



Ireland

**Population**

4,964,000

Area70,273 km²**Capital**

Dublin

3 largest cities

Dublin (553,000)

Cork (126,000)

Galway (80,000)

Neighboring countries

Northern Ireland

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1. Migration history

Ireland is traditionally a country of emigration. Since 1800 about ten million people have left the country [1]. As a result of famine, the Irish population declined from 6.5 million in 1841 to 2.8 million in 1961 [2]. Between 1961 and 1981, the population increased by 22% as a result of the return of a large number of Irish emigrants [2, 3]. The recession in the early 1980s led to a new wave of emigration [1]. In the 1990s, Ireland developed into a country of immigration. The economic growth led to the return of many Irish emigrants from the mid-1990s to the early 2000s [3]. At the same time, the number of asylum seekers increased significantly. Until 1999, most asylum seekers came from Africa, more than half from Nigeria, Congo, and Algeria. Since 1999, people from Romania and Nigeria have been the largest groups of asylum seekers. In the period 1995-2004, 486,300 people moved to Ireland, while 263,800 people left [2]. Between 2002 and 2004, people mainly immigrated from non-EU countries. After the EU enlargement in 2004,

a large number of people came from the ten new member states. Between 2005 and 2008, people from Romania and Bulgaria represented almost half of the immigrants [3]. As a result of the Irish banking system collapse, net immigration declined from 2008 and was negative again in 2015 (for the first time since 1995) [4]. Between 2008 and 2012, the number of Irish emigrants tripled. From April 2014 to April 2015, 81,000 people left Ireland. The majority of them were Irish citizens [1]. After 2015, emigration figures declined and Ireland had positive net immigration again [4]. In 2013, people from United Kingdom and Northern Ireland (253,600), Poland (124,600), Lithuania (37,800), the United States of America (24,900), and Latvia (21,800) represented the largest migrant groups [5]. The migrant population (born abroad) has grown from 228,000 to 833,600 between 1990 and 2019. In the same period, the proportion of migrants in the total population rose from 6.5 to 17.1% [6]. As of 2020, the net migration rate is 4.9 [4].



2. Estimated number of people with a migration background with dementia

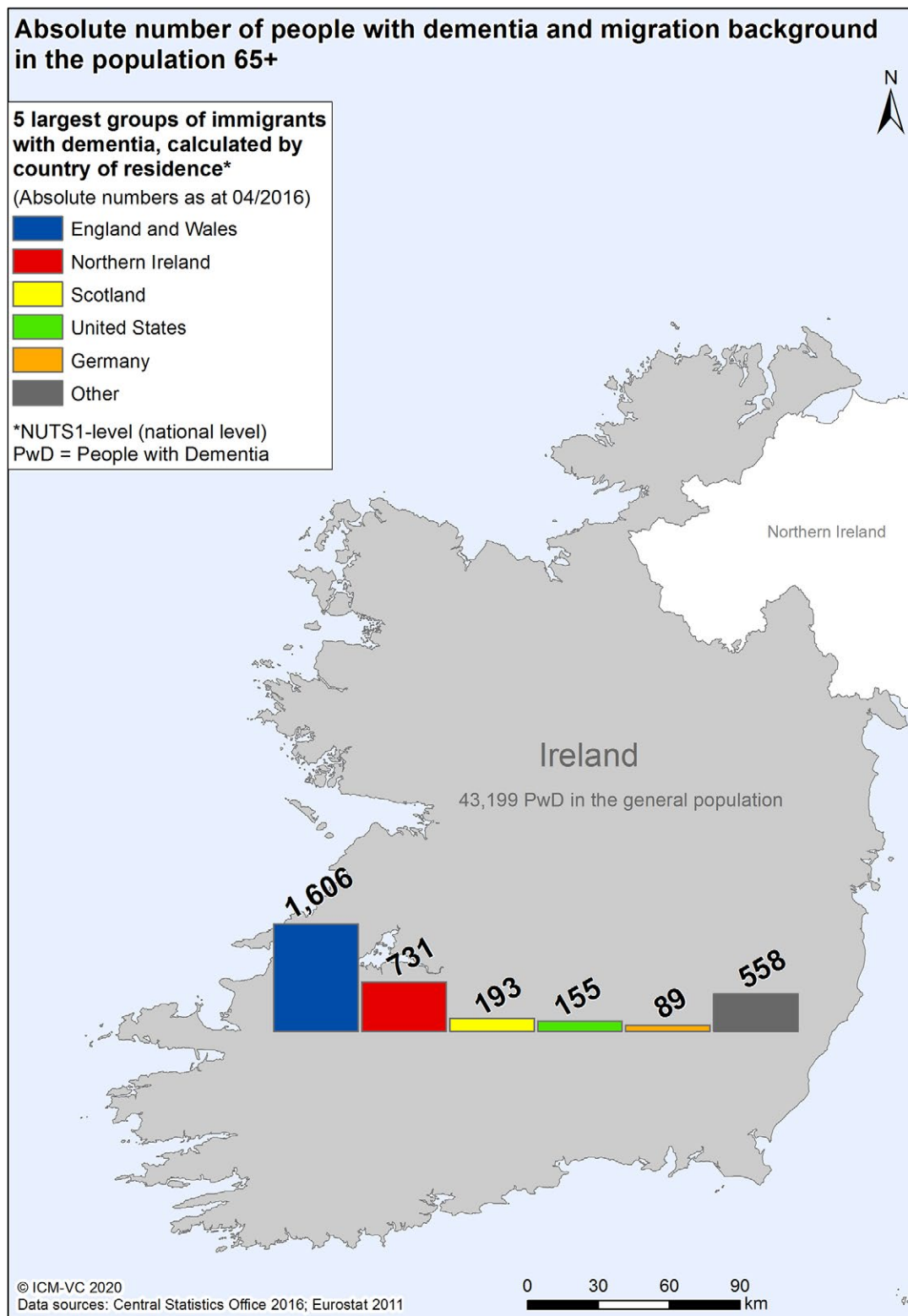


Fig. 3.7.15.1: Absolute number of PwM with dementia aged 65+ (Ireland – Nation)

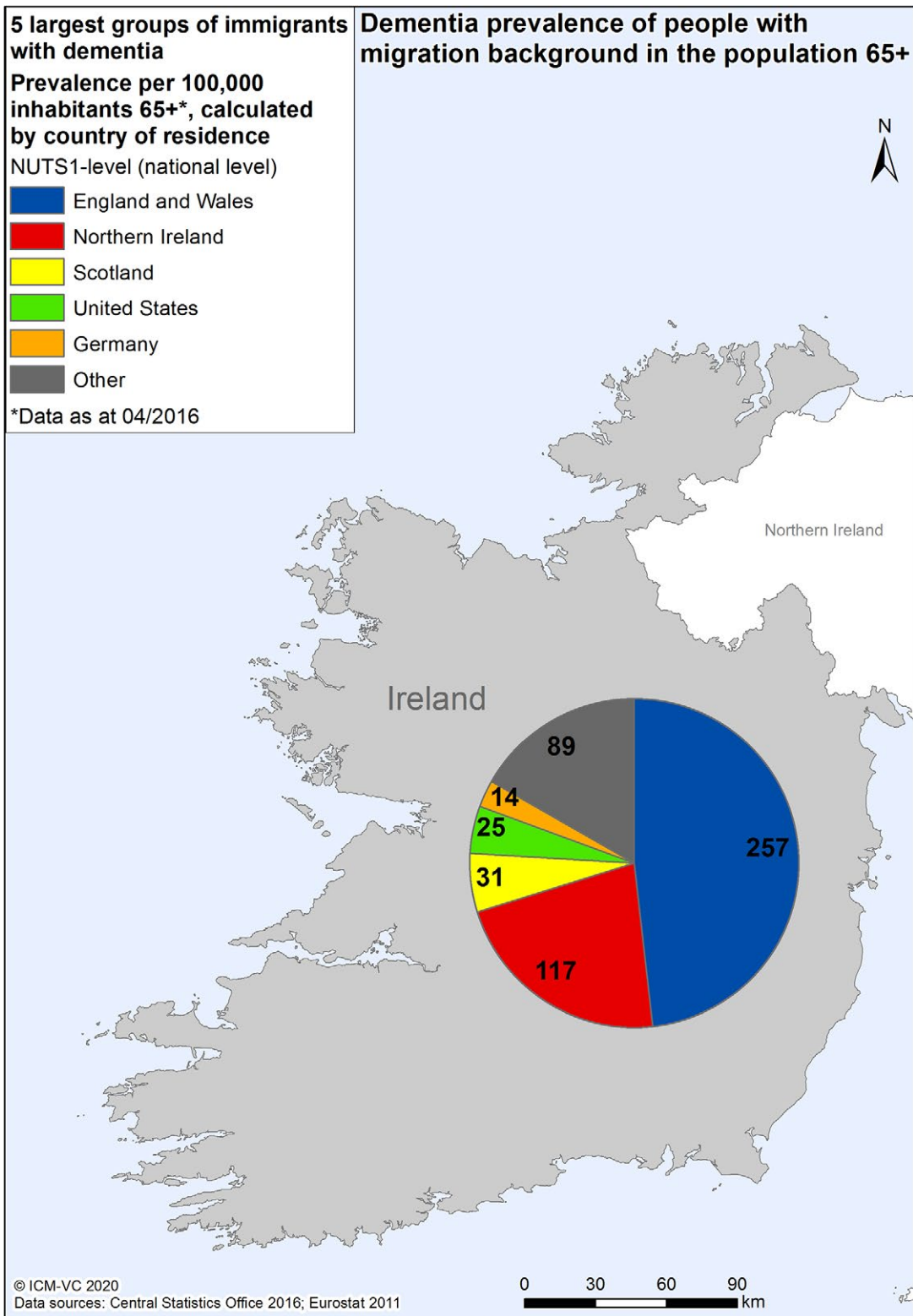


Fig. 3.7.15.2: Prevalence of PwM with dementia among the population 65+ (Ireland – Nation)



Tab. 28: PwM with dementia: Absolute numbers, prevalence among PwM aged 65+, and prevalence among overall population aged 65+ (Ireland – Nation)

NUTS	Total	IE	1. largest group	2. largest group	3. largest group	4. largest group	5. largest group	Other
Absolute Numbers								
Ireland	43,199	39,867	EAW 1,606	NIR 731	SCT 193	US 155	DE 89	558
Prevalence/10,000 inhabitants with migration background 65+								
Ireland	8,946	-	EAW 333	NIR 151	SCT 40	US 32	DE 18	116
Prevalence/100,000 inhabitants 65+								
Ireland	6,900	6,368	EAW 257	NIR 117	SCT 31	US 25	DE 14	89

Data source: Central Statistics Office (2016)

There are 48,300 PwM aged 65 years or older. Of those, approx. 3,300 are estimated to exhibit some form of dementia. Figure 3.7.15.1 shows the most affected migrant groups presumably originate from England and Wales (approx. 1,600), Northern Ireland (approx. 700), Scotland (approx. 200), the US (approx. 200), and Germany (approx. 90). The second graph highlights the number of PwM with

dementia in Ireland per 100,000 inhabitants aged 65 or older (figure 3.7.15.2). Table 28 displays the values depicted in the maps on the national level. The following maps show the distribution of non-migrants with dementia and PwM with dementia from England and Wales, Northern Ireland, Scotland, the US and Germany throughout the country in the NUTS2 regions (figures 3.7.15.3 – 3.7.15.8).



Absolute number of people with dementia in the population 65+ with migration background - Country of origin: England and Wales

Absolute numbers as at 04/2016, calculated by country of residence

NUTS2-level (medium-sized regions)

≤ 100 PwD

> 100 PwD

— NUTS1 (national level)

— NUTS2 (medium-sized regions)

PwD = People with Dementia

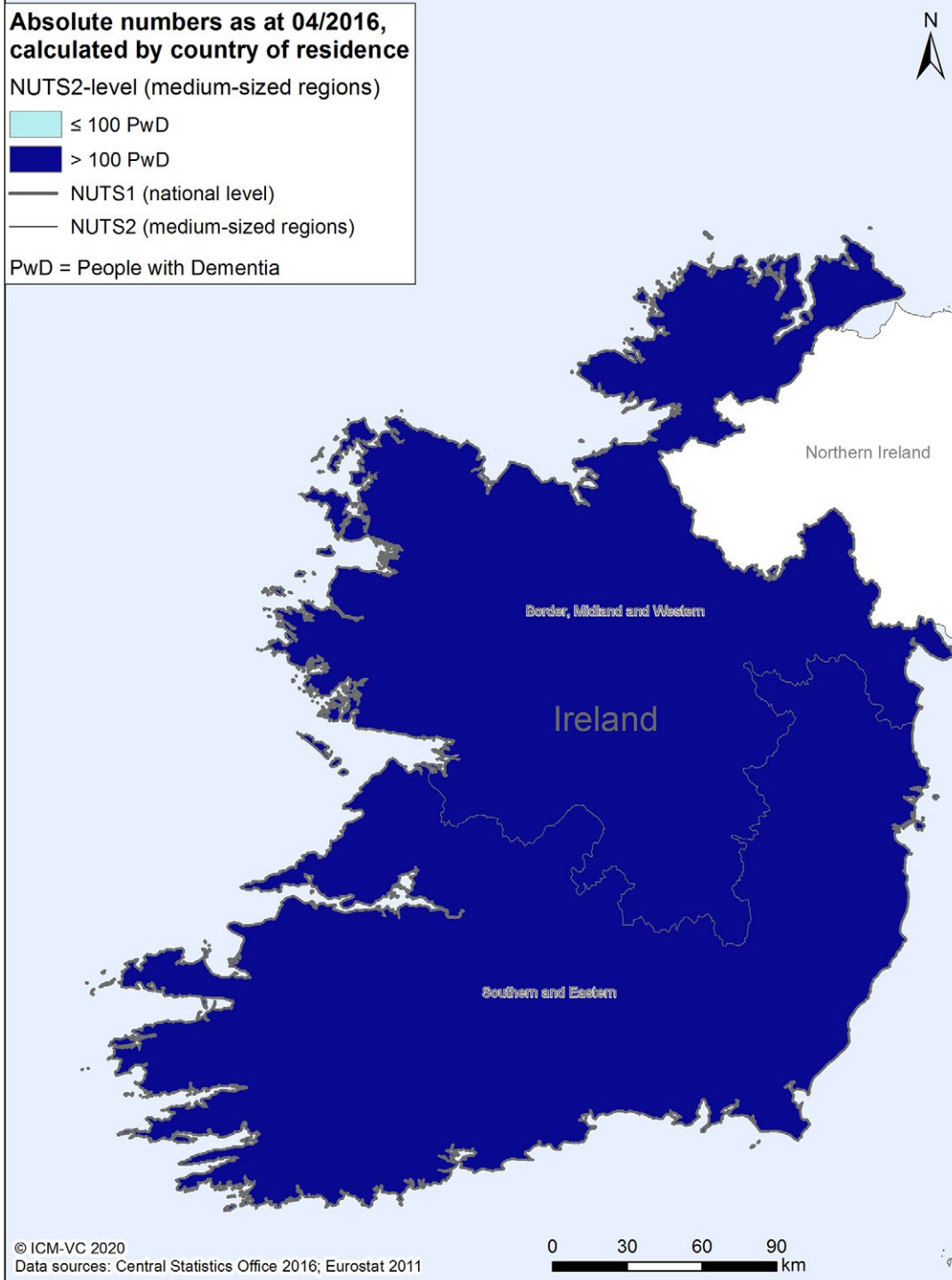


Fig. 3.7.15.3: Absolute number of PwM with dementia aged 65+. Country of origin: England and Wales (Ireland – NUTS2)

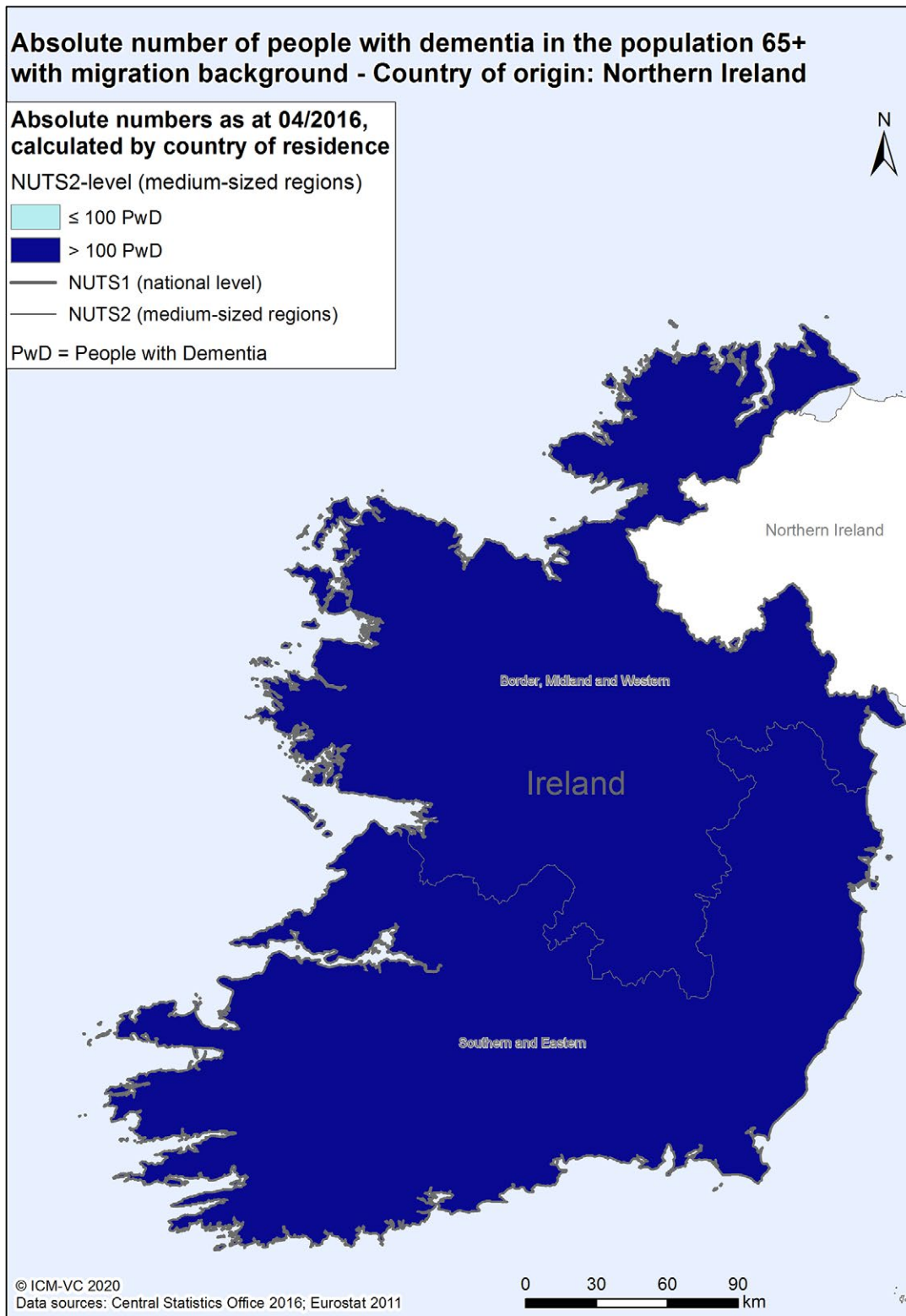


Fig. 3.7.15.4: Absolute number of PwM with dementia aged 65+. Country of origin: Northern Ireland (Ireland – NUTS2)



Absolute number of people with dementia in the population 65+ with migration background - Country of origin: Scotland

Absolute numbers as at 04/2016, calculated by country of residence

NUTS2-level (medium-sized regions)

≤ 100 PwD

> 100 PwD

— NUTS1 (national level)

— NUTS2 (medium-sized regions)

PwD = People with Dementia

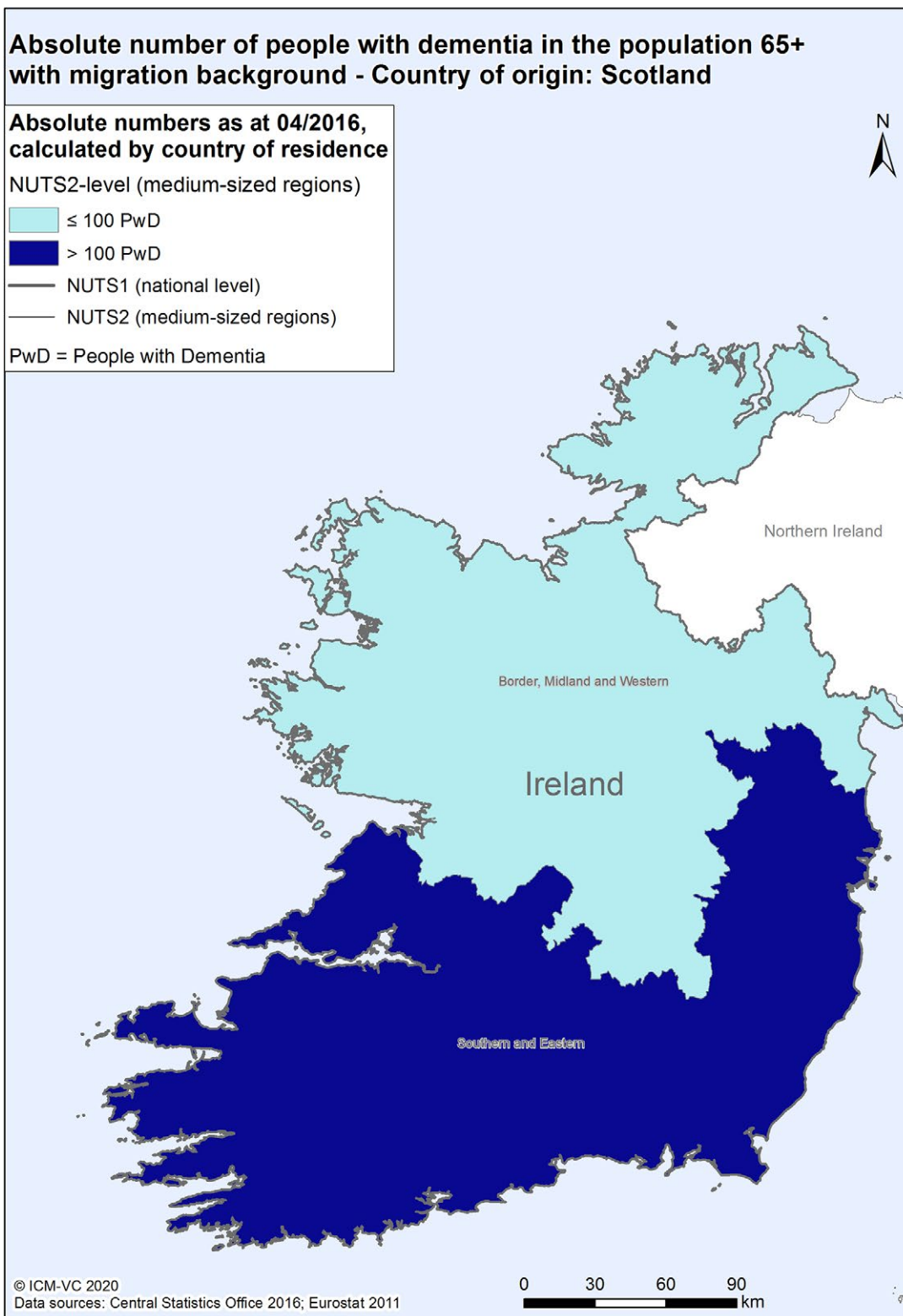


Fig. 3.7.15.5: Absolute number of PwM with dementia aged 65+. Country of origin: Scotland (Ireland – NUTS2)

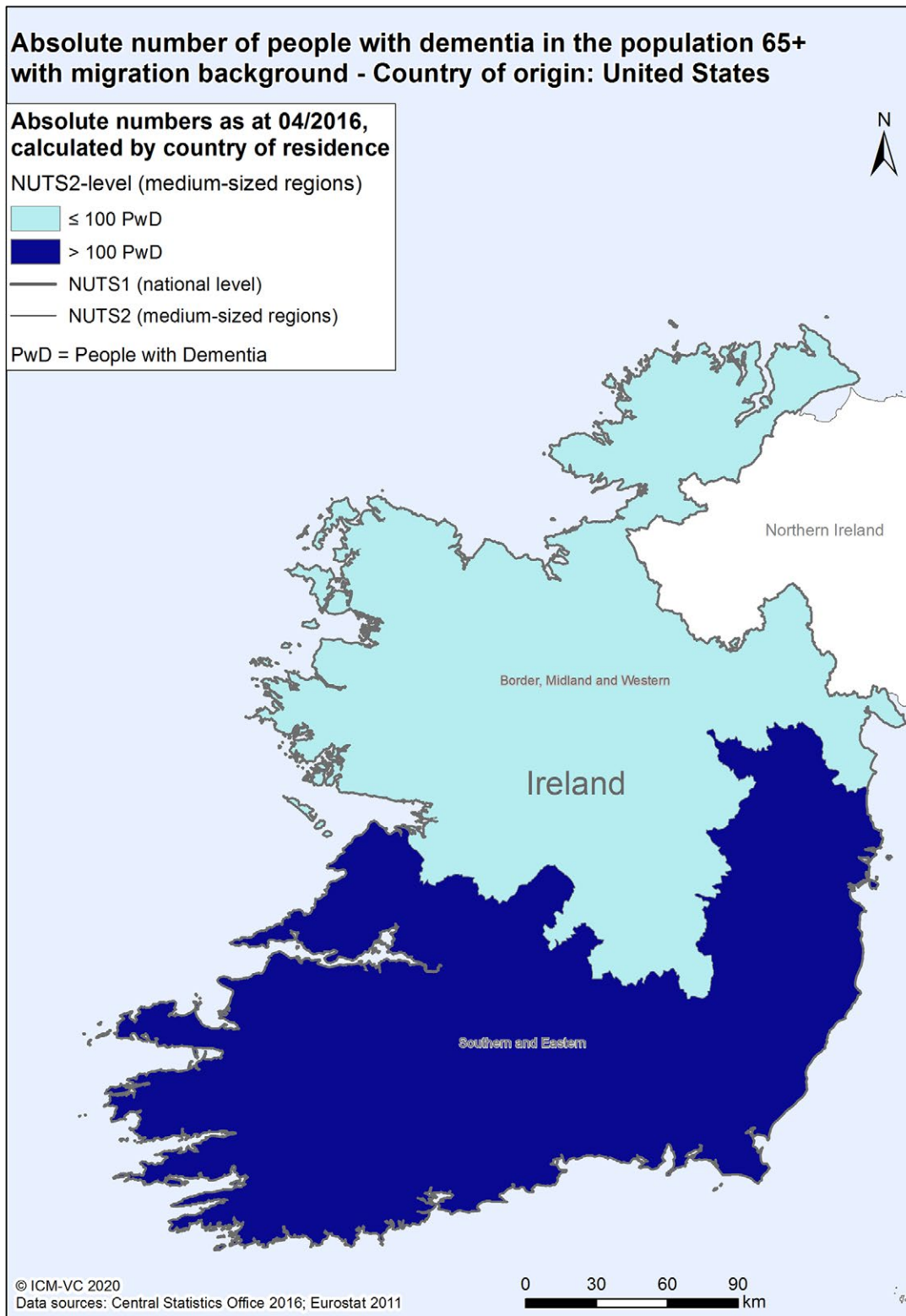


Fig. 3.7.15.6: Absolute number of PwM with dementia aged 65+. Country of origin: The US (Ireland – NUTS2)



Absolute number of people with dementia in the population 65+ with migration background - Country of origin: Germany

Absolute numbers as at 04/2016, calculated by country of residence

NUTS2-level (medium-sized regions)

≤ 100 PwD

> 100 PwD

— NUTS1 (national level)

— NUTS2 (medium-sized regions)

PwD = People with Dementia

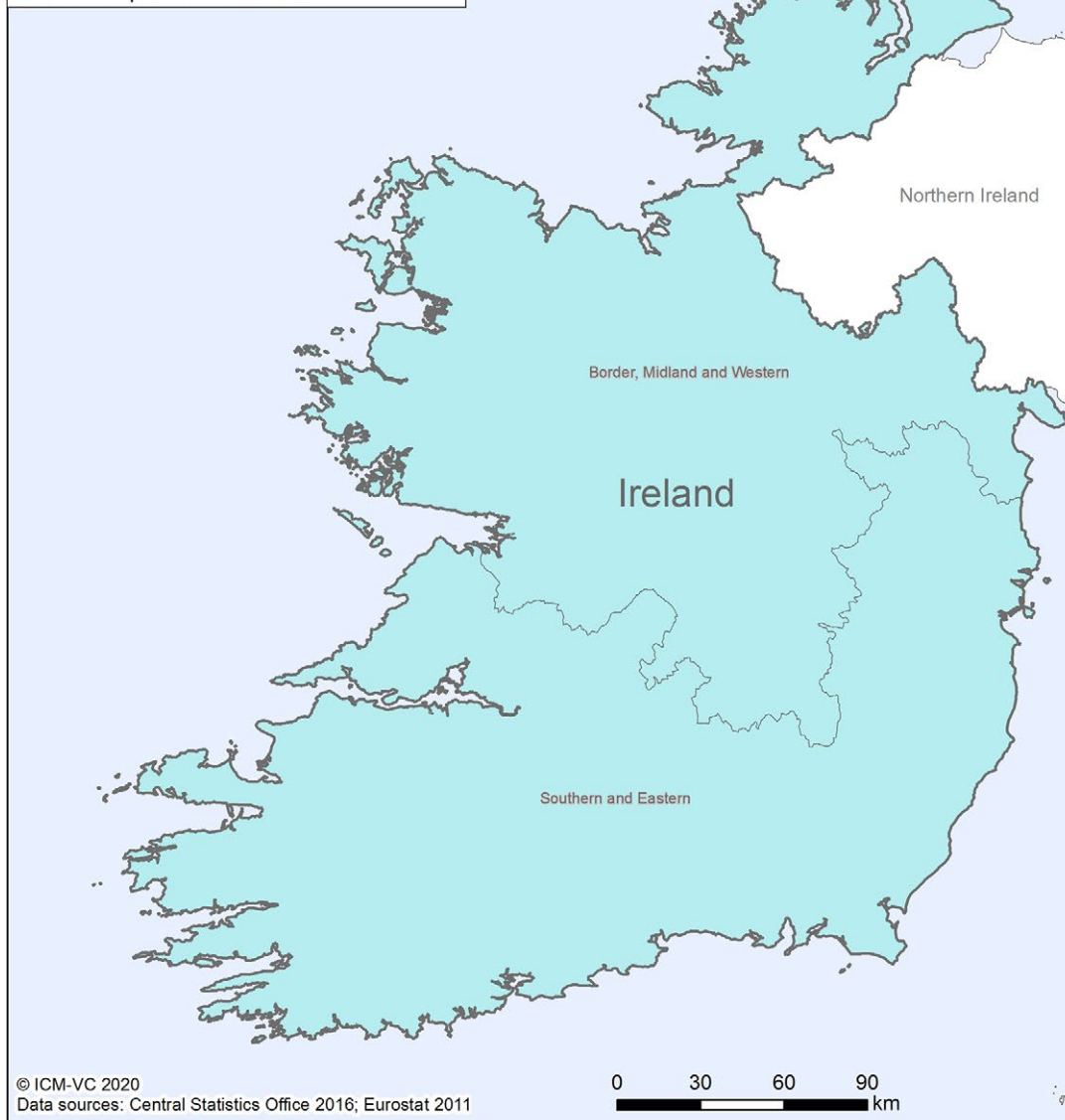


Fig. 3.7.15.7: Absolute number of PwM with dementia aged 65+. Country of origin: Germany (Ireland – NUTS2)

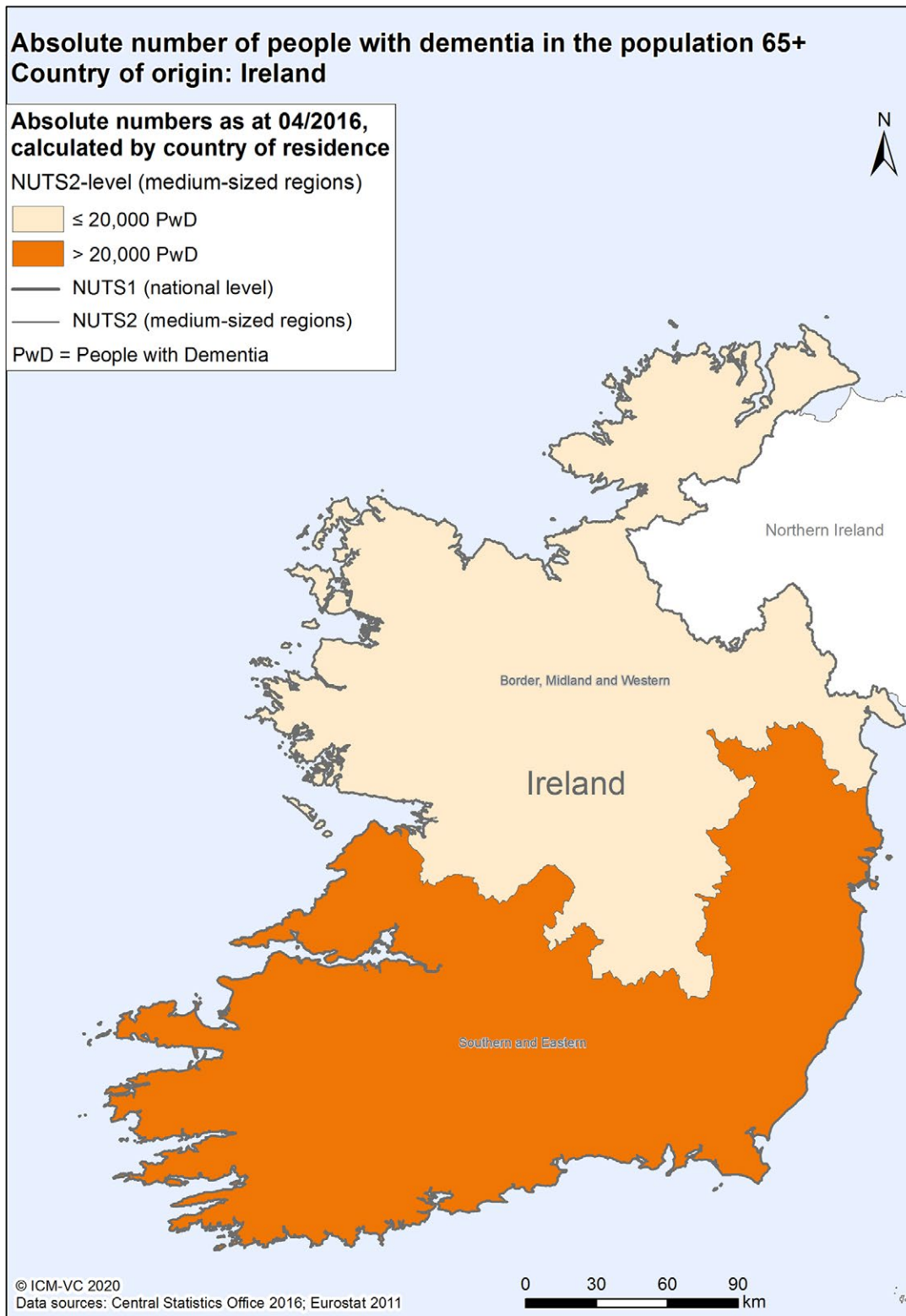


Fig. 3.7.15.8: Absolute number of people with dementia aged 65+.
Country of origin: Ireland (Ireland – NUTS2)



Ireland

The graphics below highlight which immigrant groups are estimated to be the most affected at the NUTS2 level. The first map illustrates the absolute numbers of PwM with dementia in the NUTS2 regions (figure 3.7.15.9). The

second graph shows the number of PwM with dementia per 100,000 inhabitants aged 65 or older in the NUTS2 regions (Fig. 3.7.15.10). The values from the NUTS2 level can be found in table 29 [7-9].

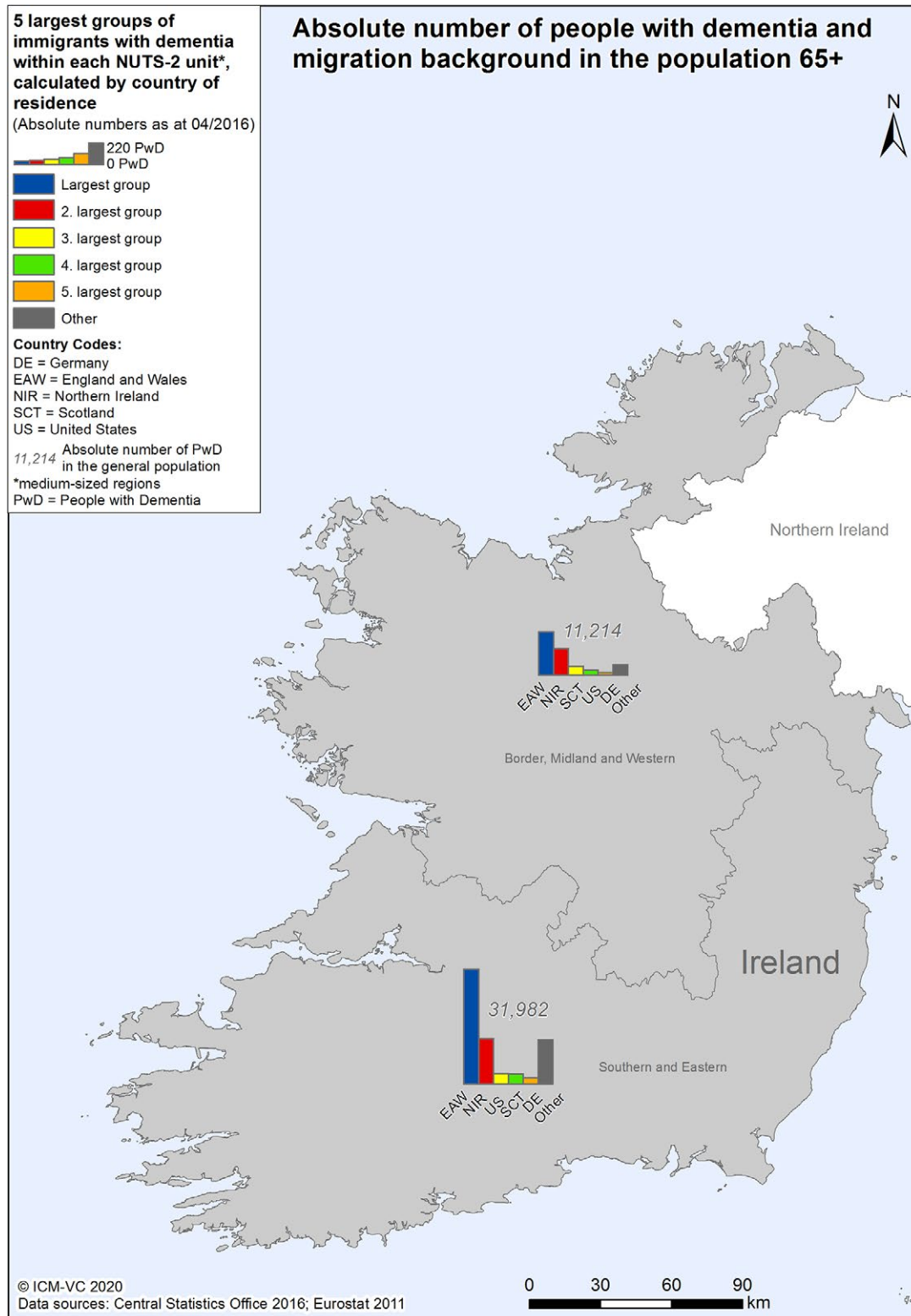


Fig. 3.7.15.9: Absolute number of PwM with dementia aged 65+ (Ireland – NUTS2)

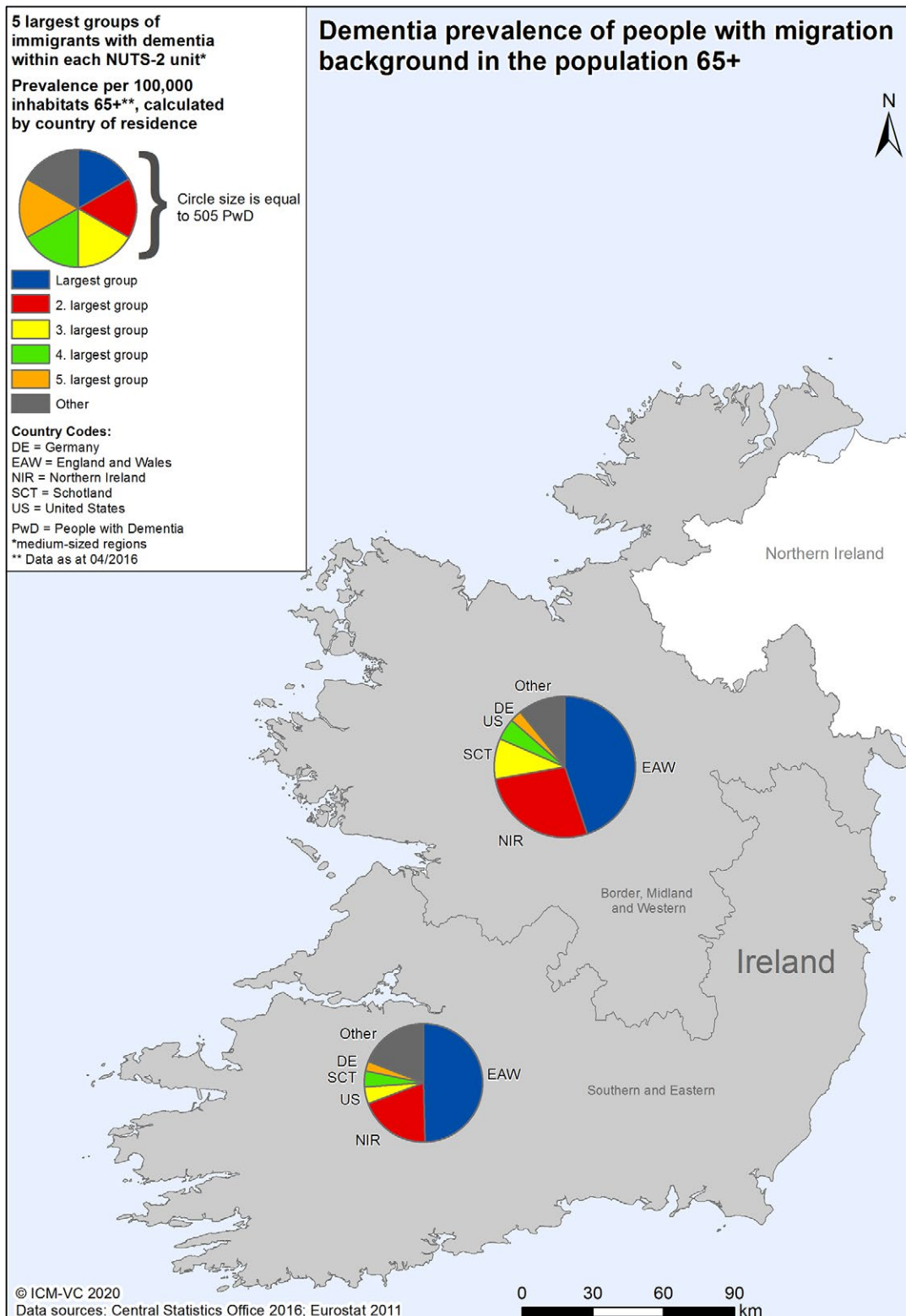


Fig. 3.7.15.10: Prevalence of PwM with dementia among the population 65+ (Ireland – NUTS2)



Tab. 29: PwM with dementia: Absolute numbers, prevalence among PwM aged 65+, and prevalence among overall population aged 65+ (Ireland – NUTS 2)

NUTS	Total	IE	1. largest group	2. largest group	3. largest group	4. largest group	5. largest group	Other
Absolute Numbers								
Border Midland and Western	11,214	10,227	EAW 442	NIR 270	SCT 91	US 49	DE 27	107
Southern and Western	31,982	29,640	EAW 1,164	NIR 461	US 106	SCT 102	DE 62	448
Prevalence/10,000 inhabitants with migration background 65+								
Border Midland and Western	78,844	-	EAW 310	NIR 189	SCT 64	US 34	DE 19	75
Southern and Western	9,422	-	EAW 343	NIR 136	US 31	SCT 30	DE 18	132
Prevalence/100,000 inhabitants 65+								
Border Midland and Western	6,900	6,293	EAW 272	NIR 166	SCT 56	US 30	DE 17	66
Southern and Western	6,900	6,395	EAW 251	NIR 99	US 23	SCT 22	DE 13	97

Data source: Central Statistics Office (2016)

3. National dementia plan

The ‘Irish National Dementia Strategy’ of 2014 has 40 pages and addresses the issues of awareness and understanding of dementia, timely diagnosis and treatment, integrated services, support and care for people with dementia and their carers, primary care, mental

health and community-based care, acute care, long-term care, palliative care for people with dementia, education and training, as well as research and information systems. None of these issues include the topic of migration [10].

4. National dementia care and treatment guidelines

Currently, no published guidelines for the treatment of dementia could be identified for Ireland comparable to the guidelines by the National Institute for Health and Care Excellence (NICE). As part of the National Dementia Strategy implementation, the National Dementia Office is working on dementia diagnostic and post-diagnostic framework to guide holistic assessment, diagnosis, disclosure, and immediate post-diagnostic support. In addition,

clinical guidelines on the appropriate prescription of antipsychotic and psychotropic medications for people with dementia are planned to be published [11]. A guide on ‘Dementia: Diagnosis & Management in General Practice’ (from 2019) already exists in primary care. This document does not have a separate chapter on migration but briefly references this topic at three points in a subchapter. First, it identifies the problem that a person’s



cultural background may influence their performance in cognitive impairment screening tools. Then the suitability of existing screening tools for cognitive impairment among ethnic minorities is examined. The MIS and the Mini-Cog Screening Test are two tools that are particularly suitable for ethnic minorities. The Mini-Cog Test has been validated for a multi-ethnic, multilingual population. This situation is described, but no recommendations for action or measures are derived from it. Other topics related to dementia and migration are

not examined [12]. Ireland appears to consider ethnic minorities as a group that requires special attention in dementia diagnosis in general practice.

The following parts on services and information for PwM with dementia, professional care and support for family caregivers are based on a conducted interview and reflect the experience and opinion of the expert. A selection bias in information and a discrepancy to results from the previous sections might ensue.

5. Services and information for people with a migration background with dementia

According to the expert, the healthcare system does not treat PwM with dementia as a vulnerable group. In addition, the topic of dementia and migration is relatively unimportant in Ireland. A possible reason could be that dementia has only been prioritised in the last few years and diversity in the nation only developed in the late 90s. Hence, the combination of dementia and migration is a new topic that Ireland is not yet prepared to face.

In general, the expert assumed that the traditionally nomadic communities and the Roma community would be acknowledged as particularly disadvantaged groups. Gaining access to the healthcare system is difficult because of language barriers, absence of support, and low literacy. In addition, the expert stated that the lack of interpretation services adds to the problem.

Based on the observation that PwM use formal healthcare services to a lesser extent and dementia is underdiagnosed, the expert suggested that possibly older migrants are cared for at home by the family or that the nomadic communities does not even acknowledge de-

mentia. Also, the coverage of memory clinics in the whole country is limited; thus, the expert affirmed that the specialised clinics do not have a nationwide presence. Thus, the location of residence also influences access to support.

Ireland follows an integrative healthcare strategy according to the expert. Still, no information on dementia is available in other languages. There are no specialised services for PwM with dementia. Existing services are open for everyone, and if a person accesses a service, they will be looked after. The expert declared that existing dementia services are not suitable for people with and without a migration background. The reason for that would be that there are no specialised care homes or nursing homes for dementia and no particular care package for home care for people with dementia. In addition, the expert noted that there is no consistency in the general home care packages meaning different people would be delivering the care, leading to a large issue of continuity of care.



6. Professional qualification and people with a migration background in healthcare

According to the expert training on culturally sensitive care does not seem to be offered as part of healthcare provider education. However, sometimes in courses related to the end of life, topics such as being mindful of somebody's religion are covered, although this is not widely done. The expert assumed that the proportion of PwM among professional caregivers working in outpatient and inpatient care is very high. Many of them originate from African countries and there is a significant number of nurses from the Philippines working in Dublin.

The impact that a high proportion of professional caregivers with a migrant background can have on care is mediated by language, according to the expert. If no common language is spoken, it can generate certain difficulties between caregivers and care recipients. The expert stated that a majority of the caregivers are 'fabulous, warm, caring people' but if a person is only doing the job because they cannot find anything else, they might be resentful because that job is not what they want to do.

7. Support for family caregivers

The expert rated the importance of family, religious communities, migrant organisations, and service providers of outpatient and inpatient care as source of support for family caregivers as high to very high. Particularly, the expert stressed the importance of supporting families through information and education, so that people with dementia can receive the necessary support and medical help. Similarly, the expert alluded to the importance of religious communities, as they can serve as a tool to bring comfort and peace for family

caregivers and persons with dementia. Therefore, it may be relevant to consider and respect the different religious beliefs they may have. Finally, the expert opined that outpatient and inpatient care services are crucial of the support system of family caregivers, as they provide support as well as guidance based on objective information and clinical experience, which substantially contributes to the mental, psychological and emotional health of family caregivers.



8. References

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