Irish CONGRESS of Trade Unions

June 2005

BRIEFING PAPER

Caring for the Future .....Who Cares?

"The introduction of an integrated National Care Initiative would demonstrate that, as a country, we accept that caring and a modern care infrastructure are now as important a priority for our continuing economic and social prosperity as the so-called 'hard infrastructure' of transport, housing and roads."

CONTENTS

Foreword	2
Introduction	3
EU Perspectives	5
Current and Future Needs	7
I. Level of Need	7
II. Standards of Care	9
III. Manpower Requirements and Concerns	10
IV. Funding	12
V. Governance	13
Aligning Developments with Labour Market and Workplace Developments	14
Emerging Trends – From Traditional to New Forms of Care ...... Who Cares?	18
The Way Forward	21

Congress House, 31/32 Parnell Square, Dublin 1. Tel: 01 889 7777 www.ictu.ie

Context

The Lisbon Strategy will shape the European Union of the future. If successful, it will recast the EU as the world's "most dynamic knowledge-based economy...with more and better jobs."

Five years ago, all EU member states signed up to this ambitious agenda. All are now charged with making this plan a reality.

The Lisbon Agenda rests carefully on three equal and complementary pillars: economic, social and environmental. In other words, any plans designed to make the agenda a reality must accord equal value to all three priorities: thus, social cohesion and protection cannot be sacrificed in order to pursue economic growth.

Indeed, it can be argued that the Lisbon Agenda means an end to the concept of growth for growth's sake and will attempt to ensure the market is harnessed to serve the social needs of all EU citizens.

It is crucial that the trade union movement has a strong input into this process – both at a European and national level, that the needs and aspirations of working people are factored into this grand plan for Europe.

As part of our contribution to the debate, Congress will publish a series of briefing papers – designed to stimulate debate and discussion and feed into the public discourse around the Lisbon Agenda.

This current briefing examines the issue of Lifelong Learning. Other issues to be examined in the future include:

- Attracting More People into the Labour Market
- Avoiding a Two-Tier Society

I hope you will find this series stimulating and thought-provoking in equal measure.

David Begg,
General Secretary, Irish Congress of Trade Unions
June 2005

Foreword

Ireland urgently needs a comprehensive, integrated National Care Initiative.

It is evident that we have a major problem with access to care - be it childcare, care of people (of all ages) with disabilities and older people.

We also know that future demographic trends, employment patterns and the pressures on family life will present significant challenges to the way in which we have traditionally supported those in need of care.

Extensive research has been undertaken on all aspects of the care agenda. A large number of reports have identified the gaps and deficits. Some have outlined action plans for each area.

Again, in each area of care, significant commitments - including financial commitments - are being implemented by government, with the help of the social partners and progress is being made.

It is clear, however, that these separate action plans and funding commitments are not sufficient to meet existing needs. More importantly, they don't have the capacity to either develop or deliver a comprehensive, integrated response to future care needs.

We must move beyond these individual, segregated responses. What is now needed is a comprehensive, integrated National Care Initiative (NCI).

The introduction of an integrated National Care Initiative would demonstrate that, as a country, we accept that caring and a modern care infrastructure are now as important a priority for our continuing economic and social prosperity as the so-called 'hard infrastructure' of transport, housing and roads.

We must now invest more in caring and place a higher value on carers if we are, as a maturing society, to meet the challenges ahead.

An integrated National Care Initiative would also enable us to develop more integrated responses, combining and balancing the role of families, the state, public, voluntary and private sector providers, employers and community organisations, to meet these emerging needs.

This Briefing Paper sets out proposals which would form the basic framework for such a comprehensive integrated National Care Initiative. It identifies those aspects of the care infrastructure which should be prioritised for more investment and planning over the next decade. It also recommends that this investment must be underpinned by greater support for families and more flexibility in the delivery of services, along with the adaptation by employers of working arrangements that are more suited to the caring responsibilities of employees.

The development and delivery of this initiative will require strong support from the social partners and extensive planning, coordination and cooperation at all levels, across all areas of the public sector.

Introduction

Definition

It is necessary to clarify what is meant by 'care' and to distinguish the populations requiring different forms of care. Care is associated with the concept of 'dependency' or the need for assistance to undertake various everyday living functions.

The case has been made for a further distinction between (i) Necessary Dependency (flowing from life situations) and (ii) Unnecessary Dependency (created by society).[1]

'Necessary dependency' relates to the need for support and assistance because of infancy, illness/impairment, frailty or poverty. It is part of the human condition and something we all experience at the beginning or our lives and most will experience it at the end.

'Socially-created or unnecessary dependency' is the outcome of interaction between an individual and the structures and systems within which the individual lives.

This paper deals with the type of care needed to support 'necessary dependency' (i.e. childcare – *homecare /community, crèche,* eldercare and care of people with disabilities – *homecare / community residential, respite, daycare, etc...*) with which most people are broadly familiar.

However, addressing the underlying causes of 'unnecessary dependency' limits the level of care required in the medium to long term and is worthy of mention at this point, as a long term strategic goal. Measures such as increasing accessible environments, lifetime adaptable design of housing, greater development and use of technology and prolonged involvement in community activities are examples of solutions which limit unnecessary dependency and the need for care.

Role of Care in Society

Investing in the availability of adequate and appropriate care services is regarded as an important measure of social cohesion in any maturing society. Conversely, it is apparent that inadequate provision contributes to varying levels of dysfunction in communities, among families and individuals.

How differing societies manage care needs varies. In many countries care provision has evolved over some years; at times predicated on or reflective of cultural norms, at other times reflecting the stage of development of the particular economy and society. This evolution is complex but some of the important factors influencing care provision in Ireland are:

- Increasing complexity of the roles and expectations of women in Irish society;
- changing expectations of care recipients (especially people with disabilities and older people);
- Evolving models which enhance learning and improve family life, particularly in disadvantaged circumstances;
- Increases in the cost of living and rising expectations for improved quality of life which, in turn, require greater levels of family income and the emerging norm of the 'dual earner' family;
- Changes in family composition and structure especially reductions in the number of children, later births, one parent families, single living, increased levels of separation and divorce leading to different, diverse family units etc.;
- Housing patterns including geographical separation of families which often mean long commuting demands;
- Increasing intensity in workplaces in the absence of appropriate balance between the demands of efficiency and productivity and the need for greater flexibility and security among the workforce;
- Conflicting cultural factors arising from the pace of development of the economy, lack of progress in developing care services and/or reconciling work and family life.

[1] NDA – Understanding dependency: challenges for planners. June 2004

At the same time those who undertake caring roles face very significant difficulties in Ireland, in the current environment:

- Caring roles are difficult to reconcile with basic labour market participation and are usually associated with limited career development or progression;
- Carers are undervalued in society, are often expected to survive on low incomes and many experience significant levels of poverty;
- The availability of direct formal/professional care support services in the community remain underdeveloped and scarce;
- The cost of care is expensive and prohibitive for many people;
- Long periods of underinvestment followed by ad-hoc 'envelopes' of additional state investment have resulted in unreliable levels of supporting infrastructure at community level such as pre-school / specialist educational, health and social care services. The under-provision of such support services negatively influences decisions to undertake caring responsibilities; the care of children with challenging behaviour, many people with severe disabilities or older highly dependent people, in particular;
- Traditional male/female roles still go largely unchallenged and the extent of sharing of caring responsibilities between men and women and among family members remains minimal;

There is a need for a paradigm shift to achieve genuine and effective work-life balance and to develop a more proportionate response by employers in reconciling working and family demands

Several important initiatives to develop a care infrastructure have been taken in recent years under the social partnership process. *Sustaining Progress* includes commitments to a Special Initiative on Care, which states:

"Existing demands and future demographic change present significant challenges to the traditional patterns by which Irish society supported those in need of care. A strategic approach to providing an infrastructure of care services should seek to achieve the proper balance between the respective roles of families, the state, the private sector and voluntary organisations.

Care demands generally relate to three key target groupings; children, people (of all ages) with disabilities and older people.

A strategic approach would include:

(i) identifying the various care requirements;

(ii) exploring the potential of differentiated models of care (including providers, regulatory and standards issues etc.);

(iii) identifying and addressing manpower and physical infrastructure issues; and

(iv) identifying options for the medium to long-term funding of care provision".

Together with other commitments in the *Programme for Government and Sustaining Progress*, the Health Reform Programme, the increases in the coverage of the medical card system and the proposal to examine future financing of long-term care, this constitutes a considerable agenda on which we urgently need to make progress.

However it is clear that the resources allocated to date are not adequate to meet existing or future needs.

Equally, insufficient attention has been given to identifying and planning for future needs and not enough is being done to address the needs of carers.

Most importantly, there is no coherence between the various individual initiatives. They are not designed to and do not have the capacity to deliver a comprehensive integrated National Care Initiative for children, older people and people with disabilities.

EU Perspectives

Childcare

There is no EU Blueprint for childcare provision which could be readily adapted for Ireland.

However, recent EU research on the relative generosity of other EU countries' childcare systems notes: *"A recent study of public and publicly-funded childcare systems in Europe …ranked Ireland bottom of the 15 countries evaluated. At the same time the cost to parents of childcare is the highest in Europe."*

EU ranking on how supportive countries' childcare systems are of the dual earner model

Country	Score
Denmark	88.45
Sweden	78.86
Finland	56.69
France	51.3
Belgium	48.1
Luxembourg	43.09
Germany	39.76
Austria	36.5
Italy	35.66
Netherlands	34.63
United Kingdom	33.63
Portugal	23.13
Greece	19.47
Spain	18.37
Ireland	5.64

Source: The rationale of motherhood choices: Influence of Employment Conditions and Public Policies (MOCHO) Project (EU Commission)

In addition, it appears that: *"Ireland also fares poorly in terms of pre-school education and that many children, particularly those from lower income families, are not getting an essential start in education, which has implications for the education of the future workforce as well as for the choices available to parents regarding participation in work." (Ref: NCPP – Working to our Advantage (Feb 05)).*

The mix within EU childcare provision reflects different cultural, social and economic factors. For example,

In the Nordic countries there is a consensus that children should not be in childcare services outside the home before one year (Denmark) or eighteen months (Norway and Sweden). In addition the purpose of policy, underpinned by legislation laid down in the 1970s, is to support the combination of parenthood with employment and encourage child development through learning. (These models should be seen within the context of social democratic welfare state model).

In Holland, there is strong support for childcare through a partnership between the employer and municipal government. Any company that expands its operations must pay part of the cost of the childcare the additional workers will need, with local government paying the rest. Childcare centres are located in parent's workplaces.

Examples of measures which have been taken to develop childcare in individual EU countries, which could inform the further development of our own childcare provision include:

Pregnancy Payments

- Maternity Leave (paid, though duration and rates vary)
- Parental Leave (paid and unpaid, duration and rates vary)
- Paternity Leave (rates and duration vary)
- Home Care Allowance (rates vary)
- Child-centred payments (mostly universal rates vary)
- Tax Benefits (extent varies)
- Childcare Payment Subsidy (rates vary)

This is in addition to 'supply side investment' which comprises of degrees of publicly funded state, private, community and workplace-based provision as well as purely privately-funded provision.

The range of provisions is financed through separate and/or combined systems of taxation, social insurance and even separate dedicated funding systems (e.g. Austria). The involvement of Local Authorities in operating and funding childcare is significant in Nordic countries.

The more advanced childcare systems in the EU adopt policies and supports which ensure:

- a more child-centred (educational) developmental approach and
- parental care for the first year after the birth of the child.

It is noteworthy these (mainly Nordic) countries are recognised as among the most competitive economies in the world.

People with Disabilities

The level of disability among the postwar population in the EU prompted significant infrastructural development, of which there is still little evidence of in this country. However, the predominantly 'segregated' approach to providing services for people with disabilities has been strongly challenged across the EU. In recent years, the momentum to legally recognise the rights of people with disabilities in all EU countries has progressed apace. There is a significant lobby for a disability- specific EU Directive to secure rights to services and achieve greater participation in society by people with disabilities.

As with childcare, the Nordic countries are considered by many to be at the forefront of developments in relation to services for people with disabilities in Europe. For example, in Sweden, the Government has appointed a dedicated Ombudsman for Disability.

Appropriate, adequate and accessible public services reduce the demand for legal underpinning of service provision. The sophisticated level of public services in Sweden and the other Nordic countries is an important consideration in the debate about legal solutions.

While the movement towards independent living remains marginal in most countries, it has succeeded in placing the demand for more 'integrated living' and in promoting the principle of living in the 'least restrictive environment' (having regard to the severity of the disability) as the basis of future care provision.

Studies of the care of people with disabilities and older people in the EU often do not distinguish between the populations. However, EU estimates indicate that 40 percent of longstay care is allocated to people under 65, a population, presumably, comprising of many people with disabilities.

There is no clear source to indicate how Ireland's care provisions compare with other EU countries, taking account of age group and severity of need, in the context of home/community-based, respite and residential care.

Older People

The Mercer Report notes that Ireland has the smallest 'older and very old' populations in the EU and that this will continue to be the case for some time to come. The projected level of growth will only bring us into line with the position currently in many EU countries. The report includes a review of international approaches.

In most countries, care is provided informally i.e. by the family. This form of care is likely to reduce due to fewer children, increased participation by women in the labour force and the trend for more elderly people to be living alone, which increases their need for formal home care and perhaps residential care.

The most relevant points of comparison with other countries relate to the proportion of care in institutional settings and the proportion of older people receiving home help.

While the data is somewhat dated a study by the OECD (1996) indicated Ireland's use of residential care is not out of step with the EU but that Ireland provides little formal home care.

There have been some interesting recent reports of alternatives in the Netherlands, where purpose–built neighbourhoods for older people, based in existing communities and providing resources, libraries, cinemas for existing communities, have been established. (Ref. Skewiel Trynwalden).

There is obviously scope to gather knowledge on innovative practices, especially in respect of community–based care i.e. beyond the established home, nursing home and sheltered housing options, to support the greatest possible levels of community involvement among older people.

Current and Future Needs

i. Level of Need

Children

Limited research carried out by the (CSO and National Children's Nursery Association (NCNA)) shows that there is significant outstanding demand and waiting lists for childcare places, particularly in fast-growing towns.

The mid-term review of Equal Opportunities Childcare Programme (EOCP) reported that over half (51.5 percent) of facilities were full and two-thirds reported waiting lists. In 2002 the CSO reported that 33 percent of places were provided by private providers and 66 percent by community providers.

With state investment of €499 million the estimated number of childcare places at the end of the programme (2006) will be around 90,000.

A social partnership Working Group (under Partnership 2000) estimated future demand at between 185,000 and 220,000 for pre-school children, by 2011.

The high costs of childcare in Ireland are reflected in average costs for babies of €172.00 per week and for children €145.00. These costs represent increases of between 40 and 50 percent between 2002-2004 (NCNA, 2004). Recent newspaper reports indicated that costs in some facilities continue to escalate towards €900 per month (Irish Independent, May 26, 2005).

We are not making adequate progress towards these targets and for many families, childcare is both unavailable and unaffordable.

The stated preferences of families surveyed by the CSO (2002) indicated that:

- 10 percent preferred children cared for within their own family setting;
- among the families with school going children, about a quarter of parents would favour using centre based after-school care;
- among the pre-school group, there was also a preference for centre based childcare;
- nearly half of the families noted that the service was not available to them;
- a further third cited cost as the reason they could not avail of their preferred choice of centre based care.

The agreement of the Irish Government to the (EU) Barcelona target to achieve childcare provision for 90 percent of children between three years old and the mandatory school age and, for at least 33 percent of children under three years of age by the year 2010, is significant in determining future supply (and affordability) targets.

People with Disabilities

There are over 320,000 people in Ireland (or eight percent of the population) with intellectual, physical or sensory disability or mental illness.

Services for people with disabilities are still very limited. Many carers of people with disabilities are family members, often elderly people supported by community organisations, supplemented by state services.

Until the concept of 'assessment of need' and data development became central to the provision of disability 'health services' there was very little information available on current and future needs.

From the limited data available we now know, for example, that over the next five years 1,900 places will be needed for people with intellectual disabilities, that is, for people currently without any residential service, marking a 25 percent increase on existing provision.

In addition, some 2,900 residential places need to be improved, representing 38 percent of existing day places. We also know that over 10,000 (66 percent) of the existing *day* placements need to be improved.

There are 1,300 people with physical and sensory disabilities waiting for support services and almost 8,500 waiting for technical aids and appliances (requiring a 68 percent increase in existing services levels).

Of even greater concern is that 11,400 still await assessment for support services, 6,000 for personal assistance and 4,500 for respite services.

While the major improvements in the availability of day services in recent years needs to be acknowledged, there remains significant outstanding need.

These major waiting lists are clearly linked to the lack of paramedical and other staff to provide such support (i.e. physiotherapy, occupational therapy, speech therapy, nurses and personal assistants).

In the area of mental health, the HSE has estimated that 20 percent of the adult population will be affected by a mental health problem, including depression disorders, schizophrenia, and alcoholism. The increase in the number of suicides is of growing concern. However, specialised psychiatric services are only available to 10 percent of this population.

All of these assessments of future need (particularly of residential and day services) have to be reviewed and revised to reflect the stated preferences of people with disabilities to be integrated into the community, i.e independent living or living in the least restricted environment.

Older People

The ageing of the Irish population is set to accelerate in the coming decades. The number of people aged 65 years and over is expected to rise from 430,000 to over one million by 2031. This will give rise to the obvious care needs, including the requirement for greater supports for independent living, additional nursing home facilities, and improved access to health services.

In assessing future needs we need to recognise the dual role older people play in Irish society, as care givers and care recipients. The challenge is to recognise and support older people as:

- carers if they so choose, as childminders, as parents of people with disabilities volunteer workers and
- care recipients, remaining independent for some years with support from family, friends and volunteers or through further ageing, accidents or ill-health requiring more care in the home or access to a nursing home.

At the moment, most of the care of older people is provided by family members or by volunteers in the community, with most of that burden falling on one person (52,000 carers provide 20 or more hours of unpaid personal care and a further 79,000 people providing 1-19 hours of care).

A study of the preferences of older people by the National Council for Ageing and Older People has shown that 9 out of 10 older people would prefer to be looked after in their homes for as long as possible, with family and community-based support. The same study showed, however, that 4 out of 10 older people who were severely impaired in carrying out daily living activities had not received any home-based services in the previous year.

As regards the option of going into a nursing home, the Review of the Nursing Home Subvention Scheme in 2000 showed that there are just 24,000 non-acute care beds available for older people. Of these 11,000 are publicly funded facilities, 8,000 are beds funded by Health Boards in private or voluntary facilities and 5,000 are privately funded without any subvention.

The Department of Health & Children estimates that the growing number of older people alone will require a 14 percent increase in the number of acute beds over the period 2000-2011.

Some acute and general hospitals currently estimate that up to 40 percent of their bed capacity is being used to support older people who could be served in alternative home-based or communities facilities (sheltered or residential centres) with appropriate formal care support (medical and para-medical).

In assessing and planning for future care needs in the areas of childcare, people with disabilities and older people, we need to look at more than the level of services. We also need to:

- improve standards of care;
- work out the manpower we will require to provide these services;
- estimate and provide the future funding for these services;
- develop effective systems of governance and co-operation given that care will be provided by families, voluntary organisations, the State and the private sector.

ii. Standards of Care

Childcare

In the area of childcare a system of registration based on voluntary notification to the Health Board of the establishment of a nursery, playgroup or childminding facility was introduced in 1991. In 1996, regulations were introduced covering premises, equipment, hygiene and safety.

In 2001, the Government made funding available for Childminding Advisory Officers to oversee this voluntary system of notification but not all Health Boards have recruited theses personnel. Notwithstanding these developments, the majority of childcare is unregulated and informally paid. **Given the growing demand for childcare there is a need, outside informal arrangements between family members, for proper standards and more formality in respect of notification and registration.**

People with Disabilities

The experience of various standards and lack of uniformity in the availability of care has fuelled the demand for the development of standards of care for people with disabilities. The National Disability Authority has made significant progress by developing and publishing *National Standards for Disability Services* which have been incorporated into the Health Service Executive Action Plan for 2005. The progressive introduction of these standards, including monitoring and enforcement mechanisms, is crucially important in a sector which is to receive significant additional resources and which is likely to be increasingly characterised by new private service providers.

Older People

Caring for older people requires specific skills, which are not often discussed but presumed to be present. In the home-based model of care, families can be happy to abrogate the responsibility for the entire care of an older person to a family member (who eventually volunteers!).

When dealing with older persons with greater levels of dependency or coming out of hospital after treatment, specific skills and services (such as nursing, physiotherapy, occupational therapy) may be required, but are too often not available within the community within a reasonable timescale. Access depends on where you live and the adequacy of the local community health infrastructure which varies considerably from area to area and an individual's access depends on whether or not there is a hospital or nursing home in the vicinity, which will probably have first call on the therapeutic services.

An increasing number of non-professional carers employed by families for home care /home help services are availing of training provided by Health Boards. However, the extent of training among these carers is unknown and is not a prerequisite for the job. In summary, there is quite a challenge to developing standards of care for the home-based care model.

As regards nursing homes, existing legislation which lays down standards of care, qualifications of staff, and a system of registration and inspection lacks specific detail. However, in most nursing homes, over and above specific 'nursing' care, services rarely amount to more than accommodation and food.

The Review of Nursing Homes showed that only four percent of the hours worked related to therapeutic services (physio, occupational, speech and language therapies). Some private sector providers are now offering these services, depending on local availability of professionals, on a pay-as-you–go basis. **However, this approach has the potential to suck scarce therapeutic services from the already inadequate public, community-based services.**

Serious inadequacies in care provision have been raised by professional care workers operating in the home setting and institutional / nursing home settings as well as by non-professional, including family carers in conferences and public events. In recent times, there has been significant media attention in relation to the inadequacies of legislation and the achievement of appropriate standards of care in institutional and nursing home care, affecting people with disabilities and the elderly.

Equally importantly there are ambiguities in relation to access to care. The legal position regarding 'eligibility and entitlement' or for access

to 'in-patient services' is not straightforward and there are many anomalies.

While the most recent Nursing Homes Act (1990) and Regulations 1993 including a Code of Practice sets down new requirements regarding registration and standards these issues are not reconciled.

In recent years, the National Council for Ageing and Older People proposed a *Framework for Quality in Long-term Residential Care* including the publication of *National Quality Standards and Guidelines for long-term care* to assist the development of Quality Assurance and the process of Service Planning in private, state and voluntary facilities in residential care institutions.

iii. Manpower Requirements and Concerns

The carers referred to in this paper are family carers, non-professional care workers and professional workers engaged health and social care services.

Family Carers

While surveys indicate 267,000 children are in non-parental care, detailed data to confirm the **availability of parental care and the mix of parental/family** care is not clearly documented. While maternal care is significant at the earliest stages of a child's life and sharing of caring responsibility between grandparents (particularly grandmother) and mothers, is characteristic in the early years, there are obvious difficulties (housing patterns, commuting, where there are more than one child etc.) and the continued viability of this provision needs to be assessed.

Inadequate community-based health and social support services and economic pressures on families are among the key issues placing strains on the availability of family care in respect of people with disabilities and older people. In addition, for many family carers there is growing resentment of the lack of recognition, status or reward for this role in society, despite the apparent 'savings' achieved in this form of care, as opposed to nursing homes or other forms of residential care.

As the quality of life for many families improves and opportunities extend for people with growing incomes this resentment can grow, especially in circumstances of greater dependency and extensive care needs.

Some of the deepest concerns shared by carers relate to:

- Recognition of their status and contribution including fair and adequate financial support;
- Acknowledgement that they are not always trained or 'equipped' to undertake caring roles;
- Access to integrated, support services, including accessible information services.
- Access to breaks in care provision – respite.

Social Care Workers

This role in care work, which began as 'home help' has evolved in recent years and has attracted growing levels of considerable support, including the development of training programmes, career development options and better salaries and terms and conditions. There is a considerable challenge to capture the potential of this role and to ensure this role provides the most appropriate contribution to home/community-based quality care for children, people with disabilities and older people.

Professional HealthCare - Availability of Manpower

The studies undertaken to date indicate significant shortages of (specific) manpower needs and particular deficits in community–based care.

The HSE National Service Plan 2005 gives no comfort in terms of increasing the numbers in these professions. The lengthy qualifications process attached to each of these professions and the consequent unlikely increases in numbers in the near future is of serious concern, particularly in light of existing and new legislative requirements.

The latest examination of the skill requirements and measures taken in recent years to address deficits in the Health services is underway and being carried out by the Skills & Labour Market

Research Unit (established in 2002 as the research arm of the Expert Group on Future Skills). Their report is now long overdue.

Their work was intended to build on previous analysis undertaken i.e.

National Survey of Vacancies in the Public Sector 2001/2002 which demonstrated widespread shortage across the health sector,

Current and Future supply and Demand Conditions in the Labour market for certain professional Therapists (forecasts for employment - physiotherapists, occupational therapists, speech therapists until 2015) i.e. (Bacon Report, 2001).

National Study of Turnover in Nursing and Midwifery(2002) identified an ongoing chronic shortage of nurses/midwives in Ireland.

National Taskforce on Medical Staffing (forecasts for employment – medical practitioners until 2013) (Hanley Report, 2003).

These reports called for significant, incremental increases in manpower over the medium to long term. There is a considerable qualification period for these occupations. We know little of the progress made to address shortages.

Indications of the low manpower ratios evident in some professional health and social care areas highlighted by the OECD show that:

- *Medical practitioners:* Ireland has the second lowest ratio of general practitioners to population ratios in the EU (0.47:1) and employs fewer specialist doctors than in the rest of the EU (1.33:1.87) *(OECD Health Data (2001).*
- *Physiotherapists:* Ireland's average physiotherapists per 100,000 population in 2003 was 43.4 compared to 85.8 in the EU (numbers range from 134 (Sweden), 163 (Denmark) to 19 (Portugal)). (European Region of the World Confederation for Physical Therapy, 2003)
- *Occupational Therapists:* Ireland's average occupational therapists per 100,000 population in 2003 was 20.1 compared to 25.1 in the EU; (numbers range from 96 (Sweden), 92 (Denmark) to 8 (Portugal)). *(Council of Occupational Therapists for the European Countries 2003)*

Recent manpower reports recommended courses of action to address the shortages identified including, educational aspects and sourcing manpower from abroad. Not meeting these targets has long-term negative consequences. Inadequate annual investment will undermine improvements in future care services.

Qualifications of Staff - Professional Staff

A diversity of professional staff meets the health and social care needs of some children, people with disabilities and older people. There are established competencies and qualifications in relation to various occupations though further work is needed to streamline registration and standardise access, training and monitoring of professional care.

The current *Health and Social Care Professionals Bill, 2004* aims to establish a Health and Social Care Professional Council and registration boards for certain designated health and social care professionals (including chiropodists, clinical biochemists, dieticians, medical scientists, occupational therapists, orthoptists, physiotherapists, psychologists, radiographers, social care workers, social workers and speech and language therapists).

The Bill provides for the registration of persons qualifying to use the title of a designated profession and for the determination of complaints relating to their fitness to practice.

Other staff……Working with Children

The National Childcare Co-ordinating Committee (NCCC) issued a Model *Framework for Education, Training and Professional Development in the Early Childhood Care and Education Sector* in September 2002 which was submitted to the Qualifications Authority of Ireland.

In addition the development of a *Core Standard for the Occupational Role of Childcare Supervisor* was approved by the NCCC and is being used by FETAC and FAS to develop pilot training modules.

.....Working with People with Disabilities

The challenge to ensure competencies and qualifications of professional and social care staff in dedicated disability services, as well as those in

mainstream services which must progressively accommodate the needs of people with disabilities, is significant.

Social care needs training in respect of specific disabilities include a *Social Care Degree Programme, Care Assistant Support Courses* (intellectual disability) and a *Certificate in Caring Skills* (Physical and Sensory).

....Working with Older People

There are obvious links and possible synergies but also differences in the health and social care of people with disabilities (of all ages) and older people. Training for home carers (including family carers) of older people, also appears to be limited and of concern.

Clearly the work undertaken on care courses in respect of people with disabilities would be relevant, but the specific aspects of care of older people need to be central to training undertaken.

In addition expert reports on manpower needs have identified the growing need to increase the availability of geriatricians and support service staff.

While work on the development of qualifications frameworks and the pilots are very valuable and welcome, serious efforts and investment is needed to ensure the national adoption and diffusion of this training and qualifications. Within a reasonable timescale appropriate training should be a pre-requisite for the job.

iv. Funding

The experience of other countries shows that we will have to increase, significantly, the level of exchequer funding available for caring in the future.

In the **childcare** area the Equal Opportunities Childcare Programme 2000-2006 is the single largest programme of state investment in the supply of places. The cost of this investment is €500m (which includes capital development, staffing support, development of quality systems) to provide almost 90,000 places (which includes improvements to existing places (50,000)).

Estimates have put future demand at 220,000 places for pre-school children by 2011. In addition to funding this future demand, there are growing concerns among providers, about the sustainability of existing levels of childcare as the programme of current funding is nearing completion.

As regards the affordability of childcare, the state argues that investment in Child Benefit which now amounts to €1.6bn per year makes a significant contribution towards childcare costs. However, for the average family, the monthly support available through Child Benefit represents less that 25 percent of average childcare costs. In addition, for many families, Child Benefit alleviates basic poverty.

After years of under-funding increased funding was allocated towards the development of care services for **people with disabilities** in recent years.

In Budget 2005, the Government announced that total funding of €2bn would be provided in 2005 (an increase of €290m on 2004 funding). The Minister for Finance also announced a multi-annual funding package of €900m additional spending to support the National Disability Strategy over the years 2006-2009.

This increase is significant but the needs assessment referred to earlier shows that further funding will be required. Also administration / bureaucratic procedures are already impeding the drawing down of the increased funds and the delivery of new services.

The **elderly** dependency ratio (those aged 65 years as a percentage of the population of working age) is set to rise from 20 percent in 2002 to 25 percent by 2016 and to 50 percent by 2050. There are serious pension implications arising from this trend e.g. pressure on the level of state pension, the length of contribution required for entitlement to a contributory pension, the rate of PRSI and the retirement age.

NESC records estimates by Bennett et al. (2003) that the cost of pensions as a percentage of GDP will increase from 2.9 percent of GDP in 2002 to 7.9 percent in 2050 and as a percentage of working population salary, from 8.9 percent in

2002 to 23.8 percent by 2050. Without significant measures to offset the pressures on pensions, there will be serious knock-on effects on the ability of individuals and the State to pay for care in the future.

As regards the Health Service, we know that the growing number of older people in Ireland's population will require a 14 percent increase in the number of acute beds over the period 2000-2011. We also know that with increased frailty health expenditure for the over 65 age group can be four times greater than for the under 65 age group and for the over 75 age group can be six times the same expenditure.

Central projections of future costs of current levels of long-term personal and social care show incremental increases in costs over the period up to 2050 to €2,800m for residential care and €1,300m for home-care. These costs could rise to up to €10bn over the period depending on the model of funding adopted. Paying for this through social insurance would require an increase of at least 2.5 percent in PRSI contributions.

When you add together the future needs for childcare, people with disabilities and elder care, there is no doubt that we will need a very significant increase in funding for care services. We need to plan now for these future needs and to devise a method of financing these costs.

v. Governance

Increasingly care in Ireland is provided through a mix of public / private / voluntary and family care. The governance challenge for the State is to ensure coherent and comprehensive service provision which includes:

- identifying the scope and range of needs and nature of service provision required (having particular regard to severity of need),
- recognising and developing the emerging care industry/economy
- establishing the role and contribution of the State, voluntary, (workplace-based) and private providers,
- developing and implementing regulation of service provision,
- introducing effective and efficient funding, monitoring and enforcement mechanisms.

In this context some of the most significant issuesto be resolved include:

- the absence of systematic, expert and objective assessment of need;
- ways to finance additional supply side investment and ensure affordability of care;
- the paradigm shift required to adopt and embrace regulatory systems in health and social care;
- the lack of transparency and uniformity in interpreting the rules of entitlement/eligibility for access to different care professional and social care provision;
- adequate consideration of the quality and status of the 'home' as an appropriate environment for care provision i.e. there is no obligation to provide for the adaptations necessary to accommodate impairment / disability and lack of relevant expertise;
- the status and relationship of carers and care recipients;
- the challenge of introducing / enforcing standards with a part/ volunteer workforce;
- Developing systems of data collection among different providers in the care industry, standards, employment, earnings, profits etc;
- Accountability, where service delivery is not the responsibility of the State.

Aligning Developments with Labour Market & Workplace Developments

Labour market policy and workplace policies and practices have a major role to play in reconciling work and family/care responsibilities. Appropriate policies provide a potential caring role among parents/family members who are also workers, reduce the dependency and need for care among people with disabilities and older people and develop opportunities for employment within the care industry/economy.

The most recent relevant employment trends indicate:

- Employment is forecast to increase by up to 400,000 in the years to 2010, of which 300,000 are expected to need third level qualifications.
- The workforce is ageing, the dependency ratio could be 2.5 times the current 17.4 percent – up to 43.6 percent - in 2050[2]
- Women are an increasingly important part of the workforce. They now make up about 42 percent of the total, and are expected to account for 45 percent by 2015
- The workforce participation rate of mothers has increased to 47.8 percent in 2003[3]
- Over 30 percent of female employees work part-time and account for over three-quarters of all part-time workers
- Migrant workers make up a small but growing proportion of the workforce.

The Gender Equality Dimension

There are well documented concerns about the constraints on opportunities for and participation of women in employment:

- women are under-represented in management positions,
- there is serious under-utilisation of women's education and skills,
- access and affordability of childcare remains one of the biggest barriers to women's participation. It is widely acknowledged where there are one or more children under the age of 15 there is a very significant dampening effect of women's employment rates)[4].

In fact, the unspoken consensus appears to be that women may continue to form the backbone of care services, through their availability for (a) full-time care (home–based), or (b) part-time care / part-time employment where the assistance of the extended family members is required on a regular basis (usually grandparents). This consensus appears to be supported by continued restricted investment in publicly available care provision and support services. Obviously this position saves exchequer resource for other purposes and avoids any need for elaborate infrastructural care planning and administration.

There are however, a number of tensions and problems with this position including:

- in recent years, in the current economic environment, there is a clear premium on employment as the key mechanism for social and economic independence.
- the unrecognised care role condemns many women (and their families) to lives on low-incomes, especially in their pensionable years.
- the slow progress made in sharing responsibilities for care between men and women is increasingly unacceptable.
- the capacity of women to meet all care needs is increasingly unreasonable. Many are obliged to work (full-time or part-time) in workplaces where there can be little or no flexibility in work practices or, where older women have retired from their working lives there is an expectation that they are available for childcare.
- care needs and expectations are changing, as previously noted.

In the absence of adequate infrastructure there is a growing expectation that the needs of people with more severe disability or frailty will also be met in the home environment without adequate Community-based health service supports.

---

[2] Eurostat Yearbook 2004

[3] Quarterly National Household Survey (2004)

[4] CSO Woman and Men in Ireland

The scale of the problem is new, the issues are not new and a significant agenda of policies and activities has been pursued to address these issues.

Where Workplace Equality meets Work–Life Balance

These concerns have been recognised at the EU levels where the Lisbon target for the participation in employment of women at 60 percent by 2010, is supported by childcare targets and commitments to efforts to achieve greater labour market participation among women including for lone parents (in the National Employment Action Plan). But actions and resources have been limited and progress has been continually criticised by the EU.

Over the years we have made some progress in successive partnership agreements in advancing the case for greater childcare elder care and care of people with disabilities, the reconciliation of work and family responsibilities through developing flexible work organisation and in adapting appropriate social protection.

There have been successive legislative improvements including:

Anti-discrimination Pay Act, 1974, Employment Equality Act, 1977, amended in Employment Equality Act 1998 and Equality Act 2004),

Maternity Leave Act 1981 (reviewed and amended to Maternity Protection Act 1994-2004)),

Adoptive Leave (1995 – and 2001) amendment underway),

Parental Leave Act, 1998- includes Force Majeure Leave- amendment underway)

Carer's Leave Act, 2001 (review and amendment underway),

Part-Time Workers Act Protection of Employees (Part-time Work) Act, 2001,

Protection of Employee (Fixed-Term Work) Act, 2003.

In addition to these improvements work is ongoing to develop *Codes of Practice on Teleworking and on Access to Part-time Working* under the current *Sustaining Progress* Agreement.

There is considerable scope to improve existing legislative provisions and introduce new legislation to achieve the balance needed to reconcile employment and care responsibilities.

There has been significant exploration and development of non-legislative responses to other issues such as childcare provision, reconciling work and family life and the social protection implications of atypical work at national level.

However, much more commitment, effort and resources is needed to translate the learning of best practice into tangible specific measures at the level of the enterprise.

As with many other issues, consensus at the national level needs to be implemented at the level of the enterprise and outcomes audited. Implementation of these measures to date has highlighted a number of specific problems.

Barriers & Problems - Sharing of Caring Responsibilities

The development of more sharing of caring responsibility continues to represent serious challenges;

- Women are more likely to seek and avail of flexible working time than men. While access to part-time work is critical in balancing work and family commitments the apparent career repercussions is an apparently significant inhibiting factor in its low take up by men.
- While Paternity Leave of three days is common among public service workers, there is no legislative provision for same and private sector workers do not enjoy the same privilege to the same extent.
- Currently Parental Leave remains unpaid and, subsequently its uptake is the preserve of few parents, men or women

Inflexibility / Unaffordability

The system of Social Insurance is not being used to full effect to maximise parental and family involvement in care.

The restriction of take up of Carer's Leave to one full-time carer, the low level of Carer's Benefit and, the fact that Parental Leave is unpaid presents

serious barriers to the uptake of these forms of Leave among employees and makes these provisions less effective to meet care needs of children and older people.

Additionally, the degree to which the level of Maternity Benefit offsets the loss of income of higher earners is considerably reduced due to the current earnings ceiling applied to the payment.

Childcare

Significant commitments in successive social partnership agreements, combined with ongoing work since 1987, have resulted in a great deal of developmental work in relation to the design of physical infrastructure and best practice, in terms of quality childcare provision.

However, inadequate investment in implementation of this work and in the number of available places mean that childcare provision remain unaffordable for many working parents. There is significant demand for further investment in affordable childcare (see previous detailed text on childcare).

Flexible Working arrangements / Work-Life Balance

Through the work of the National Committees on Work-Life Balance and Equal Opportunities we have explored new policy development aimed at organisational adoption of and commitment to the broader concept of work-life balance, through flexible working arrangements.

The lack of response from employers to growing work / life balance pressures has led to calls for flexible working options to be enshrined in legislation.

Thus, while clear progress has been made, the concepts of flexibility and equal opportunities have yet to become embedded as normal organisational / company practices.

This view has been supported by the OECD in its review of Irish progress towards reconciliation of work and family life. Some of its key recommendations include:

- the introduction of an entitlement to part-time work for parents with very young children,
- providing training and childcare support;
- the introduction of initiatives that provide workplaces with tailored advice on family-friendly policy practices;
- ensuring long-term commitment through regular assessment or audits and,
- the adoption of a comprehensive employment support approach to lone parents and intervening more actively at an earlier stage of benefit receipt;
- exploring options to use existing education facilities to address out-of-school hours care needs.

To date, there has been inadequate response to these important OECD recommendations.

Social Protection

Through the work of the Social Partner Working Group on *Developing a Fully-Inclusive Social Insurance Model* (completed in February 2005) we have identified limitations of the design of the social insurance system in its treatment of various forms of atypical working in relation to social insurance coverage.

There are major issues relating to the potential of the system to provide social protection for workers who engage in flexible working arrangements to undertake caring duties.

Many of these were explored in the report from the basic contingency based approach of the Social Insurance model, the suitability of the model to underpin long–term flexibility needs in terms of participation in the labour market, the adequacy of coverage (e.g. Maternity Benefit) and the current complications which arise in the context of flexible working systems.

Various aspects of this report need to be progressed if flexible working is to become a realistic option for working parents.

Employment among People with Disabilities

Employment reduces care dependency for many people with disabilities. Despite the introduction of equality legislation and the introduction of various grant and incentive schemes, the employment level of people with disabilities remains low, with unemployment estimated at 70 percent.

It is abundantly clear that further progress relies on:

- greater focus and resolution / minimisation of the 'benefits trap' which prevents many people with disabilities taking up employment opportunities;
- further provision of active labour market measures including work experience for people with disabilities;
- implementation of the public service three percent quota of employment of people with disabilities;
- establishment of employment targets in the private sector;
- development of employment opportunities in sheltered workshops, a key commitment in *Sustaining Progress* which has yet to be implemented.

Employment among Older People

Recent decades saw a trend towards earlier retirement, perhaps from age 55 onwards. Further employment participation among this population reduces the demand for care services in the long term and, on a voluntary basis, the early retirement option needs to be discouraged.

We do not currently know much about the demand for employment among older people, employer's attitudes, or issues inhibiting access by older people to the workplace. Further assessment of such demand and public attitudes on this issue is required.

There appears to be a range of obstacles to the continued participation of older people in employment - inflexible work arrangements (older people may wish to retire gradually or work part-time or in other atypical ways) and various forms of ageism.

These issues can be complex but we need to begin to address them, not least because the current pension environment indicates serious difficulties in pension coverage and income support for pensioners in the years to come. Equally, we are legally bound to eliminate discriminatory attitudes on age grounds.

Finally, in the context of reducing pension coverage and income in the years to come, there are possibilities to reconcile older people's availability to care, in certain roles/circumstances, with the employment potential of meeting care needs in the future, with a view to enhancing their income and quality of life.

Emerging Trends …… From Traditional to New forms of Care….. Who cares?

Traditional forms of care have often been aligned with the culture and values of individuals, families, communities and, in some cases, with institutions. There are good reasons, however, why models of care need to evolve and adapt to change in society.

We need to learn from our past, to absorb the learning around the social impact of inadequate care provision, particularly from the worst case scenaria which have come to light of late, including; challenging anti-social behaviour, poverty, the circumstances which gave rise to the experience of indignity and sometimes abuse by care recipients, tensions in respect of the role of women and the exploitation of carers including older people faced with little choice.

A number of emerging trends need to inform and influence the future provision of care:

Independence / Participation

Quality caring or care services are an essential supportive infrastructure to ensure the best developmental environment for children, enable active aging for older people and greater independence for many people with disabilities.

Specifically, there is broad acceptance of the need to infuse the principles of independence and participation / integration in society in the future design and delivery of services for people with disabilities and older people.

Balanced Roles

We need to achieve balance between the respective roles of state, family and the individual care recipient, based on a set of reasonable set of expectations. While most families will try to manage their own care needs, they face increasing pressures. There is a need for greater recognition that family members may not be in a position to be the only providers of care for their children, people with disabilities or older people. There is a growing pressure for varying forms of State support. In this respect, supports are needed to facilitate choice by parents, people with disabilities and older people.

Undervaluation of Carers

The undervaluation of the carer (including the family carer) is not desirable and will undermine attempts to create a comprehensive Care Infrastructure.

There needs to be greater recognition afforded to carers, including home-based family care providers, combined with a greater appreciation of the occasional need for multiple carers. Financial support and the provision of adequate support services at a community level is essential.

Combine and resource efforts of all providers

Meeting the outstanding and emerging care needs inevitably involves a combination of the efforts of public, voluntary and private sector services providers.

We need to appreciate the role and subsequent gap left by religious orders, who previously made a significant contribution to meeting the needs of people with severe disabilities and the old, in order to resolve how care needs can be met in the future.

Providing a comprehensive modern care service to this population would be expensive, requiring significant therapeutic inputs, and, is largely an unattractive option for private sector providers. Thus, there would be a heavy reliance on the public and voluntary (not-for-profit) services to meet this need.

Consequently, this requires the introduction of a fair, balanced and transparent allocation of resources - having regard to such demands of the public and voluntary providers.

In addition, certain alliances with the community needs to have regard to standards of care. While the potential of volunteers should be exploited, it has limitations and cannot be relied upon without considerable development of this infrastructure. In this regard, there are problems associated with adopting and developing a standards-based approach and relying heavily on volunteers to deliver care services against that backdrop.

Key Role of Assessment

Identifying demand to inform longer-term planning is critical. While estimations of numbers based on survey work can provide gives working estimates of childcare needs, the methodology is crude and a more systematic approach is required. The needs of people with disabilities and older people can be more complex.

Accurate assessment of need is the best way to ensure responsive and comprehensive provision of care.

The importance of multi-disciplinary needs assessment to underpin service planning will have to be acknowledged. The notable resistance to the *concept of* or *investment in* formal and on-going multi-disciplinary assessment of need as the basis of systematic service planning will have to addressed.

Greater access to assessment services needs to be addressed, building on the approach of the Disabilities Bill, 2004.

Assessment tools, the adoption of a Care Management approach including Individual Care Plans will all have to be developed, to underpin quality service provision.

The multi-disciplinary approach to assessment of need should involve not only professional inputs but the participation and input of the primary care givers and care recipients

Importance of Quality of Standards

In Ireland, standards are associated with skills i.e. a person 'qualifying' to deliver a professional health or social service. The development work in establishing the skillbase in other aspects of care services has been noted. However qualifications, though becoming more widespread are not mandatory at different levels of social care management.

Additionally, there is an ambivalence towards the (national) adoption of a standards-based approach focussed on the person requiring care *(i.e. person-centred planning and care management),* which encompasses but goes beyond the 'qualification standards' of the individual worker.

There is a need to distinguish between the qualifications of staff, of management and the quality of the overall care service and, to extend the *standards concept* to cover the extent, nature and delivery of services for all citizens.

The state has a major role to play in developing such standards and regulatory systems. The roles and contributions of the voluntary, private and state providers needs to be clearly identified to ensure compliance among all providers regardless of source. Individual carers in less formal circumstances will require training and resources to meet better standards of care generally.

In Ireland, we do not have a strong track record in enforcing standards in the broader sense of care service. People's experience of services varies enormously, depending on non-standardised (usually not multi-disciplinary) assessment of need and geographic differences in relation to the availability of services.

Proper well-resourced enforcement mechanisms (eventually linked to funding) are needed to encourage the improvement of services within reasonable timescales.

Employment & the Workplace

In the past decade, we have seen a phenomenal growth in employment, with major increases in the participation of women in the workforce. The lack of childcare has been widely acknowledged as the reason for the relative stagnation of women's participation rate at 55.8 percent, despite the government target of 60% by 2010.

Appropriate employment and workplace policies can:

(i) increase the participation of parents and extended families in meeting care needs and

(ii) reduce the need for care among people who have a potential to work but who are currently denied the opportunity *(people with disabilities and older people)* and

(iii) create employment opportunities within the emerging care industry/economy.

There has been growing pressure (i) to rebalance the roles of men and women in contributing to economic life and meeting care needs and (ii) to develop state and employment workplace policy and practices to give real meaning to work-life balance and to ensure the optimal care environment and services for children, people with disabilities and older people.

Economy-wide, progress towards these policies and practices has been unacceptably slow. We have, in effect, reached an impasse in reconciling labour market needs and care needs. There is a huge demand for affordable childcare. We also need more workplaces to adopt flexible forms of work organisation to combine work and family life, adequate social protection and appropriate financial support.

One of the factors contributing to that slow progress is the now established option to employ a migrant workforce. Importantly, migrant workers working in the health and social care sectors are themselves are making a significant contribution to services.

They provide manpower and skills where there are acknowledged shortages and, in the short – medium term, represent an important element of the care economy. In the longer-term there is clearly a need to re-examine and exploit the indigenous manpower resource, especially in local communities.

Outside the care services the policy of encouraging migrant workers competes with existing policies or the development of new policies (resources) to encourage employment among women, *people with disabilities and older people,* in accordance with the Government obligations.

It is unacceptable that the practices of many employers (with the support and encouragement of the state) to (i) resist active support or engagement on reconciling work and family life and (ii) deny access to employment opportunities, can negatively influence the extent to which employment and workplace policies can help to;

- reconcile work and family life and facilitate greater parental and family care,
- increase participation in the workforce,
- alleviate economic pressure on families
- reduce the need for and economic cost of increasing unnecessarily and in an unplanned manner (in the absence of a migrant policy) the proportion of migrant workers in the labour force.

State Financial Support

Many people cannot afford existing care services and cannot afford not to work. Significant improvements in state financial and other supports, including measures to support people on low incomes or experiencing disadvantage, are required. There is also a need to ensure a greater contribution from employers towards meeting care needs.

The Way Forward: Strategic Priorities

Urgent need for National Care Initiative

We need to acknowledge the importance of and the need for a **National Care Initiative**; to recognise that it is as important a priority for our continuing economic and social prosperity as the so-called hard infrastructure of transport, housing and roads and to harness the strong support of the Social Partners to progress the Initiative in partnership.

This paper will be presented to the *Sustaining Progress* Steering Committee as the basis of further discussion in the context of possible negotiations in the Autumn 2005, on a successor to *Sustaining Progress*.

Link children, people with disabilities, and older people

We need to transform the fragmented approach to different aspects of care provision in order to pursue a broader strategic framework, many aspects of which could be common to all care areas -

- policy development,
- assessment of need,
- development of standards of care,
- availability and competencies and qualifications of manpower/care staff,
- funding and
- governance

This Paper sets out proposals which would form the basic framework for a comprehensive integrated *National Care Initiative*. It identifies those aspects of the care infrastructure which should be prioritised for more planning and investment over the next decade.

Alignment with Workplace Policies & Agenda

The *closer alignment of family, care and workplace policy* has the potential to reconcile conflicting roles between labour market and caring demands.

We need to pursue a range of legislative improvements and implement family-friendly policies at the level of the enterprise, specifically

- the incremental extension of Maternity Leave and introduction of paid Paternity / Parental Leave to ensure the provision of parental care for the first year of a child's life.
- the immediate amendment of the *Carer's Leave Act* to introduce flexibility and improved compensation for loss of earnings.
- the introduction of the *legal right to request part-time work* and obligation on employers to actively consider such a request.
- the development of *Social Protection* systems to protect and provide coverage for atypical workers
- the revision of the remit of the *National Work-life Balance* Framework Committee to include - systematic auditing of work practices to encourage greater flexibility and official reporting on progress achieved.
- the establishment of targets in relation to women, people with disabilities and older people to acquire the necessary skills and work experience to enter / re-enter the workforce.
- the development of measures to offset or minimize impact of benefits trap when taking up employment.
- the further development of the Social Economy to include projects relating to the provision of care in the community.

Assessment of Need / Planning

Current systems do not adequately inform childcare needs and only partially inform care needs of people with disabilities and older people.

If we are to improve planning, quality of care, service delivery and administration systems over the medium to longer term, we need better, systematic, multi-disciplinary, standardised assessment processes *specifically*,

A Statutory Framework for Multi-Disciplinary Assessment of Care Needs including **housing and accommodation** needs, also incorporating:

- systematic survey and assessment of need for future childcare service provision (coordinated between National **Childcare** Coordinating Committee, Health Boards and the Special Education Council)
- implementation of the Statutory Framework for assessment of needs for **people with disabilities** (Health Boards and Special Education Council - as per Disabilities Bill, 2004)
- systematic assessment of need for **Mental Health Services** (Mental Health Commission)
- systematic assessment of needs for **Older People.**

Medium term Goals – Increase Service Places and Manpower

We need to establish new childcare targets and accelerate progress towards established short and medium-term goals particularly the implementation of existing commitments to investment in expanding care services, specifically:

Childcare

- the development of a Multi-Annual Investment Programme to provide for **100,000 additional childcare places** in the next three years, with specific provision for workplace–based crèche facilities and after school care provision including the maintenance of the existing 100,000 places.
- the design of the workplace-based crèche provision (underway within ICTU/IBEC *Sustaining Progress Working Group*)

People with Disabilities

- the implementation of Multi-Annual Investment Programme underpinning the Disability Strategy including halving waiting lists for day care respite and residential care, support services and aids by 2011 and eliminating waiting lists by 2015.
- increases in psychiatric services capacity, residential places and support services for people with mental illness.

Older People

- address fair access (eligibility and entitlement rules)
- Hospital services (600 additional day beds and 1,370 additional assessment and rehabilitation beds), and
- Residential places (800 public long-stay beds and 850 public/private long stay beds each year over the next seven years) (as per Health Strategy)

Manpower Aspects

Future model of care (home-based or alternative settings) relies on adequate community- based health and education (and employment) services.

Health Services

Accelerate progress towards the implementation of manpower/ community care provisions in the National Health Strategy, including the recruitment of multi-disciplinary staff to support the development of Primary Care, diagnostic and therapeutic support services.

Home- based Services

- Incremental investment in Home Care Services including,
- Recognition of the status of Home Carers
- Financial support to all full-time / part-time carers
- Development of integrated support services including accessible information services

Standards

Care services of the future need to be judged acceptable in terms of their responsiveness, quality and availability based on need and not means.

We have not paid adequate attention to standards in the past and now need to achieve a cultural shift, away from the **'somebody else's problem'** mentality towards taking responsibility, as appropriate. Care givers in all circumstances need to be accountable and to be adequately resourced and rewarded to do their jobs.

There is an emerging consensus on the importance of individual person-centred planning (replacing organisation-based planning) tailored care packages and care management which is relevant for all categories of care, including children from disadvantage circumstances.

There has been considerable development in respect of standards for disability and childcare services but further development work is needed in respect standards of care for older people. This work needs to take separate account of standards in respect of the roles of staff, managers and whole-of-service delivery in this area.

In terms of enforcement, there is a distinct case to be made for achieving synergies across all care areas in the enforcement of standards. The current Social Services Inspectorate is under-resourced and insufficient attention is paid to its recommendations.

There is a clear urgent need for Statutory, independent, comprehensive and effective enforcement mechanisms to improve standards in childcare, care of people with disabilities and older people incorporating the:

- implementation of Planning Guidelines Authorities and Regulations (1996;
- enforcement of existing legislation and improve notification and registration of childcare facilities;
- implementation of National Standards for Disability Services and the Code of Practice on Sheltered Occupational Services;
- strengthening and effective enforcement of the legislative provisions governing Nursing Home care of older people and people with disabilities;
- the adoption of the 'Framework for Quality in Long-term Residential Care'

(proposed by the National Council for Ageing & Older People).

Qualifications of staff

- to introduce and resource mandatory training for all formal care workers within three years.
- to develop appropriate guidelines and encourage and resource training in care services among family carers to adopt the:
  - Model Framework for Education, Training and Professional Development in the Early Childhood Care and Education Sector;
  - Core Standard for the Occupational Role of Childcare Supervisor;
  - Social Care Degree Programme;
  - Care Assistant Support Courses (intellectual disability) and,
  - Certificate in Caring Skills (Physical and Sensory).

and other relevant development work in areas of care of people with mental illness and older people as qualification requirements for specific roles within the formal care services, regardless of the care setting.

- to prioritise developmental work in the areas where no such 'qualifications programmes' exist,
- to develop training reflecting specific needs of people with disabilities and older people among non-professional health and social care workers towards minimum mandatory training provision
- To develop standards and quality indicators of 'Whole of Service' approach to delivery, taking account of the views of the care recipients .

Governance

The potential of the evolving Care Economy , including the expansion of the range of services required and the need for the contribution of various service providers (State, voluntary and private), has to be acknowledged.

The State must clearly establish its role and the respective roles of its departments and agencies in ensuring coherent and comprehensive service provision

We need to consider and introduce effective governance structures which harness but properly regulate the contribution of a range of service providers (state, voluntary and private), specifically:

- to develop or arrange for the development of effective **systems of assessment** of need to identifying the scope and range of needs and service provision required;
- to develop or arrange for the development of appropriate **Standards of Service** provision;

- having regard to the overall need, to clearly identify the role and contribution of the voluntary workplace-based and private providers.
- having regard to the contribution of voluntary and private (including workplace-based providers in respect of childcare), to clearly identify the State's role in Service provision and to make adequate financial provision to achieve this provision;
- to provide effective and efficient funding, and administration mechanisms.
- to provide effective and efficient monitoring and enforcement mechanisms, including punitive measures where standards are not met.

In this regard to :

- establish and reconcile roles and responsibilities of government departments, relevant offices, with responsibilities for childcare, care services for people with disabilities and older people, towards a clear coherent structure.
- arrange for the monitoring of the development of the evolving Care Economy in terms of providing information (to CSO) on employment levels (male/female), salaries, hours of work, turnover, profits etc.
- enhance the role of Social Services Inspectorate to monitor of care services for children, people with disabilities and older people, and amend this role appropriate to ensure improvements in the quality of care for all.

Finance Future Needs

The key funding and cost considerations include:

- the level of economic pressures on families, adequacy of family incomes;
- the need for improvements in physical infrastructure of the care environment;
- the recognition of emerging models and practice in providing care;
- the need for improvements in manpower infrastructure; the growing need for additional carers (formal and non-formal) and increased levels of medical, paramedical and occupational resources to support home-based / community and residential / institutional care;
- the need to achieve uniformity and structure among formal care workers in respect of their wages and conditions of employment and career development;
- the recognition and resourcing of home-based care provided by informal care workers (family and others);
- the adaptation of administration and governance roles and support and enforcement system to meet new standards;
- the need for more effective and transparent funding systems which give people genuine choice and confidence in considering and negotiating their care requirements.

Key aspects of future funding needs need to be considered in terms of :

1. Cash Transfers

Income support

- filling gaps experienced by some care recipient e.g. people with disabilities in institutions and carers (those who currently receive no income support)
- improvements in the adequacy of income support – appropriate budgetary improvements in pensions, benefits and allowances
- recognition of additional costs of care (beyond average daily living costs) i.e. introduction of Cost of Disability payment and / or Continual Care payment (based on assessment of need).

2. Services

Improvements in existing service provisions prioritising:

- Community-based health and social services – including step–down facilities for older people.
- Disability Programme (in line with the National Disability Strategy)
- Childcare services - a follow-up to the current National Childcare Strategy including pre-school support services.
- Increased investment in Training and Employment Programmes to maximise the employment potential of people with disabilities and older people and minimise their need for care.

3. Tax Expenditures

The introduction of tax relief for Childcare costs and other care costs e.g. costs associated with care of older people (depending on the model of financing adopted) as part of the funding package necessary.

4. Capital Funding

Budget 2005 introduced the rolling 5-year multi-annual envelopes for all investment areas. This approach allows for structured and planned investment to address the funding of future infrastructural needs (i.e. maintenance and upgrade of existing provision and new provision of community-based facilities, including schools and workplace-based crèches (childcare), housing (private and community – based) including nursing homes (home care, respite care, residential care for people with disabilities and older people).

Current Working Estimates of additional investment required / announced for future care

The findings of the Mercer Report on financing of long term care of *older people* have yet to be discussed (in respect of personal and social care) but central projections indicate significant investment of **up to** €2.2bn (+€1.4bn - depending on the financing model) is required to meet needs to 2011.

The Multi-Annual Investment proposals associated with the implementation of the *National Disability Strategy* amount to additional investment of €900m up to the year 2009.

The costs of development of 90,000 *childcare places* (up to 40,000 new places and enhancement of the remaining places is cited as €500m. Projections of overall need for pre-school up to the year 2011 indicate a requirement of 220,000 places. Reports are awaited on needs in respect of after – school care. Investment requirements in respect of childcare are therefore estimated at a minimum of €1bn up to 2011.

Thus, the level of additional investment in care required over the next five years is approximately €3.4bn.

This level of investment is clearly very significant and presents challenges to society in general and politicians particularly in terms of the extent of the investment needed, how such financing can be organised and, how such investment should be managed, having regard to the issues raised in this paper.

Some of the critical considerations are the timely and appropriate balance between capital and current expenditure, the most appropriate models of funding, and the most effective administrative systems i.e.

Consideration has to be given to the possible sources and models of funding of services, similar to the exercise completed in the Mercer report i.e. in respect of financing options for all care areas –

- Private savings,
- Private Insurance,
- Public tax-based,
- Social insurance
- Earmarked care tax
- taking account of the broader healthcare and welfare provision / investment.

Consideration must also be given to the appropriate broader role of the State in linking assessment, planning, administration and enforcement of standards to the provision of funding and the existing and future contributions

of the Public/Voluntary and Private Service providers.

These considerations present a complex picture which clearly needs detailed examination and determination of appropriate options. The Mercer report itself represents significant progress.

The National Economic and Social Development office (NESDO) which comprises the NESC (recently finalized a childcare report), NESF (work underway on reports on Care of Older People and Childcare and Early Education) and NCPP (which has completed a report on the Workplace of the Future: *Working to our Advantage*), would be an appropriate body to undertake this examination.

The Social Partners, under the Sustaining Progress Care Initiative should request the NESDO to recommend on appropriate sources of funding for future care and also to recommend a mechanism for monitoring the effective implementation of the Initiative and spending of such funds.

Bibliography

Caring for the Future – Discussion Document, Irish Congress of trade Unions, 2005

ICTU Programme for Progress 1987-1992, Irish Congress of trade Unions, 2005

Mainstreaming Equality 1993-1998 and Irish Congress of trade Unions, 2005

Delivering Gender Equality 1999-2004) Irish Congress of trade Unions, 2005

Quality and Fairness A Health System for You, Health Strategy (2001), Department of Health and Children

Health Service Executive National Service Plan (2005). Health Service Executive (HSE)

The Developmental Welfare State. National Economic and Social Council 2005

Learning through Europe: Irish Experience in Training and Childcare. Discussion Document National Economic and Social Council 2005

Developing Childcare in Ireland – A review of progress to end 2003 on the implementation of the Equal Opportunities childcare Programme 2000-2006. Department of Justice Equality and Law Reform

Model Framework for Education, Training and Professional development in the Early Childhood sector, Department of Justice Equality and Law Reform 2002

Quarterly National Household Survey – Childcare; Fourth Quarter 2002and Quarter 4 2004, Population and Labour Force Projections 2006-2036, Women and Men in Ireland 2004. Central Statistics Office

Houses of the Oireachtas. *Joint Committee on Social and Family Affairs First Report on the Position of Full-time Carers. (2003)*

Irish Social Expenditure in a comparative international context: Epilogue, Combat Poverty Agency, 2005

Study to examine the future financing of long-term care in Ireland, Mercer Report for Department of Social and Family Affairs (2002)

Review of Nursing Home Subvention Scheme (Eamonn O'Shea and NUI Galway for Department of Health and Children (2002)

Health and Social services for Older People (HeSSOP study), National Council for Ageing and Older People (2001)

Assessment of Older People's Health and Social Care Needs. National Council for Ageing and Older People. Conference Proceedings (2002)

Towards Care Management in Ireland. National Council for Ageing and Older People. Conference Proceedings, 2002

Support Services for Carers of Elderly People living at home. National Council for Ageing and Older People 1994

Eternal Youths: How the baby Boomers are having their time again. James Harkin 2005

National Intellectual Database Committee *Annual Report 2004 Health Research Board*

Analysis of Need for Services & supports for People with Intellectual Disability 2005-2008. National Federation of Voluntary Bodies (2004).

OECD Thematic *Review of Early Childhood Education and Care Policy in Ireland*

Equality at Work; Workplace Equality Policies, Flexible Working Arrangements and the Quality of Work. Equality Authority (2005)

Working to our Advantage: Report of the Forum of the Workplace of the Future NCPP (2005) Department of Health and Children; Press Releases (various)

Quality of Life in Europe. European Foundation for the improvement of living and working conditions 2004.

Health and care in an enlarged Europe. European Foundation for the improvement of living and working conditions 2004.

Review of Carer's Allowance. Department of Social Community and Family Affairs 1998

Caring, Working and Public Policy. Equality Authority

National Children's Nurseries Association *(Pre-budget Members survey) 2004.*

CONGRESS HOUSE,
31/32 PARNELL SQUARE,
DUBLIN 1.
TEL: 01 889 7777
WWW.ICTU.IE

Education and Culture

This project has been funded with support from the European Commission budget line: Measures in favour of civil society. This publication reflects the views of Congress and the Commission cannot be held responsible for any use which may be made of the information contained herein.

Design & Print: Ralaheen Ltd.