ESPN Thematic Report on work-life balance measures for persons of working age with dependent relatives

Ireland

2016

Mary Daly
February 2016

EUROPEAN COMMISSION

Directorate-General for Employment, Social Affairs and Inclusion
Directorate C — Social Affairs
Unit C.2 — Modernisation of social protection systems

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Summary/Highlights

Work-life balance is not a concept in wide usage or with any real history in Ireland. Hence, in an Irish context, measures that fall within the brief of this report are introduced for the purposes of meeting the need for care for dependent adults rather than for the type of labour-market related purpose or carer-centred focus which the concept of work-life balance as used in the report invokes. A care-related need focus is the rubric shaping the provisions in Ireland. Moreover, the impetus for policy development has been for the care of older, dependent people rather than children or adults of working age.

The answer to the overall problematic of this reporting exercise is that working age people in Ireland who are caring for dependent relatives will find it very difficult to achieve a work-life balance and public policy provides little support for this. Having to care for dependent family and other members of one's close community is regarded more or less as a private matter and to get public assistance one is forced into a situation of relative low income and caring on a full-time basis. The 'choice' is a very constrained one in Ireland.

Provisions for carers are neither strongly rights based nor resting on universal principles about the right to give or receive care for/from a person of one's choosing. Ireland has no system of long-term care insurance and the Carer's Leave is unpaid. Furthermore, there are strict eligibility conditions to qualify for the leave and also the Carer's Benefit and the Carer's Allowance. Such conditions relate to both the applicant and the person they wish to care for. The Carer's Allowance – which is means-tested – is the most widely-used cash payment by carers but it is only available on a full-time basis. The long-term care provisions in Ireland are primarily targeted at and centred around those most in need of assistance in the sense that the person one wishes to care for must be in need of full-time care and attention. In this regard the reference is to severity of care need and for this and other reasons the Irish system has little or no conception of supporting care giving on a part-time basis. Familial relationship to the cared-for person is not a condition of entitlement so these provisions in Ireland lack an explicit focus on care by relatives although that is the default option (especially given strong social norms endorsing family responsibilities).

Another important part of the context is the long-term underdevelopment and recent cutting back of care-related services in Ireland. All the indications suggest unmet need among carers for financial and other forms of support. The numbers in receipt of cash benefits and also the leave are comparatively low relative to the estimated numbers involved in caring (at most one-third receive a payment) and services are known to be inadequate to meet need. In addition, the available evidence suggests a relatively difficult situation and a poor work-life balance on the part of those who self-identify as carers.

Viewed as a whole – and taking recent policy activity as well as demographic and other developments into account – a number of major challenges facing government and society in relation to long-term care can be identified. Of these the most pertinent to the present discussion centres on enabling a work-life balance in relation to long-term care need and provision. For this purpose I make the following two recommendations:

- A paid Carer's Leave should be introduced and the Carer's Allowance should be available on a part-time basis;
- Greater 'care in the community' needs to be funded so that those who provide care on an informal basis can be properly supported and older people are not incentivised into residential care too early and unnecessarily.

1 Description of main features of Work-Life Balance measures for working-age people with dependent relatives

The relevant provisions in Ireland are motivated mainly by policy concern around informal care of older, dependent people rather than either work-life balance or enabling people to carry out their familial obligations (there are no legal obligations for kin to provide care for older adults in Ireland) and the care-related benefits and provisions that exist are not limited to family-based care and, indeed, extend considerably beyond it (in allowing Carer's Leave for people who wish to care for a friend or colleague for example). In my view providing care to a person with whom one is close is not a recognised social right in Ireland.

The social protection-related provisions – the cash benefits and Carer's Leave - are governed at national level by the Department of Social Protection; care-related home, community and residential services are governed by the Health Services Executive (HSE). Although regionally operated, policy is effectively decided at national level.

1.1 Overall description of long-term care regime

The long-term care 'regime' – to the extent that it could be characterised as such – consists of cash benefits, a leave from employment specifically for caring for an ill or otherwise needy adult and services. Of these three, the Carer's Leave is the newest (introduced in 2001); both services and cash benefits for this purpose have a long history. The underlying model in each case is care for older, dependent people.

Traditionally in Ireland, older people have been cared for at home by family and community (Daly 1998). This rendered public provision quite residual and under-developed. However, Ireland has a history of providing financial support for elder care – in fact Ireland was the first country in Europe to introduce a cash payment for care. The Prescribed Relative's Allowance - as it was called - was introduced in 1968 and was rooted in the joint concern to limit the demand for residential care and encourage family members to give up employment and live with and care for their elderly relatives (ibid). Initially, the construction of care as a female, family responsibility was very explicit: daughters and step-daughters were the only carers who were recognised for the purposes of receipt of the Allowance. With a logic of encouraging (unmarried) daughters to care for their elderly parents, the payment was structured as an adult dependant addition to the parent's payment. Over time the definition of who could be paid to care was broadened to cover, first, other female relatives, next, corresponding male relatives and, subsequently, a wider range of relatives (Cousins 1994: 29). But the payment always remained at a low rate and only a fraction of pensioners (some 2,000 in 1983, representing only about 3% of those to whom care was estimated to be provided by informal carers) received the Allowance (McLaughlin 1994: 283). The introduction in 1990 of a new social welfare payment – Carer's Allowance - for people providing care for elderly or disabled adults sought to recognise carers in their own right (rather than as a dependant of the cared for person) and was also intended as a supportive measure for the expansion of home-based care or for its maintenance at existing levels. The origins of the new Carer's Allowance lay also in public pressure, in particular the formation of a national Carers' Association in the late 1980s and the strong lobbying by that organisation for financial and other support for carers in their own right.

As mentioned children with an illness or disability who need care are not generally considered as part of the long-term care regime. They tend to be catered for under the disability provisions which are separate to long-term care.

Public services for long-term care have been relatively under-developed in Ireland. The issues and gaps associated with this were heightened especially in the boom period from the late 1990s to late 2000s when female employment rates soared. Public opinion changed also. For this and other reasons, there is now a greater expectation that public services should be more widely available and should especially share care in a more equitable manner with individuals and families (Barry 2010). Policy and administrative

activity reflects these changes to some extent, especially in the move to fashion social care as a clearly identifiable and governable domain of policy and provision from a service perspective. Home care services were formalised in the HSE in the mid-2000s and in 2009 a new Nursing Home Support Scheme was introduced as the funding mechanism for long-term care (HSE 2012). In 2014, a new HSE social care directorate with responsibility for older people's services was set up (HSE 2014). There is a junior health minister with responsibility for social care, which includes the remit of older people and long-term care.

As part of this momentum policy attention turned also to those in need of care (and to a lesser extent those providing it) and the last government in particular – voted out of office in the March elections - oversaw a range of relevant policy developments. In 2012, a National Carers' Strategy was published (Department of Health 2012); in 2013, the new National Positive Ageing Strategy was published and 2014 saw the first National Dementia Strategy (Department of Health 2013, Department of Health 2014 respectively). Progress on both and the latter especially has – like the final production of the National Dementia Strategy itself – taken time to roll out. However, it its national plan for 2016, the HSE announced its intention to support the development of a national implementation plan to promote positive ageing and the development and launch of a national communications campaign for dementia. It also announced that the implementation of the Carers' Strategy would be supported through the work of the multi-divisional group (HSE 2016).

Each of these policy documents is very focused on health and long-term care, rather than a work-life balance approach for example. Moreover, there is an understanding of long-term care as pertaining mainly to care for older people. Care for disabled or ill children or working age adults is marginalised in these and other documents. Furthermore when it comes to older care, the focus tends to be on those receiving or in need of care. For example, under the Carer's Strategy, the key objective of Government policy is that older people are supported to live in dignity and independence in their own homes and communities for as long as possible. That said, the document acknowledges how carers are vital to the achievement of this objective and outlines a range of actions to support carers (Department of Health 2012A).

As is the case in other countries, there are two main types of long-term care-related services in Ireland. Long-term residential care for older people is accessed and funded through the Nursing Home Support Scheme which is administered by the HSE. In order to get accepted on the scheme, there is a 'Care Needs Assessment' which assesses if one actually needs long-term, nursing home care. If one is deemed in need of care, there is then a financial assessment which determines one's contribution to the cost of care and the corresponding level of state financial assistance.

Home-based care services come mainly under the heading of 'home help'. Such services are supplied either by publicly-employed HSE staff, community and voluntary organisations or private sector agencies. Unlike the Nursing Home Support Scheme, the home help service and home care packages have no statutory basis and provision nationally is rather patchy, often depending on geographical location and historical financial allocations. Nationally, some 10,437 million home help hours were delivered in 2015 (and the expectation is for a similar level of delivery in 2016). Equally, there were 15,450 people in receipt of home care packages, a level also expected to be maintained in 2016 (HSE 2016). The Nursing Homes Support Scheme will see the level of support increase to an average of 23,450 clients per week for the duration of 2016, representing 1,222,750 total weeks of care provided.

When it comes to financing, it is difficult to disaggregate spending on long-term care from the health budget apart from the Nursing Home Support Scheme funding. In 2014, EUR 857 million was allocated to this scheme and the figure in 2015 was EUR 874 million (HSE 2015a). By international standards, Ireland's spending on long-term care is low, with recent estimates placing it at 0.4% of GDP on average between 2006 and 2010 (de la Maisonneuve and Martins 2013).

1.2 Description of carers' leaves

A Carer's Leave exists which is unpaid but constitutes a right or entitlement provided one meets the conditions. The *Carer's Leave Act 2001* made provision for employees to leave their employment temporarily to provide full-time care for someone in demonstrable need of full-time care and attention. The person to be cared for must not necessarily be a family member; providing care for a friend or colleague is also deemed eligible for leave purposes. To be eligible the person must have been in the continuous employment of the employer from whom the leave is taken for at least 12 months, before he or she can commence the leave. There is no hours' threshold specified. The entitlement to the leave is for a minimum 13 weeks up to a maximum of 104 weeks. If someone asks to take less than 13 weeks of Carer's Leave, the employer is legally entitled to refuse the request. The leave may be taken in one continuous period of up to 104 weeks or for a number of separate periods not exceeding 104 weeks in total. If the latter, there must be a break of 6 weeks between the leave periods and the employee must give at least 6 weeks' notice of the intention to take the leave. A person may only be on Carer's Leave in respect of any one person at any one time; however an exception is made where two people live together and both are in need of full-time care and attention. In this situation the total duration of entitlement is doubled to 208 weeks.

While the Carer's Leave is unpaid, it is job protected for the duration of the leave. The person may be eligible for Carer's Benefit (see below) if they have sufficient social insurance contributions and meet the other eligibility criteria. If they do not qualify for Carer's Benefit they may qualify for Carer's Allowance which is a means-tested payment (see below). While on the leave, one can build up social security credits. Both the cared-for person's family doctor and the applicant's employer are involved in the application process for the leave.

The leave cannot be taken on a part-time basis. But a person can work while on Carer's Leave for a maximum of 15 hours a week provided the income from employment or self-employment is less than a weekly income limit set by the Department of Social Protection.

1.3 Description of carers' cash benefits

There is no system of care insurance in operation in Ireland. There is income support though for those providing care to a person who needs full-time care and attention because of age, disability or illness (including mental illness). There is both a social insurance and social assistance version of this provision. The latter known as Carer's Allowance is means-tested but the insurance-based Carer's Benefit is not. Far greater numbers receive the Allowance than the Benefit.

The Carer's Benefit is a payment made to insured people who leave the workforce to care for a person(s) in need of full-time care and attention and can be received for a total period of 104 weeks for each person being cared for. This may be claimed as a single continuous period or in any number of separate periods up to a total of 104 weeks. The conditions for eligibility for Carer's Benefit stipulate that one must be aged at least 16 and under 66 years. In addition, since it is an insurance–based benefit one must have been employed for at least eight weeks in the previous 26 week period for a minimum of 16 hours a week or 32 hours a fortnight and have made at least 39 weeks of social insurance contributions in the relevant tax year. One must also have (had) to give up work to become a full-time career.

The second and far more widely-used provision is the Carer's Allowance. Like the benefit this is received on a weekly basis provided one meets the conditions. For the purposes of the means-test for the Carer's Allowance, the means taken into account include the applicant's own income as well as that of their spouse, civil partner or cohabitant (with the exception of the home) or an asset that could yield or provide the applicant with an income (for example an occupational pension or benefits from another country). There is

an income disregard or cut-off of EUR 332.50 of gross weekly income for a single person (double for a partnered/married person).

As compared with the leave there is more flexibility built into the Carer's Allowance. It is also possible, for example, for a carer to receive the Carer's Allowance if they are getting certain social welfare payments while providing full time care and attention to another person. In effect, they get a half-rate Carer's Allowance. In addition, a recipient of Carer's Allowance who subsequently becomes entitled to another payment can claim the other payment and still receive half their rate of Carer's Allowance but only if the other payment is one of the stipulated qualifying payments for Carer's Allowance. Two people who share the care can also share the Carer's Allowance (and the annual Carer's Support Grant). The care must be shared in an established manner though and each carer must be providing care from Monday to Sunday (although they can do so on alternate weeks). A carer providing full-time care on a part-time basis is required under legislation to provide this care for a complete week (Monday to Sunday).

A carer is defined in the regulations as someone who is living with, or in a position to provide full-time care and attention to, a person in need of care who does not normally live in an institution. The carer must also be habitually resident in the state and must be at least 18 years old (16 for the Benefit) and not be engaged in employment, self-employment, training or education courses outside the home for more than 15 hours a week. Eligibility conditions also pertain to the cared-for person who must be over the age of 16 and so incapacitated as to require fill-time care and attention or be in receipt of a Domiciliary Care Allowance (a benefit for those in need of care). Medical certification and assessment by a Deciding Officer from the Department of Social Protection are required. Receipt of the Domiciliary Care Allowance is taken as evidence of need for care on a full-time basis.

The two payments are similar with only a difference of EUR 1 a week between the value of the Carer's Benefit and that of the Carer's Allowance (EUR 205 compared to EUR 204 a week if the carer is under 66 years and caring for one person (it is EUR 307.50/EUR 306 if caring for two people). For carers aged over 66 years, the respective weekly rates for the Allowance are EUR 242 and EUR 363.

Those in receipt of Carer's Benefit and Carer's Allowance can build up credits for social insurance contribution.

It is also possible for parents of children with a severe disability or long-term illness to receive a Carer's Allowance or Carer's Benefit. The 'children' involved may also be entitled to Disability Allowance (which is means-tested) once they reach the age of 16. Parents may also qualify for both the unpaid Carer's Leave the support grant (see below).

Ireland also has a Home Carer's Tax Credit which is given to married couples or civil partners (who are jointly assessed for tax) where one spouse or civil partner works in the home caring for a dependent person. Note that this person can be a child for whom Child Benefit is being received, an adult over 66 years or a person with a disability who requires care. The conditions regarding the need for care here are much less stringent though as compared with specific carer's provisions. In the latest Budget the annual Tax Credit was increased in value from EUR 810 to EUR 1,000 in 2016. The home carer's income threshold also was increased from EUR 5,080 to EUR 7,200. If the home carer has income in his or her own right, the tax credit is reduced by one-half of the amount of income that exceeds EUR 7,200.

1.4 Description of carers' benefits in kind

The Irish social protection system tends to feature benefits in kind as well as cash benefits and this is the case also regarding benefits and services for carers.

A Carer's Support Grant is provided. This is an annual payment made to recipients of Carer's Allowance, Carer's Benefit, Domiciliary Care Allowance or Prescribed Relative's Allowance. It is paid automatically by the Department of Social Protection and can be

used as the recipient wishes (and not necessarily to buy respite care, as reflected in the recent change of name of the grant from Respite Care Grant). The value of this from 2016 on is EUR 1,700 (this in effect represents a restoration to the grant level prevailing in 2012). Only one Carer's Support Grant can be paid for each person receiving full-time care.

Another possible in-kind benefit which someone on Carer’s Allowance may qualify for is a Free Travel Pass. Carer's Allowance is not taken into account as income for the purposes of assessment for entitlement to a medical card.

2 Analysis of the effectiveness of work-life balance measures for working-age people with dependent relatives

2.1 Assessment of individual measures

2.1.1 Coverage and take-up

Data on the take-up of the Carer’s Leave schemes has proved impossible to obtain.

Evidence is available on the use of cash benefits however. On the latest available evidence, nearly 60,000 were in receipt of the Carer’s Allowance in 2014 (Department of Social Protection 2015). This is a year on year increase of 3.9% with the numbers receiving the Allowance more than doubling since 2005. Women made up 77% of the recipient population in 2014. Some 43% of all recipients were receiving a half-rate (which meant that they were combining their Carer’s Allowance with another benefit – mainly pensions and lone parent’s benefit). Only some 1,700 people were receiving the Carer’s Benefit in 2014.

It is possible to arrive at an indirect and admittedly crude measure of adequacy of take-up and provision by considering these numbers against the potential demand side. According to the 2011 Census (the most recent), there were 187,111 people in Ireland who classified themselves as providing regular, unpaid personal help for a family member or friend with a long-term illness, health problem or disability.[1] This represents around 4% of the total population. The numbers were 16% up on what had been reported in the previous Census (undertaken in 2006). Other estimates suggest higher numbers of carers: the Department of Health in 2012 estimated that there were approximately 274,000 family carers (Department of Health 2012b). As is the case elsewhere, the evidence indicates that unpaid care is not distributed randomly in Ireland. Rather, carers are a specific group, being at least 60% female and especially concentrated in the 45 to 64 year age group) (Central Statistics Office 2010). The evidence also showed up some 4,228 children aged under 15 years who were engaged in providing care to others, accounting for 2.3% of all carers.

While we have to be careful about not assuming equivalence here, the fact that only some 60,000 people are in receipt of income support for caring suggests a considerable amount of unmet need in regard to financial and other support for those providing care on an informal basis. There is also the matter of increasing demand. While Ireland is ageing more slowly as compared with other member states, the share of those aged 65 years and especially ‘the older old’ is increasing. The Central Statistics Office reported that in the Census period between 2006 and 2011 the number of older people increased by 14.4%, rising to approximately 535,393 older people, with older people accounting for 11.7% of the general population (Central Statistics Office 2010). Data from the Survey of Health, Ageing and Retirement in Europe (SHARE) longitudinal study indicated that over one fifth of people aged 65 years and over was in receipt of informal support with personal care and practical household tasks (National Economic and Social Forum 2009).

[1] http://www.cso.ie/en/census/census2011reports/census2011profile8ourbillofhealth-healthdisabilityandcarersinireland/

2.1.2 Employment effects

The leave provision available for long-term care in Ireland could not be said to create strong disincentives regarding gainful employment. This is primarily because it is: a) unpaid and b) short-term (maximum 104 weeks). The situation with the Carer's Allowance is somewhat different however. This is a payment that can be received for an unlimited period of time provided one satisfies the conditions. The payment rate is similar to the rest of the means-tested social welfare allowances (including Job Seeker's Allowance). As mentioned the origins and orientation of this payment tend towards making provision for long-term care of older people. The recipients are not generally regarded as 'potential workers' and the double conditionality (means and time availability on the part of the carer and need on the part of the cared for person) render it an unlikely practice to avoid labour market participation.

However the matter of whether recipients of Carer's Allowance should be able to avail of activation services is worthy of policy attention. In this context it should be noted that there are no real supports available for carers to return to the labour market. Care Alliance Ireland (2015) have recommended the extension to carers of the Back to Work Family Dividend to encourage and enable the take-up or resumption of employment once the caring period ends.

International comparative data indicate that Ireland compares relatively favourably regarding the possibilities of jobholders to adjust their working time to personal needs. According to the responses to the Eurofound European Quality of Life Survey (EQLS) (2012) from Ireland2, about 34% of all women and 54% of all men are able to vary start and finish times of their work. These numbers for women are lower than the EU average whereas they are considerably higher for men. Furthermore, according to the same source, a high share of all Irish jobholders (both women and men – 73% and 79% respectively) report that they can take a day off at short notice when needed. What is unclear is whether these arrangements are informal or formal.

2.1.3 Wellbeing

While no specific assessment of the wellbeing of carers and those cared for in light of the existing measures has been carried out, there is evidence available from other sources that can help us assess the general wellbeing of carers. We know from the Census data that the majority of people who say they care for someone else informally provide between one and 14 hours of care per week and approximately one fifth of carers say they provide care for 43 hours or more on a weekly basis (Central Statistics Office 2010).

The available evidence suggests a relatively difficult situation and a poor work-life balance, although it must also be said that people are quick to acknowledge the positive feelings they receive from caring. In the research just cited – based on a special module on carers run in the Quarterly National Household Survey in Q3 2009 - two-thirds of the carers reported that their own life had been impacted by their caring responsibilities; 27% scored 7 or more on the Caregiver Strain Index and 38% of carers who looked after someone in the same household reported feeling completely overwhelmed by their caring responsibilities (ibid). A study carried out in 2014 sheds more light still, regarding both the situation of care-giving and the consequences in terms of work-life balance among other aspects of quality (Lafferty et al 2014). It underlines the widespread and particular nature of family care in Ireland. Just over half of the 2,311 carers surveyed (51.5%) were adult children of the care recipient and nearly a third (31.1%) were spousal carers. Respondents indicated that they had been providing care for between one month and 52 years, with the mean time spent on caregiving at seven years. Some 65% reported that they provided care for 60 hours or more in an average week. Only a quarter of the respondents (25.6%) indicated that they had received some form of training to support them in their role. The most frequently reported training received was manual handling

[2] See http://www.eurofound.europa.eu/surveys/european-quality-of-life-surveys-eqls/european-quality-of-life-survey-2012

training, followed by training in first aid. This survey reported some positive findings on how caring could be experiences as rewarding but also that more than two in every five carers (44%) were at risk of developing clinical depression; approximately a third of carers reported that they experienced a moderate to severe or severe burden of care.

One can only expect this situation to have worsened given the depth of Ireland's financial crisis and the severity of the austerity measures introduced by the Irish Government in 2010. These measures especially involved reductions in funding to the health and long-term care services, to state-funded income supports paid to carers and reduced funding to carer support organisations. In this regard it should be noted that a number of prominent NGOs lobbying for the interests of family carers in Ireland have recently drawn attention to relatively slow progress in implementing the National Carers' Strategy (Carers Association 2015).

2.2 Assessment of overall package of measures and interactions between measures

Overall, it is evident that the Irish long-term care system is characterised by a rather large sector of informal care which is under-resourced. This is partly a result of long-held values around family care and responsibility but also a lack of investment in and commitment to formal services and provision. There is a care gap in Ireland in a number of respects.

We have seen above that it is likely that many people providing care may not be receiving financial support. This may be because they do not qualify or due to the relative inflexibility of the Carer's Leave which means that if they are not providing care on the full–time basis required they will not be entitled to the leave. The relative inflexibility of the Carer's Allowance in regard to time input should also be noted. Added to this is the fact that the Carer's Leave is unpaid, rendering it outside the realm of possibility for most people who might wish or need to take it.

Then there is the fact of underprovision of care-based services. There is a strong trend towards decline in public nursing home facilities and many public beds have been shut down in the last three years. The Nursing Homes Ireland (NHI) survey in 2010 found 9,633 public beds whereas the most recent HSE figures show a decline to 5,293 public beds (NHI 2011, HSE 2015b). This kind of fall is due a combination of the shortage of funding caused by the health sector cut backs and the fact that many of the public facilities are in old buildings which do not meet new quality and safety standards (HSE 2015c). But public facilities are being substituted for by private facilities, encouraged through generous tax breaks introduced in 2001 and 2002. By December 2014, there were 16,166 private or voluntary nursing home beds.

Community-based long-term care services have not consistently kept pace with growing need either. In line with government policy of endorsing care for people at home and in the community, there was a substantial increase in home help hours and home care packages up to 2008. Since 2008 though, there has been a steady decline in both, reflecting cuts to the overall health budget and staffing, from 12.6 million to 10.4 million hours in 2015 (Department of Health 2015; HSE 2016).

The measures in place generally run in the direction of keeping the care provision situation as under-resourced and informal, rather than making for significant change. Hence, the interactive effect of leave, cash support and service provision is to confirm care-giving as a low resource activity provided mainly by those who are not working and who are forced to love on a low income.

2.3 Policy recommendations

Viewed as a whole – and taking recent policy activity as well as demographic and other developments into account – a number of major challenges facing government and society in relation to long-term care can be identified. Of these the most pertinent to the present discussion centre on enabling a work-life balance in relation to long-term care need and provision. For this purpose I make the following two recommendations:

- A paid Carer's Leave should be introduced and the Carer's Allowance should be available on a part-time basis;
- Greater 'care in the community' needs to be funded so that those who provide care on an informal basis can be properly supported and older people are not incentivised into residential care too early and unnecessarily.

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