 beds in June 2023).

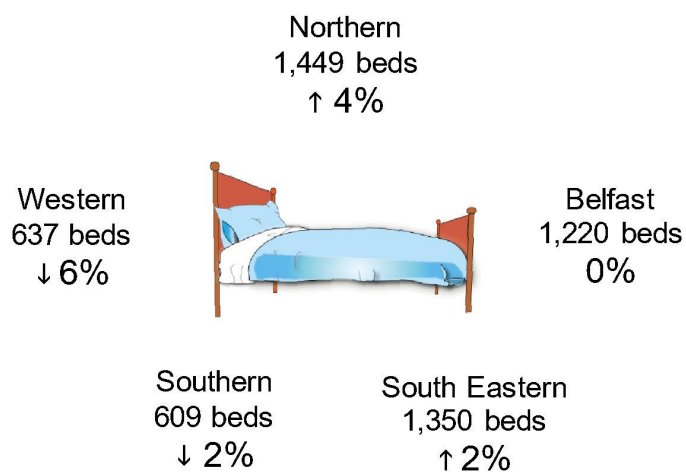
The largest increase in the number of residential beds has been observed in the Northern HSC Trust, a 4% increase, from 1,389 beds in June 2019 to 1,449 beds in June 2023. South Eastern HSC Trust also showed an increase in the number of residential beds over the same period of 2%, from 1,324 to 1,350. The largest decrease in the number of beds in residential homes from June 2019 to June 2023 was seen in Western HSC Trust (-6%, from 681 to 637). The number of residential beds also decreased over this period in Southern HSC Trust (-2%, from 619 to 609). In Belfast HSC Trust the number of beds in residential facilities remained constant at 1,220 from June 2019 to June 2023.



**Figure 25 Residential Beds - Five year comparison by HSC Trust \***

Source: RQIA

\* 2019 figures can be found in [Statistics on Community Care for Adults in Northern Ireland 2018/19](#).



HSC Trust	Residential Beds 2019	Residential Beds 2023
Belfast	1,220	1,220
Northern	1,389	1,449
South Eastern	1,324	1,350
Southern	619	609
Western	681	637

## Nursing Facilities 2019 – 2023

**Note, the following trends must be interpreted with care, as trend changes of registered facilities, as recent figures will be impacted by the RQIA led process outlined at the start of the topic chapter.**

Over the last five years, the number of nursing facilities has decreased from 248 in June 2019\* to 241 in June 2023. The 248 nursing facilities, registered in 2019 were made up of 4 statutory facilities and 244 independent facilities. In 2023, the 241 nursing facilities were made up of 3 statutory facilities and 238 independent facilities.

Between June 2019 and June 2023, the number of independent nursing facilities in has remained the same in the South Eastern HSC Trust (47). Each of the other four HSC Trusts all decreased their registered number of independent nursing facilities over the 5 years from 2019 to 2023 by 1 to 3 homes each.

Between June 2019 and June 2023, the number of statutory nursing facilities has remained the same for all HSC Trusts apart from the Southern, and Western HSC Trusts who decreased from two statutory nursing facilities to one, and one to no statutory nursing facilities, respectively. There were no statutory nursing facilities registered for the Northern, and South Eastern HSC Trusts in 2019 and in 2023.

Figure 26 compares the number of Nursing Care facilities between 2019 and 2023, by HSC Trust.

**Figure 26 Nursing Facilities - Five year comparison by HSC Trust\***

Source: RQIA

\* 2019 figures can be found in [Statistics on Community Care for Adults in Northern Ireland 2018/19](#).

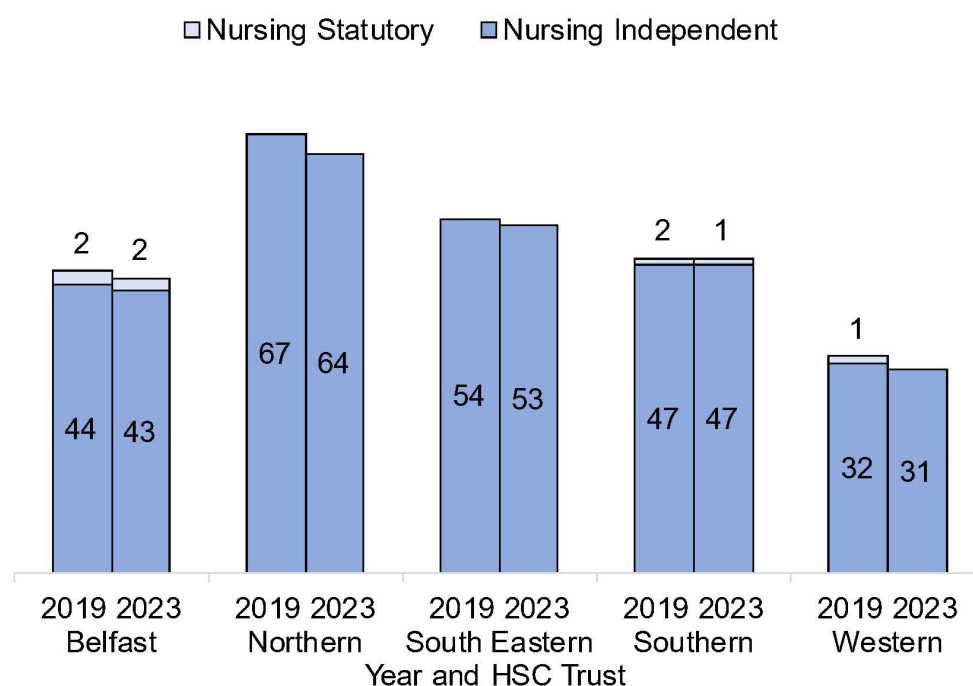


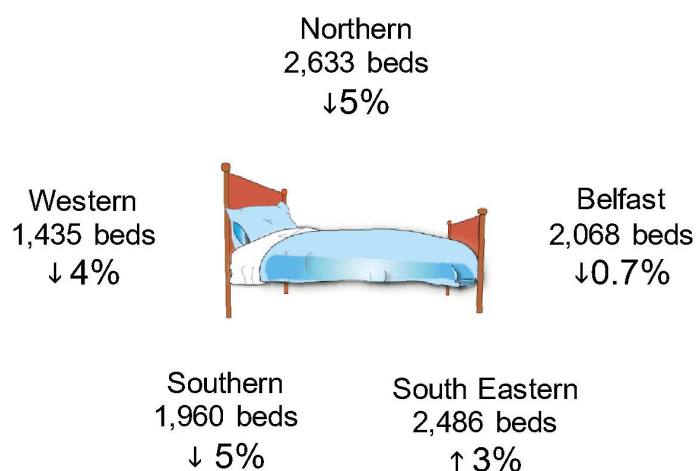
Figure 27 below shows that over the last five years there has been a decrease (-2%) in the number of nursing beds in Northern Ireland, 10,832 beds in June 2019\* and 10,572 beds in June 2023.

The largest decreases of -5% in the number of nursing beds were observed in the Northern, and Southern HSC Trusts, from 2,783 to 2,633 beds, and from 2,056 to 1,960 beds respectively from June 2019 to June 2023. South Eastern HSC Trust increased their number of nursing beds by 3%. However, Belfast and Western HSC Trusts decreased their number of nursing beds by -1%, and -4% respectively.

## Figure 27 Nursing Beds - Five year comparison by HSC Trust

Source: RQIA

\* 2019 figures can be found in [Statistics on Community Care for Adults in Northern Ireland 2018/19](#).



HSC Trust	Nursing Beds 2019	Nursing Beds 2023
Belfast	2,072	2,058
Northern	2,783	2,633
South Eastern	2,421	2,486
Southern	2,056	1,960
Western	1,500	1,435

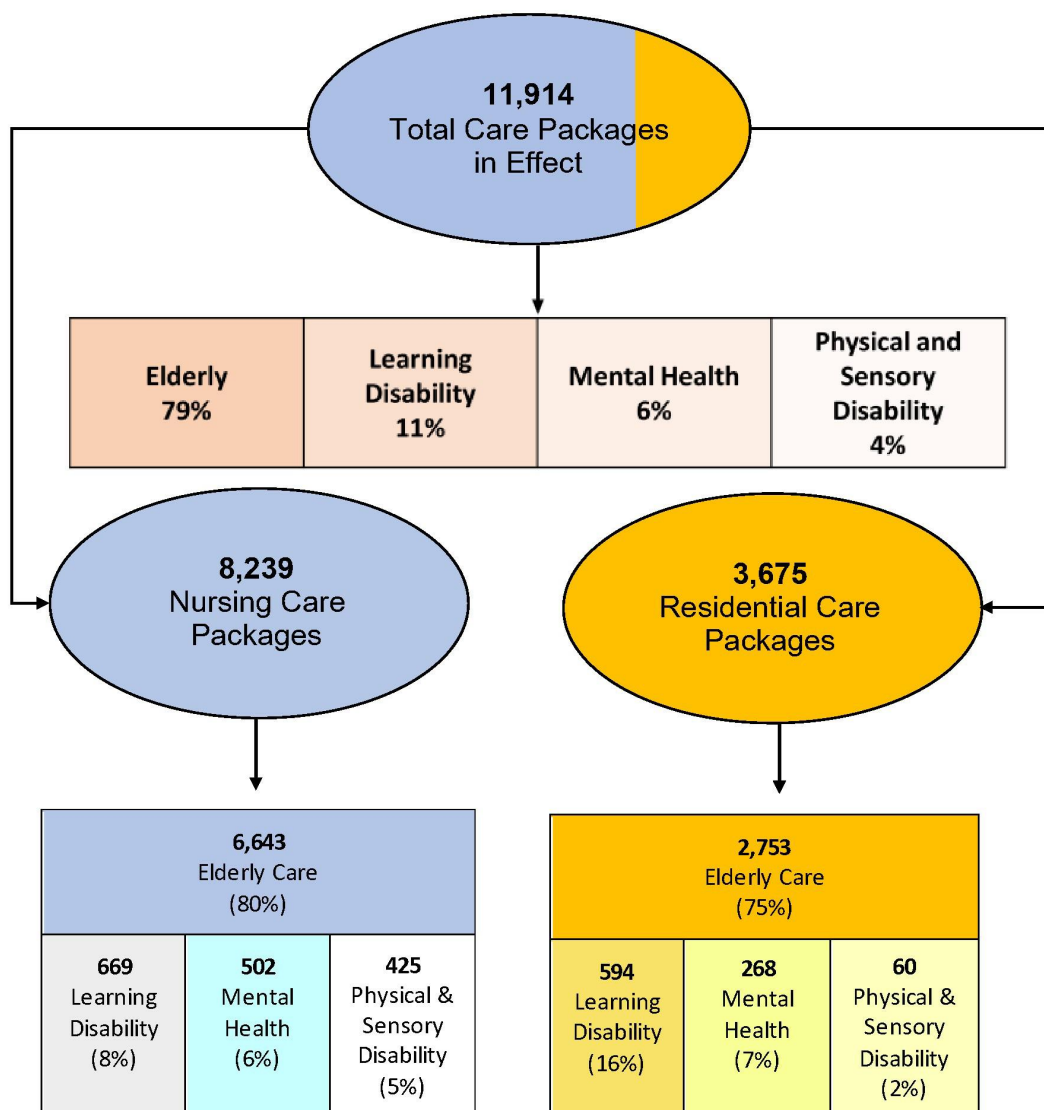
## Care Packages in Effect at quarter ending June 2023

Figure 28 shows that of the 11,914 care packages in effect, over two thirds (69%, 8,239) were nursing home care packages and about one third (31%, 3,675) were residential care packages.

Nearly four fifths (79%, 9,396) of care packages were in effect in the Elderly Care POC. The break down for the other Programme of Care can be seen below.

**Figure 28 Care Packages in Effect by POC and Type**

Source: Health and Social CC7 returns



The table below shows the breakdown of Nursing and Residential care packages in effect at June 2023, for different client groups.



Client Group	Nursing	Residential	Total
Elderly	6,643	2,753	9,396 (79%)
Learning Disability	669	594	1,263 (11%)
Mental Health	502	268	770 (6%)
Physical/Sensory Disability	425	60	485 (4%)
<b>Total</b>	<b>8,239</b>	<b>3,675</b>	<b>11,914</b>

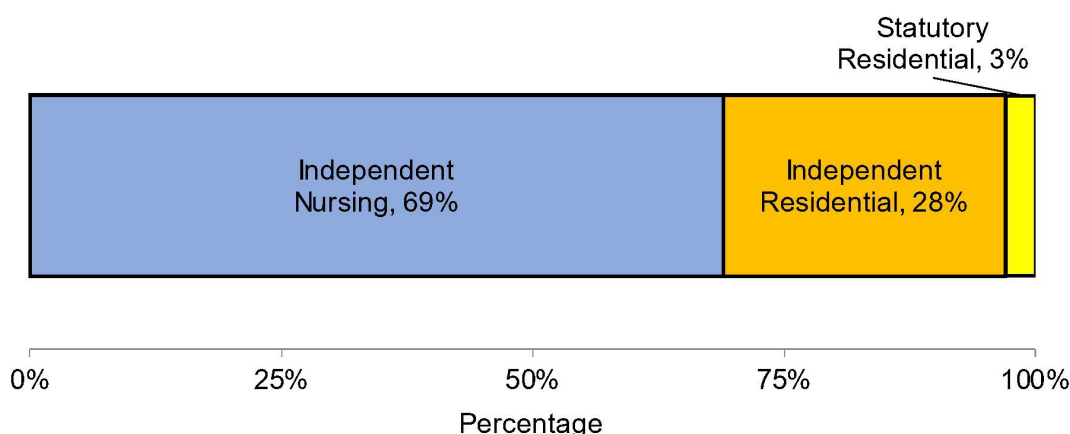
### Care Packages in Effect, by Sector, at quarter ending June 2023

At 30 June 2023, almost all (97%, 11,540) of residential and nursing home care packages were provided by the independent sector. Only 3% (374) of all home care packages were provided by the statutory sector.

Figure 29 below shows that at the end of June 2023, over two thirds of home care packages were delivered by independent nursing homes (69%, 8,239), over a quarter (28%, 3,301) of home care packages were delivered by independent residential homes, and 3% (374) were delivered by statutory residential homes. The statutory sector did not provide any nursing home care packages.

**Figure 29 Statutory and Independent Care Packages as at 30 June 2023**

Source: Health and Social Care Trust CC7 Returns



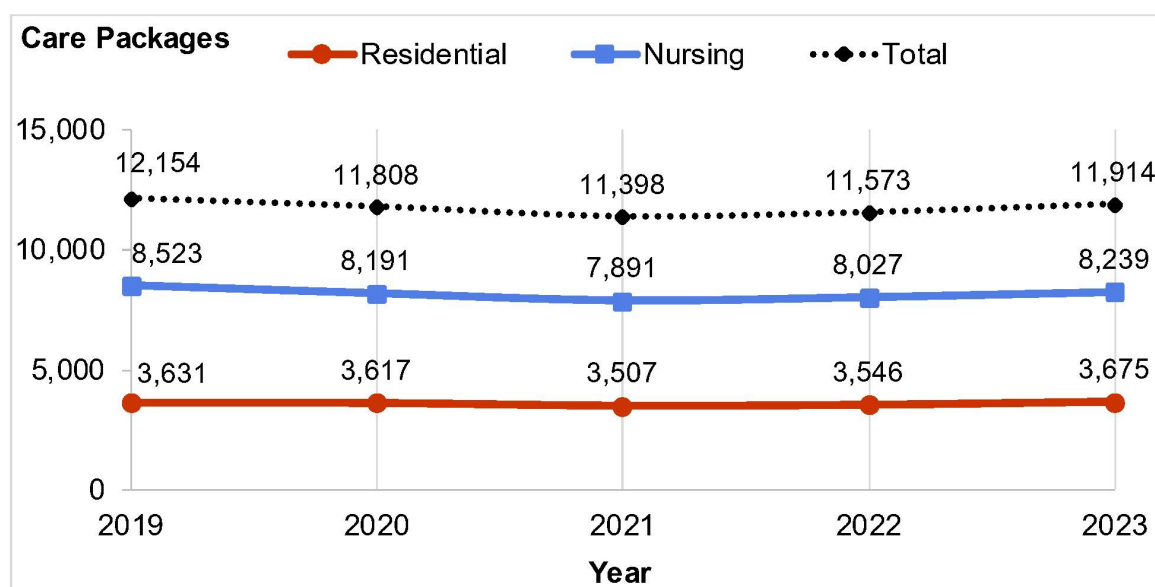
### Care Packages in Effect, at quarters ending June 2019 – June 2023

At 30 June 2023, 11,914 residential and nursing home care packages were in effect in Northern Ireland. This represents an increase of 3% since 30 June 2022 (11,573), and a decrease of 2% since 30 June 2019 (12,154). Figures can be found in Table 23 in appendix C.

There has been a decrease (-3%, 284) in the number of nursing home care packages in effect between 2019 (8,523) and 2023 (8,239) but a slight increase (1%, 44) in the number of residential home care packages in effect between 2019 (3,631) and 2023 (3,675) as shown in Figure 30.

**Figure 30 Northern Ireland Care Packages in Effect 2019 – 2023**

Source: Health and Social Care Trust CC7 Returns



### Care Packages in Effect, by HSC Trust, at quarters ending June 2019 – June 2023

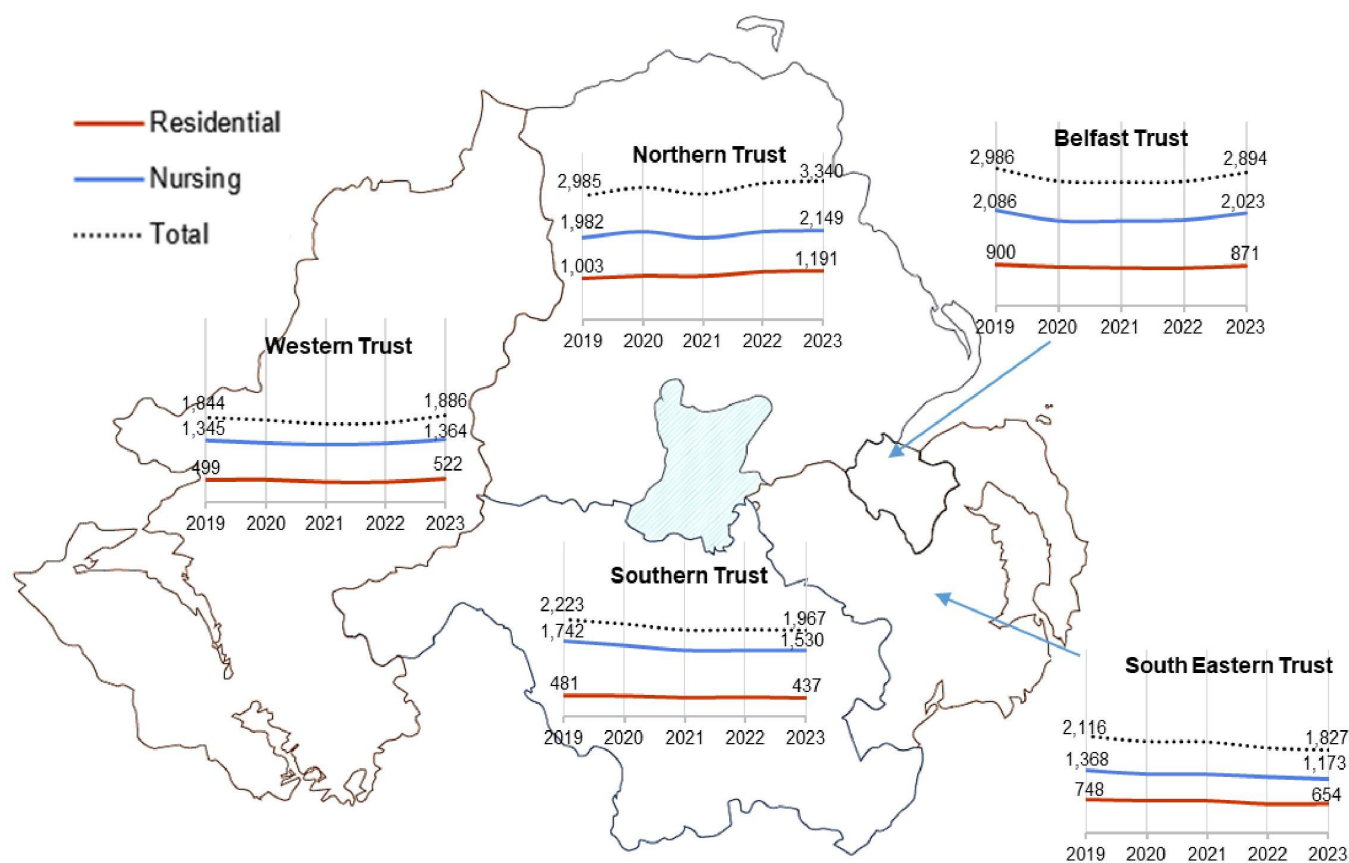
Figure 31 and the table of values below show the trend in the number of residential and nursing home care packages in effect between 2019 and 2023 for each of the five HSC Trusts.

The number of nursing home care packages in effect between 2019 and 2023 has decreased in Belfast (-3%, 63), South Eastern (-14%, 195), and Southern (-12%, 212) HSC Trusts. There were increases in nursing home care packages over the same period in Northern (8%, 167) and Western (1%, 19) HSC Trusts.

Similarly, the number of residential care packages in effect between 2019 and 2023 decreased in Belfast (-3%, 29), South Eastern (-13%, 94), and Southern (-9%, 44) HSC Trusts. The number of residential care packages in effect increased in Northern (19%, 188) and Western (5%, 23) HSC Trusts during this time.

**Figure 31 Northern Ireland care packages in effect 2019 – 2023**

Source: Health and Social Care Trust CC7 Returns



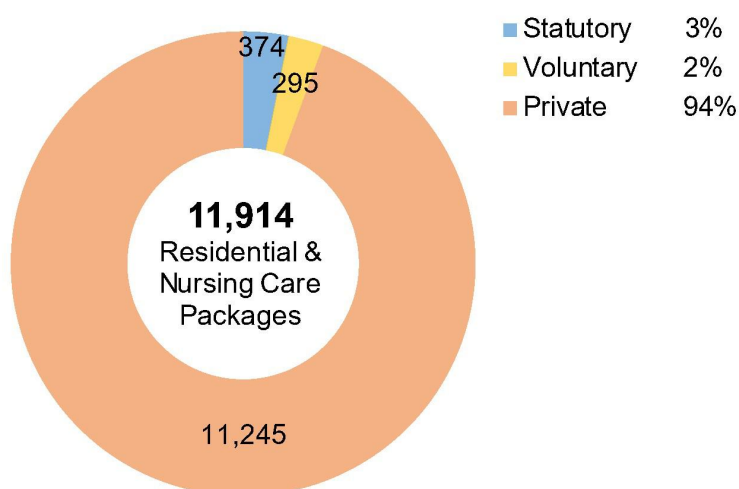
HSC Trust	Residential 2019	Residential 2023	Nursing 2019	Nursing 2023	Total 2019	Total 2023
Belfast	900	871	2,086	2,023	<b>2,986</b>	<b>2,894</b>
Northern	1,003	1,191	1,982	2,149	<b>2,985</b>	<b>3,340</b>
South Eastern	748	654	1,368	1,173	<b>2,116</b>	<b>1,827</b>
Southern	481	437	1,742	1,530	<b>2,223</b>	<b>1,967</b>
Western	499	522	1,345	1,364	<b>1,844</b>	<b>1,886</b>

### Residential & Nursing Home Care Packages as at 30 June 2023, by Sector

Figure 32 below shows that, at 30 June 2023, there were 11,914 residential and nursing care packages. Over nine tenths (94%, 11,245) of residential and nursing home care packages were provided by the private sector. The statutory and voluntary sectors provided much smaller proportions of residential and nursing home care packages (3%, 374 and 2%, 295 respectively).

**Figure 32 Residential & Nursing Home Care Packages as at 30 June 2023, by Sector**

Source: Health and Social Care Trust CC7 Returns



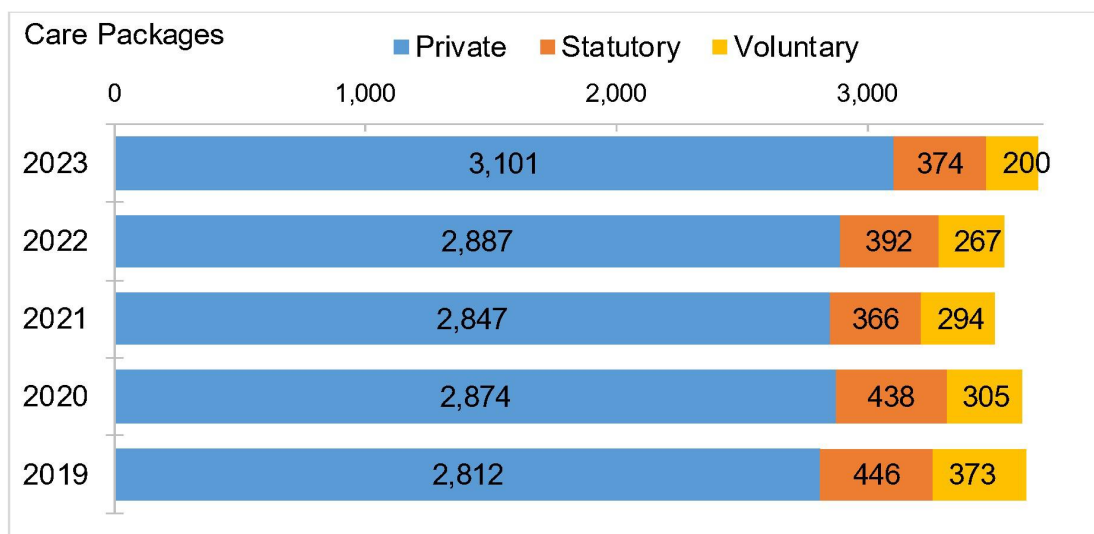
### Residential Home Care Packages in Effect at 30 June 2019 – 2023, by Sector

Since 30 June 2019, the number of residential care packages in the private sector has increased by 10% (289), but those in the statutory and voluntary sectors have decreased by 16% (72) and 46% (173) respectively. These trends can be seen in Figure 33 below.

From 2022 to 2023, there is a large increase in private sector numbers (7%, from 2,887 to 3,101) and decrease in voluntary sector numbers (-25%, from 267 to 200). This is partially driven by a change in reporting methods by Northern HSC Trust.

**Figure 33 Residential Care Packages in Effect 2019 – 2023**

Source: Health and Social Care Trust CC7 Returns

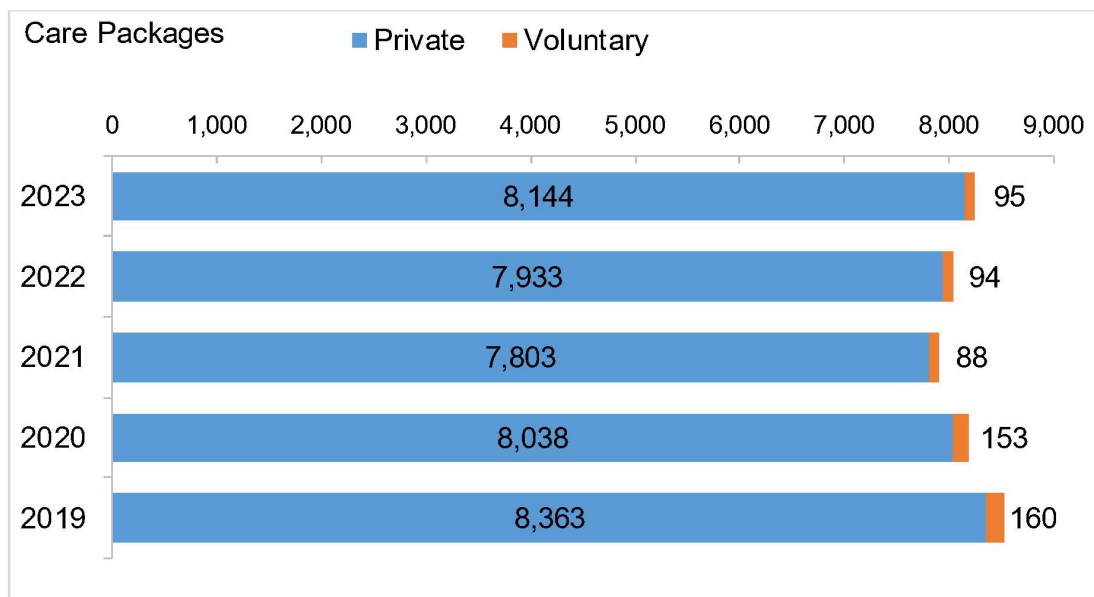


**Nursing Home Care Packages in Effect as at 30 June 2019 – 2023, by Sector**

Since 30 June 2019, the number of nursing home care packages has decreased in the private sector by 3% (-211) while increasing in the voluntary sector by a count of 1, as shown in Figure 34 below. Please treat percentage changes with caution due to the relatively low number of care packages involved.

**Figure 34 Nursing Care Packages in Effect 2019 – 2023**

Source: Health and Social Care Trust CC7 Returns





## Appendix A: Definitions of Terms

**Financial Year** - a year defined with respect to accounting/ financial purpose, and runs 1<sup>st</sup> April to 31<sup>st</sup> of the following year. For example 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023.

**Calendar Year** – the period of 365 days defined from 1<sup>st</sup> January to the 31<sup>st</sup> December.

**Health Social Care (HSC) Trusts** – authorities which manage and administer integrated health and social care services across Northern Ireland: They are Belfast HSC Trust, Northern HSC Trust, South Eastern HSC Trust, Southern HSC Trust, and Western HSC Trust. It is important to note that in a minority of cases the community service provided by the HSC Trust may have taken place in a hospital setting. When comparing data at HSC Trust level with earlier years it is important to note that due to a reorganisation of facilities within some HSC Trusts the comparison may not be on a like with like basis.

**Sector** – describes the type of organisation delivering the service. Three sector types are referenced in this publication: **statutory**, **independent**, or **voluntary**. Services delivered by the HSC Trust are described as statutory. Services provided by private organisations are described as independent. The voluntary sector describes **non-profit organisations and non-governmental**.

**Client Groups** are categories into which persons are classed dependent on their disability / impairment.

Client Group	Definition
Elderly	<p>Refers to persons who are aged 65 years or more on the Physical &amp; Sensory and No Material Disablement returns.</p> <p>For 'Persons Receiving Meals on Wheels', the elderly client group is defined as the sum of the persons aged 65+, within the registrable physical disability and not materially handicapped groups, on the KMW2 return.</p> <p>For 'Persons Registered to attend Daycare Facilities', the elderly client group is defined as the sum of the persons aged 65+ on the KDC2(iii) and KDC2(iv) returns, respectively.</p>
Designated Mentally Ill	<p>Refers to persons who in the professional opinion of a doctor - GP or Psychiatrist - are suffering from a mental or psychiatric illness. Mental illness means a state of mind which affects a person's thinking, perceiving, emotion or judgement to the extent that he/ she requires care or medical treatment in his/ her own interests or in the interests of other people.</p>

<b>Client Group</b>	<b>Definition</b>
Learning Disabled	Refers to persons who have a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning. To be included in this group a person must be on the Trust's register of learning disabled people.
Physically Disabled / Sensory Impaired	Refers to persons who are substantially and permanently disabled by illness, or otherwise, including the chronically sick. This group will include the following groups: blind, partially sighted, deaf with speech, deaf without speech, hard of hearing and general classes (i.e. those whose primary disablement is neither visual nor auditory).
Severely Sight Impaired	Describes persons in receipt of a Certificate of Vision Impairment (CVI) - Severely sight Impaired.
Sight Impaired	Describes persons in receipt of a Certificate of Vision Impairment (CVI) - Sight Impaired.
Visually Impaired	Describes persons who have not met a diagnostic clinical threshold of sight impairment/ are not in receipt of Certificate of Vision Impairment (CVI), but require support from the sensory team to navigate their daily life.
Deaf	Persons who are culturally Deaf i.e. persons who use British Sign Language.
deaf	Persons who cannot hear.
Hard of hearing	Persons with mild-to-moderate hearing loss, not including tinnitus.
Without Material Disablement	Refers to those persons, without a physical or mental impairment or learning disability, who have not been included in other client groups.

**Programmes of Care (POC's)** are divisions of health care, into which activity and finance data are assigned, as to provide a common management framework to support strategic planning. While there are 9 POC groups, only 5 are set out below which fall within the community setting.

PoC	Group	Definition
4	Elderly	<p>Include all community contacts to those aged 65 and over except where the reason for the contact was because of mental illness or learning disability.</p> <p>Include all community contacts where the reason for the contact was dementia, regardless of the client's age. (However, Down's syndrome clients who develop dementia should remain in POC 6 for any dementia related care or treatment).</p> <p>Include all physical and/or sensory disabled clients aged 65 and over.</p> <p>Include all work relating to homes for the elderly, including those for the Elderly Mentally Infirm.</p>
5	Mental Health	<p>Exclude all community contacts where the reason for the contact was dementia. (Dementia activity should be allocated to POC 4.</p> <p>However, Down's syndrome clients who develop dementia should remain in POC 6 for any dementia related care or treatment).</p> <p>Exclude all activity relating to residential accommodation for the Elderly Mentally Infirm. (This activity should be included in POC 4).</p>
6	Learning Disability	<p>Include all community contacts where the primary reason for the contact was learning disability, regardless of age.</p> <p>Include community contacts with Down's syndrome clients who develop dementia.</p>
7	Physical & Sensory Disability	<p>Include all community contacts where the primary reason for the contact was physical and/or sensory disability, except those aged 65 and over. (These contacts should be allocated to POC 4 upon reaching 65).</p>
9	Primary Health & Adult Community	<p>Include community clients aged between 16 and 64, for whom the primary reason for the contact is other than mental illness, learning disability, dementia or physical and sensory disablement should be allocated to POC 9 i.e. clients aged 16 to 64 with no material disablement.</p>

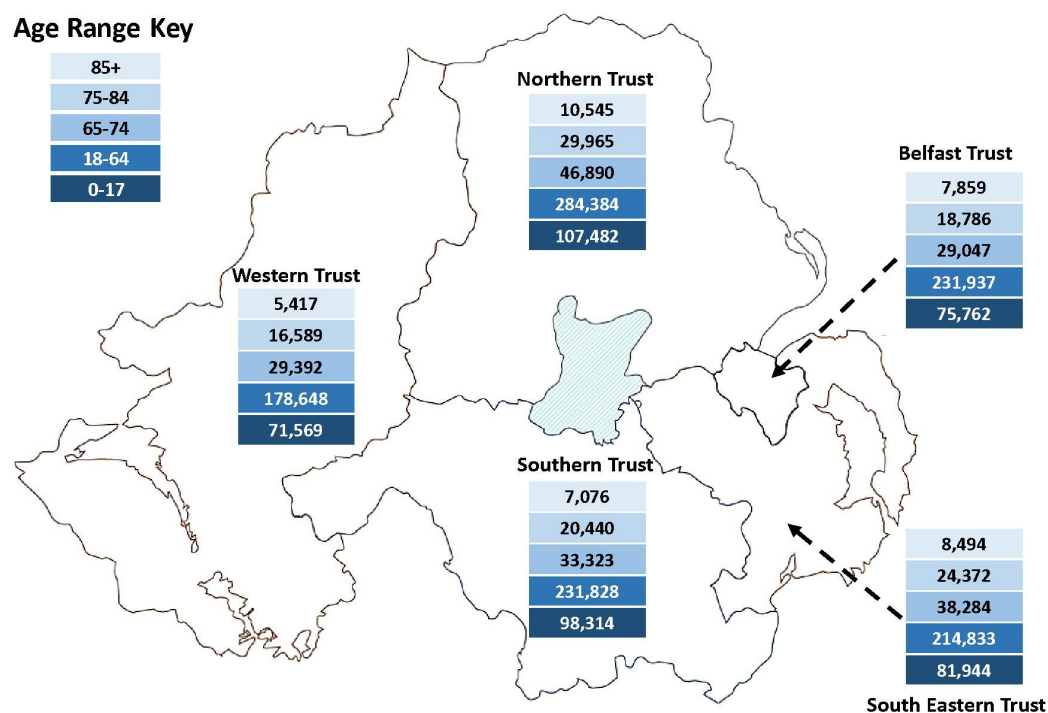
**Day Care Settings** – Three different types of daycare setting are described in the publication, a description of each is set out below.

<b>Day Care setting</b>	<b>Definition</b>
Adult Training/ Social Education Centres	These are establishments mainly for people over 16 years of age with a disability in which social and occupational training is provided with the objective of preparing those, who have the ability, to progress into workshops.
Workshops	This is where industrial therapy and contract work is undertaken, aimed at preparing those who are suitable for placement in open or sheltered employment in the community.
Day Centres	These are centres which have a full-time organiser and where professional staff are employed. They are open five or more days each week and provide a variety of activities for members and facilities for meals.

## Appendix B: Geographical Area of HSC Trusts and Age-Profile of Population 2021

**Source:** Northern Ireland Census Population Estimates 2021 - Northern Ireland Statistics & Research Agency

Northern Ireland's population (21 March 2021) was 1,903,175.





## Appendix C: Tables

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## Section 1: Home Services

**Table 1: Number of Domiciliary Care Recipients during September Survey Week**

Reported figures exclude double counting i.e. clients receiving domiciliary care from both the Independent and the statutory sectors.

<b>HSC Trust</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Belfast	4,360	4,274	4,218	4,251	4,275
Northern	5,243	5,384	4,898	5,103	4,979
South Eastern	5,051	5,220	5,076	5,322	5,279
Southern	4,738	4,872	4,026	4,654	4,603
Western	4,017	3,675	3,273	3,363	3,439
<b>Northern Ireland</b>	<b>23,409</b>	<b>23,425</b>	<b>21,491</b>	<b>22,693</b>	<b>22,575</b>

**Table 2: Number of Domiciliary Care Visits during September Survey Week**

<b>HSC Trust</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Belfast	94,056	96,001	103,391	109,318	111,063
Northern	126,931	130,836	127,552	137,117	135,239
South Eastern	114,258	119,048	126,308	135,198	131,229
Southern	88,345	90,707	77,963	91,350	96,912
Western	81,255	78,636	74,368	78,435	77,065
<b>Northern Ireland</b>	<b>504,845</b>	<b>515,228</b>	<b>509,582</b>	<b>551,418</b>	<b>551,508</b>

**Table 3: Number of Domiciliary Care Contact Hours during September Survey Week**

<b>HSC Trust</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Belfast	40,224	41,010	45,763	49,145	51,126
Northern	56,813	60,609	59,528	62,857	61,186
South Eastern	69,475	75,194	79,045	86,318	87,313
Southern	57,813	58,508	57,133	61,244	58,666
Western	42,758	40,867	37,510	40,260	38,176
<b>Northern Ireland</b>	<b>267,083</b>	<b>276,188</b>	<b>278,979</b>	<b>299,824</b>	<b>296,467</b>

Further detail on the figures in the above three tables is available in the '[Northern Ireland Domiciliary Care Services for Adults 2022](#)' publication.

**Table 4: Number of Persons Starting Re-ablement Services during the financial years 2018/19 - 2022/23**

Source: SPPG

^In March 2020, the Belfast HSC Trust re-ablement service was reconfigured on a temporary basis to accommodate the management and care of COVID and/or end of life patients in the community, as a result no re-ablement activity took place during this month. From March 2020 until July 2020, the re-ablement Service in Belfast Trust was put on a temporary hiatus.

~South Eastern Trust advised that figures for clients starting re-ablement were lower in 2019/20 due to different screening procedures in place.

#Northern Trust advised that figures for clients starting re-ablement were lower in 2022/23 due to there being tighter screening procedures in place.

<b>HSC Trust</b>	<b>2018/19</b>	<b>2019/20<sup>~</sup></b>	<b>2020/21<sup>^</sup></b>	<b>2021/22</b>	<b>2022/23<sup>#</sup></b>
Belfast	1,390	1,483	941	1,177	927
Northern	1,193	1,291	997	997	396
South Eastern	963	582	686	489	518
Southern	1,203	1,139	1,203	1,160	1,092
Western	1,019	957	757	774	733
<b>Northern Ireland</b>	<b>5,768</b>	<b>5,452</b>	<b>4,584</b>	<b>4,597</b>	<b>3,666</b>

**Table 5: Number of persons discharged from Re-ablement Services during the financial years 2018/19 - 2022/23**

Source: SPPG

^In March 2020, the Belfast HSC Trust re-ablement service was reconfigured on a temporary basis to accommodate the management and care of COVID and/or end of life patients in the community, as a result no re-ablement activity took place during this month. From March 2020 until July 2020, the re-ablement Service in Belfast Trust was put on a temporary hiatus.

~South Eastern Trust advised that figures for clients starting re-ablement were lower in 2019/20 due to different screening procedures in place.

#Northern Trust advised that figures for clients starting re-ablement were lower in 2022/23 due to there being tighter screening procedures in place.

<b>HSC Trust</b>	<b>2018/19</b>	<b>2019/20<sup>~</sup></b>	<b>2020/21<sup>^</sup></b>	<b>2021/22</b>	<b>2022/23<sup>#</sup></b>
Belfast	1,399	1,472	874	1,123	1,164
Northern	1,085	1,366	885	1,042	419
South Eastern	975	617	674	479	549
Southern	1,207	1,159	1,141	1,159	1,083
Western	1,023	993	714	741	675
<b>Northern Ireland</b>	<b>5,689</b>	<b>5,607</b>	<b>4,288</b>	<b>4,544</b>	<b>3,890</b>

**Table 6: Number of persons discharged from Re-ablement Services with no ongoing care package / Occupational Therapy during the financial years 2018/19 - 2022/23**

Source: SPPG

<sup>^</sup>In March 2020, the Belfast HSC Trust re-ablement service was reconfigured on a temporary basis to accommodate the management and care of COVID and/or end of life patients in the community, as a result no re-ablement activity took place during this month. From March 2020 until July 2020, the re-ablement Service in Belfast Trust was put on a temporary hiatus.

<sup>~</sup>South Eastern Trust advised that figures for clients starting re-ablement were lower in 2019/20 due to different screening procedures in place.

<sup>#</sup>Northern Trust advised that figures for clients starting re-ablement were lower in 2022/23 due to there being tighter screening procedures in place.

<b>HSC Trust</b>	<b>2018/19</b>	<b>2019/20<sup>^~</sup></b>	<b>2020/21<sup>^</sup></b>	<b>2021/22</b>	<b>2022/23<sup>#</sup></b>
Belfast	579	709	409	602	562
Northern	370	420	216	299	128
South Eastern	457	210	215	198	299
Southern	719	771	580	681	658
Western	447	468	312	380	307
<b>Northern Ireland</b>	<b>2,572</b>	<b>2,578</b>	<b>1,732</b>	<b>2,160</b>	<b>1,954</b>



**Table 7: Persons Receiving Meals on Wheels Service, by Trust at 31st March 2018/19 - 2022/23**

Source: DoH KMW2 Return

HSC Trust	2018/19	2019/20	2020/21	2021/22	2022/23
Belfast	503	406	228	169	207
Northern	100	81	63	41	23
South Eastern	107	96	78	72	0
Southern	0	0	0	0	0
Western	878	903	804	864	694
<b>Northern Ireland</b>	<b>1,588</b>	<b>1,486</b>	<b>1,173</b>	<b>1,146</b>	<b>924</b>

**Table 8: Persons Receiving Meals on Wheels Service, by Client Group and by Trust at 31st March 2022/23 <sup>1,2</sup>**

Source: DoH KMW2 Return

<sup>1</sup>The 'Total' column may not agree with the sum of the individual categories, as some Trusts may include a person in more than one client group. As a consequence, information for particular Trusts will not equate with the meals data summed across individual client groups

<sup>2</sup> "0" represents either a zero or a cell count less than 4 in order to avoid personal disclosure. In addition, where a zeroed cell can be deduced from the totals, the smallest cells have been zeroed. For this reason some row or column totals may not tally.

HSC Trust	Elderly	Mental Health	Learning Disability	Physical & Sensory Disability <65	No Material Disablement <65	Total
Belfast	184	0	0	25	0	207
Northern	19	0	6	0	0	23
South Eastern	0	0	0	0	0	0
Southern	0	0	0	0	0	0
Western	657	0	21	0	0	694
<b>Northern Ireland</b>	<b>860</b>	<b>1</b>	<b>27</b>	<b>27</b>	<b>17</b>	<b>924</b>

**Table 9: Persons Receiving Meals on Wheels Service, by Age-Band and Trust at 31st March 2023**

Source: DoH KMW2 Return

<b>HSC Trust</b>	<b>Under 65</b>	<b>65 - 74</b>	<b>75 - 84</b>	<b>85 +</b>	<b>Total</b>
Belfast	25	36	61	85	207
Northern	4	7	6	6	23
South Eastern	0	0	0	0	0
Southern	0	0	0	0	0
Western	37	50	207	400	694
<b>Northern Ireland</b>	<b>66</b>	<b>93</b>	<b>274</b>	<b>491</b>	<b>924</b>

## Section 2: Community Services

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**Table 10: \* Number of Adults fitted with hearing aids by the statutory sector in NI 2018/19 – 2022/23**

Source: SPPG

\* Northern HSC Trust figures for 2017/18-2020/21 reflect mainly activity for adult services, with some small activity for paediatric services also included. The Trust were able to provide adult service only figures from 2021/22.

Any interpretation of this data should also consider the below:

1. Patients can have 2 hearing aids fitted.
2. Patients do not always have a fitting following a hearing aid fitting appointment, as some patients decide not to proceed at this point.
3. Patients can have a hearing aid fitted without a hearing aid fitting appointment as they have a “see and fit” diagnostic assessment appointment.

<b>HSC Trust</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>
Belfast	4,144	3,528	1,610	1,727	3,998
Northern	4,855	3,469	1,638	4,029	3,246
South Eastern	6,025	5,588	4,086	5,271	5,270
Southern	2,308	2,466	1,084	1,271	1,841
Western	2,587	2,356	1,788	2,172	2,352
<b>Northern Ireland</b>	<b>19,919</b>	<b>17,407</b>	<b>10,206</b>	<b>14,470</b>	<b>16,707</b>

**Table 11: Number of Adults fitted with hearing aids by the statutory sector in NI in each quarter of 2022/23**

Source: SPPG

Any interpretation of this data should also consider the below:

1. Patients can have 2 hearing aids fitted.
2. Patients do not always have a fitting following a hearing aid fitting appointment, as some patients decide not to proceed at this point.
3. Patients can have a hearing aid fitted without a hearing aid fitting appointment as they have a “see and fit” diagnostic assessment appointment.

<b>HSC Trust</b>	<b>Q1 (Apr – Jun 22)</b>	<b>Q2 (Jul – Sep 22)</b>	<b>Q3 (Oct – Dec 22)</b>	<b>Q4 (Jan – Mar 23)</b>
Belfast	742	1,395	737	1,124
Northern	845	719	870	812
South Eastern	1,318	1,263	1,437	1,252
Southern	360	527	499	455
Western	478	519	662	693
<b>Northern Ireland</b>	<b>3,743</b>	<b>4,423</b>	<b>4,206</b>	<b>4,336</b>

**Table 12: Registered Day Care Facilities across HSC Trusts at March 2023**

Source: RQIA

<b>HSC Trust</b>	<b>Statutory</b>	<b>Independent</b>	<b>All Facilities</b>
Belfast	24	5	29
Northern	24	2	26
South Eastern	13	14	27
Southern	22	10	32
Western	32	20	52
<b>Northern Ireland</b>	<b>115</b>	<b>51</b>	<b>166</b>

**Table 13: Persons Registered at Statutory Day Care Facilities by client group at 31st March 2019 - 2023**

Source: DoH KDC2 (i) - (iv) Return

\* Please note individual columns may not sum to the N.I. total due to unknown age-bands being returned.

\* The Elderly client group is comprised of persons in the Physical/Sensory Disability or No Material Disablement groups aged 65+.

<b>HSC Trust</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
Elderly	1,995	2,294	1,568	1,425	1,478
Mental Health	776	709	682	522	524
Learning Disability	2,888	2,844	2,739	2,627	2,504
Physical/ Sensory Disability <65	513	426	440	400	371
No Material Disablement <65	212	183	173	151	149
<b>Northern Ireland</b>	<b>6,478</b>	<b>6,552</b>	<b>5,686</b>	<b>5,210</b>	<b>5,118</b>



**Table 14: Persons Registered at Statutory Day Care Facilities, by Age, by Trust at March 31st 2019- 2023**

Source: DoH KDC2 (i) - (iv) Return

\* Please note individual rows may not sum to the N.I. total due to unknown age-bands being returned.

<b>HSC Trust</b>	<b>2019 &lt; 65</b>	<b>2019 65+</b>	<b>2020 &lt; 65</b>	<b>2020 65+</b>	<b>2021 &lt; 65</b>	<b>2021 65+</b>	<b>2022 &lt; 65</b>	<b>2022 65+</b>	<b>2023 &lt; 65</b>	<b>2023 65+</b>
Belfast	985	653	900	1,026	889	632	853	573	791	645
Northern	1,102	755	1,041	677	957	518	897	464	836	458
South Eastern	743	85	715	81	677	99	599	78	601	62
Southern	455	519	419	500	425	392	411	348	391	299
Western*	491	372	494	381	-	271	464	289	428	307
<b>Northern Ireland</b>	<b>3,776</b>	<b>2,384</b>	<b>3,569</b>	<b>2,665</b>	<b>2,948</b>	<b>1,912</b>	<b>3,224</b>	<b>1,752</b>	<b>3,047</b>	<b>1,771</b>
<b>NI Total</b>		<b>6,478</b>		<b>6,552</b>		<b>5,686</b>		<b>5,210</b>		<b>5,118</b>

**Table 15: Persons Registered at Statutory Day Care Facilities by Settings, by Age, by Trust at March 31st 2023**

Source: DoH KDC2 (i) - (iv) Return

\* As some Western HSC Trust data is provided by manual returns, age-band information could not be provided for all persons.

AT/SEC = Adult Training/Social Education Centres &amp; Workshops

<b>HSC Trust</b>	<b>AT / SEC (&lt;65)</b>	<b>AT / SEC (65+)</b>	<b>Day Centres (&lt;65)</b>	<b>Day Centres (65+)</b>	<b>All Facilities (&lt;65)</b>	<b>All Facilities (65+)</b>
Belfast	0	0	791	645	791	645
Northern	624	75	212	383	836	458
South Eastern	0	0	601	62	601	62
Southern	0	0	391	299	391	299
Western *	428	28	0	279	428	307
<b>Northern Ireland</b>	<b>1,052</b>	<b>103</b>	<b>1,995</b>	<b>1,668</b>	<b>3,047</b>	<b>1,771</b>

**Table 16: Residential Accommodation in Northern Ireland, by Type of Home as at 30 June 2023**

Source: RQIA

Residential beds in nursing homes have been excluded from Table 16 to avoid double counting.

<b>HSC Trust</b>	<b>Statutory Homes</b>	<b>Statutory Beds</b>	<b>Independent Homes</b>	<b>Independent Beds</b>	<b>Total Homes</b>	<b>Total Beds</b>
Belfast	12	247	34	973	46	1,220
Northern	9	254	53	1,195	62	1,449
South Eastern	8	226	47	1,124	55	1,350
Southern	4	100	26	509	30	609
Western	10	195	26	442	36	637
<b>Northern Ireland</b>	<b>43</b>	<b>1,022</b>	<b>186</b>	<b>4,243</b>	<b>229</b>	<b>5,265</b>

**Table 17: Nursing Accommodation in Northern Ireland, by Type of Home as at 30 June 2023**

Source: RQIA

The Independent category reflects homes/beds previously denoted as dual.

<b>HSC Trust</b>	<b>Statutory Homes</b>	<b>Statutory Beds</b>	<b>Independent Homes</b>	<b>Independent Beds</b>	<b>Total Homes</b>	<b>Total Beds</b>
Belfast	2	16	43	2,042	45	2,058
Northern	0	0	64	2,633	64	2,633
South Eastern	0	0	53	2,486	53	2,486
Southern	1	9	47	1,951	48	1,960
Western	0	0	31	1,435	31	1,435
<b>Northern Ireland</b>	<b>3</b>	<b>25</b>	<b>238</b>	<b>10,547</b>	<b>241</b>	<b>10,572</b>

**Table 18: Care Packages in Effect, by Care Type and sector at 30 June 2023**

Source: DoH CC7 Return

“0” represents a cell count less than 4 in order to avoid personal disclosure. In addition, where a zeroed cell can be deduced from the totals, the smallest cells have been zeroed. For this reason some row or column totals may not tally

<b>HSC Trust</b>	<b>Statutory Residential</b>	<b>Voluntary Residential</b>	<b>Private Residential</b>	<b>Total Residential</b>	<b>Statutory Nursing</b>	<b>Voluntary Nursing</b>	<b>Private Nursing</b>	<b>Total Nursing</b>	<b>All Sectors</b>
Belfast	84	6	781	871	0	0	0	2,023	2,894
Northern	55	0	1,136	1,191	0	0	2,149	2,149	3,340
South Eastern	112	112	430	654	0	0	0	1,173	1,827
Southern	28	5	404	437	0	0	1,530	1,530	1,967
Western	95	77	350	522	0	56	1,308	1,364	1,886
<b>Northern Ireland</b>	<b>374</b>	<b>200</b>	<b>3,101</b>	<b>3,675</b>	<b>0</b>	<b>95</b>	<b>8,144</b>	<b>8,239</b>	<b>11,914</b>



**Table 19: Care Packages in Effect, in Elderly Programme of Care, by Care Type and Sector at 30 June 2023**

Source: DoH CC7 Return

“0” represents a cell count less than 4 in order to avoid personal disclosure. In addition, where a zeroed cell can be deduced from the totals, the smallest cells have been zeroed. For this reason some row or column totals may not tally

<b>HSC Trust</b>	<b>Statutory Residential</b>	<b>Voluntary Residential</b>	<b>Private Residential</b>	<b>Total Residential</b>	<b>Statutory Nursing</b>	<b>Voluntary Nursing</b>	<b>Private Nursing</b>	<b>Total Nursing</b>	<b>All Sectors</b>
Belfast	55	4	570	629	0	0	0	1,581	2,210
Northern	22	0	949	971	0	0	1,700	1,700	2,671
South Eastern	101	52	331	484	0	0	0	997	1,481
Southern	24	0	294	318	0	0	1,200	1,200	1,518
Western	57	29	265	351	0	28	1,137	1,165	1,516
<b>Northern Ireland</b>	259	85	2,409	2,753	0	63	6,580	6,643	9,396

**Table 20: Care Packages in Effect, in Mental Health programme of Care, by Care Type and Sector at 30 June 2023**

Source: DoH CC7 return

“0” represents cell count less than 4 in order to avoid personal disclosure. In addition, where a zeroed cell can be deduced from the totals, the smallest cells have been zeroed. For this reason some row or column totals may not tally.

<b>HSC Trust</b>	<b>Statutory Residential</b>	<b>Voluntary Residential</b>	<b>Private Residential</b>	<b>Total Residential</b>	<b>Statutory Nursing</b>	<b>Voluntary Nursing</b>	<b>Private Nursing</b>	<b>Total Nursing</b>	<b>All Sectors</b>
Belfast	0	0	92	92	0	0	143	143	235
Northern	0	0	90	90	0	0	150	150	240
South Eastern	0	0	0	16	0	0	39	39	55
Southern	0	0	0	40	0	0	111	111	151
Western	0	0	30	30	0	0	59	59	89
<b>Northern Ireland</b>	0	0	264	268	0	0	502	502	770

**Table 21: Care Packages in Effect, in Learning Disability programme of Care, by Care Type and Sector at 30 June 2023**

Source: DoH CC7 return

“0” represents a cell count less than 4 in order to avoid personal disclosure. In addition, where a zeroed cell can be deduced from the totals, the smallest cells have been zeroed. For this reason some row or column totals may not tally.

<b>HSC Trust</b>	<b>Statutory Residential</b>	<b>Voluntary Residential</b>	<b>Private Residential</b>	<b>Total Residential</b>	<b>Statutory Nursing</b>	<b>Voluntary Nursing</b>	<b>Private Nursing</b>	<b>Total Nursing</b>	<b>All Sectors</b>
Belfast	0	0	106	137	0	0	168	168	305
Northern	33	0	69	102	0	0	181	181	283
South Eastern	9	58	79	146	0	0	0	93	239
Southern	0	0	70	77	0	0	154	154	231
Western	37	46	49	132	0	0	0	73	205
<b>Northern Ireland</b>	110	111	373	594	0	30	639	669	1,263

**Table 22: Care Packages in Effect, in Physical & Sensory Disability programme of Care, by Care Type and Sector at 30 June 2023**

Source: DoH CC7 Return

“0” represents a cell count less than 4 in order to avoid personal disclosure. In addition, where a zeroed cell can be deduced from the totals, the smallest cells have been zeroed. For this reason, some row or column totals may not tally

<b>HSC Trust</b>	<b>Statutory Residential</b>	<b>Voluntary Residential</b>	<b>Private Residential</b>	<b>Total Residential</b>	<b>Statutory Nursing</b>	<b>Voluntary Nursing</b>	<b>Private Nursing</b>	<b>Total Nursing</b>	<b>All Sectors</b>
Belfast	0	0	13	13	0	0	0	131	144
Northern	0	0	28	28	0	0	118	118	146
South Eastern	0	0	0	0	0	0	0	44	52
Southern	0	0	0	0	0	0	65	65	67
Western	0	0	6	9	0	0	67	67	76
<b>Northern Ireland</b>	0	0	55	60	0	0	423	425	485

**Table 23: Total Care Packages in Effect, as at 30 June 2020-2023**

Source: DoH CC7 Return

HSC Trust	2020 Residential	2020 Nursing	2020 Total	2021 Residential	2021 Nursing	2021 Total	2022 Residential	2022 Nursing	2022 Total	2023 Residential	2023 Nursing	2023 Total
Belfast	849	1,857	2,706	828	1,855	2,683	824	1,875	2,699	871	2,023	2,894
Northern	1,067	2,123	3,190	1,060	1,975	3,035	1,168	2,123	3,291	1,191	2,149	3,340
South Eastern	722	1,283	2,005	721	1,278	1,999	646	1,223	1,869	654	1,173	1,827
Southern	477	1,641	2,118	445	1,528	1,973	455	1,528	1,983	437	1,530	1,967
Western	502	1,287	1,789	453	1,255	1,708	453	1,278	1,731	522	1,364	1,886
<b>Northern Ireland</b>	<b>3,617</b>	<b>8,191</b>	<b>11,808</b>	<b>3,507</b>	<b>7,891</b>	<b>11,398</b>	<b>3,546</b>	<b>8,027</b>	<b>11,573</b>	<b>3,675</b>	<b>8,239</b>	<b>11,914</b>



**Table 24: Activity Trends for Care Packages by Programme of Care (POC)  
(2018/19 – 2022/23)**

Source: DoH CC7 Return

<b>Client Group</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>
Elderly	9,771	9,358	8,961	9,057	9,396
Mental Health	654	688	690	709	770
Learning Disability	1,324	1,308	1,305	1,362	1,263
Physical/ Sensory Disability	405	454	442	445	485
<b>Total</b>	<b>12,154</b>	<b>11,808</b>	<b>11,398</b>	<b>11,573</b>	<b>11,914</b>

**Table 25: Residential Accommodation for Elderly Persons, by Sector at 31 March 2023**

Source: DoH KEL1 Return

Abbreviations: Avg Avail = Average Available places. Avg Occ Statutory = Average Occupied Places in Statutory Homes

HSC Trust	Residential Statutory	Residential Voluntary	Residential Private	Residential Dual	Residential Total	Avg Avail Statutory	Avg Avail Voluntary	Avg Avail Private	Avg Avail Dual	Avg Avail Total	Avg Occ Statutory
Belfast	3	9	9	5	26	84	354	315	121	874	72
Northern	7	0	45	0	52	148	0	1,118	0	1,266	112
South Eastern	6	6	27	0	39	197	228	656	0	1081	153
Southern	4	1	6	13	24	99	41	162	131	433	67
Western	5	3	13	0	21	147	56	250	0	453	86
<b>Northern Ireland</b>	19	13	73	18	123	478	451	1,845	252	3,026	337

**Table 26: Residential Accommodation for Persons with a Learning Disability, by Sector at 31 March 2023**

Source: DoH KMH1 Return

Abbreviations: Avg Avail = Average Available places. Avg Occ Statutory = Average Occupied Places in Statutory Homes

HSC Trust	Residential Statutory	Residential Voluntary	Residential Private	Residential Dual	Residential Total	Avg Avail Statutory	Avg Avail Voluntary	Avg Avail Private	Avg Avail Dual	Avg Avail Total	Avg Occ Statutory
Belfast	-	-	-	-	-	-	-	-	-	-	-
Northern	2	0	0	0	2	12	0	0	0	12	11
South Eastern	2	5	6	0	13	13	83	124	0	220	11
Southern	0	2	7	1	10	0	17	76	3	96	0
Western	4	4	4	0	12	48	60	47	0	155	51
<b>Northern Ireland</b>	<b>8</b>	<b>11</b>	<b>17</b>	<b>1</b>	<b>37</b>	<b>73</b>	<b>160</b>	<b>247</b>	<b>3</b>	<b>483</b>	<b>73</b>

**Table 27: Activity Trends for Social Care (2018/19 – 2022/23)**

Source: DoH KPH2(i-iii) & KMH2, DoH CC7, DoH KMW2, RQIA, DoH KDC2(i-iv)

\* From 2019/20 to 2022/23 a figure for 'persons with disability in contact' is not available for trend analysis due to incomplete data submission for the KPH2 (i) return in from 2019/20 to 2022/23, due to the impact of COVID-19 in 2020/21, and as information on Persons with a Disability in Contact with HSC Trusts cannot be provided for 2021/22 due to issues with HSC Trust IT systems and unavailable data.

Activity Indicator	2018/19	2019/20	2020/21	2021/22	2022/23	% Change over last 5 years (2018/19 - 2022/23)
<b>Persons with disability in Contact with HSC Trusts</b>	30,092	-*	-*	-*	-*	A direct comparison cannot be made*
<b>Care Packages in Effect</b>	12,154	11,808	11,398	11,573	11,914	-2%
<b>Persons Receiving Meals on Wheels Service</b>	1,588	1,486	1,173	1,146	924	-42%
<b>Available Residential Care Beds</b>	5,233	5,278	5,347	5,262	5,265	1%
<b>Available Nursing Care Beds</b>	10,832	10,802	10,724	10,626	10,572	-2%
<b>Persons Registered at Statutory Day Care Facilities</b>	6,478	6,552	5,686	5,210	5,118	-21%

**Table 28: Persons with Disability in Contact with HSC Trusts (2018/19-2022/23)**

Source: DoH KPH2(i-iii) & KMH2

\* Figures for SHSCT were unavailable due to migration of IT data systems. Please note that figures are expected to be in line with previous years.

^ SHSCT information from 2019/20 was omitted, as it could not be validated ahead of publication.

# HSC Trusts noted that contact between social workers, or other member of statutory social services staff, and persons with disabilities reduced due to COVID-19, particularly affecting face-to-face activity and group work. Virtual contact was possible, however this is outside the scope of the definitions for the persons in contact information in the current publication.

~Information on Persons with a Disability in Contact with HSC Trusts cannot be provided for 2021/22 or 2022/23 due to concerns on regional consistency. This is attributed to a range of factors including administrative systems data migration with accompanying data definitional issues and in some cases data being unavailable.

Trust	Client Group	2018/19*	2019/20 ^	2020/21#	2021/22~	2022/23~
<b>Belfast</b>	Sight impairment	2,796	1,413	1,314	-	-
	Hearing impairment	2,532	1,097	642	-	-
	Physical Disability	1,867	1,651	1,801	-	-
	Learning Disability	1,748	1,737	569	-	-
	<b>Total</b>	<b>8,943</b>	<b>5,898</b>	<b>4,326</b>	-	-
<b>Northern</b>	Sight impairment	1,010	1,092	1,015	-	-
	Hearing impairment	920	875	682	-	-
	Physical Disability	929	824	770	-	-
	Learning Disability	1,932	1,924	1,879	-	-
	<b>Total</b>	<b>4,791</b>	<b>4,715</b>	<b>4,346</b>	-	-
<b>South Eastern</b>	Sight impairment	1,623	1,642	1,457	-	-
	Hearing impairment	523	566	475	-	-
	Physical Disability	1,716	1,696	1,698	-	-
	Learning Disability	2,067	2,054	2,060	-	-
	<b>Total</b>	<b>5,929</b>	<b>5,958</b>	<b>5,690</b>	-	-
<b>Southern</b>	Sight impairment	-	-	474	-	-
	Hearing impairment	-	-	396	-	-
	Physical Disability	-	-	652	-	-
	Learning Disability	-	-	632	-	-
	<b>Total</b>	-	-	<b>2,154</b>	-	-
<b>Western</b>	Sight impairment	793	859	498	-	-
	Hearing impairment	912	925	541	-	-
	Physical Disability	2,188	1,564	865	-	-
	Learning Disability	1,695	1,498	1,424	-	-
	<b>Total</b>	<b>5,588</b>	<b>4,846</b>	<b>3,328</b>	-	-
<b>Total</b>		<b>25,251</b>	<b>21,417</b>	<b>19,844</b>	-	-



## Appendix D: Technical Notes

### Report Time Period

All information in this publication refers to the period 1st April 2022 - 31st March 2023 or position at 31st March 2023 unless stated otherwise. The cut-off point for amendments to data was 20th October 2023. Any amendments notified by HSC Trusts after this date will not have been included.

### Disclosure Conventions

To prevent disclosure of the identity of individuals, it has been necessary to apply disclosure control methods. Where figures to be reported are small or may be deduced from row or column totals, these have been treated using professionally agreed methods of suppression to ensure confidentiality is maintained and that no individual is capable of being identified. Where information has been suppressed the method used is indicated in the publication. Our policy statement on disclosure and confidentiality can be found in the DoH Statistics Charter.

### Rounding Conventions

Percentages have been rounded to whole numbers and as a consequence some percentages may not sum to 100. 0% may reflect rounding down of values under 0.5%.

### Revisions Policy

These data are revised by exception. If revisions are required, background circumstances are reported and revision dates are noted in subsequent publications of these series of statistics. The general revisions policy for Official Statistics produced by the DoH can be found in the DoH Statistics Charter.

### Data Sources

The majority of data presented in this report is underpinned by 13 Departmental annual Korner Aggregate Returns (KARs). These returns are completed by each of the 5 HSC Trusts. An overview of these returns and the data that they collect is set out below. The individual 'KAR' and CC7 templates, and associated guidance can be viewed on this Departmental webpage. A copy of the CC7b Domiciliary Care Survey and accompanying guidance can be viewed on page 48 of the 2018 Domiciliary Care Survey Report.

<b>Departmental Returns</b>	<b>Description of Data Collected</b>
KDC2(i)	Persons registered at statutory day care facilities by client group and age at 31 March – Designated mentally ill
KDC2(ii)	Persons registered at statutory day care facilities by client group and age at 31 March – Learning disabled
KDC2(iii)	Persons registered at statutory day care facilities by client group and age at 31 March – Registerable physically disabled
KDC2(iv)	Persons registered at statutory day care facilities by client group and age at 31 March – Persons without material disablement
KEL1	Residential homes for elderly people; year ending 31 March.
KMH1	Residential homes for people with a learning disability; year ending 31 March.
KMH2	Learning disabled persons with whom Trust had contact and no. of new referrals, during year ending 31 March
KMW2	Persons receiving meals on wheels service by age, sex and major disability; at 31 March.
KPH1	Residential homes solely for physically disabled people; year ending 31 March
KPH2 (i)	Registerable physically disabled people – general classes, who had contact with the Trust and no. of new referrals, during year ending 31 March
KPH2 (ii)	Severely Sight Impaired, Sight Impaired & Visually Impaired sighted people who had contact with the Trust and no. of new referrals, during year ending 31 March
KPH2 (iii)	Deaf, deaf and hard of hearing people who had contact with the Trust, and no. of new referrals, during year ending 31 March
CC7	Quarterly CC7 Community Information Return – Residential and nursing home care packages in effect at end of quarter
CC7b	Annual Departmental Domiciliary Care Survey carried out in September each year

### **Additional Sources**

<b>Return</b>	<b>Description of Data Collected</b>
Re-ablement Return	Persons commencing and discharging from the re-ablement service as well as outcomes.
Audiology	<p>Please note the following when interpreting audiology data present in this publication. Data for completed waits in the financial year have been used as a proxy for statutory adult hearing aids fitted in the financial year. Any interpretation of this data should also consider the below:</p> <ol style="list-style-type: none"> <li>1. Patients can have 2 hearing aids fitted.</li> </ol>

Return	Description of Data Collected
	<ol style="list-style-type: none"> <li>2. Patients do not always have a fitting following a hearing aid fitting appointment, as some patients decide not to proceed at this point.</li> <li>3. Patients can have a hearing aid fitted without a hearing aid fitting appointment as they have a “see and fit” diagnostic assessment appointment.</li> </ol>
Regulation & Quality Improvement Authority (RQIA)	RQIA is the independent body responsible for collecting registration data for residential, nursing and daycare facilities. Further information is available at: <a href="#">Regulation and Quality Improvement Authority Northern Ireland</a>

## Statement of Administrative Sources

The ‘Statement of Administrative Sources’ describes the administrative/ management sources which the Department of Health, (DoH) currently uses to produce official statistics, or which have the potential to be so used.

## Data Quality

Any information published is fully quality assured. HSC Trust service area and information staff liaise to validate their information returns prior to submission. On receipt of returns, statisticians in Community Information Branch (CIB) conduct internal consistency checks using historical data to monitor annual variations and/ or emerging trends, both regionally and for specific HSC Trusts. Queries arising from validation checks are raised with HSC Trusts for clarification and if required returns may be amended and re-submitted. The HSC Trusts are also asked to provide appropriate explanations for any inconsistent or missing information. The detail around these processes is set out in the ‘Quality Report for Statistics on Community Care’ on the DoH website.

## Data Format/ Availability

In order to aid secondary analysis, data is available both in spreadsheet format (Microsoft Excel and Open Document Spreadsheet format, and can be found on the ‘Care not at Home’ section of the Social Care Statistics webpage. Further adult community statistics, such as direct payment and domiciliary care can also be found on these webpages.

## UK Social Care Community Statistics

Information within this report relates to Northern Ireland data. Similar publications for England, Scotland and Wales can be found by visiting/clicking on the titles below. Please note that inter-country comparisons are difficult as social care operates within different legislative frameworks across devolved administrations and a vast range of administrative systems exist from which statisticians extract statistical data.

- NHS Digital Adult Social Care Activity and Finance Reports (England)  
[Adult Social Care Activity and Finance Report, England, 2022-23 \[Data Tables Release Only\] - NHS Digital](#)
- Insights in Social Care: Statistics for Scotland  
[Insights in social care: statistics for Scotland - Support provided or funded by health and social care partnerships in Scotland 2021/22 - Insights in social care: statistics for Scotland - Publications - Public Health Scotland](#)
- Adult Health and Social Care Services in Wales  
<https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Adult-Services/Service-Provision>

### **Future Publications**

The next release of these statistics, for the year ending 31 March 2024, is scheduled for October 2024.

### **User Feedback**

Any comments you have regarding this or any other publication produced by CIB are welcome. Your views help us to improve the service we provide to users of this information and to the wider public. Please send any comments you have to [cib@health-ni.gov.uk](mailto:cib@health-ni.gov.uk).

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This and other statistical bulletins published by Community Information Branch are available  
to download on the DoH website at:

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This publication can be requested in large print or other formats.